

The 1994 International Conference on Population and Development: A Turning
Point in the Evolution of Women's Reproductive Rights

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I. Preface

The definition for reproductive rights was laid out in the 1994 International Conference on Population and Development (ICPD) Program of Action, and remains the standard definition for these guarantees and freedoms. Paragraph 7.2 of the document reads:

Reproductive health is a state of **complete physical, mental and social well-being and not merely the absence of disease or infirmity**, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women **to be informed and to have access to** safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes **sexual health**, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.¹ (Emphasis added)

This definition of reproductive rights begins with those rights related to health. Indeed, health often serves as a point of access for the advancement of these rights at the international level, and several of the components of reproductive rights were first recognized through the

¹ International Conference on Population and Development Program of Action, 1994, para 7.2.

right to health. This paper will begin its examination of reproductive rights through the selective rights of women enumerated in the right to the highest attainable standard of health. As United Nations conventions and bodies explicated the meaning of the right to health, they gave protection to the special needs of mothers and children. Later, the larger umbrella of reproductive and sexual rights includes guarantees and protections that extend beyond the realm of health. This strengthening and expansion of women's reproductive rights is characterized by a distinct normative shift in 1994 with the adoption of the ICPD Program of Action. The Cairo Conference took population issues like concerns about high fertility and implemented a new paradigm that placed comprehensive reproductive rights within, rather than alongside, plans for sustainable economic and environmental development.

In this paper, I will explore the various layers of influence—various concurrent rights movements, for one—that contributed to the normative shift in reproductive rights. This is also reflected in the way the language used to talk about women's health and reproductive rights changed with each new international document. Since language is a representation of how the international human rights sphere perceives and accepts the norm of reproductive rights, the language used to talk about women's health and reproductive rights changed as each new international document evolved these concepts. Dr. Nafis Sadik, the then-Executive Director of the United Nations Population Fund (UNFPA) and the Secretary-General of the Conference was an instrumental figure in the 1994 ICPD conceptual framework and proceedings. Dr. Thomas Weiss generously granted me access to her oral history interview, which was part of the UN Intellectual History Project, and this rich document provided many details about the evolution of women's reproductive rights and the importance of the 1994 Conference in making unprecedented achievements. In the years following the ICPD, sexual rights have begun to

develop on the global scale as well. This paper will examine in detail the years immediately preceding and following the ICPD, as well as characteristics of the conference that set it apart from prior, or contemporary international activities. In the two decades following the conference, the international community has maintained its commitment to the Conference goals, which have added relevance to the Millennium Development Goals (MDGs). In the 21st century, the international community has also begun to explore sexual rights, a development that would not have been possible without the ICPD.

II. *Leading up to the ICPD*

First, we will trace the origins of reproductive rights in order to better understand the changes enacted in the ICPD. This broad overview paints the international human rights framework in rough brush strokes, but still gives shape to the norms that slowly adapted to an evolving human rights framework. The new conceptualization of reproductive rights that linked sexuality to human rights did not arise fully formed from the minds of a few feminists or gay activists at the ICPD. Rather, elements of the rights associated with reproduction and sexuality have been developing for many decades. The various levels of influence that must be taken into account are binding and non-binding international documents, research and reports by non-governmental bodies, and broader trends in fields linked to reproduction and sexuality.

As previously stated, this paper examines reproductive rights once they have garnered the attention and consensus necessary to cross the threshold into the international human rights sphere. The reference point for this context was established by the codification of human rights with the first international human rights document, the Universal Declaration of Human Rights

(UDHR).² Adopted in 1948 by the United Nations General Assembly, the second clause of Article 25 addresses the health rights of the mother and child, acknowledging that these types of individuals deserve special considerations that do not apply to adult men and to women outside of childbirth and motherhood.³ Although the language is exceedingly vague, there is already an understanding that women, in their role as mothers, will need special considerations under the law in a rights-based framework. That is, the UDHR obliged States to provide certain protections and services to mothers and potential mothers because these women have rights. The first clause of Article 25 speaks more broadly about the rights to an individual's health, which sets the stage for advocates to expand their claims for reproductive rights as part of the right to the highest attainable standard of health.⁴

The next human rights document to appear was a binding treaty to which States acceded. The International Covenant on Economic, Social and Cultural Rights (ICESCR) goes further than the UDHR in its description of the human right of health care.⁵ The covenant was adopted and opened for signature, ratification, and accession in 1966 and then entered into force in 1976. Article 12 of the ICESCR refers to particular aspects of childbirth and motherhood that must be addressed in order to realize the "highest attainable standard of physical and mental health".⁶ The international community recognized the importance of certain reproductive rights as they related to elevating the health and development of children. It is worth noting that there must have been an understanding that the health of a mother is intrinsically tied to the health of her unborn child and infant, so there appears to be an increased awareness and consensus by

² Although the first three Geneva Conventions predate the UDHR, the UDHR established the rights language that would be used in later treaties and declarations; it established the language for global discourse (that humans are inherently entitled to rights) and began to explain the meaning of this ideal.

³ *Universal Declaration of Human Rights*, 1948, Art 25.

⁴ *Ibid.*

⁵ *International Covenant on Economic, Social and Cultural Rights*, 1976.

⁶ *Ibid.*, Art 12.

international lawmakers, or influential groups to whom policymakers responded, about the necessary attention afforded to mothers and potential mothers.

Reproductive rights began to expand outside the realm of direct health considerations as early as the 1960s. This means that reproductive rights did not apply only once a woman was giving birth to and subsequently raising a child. Rather, reproductive rights include aspects of reproduction before a woman is pregnant; they include aspects of family life and decisions to procreate. The Tehran Human Rights Conference in 1968 was the first International Conference on Human Rights, convened to review the progress made in the first twenty years following the adoption of the UDHR and to create an agenda for the future.⁷ Resolution 9 of the resolution produced by the conference acknowledges the equal rights of men and women as promoted by the UDHR and “urges the States Members of the United Nations and of the specialized agencies and their peoples to take immediate and effective measures to conform to the Charter and the Universal Declaration of Human Rights in order to ensure the equality of men and women and to eliminate discrimination against women.”⁸ The report then continues with Resolution 18, concerning the human rights aspects of family planning. It presents the connection between population growth and human rights, as the rapid rate of population growth impairs the full realization of human rights in some areas of the world. Resolution 18 also draws connections between the rights of men and women to found a family, and how the right to family planning is closely related to population growth, and thus human rights.⁹ The Proclamation of the conference also declares that parents (implying both men and women) “have a basic human right

⁷ *Final Act of the International Conference on Human Rights*. Teheran, 22 April to 13 May. United Nations: New York, 1968.

⁸ *Ibid*, Resolution 9.

⁹ *Ibid*, Resolution 18.

to determine freely and responsibly the number and the spacing of their children”.¹⁰ Through this document, member States acknowledged that women as active participants in producing a family; their rights connected to motherhood were fundamentally linked to equality and nondiscrimination, granting them more control over their bodies.

Through the Tehran Conference, the focus for reproductive rights became family planning and population issues, rather than health concerns related to pregnancy and childbirth. In 1994, the term “sexual health” is used for the first time in an international human rights document produced during an event devoted to population and development issues. It is important, then, to trace the population research that relates to reproduction and sexuality issues. The population dilemma – that populations were reproducing too rapidly – became widely accepted by private organizations and governments in the West by the 1970s. Developed countries were developing an “economic orthodoxy” that claimed that rapid population growth created a barrier to economic development, especially in developing countries.¹¹ Funding was withdrawn from sexuality and sex research; and funding from the Ford Foundation, the Rockefeller Foundation, the Population Council, USAID, UNFPA, and the World Bank went to development organizations focusing on family planning and population control activities. Demography was the driving force of family planning programs, as developed, Western countries sought to reign in the Third World’s fertility.¹² As a result, there were also investments in universities and academic institutions to advance population science focused on the Third World. From the 1970s to the mid-1980s, research and policy programs focused on family planning and contraceptive use in order to prevent uncontrolled fertility from destroying

¹⁰ Ibid.

¹¹ Grimes, Seamus. “From Population Control to ‘Reproductive Rights’: Ideological Influences in Population Policy”, 1998, p.377.

¹² Ibid, p 378.

international economies.¹³

Following the Tehran Conference, the 1970s begin an era of conscious international development that promotes the connection between economic growth and development and the status of women. This shows a distinct expansion from the rights of equality and nondiscrimination described in the Tehran document; in the conferences that occur in the next 15 years, the international community espouses claims for the empowerment and elevation of women. There is a special focus on the role of women in society as a whole and how the status of women affects their ability to fully participate in and contribute to world development. In August 1974, 137 countries represented at the United Nations World Population Conference at Bucharest adopted a consensus World Population Plan of Action. Section 1c of this document addresses “Reproduction, family formation and the status of women”, which continues to link the status of women to their ability to affect population changes through participating in family planning and decreasing infant mortality rates. It reaffirms “the right of persons to determine, in a free, informed and responsible manner, the number and spacing of their children”, as well as the importance of information about and access to education in family planning and related issues.¹⁴ This section focuses on methods to manage fertility rates, but also goes on to promote the significance of fully including women in the development process. The Bucharest Conference promoted a multifaceted approach necessary to achieve economic development by eliminating discrimination and obstacles against women in education, training, and career opportunities.¹⁵

The following year, thousands of delegates gathered in Mexico City for the First World Conference of the International Women’s Year. The Conference was called for by the UN

¹³ Corrêa, Sonia, Rosalind Petchesky and Richard Parker. *Sexuality, Health and Human Rights*, 2008, p 104.

¹⁴ World Population Plan of Action. Agency for International Development: Washington, D.C., 1976.

¹⁵ Ibid.

General Assembly to draw international attention to and address three main objectives: full gender equality and the elimination of gender discrimination, the integration and full participation of women in development, and an increased contribution of women towards strengthening world peace.¹⁶ The Report specifically “endorses the recommendations of the World Population Plan of Action, especially those relating to the status of women” and goes on to provide a resolution specifically pertaining to the protection of maternal and child health. The Conference also establishes the future direction for international actors in relation to women’s issues: Section 182 of Global Action declares that 1975-1985 should be the UN Decade for Women and Development.¹⁷

In 1980, the “World Conference of the United Nations Decade for Women: Equality, Development, and Peace” convened in Copenhagen, making it the second international conference for women’s issues, and the five-year appraisal of the Mexico City Conference. This conference recognized employment, health, and education of women as interrelated aspects of development that are crucial to the status of women. The first Resolution adopted by the Conference relates to family planning, referring to the rights outlined in the Tehran Conference, the world conference in Bucharest, and the world conference in Mexico City and urging governments to uphold these rights by setting aside “an appropriate portion of their resources for population programmes.”¹⁸ Copenhagen focused on assessing the progress made in the five years since Mexico City and recognizing the disparity between women’s legal rights and their ability to exercise them. Unlike Mexico City, the 1980 Program of Action was not adopted with an overwhelming consensus.

¹⁶ 1975 World Conference on Women. 5th World Women’s Conference, 1975.

¹⁷ Report of the World Conference of the International Women’s Year. United Nations, New York : 1976.

¹⁸ Report of the World Conference of the United Nations Decade for Women: Equality, Development and Peace. United Nations, New York: 1980.

Soon thereafter, in 1981, the Convention on the Elimination of all forms of Discrimination Against Women entered into force as a binding legal treaty for member States of the United Nations.¹⁹ On the basis of gender equality and nondiscrimination, this treaty mentions the rights of women with regards to family planning and access to appropriate services during pregnancy. These rights to health are also intrinsically related to education and access to adequate facilities and information.²⁰ This convention was actually an expansion of the Declaration on the Elimination of Discrimination Against Women, which was adopted by the General Assembly in 1967. The legally binding convention that came about over one decade later adds key elements concerning women's health rights, equality in family planning, and access to education and health services relating to reproduction.

Five years after the Copenhagen conference, a third international conference for women met in Nairobi. The "World Conference to review and appraise the achievements of the United Nations Decade for Women: Equality, Development and Peace" marked the end of the UN Decade for Women and Development. The document produced by the conference describes "forward-looking strategies" for the coming years (1986-2000) to overcome the obstacles to the Decade for Women's goals, renew international commitment to advancing the status of women and eliminating gender-based discrimination.²¹ In the end, however, this was simply a recapitulation of the work done in work done during the preceding decade, using similar language as the conferences preceding it.

¹⁹ *Convention on the Elimination of All Forms of Discrimination Against Women*, 1981. This treaty was actually adopted by the United Nations General Assembly in 1979, but took close to three years to be ratified by member States.

²⁰ *Ibid.*, Articles 10, 12, 14, 16

²¹ Report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace. United Nations, New York: 1986.

The string of conferences and related resolutions contributed remarkably little to elaborate the issues that pertained to women. Perhaps there was too strong of an emphasis on continuing within the tradition of previous international forums for new insight to arise. It seems that the “Decade for Women and Development” simply reiterated old rhetoric about gender equality for the purpose of pursuing development in a sustainable manner. The role of women in society was still understood to be one related to child bearing. While there are also goals related to women gaining access to participation in society and education, the agenda remains decreasing fertility in order to facilitate development.

It is helpful to backtrack again, and examine the tension between sexuality research and population issues. The redirection of funding from the former to the latter does not mean that research, advocacy, and critical evaluation did not continue for issues related to sexual behaviors, identities, and new risks. Concurrent to the evolving academic and political fields of population and development, several groups were conscious of developing modes of sexual thinking and sexual politics. Research groups and academics were trying to understand the individual in terms of his or her sexual behavior, body, and desires, and how these aspects of an individual’s life had political impacts.²² The 1970s and 1980s saw the development of social constructionist research that claimed that gender was not an inherent aspect of biology, but an identity arrived at through social processes. This galvanized a critique of previous “sexual science” research and the medicalization of sexuality. These new views argued that previous understandings of sex and gender were created as forms of social and political control, especially for women and homosexuals. Then, human immunodeficiency virus infection (HIV) and acquired immunodeficiency syndrome (AIDS) emerged in the 1980s and shifted research back to the medical aspect of sexuality. At the same time, sociological research gained credibility as

²² Corrêa, Sonia, Rosalind Petchesky and Richard Parker, 2008, p119.

HIV/AIDS linked behaviors, social context, and disease. During the 1980s and the 1990s, the remedicalization of sex and gender research was driven by an epidemiological drive to uncover patterns and causes related to risk of contracting and spreading the disease. The emergence of HIV/AIDS contributed to a new wave of scientific investigation that used sex and social demographic approaches, and that were funded by USAID and the WHO in the late 1980s and 1990s. These studies called into question stereotypical conceptions of gender, and reevaluated the role of men and women in reproductive and sexual processes and decision-making. In the 1980s, the UN and the World Bank hardly addressed HIV/AIDS, but this area became clearly defined as a priority by the WHO by the early 1990s. While the HIV/AIDS epidemic began to change the face of sexuality studies and create concern at the international level, feminist groups promoted a focus of sexuality as it relates to women. Transnational feminist movements pushed for debate on topics of sexuality and the efforts to codify sexual rights within the UN. Since the 1970s and 1980s, feminists have been developing a set of political ideals and practices concerning the sexual freedom, safety, and bodily integrity of women and girls.²³ In the 1990s, these feminist values influenced international norms and politics.

The 1994 International Conference on Population and Development was the turning point in the conceptualization of reproductive rights at the international human rights level. It expands the definition of reproductive rights to include a subcategory of “sexual health rights.” Within this category of rights, women are no longer simply mothers or potential mothers, but women who have sex for pleasure, not just reproduction. The ICPD report states “Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so...

[Reproductive health] also includes sexual health, the purpose of which is the enhancement of

²³ Girard, Francois. 2007.

life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.”²⁴ This is the first appearance of the term “sexual health” in an international rights document and certainly the first time women’s rights are framed in terms of their sexuality as opposed to reproductive roles. As Ignazio Saiz writes with reference to the Cairo conference, “Sexuality, previously on the UN agenda only as something to be circumscribed and regulated in the interest of public health, order, or morality, was for the first time implicitly recognized as a fundamental and positive aspect of human development.”²⁵ And while the Cairo document does not make explicit reference to the sexual rights of gays, lesbians, trans-persons, or unmarried persons, neither does it expressly limit the principle of self-determination, safety, and satisfaction in sexual life to heterosexuals, married persons, or adults. The scope of this paper focuses on these rights in relation to women in particular, but this implicit expansion of the rights to become more inclusive is tremendously important to fulfilling the “universal” aspect of the rights as originally purported in the UDHR. The conference document also includes references to “various forms of the family”, a plural construction in place of the conservative singular “the family”, which was preferred by the Vatican and some Islamic countries.²⁶ Interestingly, the definition of sexual health that appeared in the ICPD document comes from a technical report written by the WHO in 1975.²⁷

²⁴ ICPD Program of Action, 1994, para 7.2.

²⁵ Saiz 2004, p50.

²⁶ Corrêa, Sonia, Rosalind Petchesky and Richard Parker 2008, p167.

²⁷ WHO, Technical Report Series No. 572, 1975. This document was a report of a 1974 meeting convened in Geneva to train health professionals about human sexuality and the treatment of issues related to it. In addition to sharing special knowledge and experience, the meeting was also asked to “make a critical review of, and develop recommendations in” several areas, the first of which being “the role of sexology in health programmes, particularly family planning activities”.²⁷ The WHO integrated sex and sexuality issues in health concerns, and also in the ability of health professionals to understand and incorporate these issues into the purview of their profession. This technical report was published during a time when the sexuality research field was moving away from this health and healthcare scope, and the international community was moving towards population and development issues. While the WHO directly integrated sexology with family planning, perhaps it was simply a case of bad timing. The international political community was moving towards more “practical” avenues to address fertility concerns, while

III. *Dr. Nafis Sadik's role in the ICPD*

The intense preparatory process for the Cairo Conference provide a fuller picture of the international commitment to formulate an agreement about the rights that comprise population and development issues; in the three years leading up to the conference, there were three preparatory meetings, six expert group meetings, five regional meetings, three roundtable meetings, national meetings, parliamentary meetings, and NGO forum meetings.²⁸ First, the Cairo Conference had its roots in the population movement starting several decades before. Dr. Nafis Sadik reveals information about these beginnings, and many details about the conference; she was immensely influential to the process as the Secretary-General of the 1994 Conference, and drew on her experience as Executive Director of the UN Population Fund and her previous work in Pakistan on the Population Council. On May 20-21, 2002, Dr. Sadik sat for an interview with Richard Jolly, co-director of the UN Intellectual History Project and a distinguished development economist who has served as deputy Executive Director at UNICEF and a special advisor to the UNDP. During the interview, Dr. Sadik provides insight into the development of population and family planning issues, the international conferences that took place in the 1980s and 1990s, and the inner workings of the UN from a human perspective—individual tensions, political sensitivities, personal motivations. Several of these points will be expanded to provide some context for the ICPD and the conceptualization of certain human rights of women.

In her early career as a physician practicing obstetrics and gynecology in rural Pakistan, Dr. Sadik witnessed the plight of mothers living in poverty. She describes ill, malnourished women giving successive births who did not question their roles and obligations as mothers,

the sexuality research community was distancing itself from the limitations of medicalizing sex and sexuality. Two decades later, the ICPD drew from the WHO to define the terms of reproductive rights and sexual health.

²⁸ Mahran M. The Priorities of the ICPD. <http://www.ncbi.nlm.nih.gov/pubmed/12345674>. 1994.

women who stated that “that’s expected of us”.²⁹ However, Dr. Sadik states that she realized that these girls and women had little control over their own lives. As a result, she began suggesting the use of contraception and spacing births as alternatives that were in the best interest of the family, to ensure the health of the mother and children.³⁰

Dr. Sadik decided to stop practicing medicine in order to become involved in developing family planning programs. In the 1950s, she joined the Planning Commission, an institution in the Indian government that formulates India’s Five-Year Plans that instruct the national economy. Dr. Sadik was involved in the health aspect of the plan, but encountered several obstacles, including lack of information and lack of support for increasing the allocation of funds for health. The focus of the time was on economic growth. The government was not against health, per se, she says, but they were concerned that health consumed money without offering an obvious profitable return.³¹ From 1965-1970, Dr. Sadik worked with the Family Planning Association in coordination with the Population Council to focus on family planning, or the means to reduce fertility. Soon, Dr. Sadik was working in the Family Planning Program and says, “By this time, for me the connection between mothers’ health, women’s control, and family planning was very important.”³² She admits that this idea of women having control over their lives represented an overlay of the feminist movement.³³ In 1968, Dr. Sadik was appointed Pakistan’s director-general of the Central Family Planning Council. That same year, the Teheran Conference recognized family planning as a human right.

²⁹ Dr. Nafis Sadik, Interview with Richard Jolly, 2002, p35.

³⁰ Ibid, p 35.

³¹ Ibid, p 37.

³² Ibid, p 40.

³³ Ibid, p 56.

In 1971, Rafael Salas in the UN Population Fund hired Dr. Sadik. Perhaps ahead of the times, Dr. Sadik openly promoted family planning as an aspect of health, but also that it should be outside of health in terms of public information and access to methods.³⁴

Salas and Dr. Sadik shared the idea that the UNFPA should not simply be about family planning, but about population and development in a broader sense, and that population issues were part of, rather than parallel to, development issues. While in the early 1970s, only about eight countries had family planning programs, by 1984, every country in the developing world had a family planning program.³⁵ The push to expand the focus from family planning to broader issues met resistance from countries that pressured the UNFPA to provide contraceptives, rather than focus resources on social-cultural research, data systems, or gender issues. To change this mindset, Dr. Sadik pushed for studies at the country level, so that countries could understand their particular situation and develop an informed and personalized population policy. This specificity was important because countries had different goals related to the situation of women. For example, the goal in Latin America was to reduce maternal mortality, rather than reduce fertility, because women were resorting to unsafe, illegal abortions.³⁶

Dr. Sadik provides some commentary about the negotiations taking place at the international level that were affecting population norms. In 1974, family planning and population issues became consolidated in the Third Population Conference in Bucharest. The plan of action produced at the end of the document contains the right: “All couples and individuals have the

³⁴ It is worth noting how much influence strong-willed individuals can have in particular organizations. Marcolino Candau, Director-General of the WHO from the late 1950s to the early 1970s, opposed Dr. Sadik’s appointment to the UNFPA because she was a physician. Unofficially, Dr. Sadik tells Richard Jolly that “in Candau’s time, [the WHO] were still opposed [to family planning] because he was Catholic”. Ibid, p 54.

³⁵ Ibid, p 90.

³⁶ Ibid, p 71.

basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so...”³⁷ This odd wording represents a compromise with the Vatican and other countries that believed that only couples should be entitled to contraceptives. In 1984, the Fourth World Population Conference took place in Mexico City. While family planning programs had been implemented in most countries by now, Dr. Sadik worries that religious groups would antagonize the efforts to organize consensus in 1994. In spite of this pressure, governments were starting to change their policies, and Dr. Sadik advocated for the role of the UNFPA to provide governments with alternatives backed by technical experience, rather than condemning the governments into changing their policies. Informed dialogue proved to be a more effective process, and the UNFPA never used money to impose policies or influence governments.³⁸

In 1987, Dr. Sadik became the Executive Director of the UNFPA and the first woman to head any organization in the UN. In 1990, the Secretary-General of the United Nations appointed her as the Secretary-General of the ICPD. The preparatory process for the 1994 conference began a couple years later in 1992. By this time, the UN Conference on Environment and Development was announced for Rio de Janeiro in 1993. The preparatory committee for the Rio conference accepted population as another topic on the agenda, but demographic issues were pushed to the 1994 conference. As she helped with the preparation for the Rio conference, Dr. Sadik created a new development paradigm to explain the importance of population and demographics issues: the world now needed to consider the needs of the poorest.³⁹ Without

³⁷ World Population Plan of Action, 1974

³⁸ Sadik, 2002, p 81.

³⁹ Ibid, p 118.

explicitly saying so, population, family planning, and health rights issues were placed under the set of goals to alleviate poverty.⁴⁰

During the planning process for the Cairo conference, Dr. Sadik created a strong emphasis on human rights and women's choice. There had always been a link between the ideas of women's rights and family planning, but now, the subject of family planning was broadened to reproductive health. More so, Dr. Sadik insisted on moving away from a top-down approach that focused on making recommendations for populations and groups, and emphasized an individual needs and rights approach.⁴¹ In these ways, Dr. Sadik was already planning a conference that was quite different in its goals than any of its precedents. Furthermore, Dr. Sadik began to consider the presence of NGOs during the conference.

The preceding Bucharest conference had had a parallel NGO conference, but it did not contribute to the main conference and was held at a distance. The Mexico conference did not have an NGO conference. With these precedents in mind, Dr. Sadik decided to create an NGO conference for the purpose of contributing to the main conference. The NGOs were to hold smaller conferences alongside the preparatory regional conferences for the governments, make suggestions of what the conference document should consider, and then NGOs could be present at the main conference. Dr. Sadik concedes that this was a logical, yet different approach.⁴² Over fourteen months from 1992 to 1993, she participated in five regional conferences that had NGO meetings alongside them.

When it came time to draft the Cairo conference document, the WHO provided a definition of "reproductive health" that included the phrase "terminating pregnancy". While other aspects of the definition were maintained in the final draft, this particular phrase caused

⁴⁰ Ibid, p 119.

⁴¹ Ibid, p 122.

⁴² Ibid, p 127.

widespread opposition and argument at the conference. The WHO had surprised the world with this definition, as they had failed to present their special report on reproductive health, which included family planning and sexual health, at the World Health Assembly in 1993.⁴³ In an effort to reach an agreement and prevent further stalling, Dr. Sadik wrote the paragraph that appears in the document herself. She was persistent and clear that the paragraph on unsafe abortions could not be taken out, but the conference was not suggesting the legalization of abortions or dealing with sexuality issues. Dr. Sadik was concerned about what could feasibly be placed in the document and get unanimous support; she was focused on “what the needs of people – women in particular – are today.” While there was meant to be an element of idealism in it, the document was crafted to be strategic and realistic.⁴⁴

The NGOs unanimously supported Dr. Sadik and the document once it became clear that the issues being discussed were based in human rights. In response to opposition from the Vatican, Dr. Sadik spoke to several Holy See representatives about the new formulation for these rights, that everyone should have information and access to the means of controlling their reproduction, and that the choice about the method to use and the number and spacing of children is left to the individual. She reminded them that the entire world is not Catholic, so the document must be inclusive. Dr. Sadik even went to Rome for a one-on-one meeting with the pope. During this meeting, she tried to explain that the focus should be on the individual, rather than the couple, because the term “couple” implies that the two members are equal.⁴⁵ In the end, the Holy See did not accept the part of the document pertaining to reproductive health. The Holy See had tried to rally support from Muslim countries, but Dr. Sadik made a point of traveling to different Arab countries and meeting with leaders to make sure that they had actually read the

⁴³ Ibid, p 133.

⁴⁴ Ibid, p 136.

⁴⁵ Ibid, p 138.

document and understood the language.⁴⁶ Several representatives from Muslim countries attended the conference and even gave speeches in support of the document. Many of these representatives were women, and Dr. Sadik included them on panels for discussion of certain topics. In her role as one of the most active Secretary-Generals of any of the UN conferences, Dr. Sadik embraced her opportunity to influence the outcomes of certain issues. Understanding the importance of having an effective conference, she refused to compromise the gains she was trying to make in issues of women's health and rights in the larger context of population and development issues. Rather, she played the political game with impressive skill and determination, convincing governments to make changes. She saw her role as one to provide information and be an advocate, using her strong will to shape the ICPD Program of Action and involve all parties—states, individuals, NGOs—in the process.

IV. The Role of NGOs at the ICPD

As previously mentioned, Dr. Sadik set up a parallel NGO forum for the ICPD. These organizations participated in regional preparatory meetings and also presented statements at the main conference itself. NGOs were able to contribute to the development of the final Program of Action that was adopted by 179 countries at the conference, by providing consultation on certain issues and making recommendations about how to address items on the agenda for the conference. The written statements by NGOs offer insight into the issues that seemed to be of greatest concern to the representatives at the conference, and also allow us to gauge the relative support for different arguments made about what should be the consensus.

Why are NGO statements helpful to understanding the conference? These organizations are concerned with a particular issue—for example, reducing maternal mortality, or providing

⁴⁶ Ibid, p 143.

reproductive health services to women and couples, or advocating for environmental consciousness and sustainable practices in development—and operate in extra-governmental capacities. This allows them to take more hard-line stances on issues, deviating from central positions, or status quo policies, that governments often try to adhere to in order to prevent alienating supporters. NGOs often advocate for marginalized populations, drawing attention to inequality and discrimination experienced by these groups and pressing governments or other actors to take specific actions to address a problem. The NGOs present at the ICPD preparatory regional meetings and at the conference addressed issues relating to women, youth, the environment, and religion. They used their different backgrounds to provide insight to the issues being elaborated on in the ICPD Draft Program of Action. While the organizations came from all regions of the world, they mostly represented progressive views from the left; among other things, they advocated for protection of the environment, gender equality, access to family planning services and education, and empowerment of women.

In general, their positions aligned with the goals of the ICPD and promoted the shift towards an individual-centered policy. Especially in the area of population, NGO representatives like Sir Shridath Ramphal of the Commission on Global Governance and the Earth Council make it clear that official delegation to the conference will make compromises towards a final document in vain unless “they listen closely to the voices of the grass.”⁴⁷ He goes on in his address to the ICPD delegates to say “there will be no progress on population and development issues unless there is clear direction” on “quality of life issues and...the rights of women in relation to them”.⁴⁸ The Secretary-General of the International Planned Parenthood Foundation, Dr. Halfdan Mahler, was another representative at the conference to encourage the adoption of

⁴⁷ “Non-Governmental Organization Statements”, Address to the International Conference on Population and Development, 6 Sept 1994.

⁴⁸ Ibid.

the ICPD Program of Action, not only because it is in line with the IPPF's objectives, but because it is a plan "for the common global good".⁴⁹ As Mahler boldly urged governments, NGOs, and members of the donor community to build on the cooperation facilitated by the conference by mustering the political will "to mobilize the resources to bring about this perfectly do-able development miracle".⁵⁰ Other representatives, including the president of Population Action International and the chairperson of the CEDAW Committee, pressed upon the importance of improving the status of women in society, especially through education.

The ICPD was also seen as a groundbreaking event for women's groups, both in terms of their participation and in achievements made toward their goals. The Women's Caucus was an international coalition of activists that monitored governmental deliberations, proposed draft language, and lobbied governments throughout the three-year planning effort for the conference, as well as at the main conference itself.⁵¹ In 1992, the International Women's Health Coalition led a group of women's health advocates representing women's networks from Asia, Africa, Latin America, the Caribbean, the USA, and Western Europe in drafting a Women's Declaration on Population Policies.⁵² This was a concerted effort to consolidate the position promoted by women's groups and present a clear, practical document to the Cairo Conference. The Declaration set out some key ethical principles and minimum program requirements for designing and implementing population policies that assure women's wellbeing by, among other things, respecting women's reproductive choice, their freedom to express their sexuality, and calling for male responsibility.

⁴⁹ Ibid, A Statement by Dr. Halfdan Mahler at the International Conference on Population and Development, 5-13 Sept 1994.

⁵⁰ Ibid.

⁵¹ Cohen, Susan and Cory Richards, "The Cairo Consensus: Population, Development and Women", 1994.

⁵² Women's Declaration on Population Policies. *Development in Practice*, 1993.

After the six group meetings and the five regional conferences took place, several governments expressed the need for further dialogue on issues of the greatest concern. In response to these requests, ICPD Secretary-General Dr. Nafis Sadik set up a number of round table meetings, one of which was the Round table on Women's Perspectives on Family Planning, Reproductive Health, and Reproductive Rights in Ottawa, Canada in 1993.⁵³ This meeting expanded on dialogues from previous expert group meetings and other forums, and expanded on the need to improve the status of women in order to achieve other development goals. The document also states that women must have equal opportunity so that they may be able to make decisions about critical aspects of their lives and fully participate in the development process. Nine months before the Cairo Conference, over 200 women's health advocates from 80 countries participated in the Reproductive Health and Justice: International Women and Health Conference for Cairo '94 in Brazil. This conference emphasized the need for development efforts aimed at the empowerment of women and respect for and protection of women's rights. The document produced at the conference also noted the need for high-quality health services for women that provide more than contraceptives, and recognized safe abortion as an intrinsic part of health and human rights.⁵⁴ Indeed, all of the preparatory meetings and documents mentioned in this section recognize the right of women to have access to safe abortion as an aspect of their reproductive health and rights.

The work by women's groups during the ICPD and the few years preceding the conference highlight the fundamental changes taking place in view of reproductive rights. Reproductive health was being placed in a broader context of social and economic frameworks that affected both women's and men's lives. As a result, "these different meetings and organizing

⁵³ Mehra, Leila, "Women's Perspectives on Family Planning, Reproductive Health and Reproductive Rights", 1993.

⁵⁴ Reproductive Health and Justice International Women's Health Conference for Cairo '94.

efforts challenged the prevailing view that considered women only in terms of their reproductive capacity; instead they argued that women's health and well-being were important goals in their own right and not merely for improving the effectiveness of population programs."⁵⁵

Religious Stances and the Abortion Issue

Statements by representatives from civil society, religious organizations, and other NGOs shed light on one of the most-contested issue of the conference: access to safe abortions. The Program of Action that emerged at the conclusion of the conference was the broadest consensus ever reached at an international conference about the need to provide women with several options to prevent unplanned pregnancies. Reproductive health care was defined to include safe abortion, where it is legal, and access to quality services for the management of complications arising from abortion, everywhere.⁵⁶ None of the representatives at the conference denied the facts about unwanted pregnancies and abortions, and Norway's Prime Minister Gro Harlem Brundtland distilled the situations during the opening ceremony of the ICPD saying, "None of us can disregard that abortions occur, and that where they are illegal, or heavily restricted, the life and health of the woman is often at risk."⁵⁷ However, the ICPD Program of Action was a far cry from a call to legalize abortion. The language of the final document is watered down, as draft processes faced fierce, vocal opposition from the delegates from the Vatican.

By the third preparatory committee, the Holy See was determined to try to block the consensus that had been building during previous meetings. At the two previous population conferences (Bucharest and Mexico City), the Vatican was successful in blocking comprehensive reproductive health, including safe abortion. By 1994 conference, however, the unprecedented

⁵⁵ Hempel, Margaret, "Reproductive health and rights: origins of and challenges to the ICPD Agenda", 1996.

⁵⁶ ICPD Program of Action (1994), para 8.25.

⁵⁷ G. Harlem Brundtland, address to the ICPD, Cairo, Sept 5, 1994. In Cohen, Susan and Cory Richards, 1994, p276

degree of unanimity among countries about the specific objectives of the Program of Action and the premise of the document was too large a force to be blunted by the Vatican. While Pope John Paul II tried to maintain the authority of the Catholic Church as “global pastor”, the Vatican had lost its ability to influence countries’ reproductive and sexual behaviors and the Holy See’s alliance with Muslim countries steadily dissolved at Cairo.⁵⁸ As the conference continued, there was a growing irritation over the delaying tactics being employed by the Holy See and the unwillingness of the Vatican delegation to reevaluate its position.⁵⁹

On the eve of the ICPD, parliamentary groups and individual parliamentarians convened for a separate two-day meeting to discuss some of the key issues and themes of the proposed ICPD Program of Action. Dr. Sadik addressed these officials in a keynote speech that acknowledged the parliamentarians’ important role in helping to achieve a consensus on particularly controversial issues and to look forward and develop implementation strategies. Dr. Sadik drew specific attention to the debate surrounding abortion. She declared that the proposed Program of Action does not advocate or promote abortion, but “that all parties concerned deal openly and forthrightly with abortion as a major public health concern for women. It also makes clear that women should have access to services for the management of complications arising from unsafe abortions. From a moral and ethical point of view, who can be against that.”⁶⁰ This shows a key strategic choice by Dr. Sadik to frame the issue of unsafe abortions as a public health issue, rather than a human rights issue. While she was achieving the same end in promoting an essential right for women—to have access to comprehensive reproductive and sexual health services—Dr. Sadik was aware that governments would have a harder time

⁵⁸ McIntosh, C. Alison and Jason Kinkle, “The Cairo Conference on Population and Development: A New Paradigm?”, 1995, p 243, 248.

⁵⁹ Ibid, p 249.

⁶⁰ Sadik, Nafis. Keynote Address to Parliamentarians, 1994.

resisting the call to respond to a public health cause. When addressing unsafe abortions and the undeniable harm women face, Dr. Sadik and other representatives made a point of separating the issue from ideological views that clashed with the idea of women being able to terminate a pregnancy.

The parliamentarians released their own statement before they began their two-day meeting, to affirm both their role in the broader conference process and also the importance of the ICPD in its innovative approach to addressing population and development issues. In specific mention of abortions, they acknowledged the public health immediacy of the issue, and also stressed that access to family planning information and services would reduce the need for abortions.⁶¹ In this way, the ICPD planning process and subsequent conference represents a more open-minded, concerted effort to avoid blanket ideologies that prevent a more nuanced approach to addressing complex issues. More specifically, the officials at the conference engaged in open dialogues with government leaders, civil society representatives, and technical experts to find a better way to talk about abortion and a more comprehensive reproductive and sexual health program.

It is misleading, and false, to paint the picture of a dichotomous confrontation between religious organizations and everyone else around the issue of abortion. The consensus among delegates, which was transcribed in the final draft of the program of action, was that the need for abortion should be reduced through expanded and improved family planning programs.⁶² While the Vatican became more vocal in its opposition before and during the ICPD, other religious organizations and representatives urged the need to remember the context of women's lives that affect their reproductive health. In the first few days of the conference, other religious

⁶¹ Parliamentarians in Cairo, Cairo Declaration on Population and Development, ICPD, 1994.

⁶² ICPD Program of Action (1994), para 8.25.

organizations and representatives urged delegates to be realistic and open-minded. The representative from the World Council of Churches stated, “A growing number recognizes that the unjust treatment and systematic exploitation of women make legal recourse to safe, voluntary abortion a moral necessity. Dogmatic assertions which affirm the sanctity of life but ignore the context in which conception takes place fail to bring that assertion to bear on the real circumstances of life”.⁶³ The President of the Religious Consultation on Population, Reproductive Health, and Ethics directly criticized the Vatican’s approach to trying to block all aspects of the document that might relate to abortion. He declared, “Sadly, due to the Vatican’s idiosyncratic fixation on the sixth point—contraception and abortion—the moral triumph of the [Cairo] document has been overshadowed, and religions have once again been made to look like obstructive icebergs in the shipping lanes of progress”.⁶⁴ Within a couple days of the start of the conference, the Holy See allowed the formal proceedings to continue, but ultimately entered formal reservations against parts of the document that referenced “family planning”, “reproductive health and rights”, “sexual health”, “sexuality education”, “safe motherhood”, and “individuals”.⁶⁵ Most of these reservations are based on interpreting certain rights to include abortion. Other countries that entered reservations on many of the same topics were Latin American countries and Muslim countries.⁶⁶

V. Elaborating the Meaning of the ICPD Program of Action: Implementation and Assessment

Throughout the preparatory meetings, representatives and delegates were already aware of the distinction between rhetoric and action. Werner Fornos, the President of the Population

⁶³ “Non-Governmental Organization Statements”, World Council of Churches, 1994.

⁶⁴ Ibid, Consultation of Population, Reproductive Health, and Ethics, 1994.

⁶⁵ Cohen, Susan and Cory Richards, 1994, p 275.

⁶⁶ “Breaking Through: A Guide to Sexual and Reproductive Health and Rights”, Swedish Association for Sexuality Education, 2004, p 16-17.

Institute, stated that, “The stakes are too high for this [ICPD Program of Action] to remain mere words on paper”, elaborating that the conference would ultimately be judged by the participating parties’ ability to convert the Program of action from rhetoric into reality.⁶⁷ The ability to achieve the broad goals would rely on mobilizing adequate human, financial, and institutional resources. Sir Shridath Ramphal, delivering a statement by the Commission on Global Governance and the Earth Council, voiced a common concern that resources would prove to be the “Achilles’ heel” of Cairo, if able industrial countries might not carry through on their large responsibility of contributing resources.⁶⁸ As a result, the ICPD Program of Action included numerical estimates of the financial resources necessary to implement programs, such as reproductive health programs, including those related to family planning, maternal health, the prevention of sexually transmitted diseases, and those related to collecting and analyzing population data.⁶⁹ These estimates also take into account how these funds might increase or decrease within the twenty-year plan for implementation. In addition to these concrete estimates, the Program of Action provides descriptions of how governments, non-governmental organizations, the private sector and local communities should interact to set up a wide variety of action programs and provide services that advance the new population and development paradigm. For the international donor community, the Program of Action proscribes concrete goals for financial assistance, complementing domestically generated resources, to implement population and development programs.⁷⁰

In December 1994, the UN General Assembly adopted resolution 49/128 in which the assembly endorsed the ICPD Program of Action and acknowledges the integrated approach taken

⁶⁷ “Non-Governmental Organization Statements”, Remarks by Werner Fornos, International Conference on Population and Development, Sept 1994.

⁶⁸ Ibid, Address by Sir Shridath Ramphal, Cairo, 6 Sept 1994.

⁶⁹ ICPD Program of Action (1994), para 13.15.

⁷⁰ Ibid, para 14.11.

during the ICPD that recognizes the interrelation between population growth, sustained economic growth, and sustainable development.⁷¹ This resolution further emphasizes the need for countries, in their sovereign right to implement the recommendations of the Program of Action according to national laws and developmental priorities, to reconsider their spending objectives, making explicit reference to sections XIII and XIV of the Program that outline the responsibilities and goals of resource allocation. In addition, the General Assembly called upon the Population Commission and the Economic and Social Council to join it as part of a three-tiered intergovernmental mechanism to monitor the implementation of the Program of Action.⁷² The Population Council was renamed as the Commission on Population and Development, further demonstrating the integrated, multidisciplinary, and comprehensive approach to the Program of Action; this revitalized its role as a functional commission to the Economic and Social Council, wherein it would meet annually beginning in 1996 and the ESC would reevaluate the Commission's composition. This involved oversight was further facilitated by the General Assembly's mandate for the ESC to focus part of its 1995 substantive session on the implementation of the ICPD, and for several follow-up reports to be submitted in 1995 and 1996.

This was not simply a flurry of activity in the UN that would settle in a couple years, the natural aftershock of a momentous conference that would burn itself out or lose steam within a half-decade. Rather, the UN made sure to use this momentum and worldwide support to set up integrated monitoring bodies to keep track of countries' progress in implementing the Program of Action and to make recommendations for countries that are unable to reach these goals. As we will see, the couple years immediately following the adoption of the Program of Action were tremendously important in facilitating cooperation between governments and non-governmental

⁷¹ United Nations General Assembly, "Report of the International Conference on Population and Development". A/RES/49/128, 19 Dec 1994.

⁷² Ibid, para 23.

actors and in creating timelines and practical goals for progressive implementation. These short-term actions have been expanded and further developed by continued commitment by the UNFPA to carry out goals of the conference, as well as increased international commitment to the principles of the ICPD.

Following the adoption of the ICPD Program of Action and the corresponding UN General Assembly Resolution, the UN created an Inter-Agency Task Force (IATF) responsible with formulating a plan to implement the ICPD Program of Action. The IATF was composed of top administrators from the UN Population Fund (UNFPA), the World Bank, WHO, UNICEF, Food and Agricultural Organization of the UN (FAO), UN Department for Social Information and Policy Analysis (DESIPA), UN Department for Policy Coordination and Sustainable Development (PCSD), International Labor Organization (ILO), UN Educational, Scientific and Cultural Organization (UNESCO), and the UN Development Program (UNDP).⁷³ It is in these meetings, that we can appreciate the fundamental changes in how women's reproductive and sexual rights were conceptualized. The first IATF met on December 13, 1994. Dr. Nafis Sadik, in her capacity as Secretary-General of the ICPD, convened and chaired the IATF meetings. The first meeting was to develop a coordinated approach for the implementation of the ICPD Program of Action. Dr. Sadik emphasized that the common framework designed for implementation should reduce the burden on countries and that one data set should be used for each country.⁷⁴ Since this meeting, the UNFPA became the lead UN organization for the follow-up and implementation of the ICPD Program of Action. This could have been because of the close connection between the UNFPA right from the start of the conference planning process. Dr. Nafis Sadik was appointed in her capacity as the Executive Director of the UNFPA to be the

⁷³ Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action, "Report of the 1st Meeting of the ICPD Inter-Agency Task Force", 1994.

⁷⁴ Ibid.

Secretary General of the ICPD, and her connection to the issues at hand and her ability to rally support and motivate action by governments and civil society has also elevated the role of the UNFPA in carrying out the paradigm shift created in 1994.

Following the first meeting, officials met in Geneva to create “Guidelines for Reproductive Health” that the UN Resident Coordinator System could use to facilitate implementation of the ICPD recommendations. These guidelines specify what is new about the concept of reproductive health following the ICPD. It affirms that reproductive health does not begin from a list of diseases or problems, or from a list of programs; rather it must be understood in the context of relationships and the desires of the mother. This document highlights the achievement of the Cairo Conference of placing individuals at the center of development efforts, “as protagonists in their own reproductive health and lives rather than as objects of external interventions.”⁷⁵ This concept of reproductive health differs from family planning and maternal and child health programs in that it addresses many issues that are linked and offers individuals a full range of reproductive health services. When women become more involved in these programs, it becomes even clearer that they have health concerns outside motherhood. Addressing reproductive health “involves a profound rethinking of the behavioral, social, gender and cultural dimensions of decision-making that affect women’s reproductive lives.”⁷⁶

Another important follow-up action took place in 1994. The UNFPA published a technical report entitled “Expert Consultation on Reproductive Health and Family Planning: Directions for UNFPA Assistance”, in which Dr. Sadik underscored the point that while countries had accepted a definition of reproductive health and rights, they still needed direction on how to create operational programs. As a result, the UNFPA should focus on assisting

⁷⁵ Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action, “Guidelines to Reproductive Health”, 1994.

⁷⁶ Ibid.

countries in creating reproductive health action plans that could then be used to mobilize resources.⁷⁷ This expert consultation meeting noted that “the agreements reached at the ICPD represented a major change in thinking about population and development and advice was being sought by UNFPA from many constituencies.”⁷⁸ As a result, experts from various organizations convened for two days to help the UNFPA revise various guidelines in accordance with the consensus reached at the ICPD and thus aid the future actions of countries to create new reproductive health programs. The session made such recommendations for the UNFPA as explicitly recognizing sexual health as an integral part of reproductive health and supporting provisions for safe abortion services (including advocating for changes in laws and policies).⁷⁹ Soon after, in January 1995, Dr. Sadik convened a consultation on resource mobilization, which also provided concrete recommendations.⁸⁰

While the language in the ICPD Program of Action had to be tempered in order to achieve wide support, the UNFPA was able to expand upon the meaning of the document in the expert meetings that followed. This expansion exemplifies the political nature of the ICPD, or any UN conference. The ICPD overcame the incredible challenge of creating a global consensus for a new approach to population and development, with a particular focus on reproductive rights. When the UNFPA and relevant experts met after the ICPD, they were already united in their understanding of the ICPD principles; their purpose for meeting was to translate the conceptual framework, the rhetoric of the Program of Action, into policies that could be funded and benchmarks that could adequately assess the progress of new programs.

⁷⁷ UNFPA, “Technical Report No. 31, Expert Consultation on Reproductive Health and Family Planning: Directions for UNFPA Assistance”, 8-9 Dec 1994.

⁷⁸ Ibid.

⁷⁹ Ibid, recommendations 4, 6.

⁸⁰ United Nations Population Fund, “Report of the Executive Director for 1994: Response to Economic and Social Council Decision 1994/33”, 1994.

Following the expert consultation for its future work, the Dr. Sadik convened a UNFPA management retreat in February 1995 under the theme “A Time for Change”, where participants discussed how the UNFPA should revise its mission for the next ten years, how to better focus the UNFPA’s resources, and how to collaborate better with others in the UN system.⁸¹ The UNFPA also facilitated a series of follow-up consultations for various countries and regions. In April 1995, as Executive Director, Dr. Sadik submitted a report at the request of the Economic and Social Council. She stated that these consultations “were extremely valuable in providing insights on the differing needs of various countries and regions and in producing practical suggestions for future work.”⁸² In addition, the importance of involving NGOs in the process of implementing the ICPD was translated into action when Dr. Sadik convened the first meeting of an NGO Advisory Committee in April 1995 at UNFPA headquarters. The second IATF Meeting took place on July 25, 1995. This meeting reinforced the issues discussed in the Guidelines and reinforced the “goal of an empowered reproductive health program should be to increase women’s control over their bodies, their sexuality and ultimately their lives.”⁸³ The IATF meetings and the Guidelines produced in early 1995 highlight the significant ground the ICPD was able to gain for women’s reproductive rights. This issue also includes the rights to sexual health, specifically referencing women’s sexuality. In this rapid succession of reports and consultative meetings within the first few months of the ICPD consensus, we can appreciate how important it was to harness the feeling of accomplishment that came out of the ICPD and its Program of action, as Dr. Sadik described, “the enthusiasm and sense of mission”.⁸⁴

⁸¹ Ibid.

⁸² Ibid.

⁸³ Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action. “Report of the 2nd Meeting of the ICPD Inter-Agency Task Force”, 1995.

⁸⁴ Ibid.

Periodic Reviews of the Implementation of the ICPD and the Millennium Development Goals

Since 1994, there have been reviews and appraisals of the implementation of the ICPD Program of Action every 5 years. In 1996, a year of continued meetings and consultations that Dr. Sadik referred to unofficially as “ICPD plus two”, officials were already keeping close track of the progress countries were making in their commitment and were able to already note concrete changes on the ground. Ann Starrs of Family Cares International, an international NGO that serves as the secretariat for the Safe Motherhood Initiative, notes that “since Cairo, awareness of reproductive health has grown significantly. It is much easier to deal with reproductive health directly on its own terms, rather than using Safe Motherhood as an entry point.”⁸⁵ In two short years, reproductive health rights were becoming recognized and valued as part of a more comprehensive view of healthcare. People experiencing this shift firsthand were changing how they were talking about reproductive health; efforts to implement the Program of Action were not simply conceptualizations on paper and in higher-level government programs, but were assimilated into the grassroots of society to affect conversations and mindsets.

Perhaps these changes were already happening at the grassroots level, and the ICPD reflected a delayed and necessary international “catching-up” process. However, evidence suggests that this was not the case. In a newsletter published by the UNFPA in 1996, Dr. Sadik stated that the “ICPD has been a catalyst for action on many fronts” and described how, as a result of the conference, countries have adopted policies and plans designed to achieve ICPD goals. Furthermore, Dr. Sadik stated that many countries “have hosted conferences and seminars to enhance understanding at all levels of society of the new thinking about population issues that has emerged from the Conference.”⁸⁶ The UN has also put forth a concerted effort to increase

⁸⁵ “A Newsletter of the UNFPA Task Force on ICPD Implementation”, ICPD News No.4, 1996.

⁸⁶ “A Newsletter of the UNFPA Task Force on ICPD Implementation”, ICPD News No.3, 1996.

collaboration at the country level and facilitate interaction among various groups involved in implementation efforts. By 1996, the Program of Action was serving as a template for recasting population and development policies and programs at the national and international levels.⁸⁷

The ICPD+5 review process culminated in a special session of the UN General Assembly in June 1999 that adopted resolution S-21/2 that identified key actions for the further implementation of the Program of Action of the International Conference on Population and Development.⁸⁸ Of particular importance was identifying new benchmark indicators of progress in four areas: education and literacy, reproductive health care and unmet need for contraception, maternal mortality reduction, and HIV/AIDS.⁸⁹ In contribution to the ICPD+5 review process, the UNFPA organized several round tables and technical meetings that involved partners at the UN, program and donor countries, and representatives from civil society. These activities brought to light the constraints faced by many countries in implementing the Program of Action and further provide technical and operational assessments of the progress made. In February 1999, these preparations led into an international forum at The Hague, which was an opportunity for the international community to examine the experience of different actors (government and non-government alike) in implementing the ICPD Program of Action. In addition, the forum countries that participated in the ICPD and other interested countries together to renew their commitment to population and development issues.⁹⁰

Shortly after this 5-year appraisal, at the turn of the century, the international community created another extraordinary pact for the future. 189 leaders at the Millennium Summit in 2000

⁸⁷ “A Newsletter of the UNFPA Task Force on ICPD Implementation”, ICPD News No.5, 1996.

⁸⁸ UN General Assembly, “Key actions for the further implementation of the Program of Action of the International Conference on Population and Development”, S-21/2, 1999.

⁸⁹ UNFPA, “Master Plans for Development: Key Actions for the Further Implementation of Program of Action of the ICPD—ICPD+5”, 1999.

⁹⁰ UNFPA, “Master Plans for Development: The Hague Forum”, 1999.

adopted the Millennium Declaration that described several interconnected goals to create an environment that could encourage development. These goals, termed the Millennium Development Goals (MDGs), are a tool for achieving lasting sustainable development and the eradication of poverty.⁹¹ By the second review of the implementation of the ICPD, the international community recognized the inextricable link between the ICPD goals and the MDGs. The UNFP described this link and its implications—for policies and funding necessary for achieving these ambitious goals—in a report titled “The State of World Population 2002”. Two years after the international adoption of the MDGs, and two years before the appraisal of the ICPD implementation at its half-life, the UNFPA pointed out how the population issues connected more broadly to reproductive health and rights were intertwined with the poverty reduction goals of the MDGs. The population-related development goals of the ICPD are not only dependent on improving comprehensive reproductive health services and promoting access to reproductive rights, but also mobilizing resources for achieving universal basic education, empowering women, protecting the environment, generating jobs, and eradicating poverty.⁹² The report also describes how reproductive health, family planning, and population promote each of the MDGs.⁹³ At the end of the report, the UNFPA identifies concrete indicators to track progress made in achieving the quantitative and qualitative goals of the ICPD and MDGs.⁹⁴ It is in the description of these indicators that the UNFPA refers to the monitoring, resource mobilization, and future reporting for the ICPD and MDGs in conjunction. Since the two frameworks employ the use of the same indicators, the UNFPA recognized that their follow-up processes would be mutually reinforcing and complementary. UN Secretary-General Kofi Annan and Jeffrey Sachs,

⁹¹ UNFPA, “Investing in People: National Progress in Implementing the ICPD Program of Action 1994-2004”, 2004, p2.

⁹² UNFPA, *State of the World's Population 2002: People, Poverty, Possibilities*, 2002.

⁹³ *Ibid*, p7

⁹⁴ *Ibid*, p69-75

Special Advisor to the Secretary-General of the Millennium Development Goals, both stated in December 2002 that the reproductive health services are critical for achieving the MDGs.⁹⁵

In 2003, the UNFPA released another report that declared “population and reproductive health as critical determinants” in achieving the MDGs.⁹⁶ Most striking is a breakdown of how the MDGs look with or without access to reproductive health. For all eight goals, access to reproductive health facilitates progress towards fulfillment of the targets, while lack of access unconditionally deters progress.⁹⁷ When the “ICPD at 10” meeting occurred the following year, in 2004, the ICPD goals were talked about in conjunction with the MDGs. Again, world leaders came together to reaffirm their commitment to the population and development goals, and also reflect on the progress and shortcomings they experienced during the first decade of implementation. More importantly, these reflections were tempered by the new commitment to the MDGs. While the MDGs do not include a specific goal related to sexual and reproductive health, it became increasingly clear that the goals would not be reached without the implementation of the ICPD Program of Action.⁹⁸ Separate evaluations of the ICPD at 10 by regional commissions that focused on Africa, Latin America and the Caribbean, and Asia and the Pacific, all recognized that the success of achieving the MDGs depended on the full implementation of the original and revised ICPD goals.⁹⁹ Indeed, when the UNFPA released its 2004 edition of the State of the World Population, it wrote, “As the international community strives to focus development efforts more effectively to achieve the Millennium Development Goals for eradicating poverty and improving people’s well-being, the ICPD’s rights-based

⁹⁵ UNFPA, *Population, Reproductive Health and the Millennium Development Goals: How the ICPD Programme of Action Promotes Poverty Alleviation and Human Rights*, 2003, p1

⁹⁶ UNFPA, “Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants”, 2003.

⁹⁷ *Ibid*, p 21.

⁹⁸ Haslegrave, Marianne. “Implementing the ICPD Programme of Action: What a Difference a Decade Makes”, 2004.

⁹⁹ UNFPA, *The World Reaffirms Cairo: Official Outcomes of the ICPD at Ten Review*, 2005.

agenda for addressing the interdependence of population and poverty deserves the highest priority.”¹⁰⁰ In 2005, the World Summit reaffirmed that universal access to reproductive health is critical to achieving the MDGs.¹⁰¹ Two years later, in 2007, MDG 5 was expanded to create another target for improving maternal health: achieving, by 2015, universal access to reproductive health.¹⁰² By the third appraisal of the ICPD implementation process, “ICPD at 15”, regional reviews referred to the ICPD and the MDGs “working as one”, where the implementation of the ICPD Program of Action was evaluated in the context of the MDGs.¹⁰³

However, the evaluations of the progress made at the 15-year mark of the ICPD’s 20-year plan all concurred that there remained a gap in the amount of resources that were available for a particular country to create and implement new programs and the amount of resources stipulated by the ICPD Program of Action and revised recommendations. As a result, the international community began to realistically plan for the fast-approaching 2014 and 2015 deadlines for the ICPD Program of Action and the MDGs, respectively. In 2011, the UN General Assembly adopted Resolution 65/234 that accepts the reality that the ICPD goals would not be met by 2014, but also promotes the consensus to extend the Program of Action beyond its 20-year deadline.¹⁰⁴ This extension comes with no end date. It calls on governments to recommit to the goals of the Program of Action, and also calls on the UNFPA to undertake a review of the implementation of the Program of Action. In yet another instance, the UN recognizes the “crucial linkages between the implementation of the Program of Action and the achievement of the

¹⁰⁰ UNFPA, *State of the World’s Population 2004. The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to End Poverty*, 2004, p 11.

¹⁰¹ United Nations General Assembly, “2005 World Summit Outcome”, A/RES/60/1, 2005.

¹⁰² United Nations Statistics Division, “Official list of MDG indicators”, 2008.

¹⁰³ United Nations Economic Commission for Africa, United Nations Population Fund, African Union Commission, “ICPD and the MDGs: Working as One. Fifteen-Year Review of the Implementation of the ICPD PoA in Africa—ICPD at 15 (1994-2009)”, 2009.

¹⁰⁴ UN General Assembly, “Follow-up to the International Conference on Population and Development beyond 2014”, A/RES/65/234, 2011.

internationally agreed upon development goals, including the Millennium Development Goals.”¹⁰⁵

Funding trends and practical changes

The ICPD continues to maintain its conceptual significance. The Program of Action and the conference proceedings themselves produced a new way to think about population issues, placing family planning in a broader framework of reproductive rights; it broadened the conception of reproductive health and rights through a person-based approach, as opposed to demographic guidelines; it has informed the Millennium Development Goals and the indicators used to measure progress in development and interconnected population issues. In the course of implementing the Program of Action, countries have also made concrete changes in policies and programs, and have sought to confront the obstacle of sufficient resources to fund these comprehensive efforts. I will briefly examine the trends in international donor aid for the implementation of reproductive and sexual health policies and programs, and other concrete actions taken by governments. Anything more than a cursory overview is, unfortunately, beyond the scope of this paper.

The Program of Action made specific estimates of international donor and domestic contributions that States should try to achieve at benchmark intervals. States are obligated to support population activities in four categories as part of a costed population package: family planning services, STI/HIV/AIDS prevention programs, basic reproductive health services, and basic research, data, and population and development policy analysis. Since 1997, the UNFPA has collaborated with the Netherlands Interdisciplinary Demographic Institute (NIDI) at the request of the Commission on Population and Development to collect data on domestic

¹⁰⁵ Ibid

expenditures and international population assistance in developing countries.¹⁰⁶ At the 10-year mark of the ICPD Program of Action, the UNFPA conducted a Global Survey with the goal of describing countries' progress and constraints in achieving the ICPD Program of Action.¹⁰⁷ These two monitoring mechanisms provide a window into countries' practical abilities to act on their commitment to the ICPD goals.

The UNFPA states that for the Global Survey, 165 developing countries and countries with economies in transition and 22 "donor countries" responded to questionnaires whose results provide "an overview, rather than an assessment or evaluation, of programmatic and policy interventions."¹⁰⁸ Survey results indicate that countries are ensuring continuity of their commitment to the Program of Action by translating population and reproductive health issues into policy, legislation, strategies and programs.¹⁰⁹ Countries are also strengthening their capacities for collecting and analyzing data, as well as monitoring and assessing progress towards ICPD goals and the MDGs. The analysis of resource flows from donor countries to developing countries shows how commitment to the ICPD goals has influenced the landscape of population and development assistance. During the immediate pre- and post-Conference periods (from 1993-1995), resources in the form of donor assistance for population activities increased from \$1.3 to \$2.0 billion, or 54 percent.¹¹⁰ However, the momentum of the Conference did not last and population assistance hovered around this mark for the next four years. At the new millennium, population assistance peaked at \$2.6 billion, but this was far from the \$5.7 billion financial goal of the Conference. The international community continues to fall behind on its

¹⁰⁶ UNFPA, "Financial Resource Flows for Population Activities in 2007", 2007.

¹⁰⁷ UNFPA, *Investing in People: National Progress in Implementing the ICPD Programme of Action 1994-2004*, 2004.

¹⁰⁸ *Ibid*, p2

¹⁰⁹ *Ibid*, p4

¹¹⁰ UNFPA, "Report of the Flow of Financial Resources for the Implementation of the ICPD PoA- A 10-year review", 2004.

designated responsibility in financing the Program of Action. This is consistent with the reported gap in developing countries between their reproductive health needs and their available resources. Donor countries have yet to reach the Official Development Assistance target of 0.7 percent gross national product (GNP).¹¹¹

The international financial resource flows for population activities in 2009 totaled \$10.5 billion; this figure includes loans from development banks.¹¹² Donations from developed countries account for ninety percent of the primary funds for population assistance, whose primary donors include the United States, the Netherlands, France, Spain, Japan, Sweden, Norway, and the European Union.¹¹³ NGOs and major foundations, like the Bill and Melinda Gates Foundation and the William and Flora Hewlett Foundation, also contribute to the international financial assistance. Since 2000, STD/HIV/AIDS prevention programs have received a steady increase of funding, and have received the largest share of population assistance since then.¹¹⁴ This increase in resources towards STD/HIV/AIDS prevention programs has accounted for most of the growth in international population assistance; without HIV/AIDS, the resource flow for the other three categories has increased only marginally.¹¹⁵ As the conference participants predicted, resource mobilization continues to be the limiting factor for fully implementing the ICPD Program of Action. However, with each renewed commitment to these goals, and the recognition that the ICPD goals are essential to achieving the MDGs, developed and developing countries alike take strides to commit their resources and political will towards progressively realizing full access to comprehensive reproductive and sexual health.

¹¹¹ UNFPA, *Investing in People: National Progress in Implementing the ICPD Programme of Action 1994-2004*, 2004, p17-18

¹¹² UNFPA, "Financial Resource Flows for Population Activities in 2009", 2009, p9

¹¹³ Ibid, p12

¹¹⁴ Ibid, p28

¹¹⁵ Ashford, Lori. "Resource Flows for International Population Assistance and UNFPA: Background paper prepared for the *Center for Global Development Working Group on UNFPA's Leadership Transition*", 2010.

VI. *Lessons from Cairo*

Women's reproductive rights are a relatively new group of rights that began to develop in the mid-twentieth century. Sexual rights, as another group of rights in the larger class that also contains reproductive rights, have only begun to be codified at the international level. One part of this paper focused on the distinctness of the Cairo conference, how it was able to be an international forum that progressed ideas by dealing with the necessary topics and not pushing things off to future conferences. Dr. Sadik was a powerful woman in this process, in her conviction to help women achieve their rights and in pressing governments to see that they needed to change their policies. She acknowledges this power of the individual when she reflects on the accomplishments of the UN conference, that the changes that happen in the UN system can be attributed to individuals. One person she says who influenced the development of women's rights as they appear in the 1994 conference is Helvi Sipilä, the first woman to be appointed Assistant Secretary General at the UN. Ms. Sipilä was the Secretary-General of the First World Conference on Women held in Mexico City in 1975. She noted in her opening address that the conference was the first intergovernmental meeting at which women formed part of almost every delegation, and that she hoped that this would set a precedent for equal representation of men and women at future meetings.¹¹⁶

After the 1975 conference, women's studies centers were set up in many universities. Around this time, there seemed to be awareness that a shortcoming in the women's rights field was a lack of data and knowledge. As a result, there was action outside of the UN system to elaborate on issues by providing these things, and by facilitating the basis for arguing the case for women's rights. As this process of acquiring data transitioned to the UN, Sadik notes that

¹¹⁶ UN Women, "Ms. Helvi Sipilä", 2009.

individuals within the UN have made a big difference because they have access to almost every resource imaginable. In the end, progress comes down to individuals. The way Dr. Sadik describes the process, it starts with an idea; then some person moves that idea along to someone, somewhere, who is receptive; then there is the decision to buy the idea.¹¹⁷ The power of the individual also confirms the shift from a top-down approach to policy-making to an emphasis on the individual. That is, rather than conceptualizing needs and resources as they pertain to populations and groups of people, governments should be concerned with the needs and rights of individuals.

The importance of UN conferences must not be overlooked. They often seem like a cumbersome process where government officials convene to talk about issues and draft documents, without providing mechanisms for the effective enforcement of recommendations that are created. However, these conferences lend legitimacy to the process of reaching a consensus about an issue and moving an issue forward through negotiations and resulting policies. Through these conferences, difficult issues that were previously not talked about are given a formal platform devoted to the open discussion with the goals of achieving a resolution. With each conference, issues have always moved forward and Dr. Sadik states, “they have changed thinking around the world”.¹¹⁸ Governments are willing to participate because they feel that every country has an equal voice, so that they can state their positions. Gradually, issues that were unacceptable become the norm; gradually, countries that have made exceptions to treaties join the majority of countries that have become progressive or accepted.

Nor must the influence of UN conferences be overstated. Issues do not simply appear in UN conferences and change the way the world perceives women’s reproductive and sexual

¹¹⁷ Sadik 2002, p 212.

¹¹⁸ Ibid, p 157.

rights. The issues discussed in the 1994 Cairo conference had been developing since the 1950s and 1960s. There was an overlay of progressions in several fields—women’s rights, population studies, development concerns, sexuality and gender studies, the HIV epidemic—that contributed to the way that reproductive rights were conceptualized by the time the 1990s came about. As Dr. Sadik pointed out, one of the goals of the conference was to eliminate dichotomies between fields that had arisen in the 1980s, as with population and development. The 1994 conference acknowledged the different aspects of reproductive rights, and also the connections between several fields that intersected through addressing reproductive rights. Dr. Sadik maintained a firm stance that if countries wanted to consider family planning, they must also address health, education, gender equality, and access to resources.

The direct involvement of NGOs in the ICPD was another crucial factor for the Conference’s success. Dr. Sadik empowered the NGOs to present their ideas to government officials and conference delegates, and to participate actively in drafting the Program of Action and lobbying for specific issues. By incorporating NGOs in the implementation and follow-up processes, governments were able to collaborate across multiple fields to create comprehensive programs that fulfilled the ICDP prescriptions. In the conferences that took place following the ICPD, NGOs were able to provide continuity between the successive international forums that had slightly different focuses. NGOs maintain the thematic connection between various conferences, so that the perspective can evolve without redundant meetings and the international community can harness the momentum of back-to-back conferences to achieve widespread consensus and motivate resource mobilization.

VII. *Conclusion: Beyond the ICPD*

The UN conferences of the 1990s, starting with the ICPD in 1994, saw a new level of specificity in the rights of the body and bodily integrity, which include the rights to life, security of the person, gender equality, and the enjoyment of the highest attainable standard of physical and mental health. Women's groups, lesbian and gay groups, and people struggling with HIV galvanized the "opening" of these rights to a more true definition of universal. Sexual rights have become member of a larger group with health rights and reproductive rights; these members of the group form a conceptual unity about the rights of an individual to freedom of choice and access to care in issues relating to one's body.

The expansion of reproductive rights to include sexual health rights can also be seen as a logical progression in the strategy of making claims for rights. For example, the reproductive rights movement has its roots in the feminist movements that lobbied for unrestricted access to birth control and family planning. In several countries, this movement also included the right to abortions. As Dr. Sadik demonstrated when she decided what to include in the conference document and what to save for later UN efforts, there must be a strategic approach in gaining support for new rights. At the start of the reproductive rights movement, women fought for their basic right to control when they became pregnant. The right to family planning also gave women the right to have a say in how many children they would have and the spacing between their children. Once these rights became implemented in family planning policies, human rights and women's rights groups could focus on other rights related to gender equality and nondiscrimination based on gender. By the time the 1994 ICPD came about, the stage had been set by the incremental gains made for women's rights that created the opportunity for sexual rights and other positive rights to enter into the reproductive rights framework.

As progressive and groundbreaking as the Cairo conference was, some thought it did not go far enough. It made no mention of sexual orientation, and continues to focus on protection, rather than pleasure. Also, while the original draft refers to “sexual rights”, this term disappears in the final draft, replaced by a reference to “sexual health”.¹¹⁹ However, this 1994 conference was instrumental in paving the way for sexual rights to be discussed and promoted more openly. The following year, Beijing hosted the Fourth World Conference on Women: Action for Equality, Development, and Peace. It expanded on the issues discussed in the Cairo conference, but also made progress in new areas. While the Beijing document still excludes specific reference to “sexual rights” and “sexual orientation,” it draws attention to these topics implicitly and creates openings in the document for further recognition of these topics; paragraph 96 was instrumental in this, stating that “the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality....”¹²⁰ The Cairo conference set the stage for the moving forward of women’s sexual and reproductive rights. Dr. Nafis Sadik, the Secretary-General of the Cairo Conference asserted, “Beijing was only successful because of Cairo...the issues of Cairo dominated.”¹²¹ As with the Cairo Conference, there have been periodic appraisals of the Beijing conference that evaluate the progress of the conference goals in specific countries and also reevaluate the methods of implementing the recommendations of the conference.

Since Cairo, there has been an enormous increase in the use of the terms “sexual health” and “sexual rights” to talk about women’s reproductive rights. Most interestingly, the UN Human Rights Committee and the CEDAW Committee have released general comments and general recommendations, respectively, on the implementation of the obligations contained in

¹¹⁹ ICPD Program of Action (1994), para 7.

¹²⁰ Beijing Declaration and Platform for Action, 1995.

¹²¹ Dr. Nafis Sadik 2002, p154

treaties related to the status and protection of women. General Recommendations 21 and 24 by the CEDAW Committee deal specifically with the right to sexual and reproductive health. Interestingly, these recommendations were issued in 1999 and 2010, respectively.¹²² General Recommendation 24 pertains to Article 12 of the CEDAW Convention (“women and health”) and takes into account “relevant programmes of action adopted at United Nations world conferences”, specifically the 1993 World Conference on Human Rights, the 1994 ICPD, and the 1995 Fourth World Conference.¹²³ The recommendation uses language specific to the documents produced by the conferences to reevaluate the meaning of women’s highest standard of health as it relates to reproductive and sexual health.

In 2004, the Special Rapporteur on the Right to Health, Paul Hunt, issued a report that squarely rooted sexual rights in international law and argued their specific relevance to the right to health.¹²⁴ Again, the UN official did not create a new international law, but interpreted the status of the law by stating that “sexual rights are human rights”, and closely linking the protection of sexual and reproductive health rights to the struggle against intolerance, gender inequality, HIV/AIDS, and global poverty.¹²⁵

In July 2010, the General Assembly created UN Women, the UN Entity for Gender Equity and the Empowerment of Women. By this time, the issues relating to gender equality and the status of women have become valued to the extent that the UN created a separate entity to accelerate their goals and to bring together resources and mandates for a greater impact. Along this theme of reinterpreting rights, the UN High Commissioner for Human Rights published a report in

¹²² United Nations: Division for the Advancement of Women, “General Recommendations made by the Committee on the Elimination of Discrimination against Women”.

¹²³ CEDAW Committee, general recommendation 24, 1999.

¹²⁴ United Nations Economic and Social Council, “The right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Report of the Special Rapporteur, Paul Hunt”, 2004.

¹²⁵ Fabeni, Stefano and Alice Miller, “The Importance of Being Preverse: Troubling Law, Identities, Health and Rights in Search of Global Justice”, 2007, p 110.

2011 that documents discriminatory laws and practices and acts of violence against individuals based on their sexual orientation or gender identity; the report also explains how international human rights law can be used to end this violence and related rights violations.¹²⁶ In 2013, the Special Rapporteur on torture, Juan Mendez, released a report on torture in health-care settings. He specifically addresses reproductive rights violations in an effort to ensure that the torture protection framework is applied in a gender-inclusive manner. At the same time, as with health rights, women require special attention because they often face harmful and discriminatory treatment on the basis of gender.¹²⁷ The report also states that lack of access to abortion is tantamount to torture.¹²⁸ In the two decades following the ICPD, countries have increasingly loosened restrictions on abortions, such as decriminalizing it in certain cases, or have implemented measures to ensure access to appropriate services following an abortion. Since abortion was the most controversial issue at the ICPD, the interpretation of the existing international law adds value to the carefully constructed consensus reached almost two decades before.

In these examples of how international human rights law is interpreted and reevaluated by treaty bodies and United Nations officials, sexual and reproductive rights have acquired recognition beyond the health and healthcare realm. These rights are linked to nondiscrimination, protection from gender-based violence, and protection from torture.¹²⁹ Sexual and reproductive rights are also connected to economic development, and the fulfillment of the MDGs depends on the ability of States to also achieve the ICPD goals in their entirety. The United Nations and its

¹²⁶ United Nations General Assembly, “Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity: Report of the United Nations High Commissioner for Human Rights”, A/HRC/19/41, 2011.

¹²⁷ United Nations General Assembly, “Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez.” A/HRC/22/53, 2013, p 10.

¹²⁸ Ibid, p11, 12, 23

¹²⁹ United Nations: Commission on the Status of Women, “The elimination and prevention of all forms of violence against women and girls”, 2013.

member States recognize the interconnected nature of human rights. The ICPD placed reproductive rights directly in this individual-centered framework of rights, and also expanded the previous conception of reproductive health rights to include sexual health rights. Since the ICPD, the international community has built upon its original consensus to further develop the meaning of these rights, and to work towards fully implementing the recommendations of the Conference and subsequent goals that have built upon the ICPD framework.

Works Cited

- “20 Reasons to Care About ICPD.” Sexual and Reproductive Rights are Human Rights. Amnesty International. Web. Mar 2013. <<http://www.amnestyusa.org/pdfs/20ReasonsToCareAboutICPD.pdf>>.
- “2005 World Summit Outcome.” A/RES/60/1. United Nations General Assembly. 24 Oct 2005. Web. Apr 2013. <http://mdg5at10.org/files/A_RES_60_1.pdf>.
- “A Newsletter of the UNFPA Task Force on ICPD Implementation.” ICPD News, No.3 (Feb 1996). *United Nations Population Information Network (POPIN)*. Web. Feb 2013. <<http://www.un.org/popin/unfpa/taskforce/icpdnews/icpdnews9602.html>>.
- “A Newsletter of the UNFPA Task Force on ICPD Implementation.” ICPD News, No.4 (June 1996). *United Nations Population Information Network (POPIN)*. Web. Feb 2013. <<http://www.un.org/popin/unfpa/taskforce/icpdnews/icpdnews9606.html>>.
- “A Newsletter of the UNFPA Task Force on ICPD Implementation.” ICPD News, No.5 (Sept 1996). *United Nations Population Information Network (POPIN)*. Web. Feb 2013. <<http://www.un.org/popin/unfpa/taskforce/icpdnews/icpdnews9609.html>>.
- “Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants.” *Population and Development Strategies Series 10* (2003). United Nations Population Fund. 2003. Web. Apr 2013. <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2003/MDGs_pds.pdf>.
- “Address by Dr. Nafis Sadik to Parliamentarians.” 5 Sept 1994. *UN Population Information Network (POPIN)*. Web. Mar 2013. <<http://www.un.org/popin/icpd/conference/una/940905164839.html>>.
- Agency for International Development. *World Population Plan of Action*. World Population Conference: Bucharest, 1974. Washington, D.C., 1976.
- Amnesty International. “Women’s Health, Sexual and Reproductive Rights”. 2012. <<http://www.amnestyusa.org/our-work/issues/women-s-rights/women-s-health-sexual-and-reproductive-rights>>.
- Ashford, Lori. “Resource Flows for International Population Assistance and UNFPA: Background paper prepared for the *Center for Global Development Working Group on UNFPA’s Leadership Transition*.” Independent Consultant. Nov 2010. Web. Apr 2013. <<http://www.cgdev.org/doc/Resources-at-UNFPA.pdf>>.
- “Background (ICPD, SRHR).” *Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development*. UNFPA, Federal Ministry for Economic

- Cooperation and Development (Germany). Web. Mar. 2013.
<http://www.globalngoforum.de/general_information/background_icpd_srhr/>.
- “Background Information on Key International Agreements.” Population Issues: Safe Motherhood. UNFPA. Web. Jan 2013. <<http://web.unfpa.org/mothers/consensus.htm>>.
- Barot, Sneha. "Reclaiming the Lead: Restoring U.S. Leadership in Global Sexual and Reproductive Health Policy." *Guttmacher Policy Review* Winter 12.1 (2009): 12-17. *Guttmacher Institute*. Web. Mar. 2013.
<<http://www.guttmacher.org/pubs/gpr/12/1/gpr120112.pdf>>.
- Beijing Declaration and Platform for Action*. The Fourth World Conference on Women. UN General Assembly, 1995.
- Bergman, Ylva, ed. *Breaking Through: A Guide to Sexual and Reproductive Health and Rights*. Rep. Trans. Gary Watson. Hässleholm: Norra Skåne Offset, 2004. The Swedish Association for Sexuality Education (RFSU), Feb. 2004. Web. Mar. 2013.
<<http://www.rfsu.se/Bildbank/Dokument/Sexualpolitik/breaking-through.pdf>>.
- Bolourian, Lily. “UN Report Classifies Lack of Access to Abortion as ‘Torture’.” *PolicyMic*. Mar 2013. Web. Mar 2013. <<http://www.policymic.com/articles/30925/un-report-classifies-lack-of-access-to-abortion-as-torture>>.
- Bongaarts, John and Steven Sinding. “Letters.” *International Perspectives on Sexual and Reproductive Health* 35.3 (Sept 2009). *Guttmacher Institute*. Web. Mar 2013.
<<http://www.guttmacher.org/pubs/journals/3515309.html>>.
- Bowen, Donna Lee. “Abortion, Islam, and the 1994 Cairo Population Conference.” *International Journal of Middle East Studies* 29.2 (May, 1997): 161-184. *JSTOR*. Cambridge University Press. Web. Mar. 2013. <<http://www.jstor.org/stable/164015>>.
- “Cairo Declaration on Population and Development.” 4 Sept 1994. *United Nations Population Information Network (POPIN)*. Web. Mar 2013.
<<http://www.un.org/popin/icpd/conference/bkg/egypt.html>>.
- Cohen, Susan A., and Cory L. Richards. "The Cairo Consensus: Population, Development and Women." *Family Planning Perspectives* 26.6 (Nov.-Dec., 1994): 272-77. *JSTOR*. *Guttmacher Institute*. Web. Mar. 2013. <<http://www.jstor.org/stable/2135895>>.
- “Commission on Population and Development.” International Planned Parenthood Foundation at the UN. IPPF. Web. Mar 2013. <<http://ippf.org/our-work/UN/CPD>>.
- “Commission on Population Development 2009.” International Planned Parenthood Fund at the UN. 2009. Web. Apr 2013. <<http://www.ippf.org/our-work/UN/CPD/2009>>.

- “Commission on Population and Development: Resolution 2009/1.” International Planned Parenthood Federation at the UN. Web. Apr 2013. <<http://www.ippf.org/our-work/UN/CPD/2009/resolution>>.
- Cottingham, Jane, Laura Reichenbach and Mindy Jane Roseman, eds. “Reproductive health and human rights: the way forward.” *Bulletin of the World Health Organization*. Philadelphia: University of Pennsylvania Press (2009). Web. Feb. 2013. <<http://www.who.int/bulletin/volumes/88/8/09-073833/en/index.html>>.
- “Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity: Report of the United Nations High Commissioner for Human Rights.” A/HRC/19/41. United Nations General Assembly. 17 Nov 2011. Web. Apr 2013. <http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.41_English.pdf>.
- Doer, Edd. “Church and State: Cairo, Rome and Beyond”. *Humanist*, Vol. 54, Issue 6 (Nov/Dec94), p35-36. Mar 2013.
- Fabeni, Stefano and Alice Miller. “The Importance of Being Preverse: Troubling Law, Identities, Health and Rights in Search of Global Justice.” *The Health of Sexual Minors: Public Health Perspectives on Lesbian, Gay, Bisexual and Transgender Populations*. Ed. Ilan H. Meyer, Ed. Mary E. Northridge. Spring, 2007. 93-129. Web. Feb 2013.
- Fifth Women’s World Conference. “1975 World Conference on Women”. 2006. <http://www.5wwc.org/conference_background/1975_WCW.html>.
- Final Act of the International Conference on Human Rights*. Teheran, 22 April to 13 May. United Nations: New York, 1968.
- “Financial Resource Flows for Population Activities in 2007.” UNFPA. 2007. Web. Apr 2013. <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2007/resource_flows_2007.pdf>.
- “Financial Resource Flows for Population Activities in 2009.” UNFPA. 2009. Web. Apr 2013. <<http://resourceflows.org/sites/default/files/UNFPA%20FRFPAR%202009.pdf>>.
- “Follow-up to the International Conference on Population and Development beyond 2014.” A/RES/65/234. United Nations General Assembly. 5 April 2011. Web. Apr 2013. <http://icpdbeyond2014.org/uploads/browser/files/ungass_res_65_243.pdf>.
- Girard, Francois. “Negotiating Sexual Rights and Sexual Orientation at the UN”. In R Parker, R Petchesky, and R Sember (eds) *SexPolitics: Reports from the Frontlines*, Sexuality Policy Watch, 2007.

- Gottschalk, Janet. "Cairo to Beijing: Disaster Averted." *Social Justice* 22.4 (62), Public Health in the 1990s: In the Shadow of Global Transformation & Militarism (Winter 1995), 89-96. *JSTOR*. Social Justice/Global Options. Web. Mar. 2013. <<http://www.jstor.org/stable/29766910>>.
- Grimes, Seamus. "From Population Control to 'Reproductive Rights': Ideological Influences in Population Policy." *Third World Quarterly* 19.3 (Sept 1998): 375-393. *JSTOR*. Taylor & Francis, Ltd. Web. Mar 2013. <<http://www.jstor.org/stable/3993129>>.
- Grimes, Seamus. "The Ideology of Population Control in the UN Draft Plan for Cairo." *Population Research and Policy Review* 13.3 (Sept 1994): 209-224. *JSTOR*. Springer, Southern Demographic Association. Web. Mar 2013. <<http://www.jstor.org/stable/40229733>>.
- Haslegrave, Marianne. "Implementing the ICPD Programme of Action: What a Difference a Decade Makes." *Reproductive Health Matters* 12.23 (May, 2004): 12-18. Sexuality, Rights and Social Justice. Web. Mar 2013. <<http://www.jstor.org/stable/3775967>>.
- Hayes, Adrian C. "Cairo and the Changing Definition of Population and Development Issues." *Journal of Australian Population Association* 12.1 (May 1995): 15-23. *JSTOR*. Springer. Web. Mar. 2013. <<http://www.jstor.org/stable/41110391>>.
- Hempel, Margaret. "Reproductive health and rights: origins of and challenges to the ICPD Agenda." *Health Transition Review*, 6:1(April 1996). National Center for Epidemiology and Population Health, The Australian National University. Web. Mar. 2013.
- "ICPD and the MDGs: Working as One. Fifteen-Year Review of the Implementation of the ICPD PoA in Africa—ICPD at 15 (1994-2009)." *ICPD/15: Africa Regional Review Report*. United Nations Economic Commission for Africa, United Nations Population Fund, African Union Commission. 2009. Web. Apr 2013. <http://esaro.unfpa.org/webdav/site/africa/users/africa_admin/public/ICPD%2015%20Report.pdf>.
- "ICPD at 10: keeping the promise (1994-2004)." ICPD & MDG Follow-up. United Nations Population Fund. Web. Mar 2013. <<http://web.unfpa.org/icpd/10/index.htm>>.
- "ICPD at 10 Outcomes." *MASTER PLANS FOR DEVELOPMENT*. United Nations Population Fund. Web. Mar 2013. <<http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD10/pid/5094>>.
- "ICPD Preparatory Committee Drafts Programme of Action for Cairo Conference." ICPD Press Release. 29 Apr 1994. *United Nations Population Information Network (POPIN)*. Web. Mar 2013. <http://www.un.org/popin/icpd/press/94_04/940429151624.en.html>.
- "Implementing the ICPD Programme of Action." Interactive Population Center. UNFPA. Web. Mar 2013. <<http://web.unfpa.org/intercenter/reprights/icpd.htm>>.

“Implementing the Plan of Action of the World Summit for Children: Contributions and Future Actions by UNFPA.” United Nations Special Session on Children. UNICEF. Oct 2002. Web. Mar 2013.
<http://www.unicef.org/specialsession/documentation/documents/edr_unfpa_en.pdf>.

“Information Note on the 10th Anniversary of the International Conference on Population and Development.” *MASTER PLANS FOR DEVELOPMENT*. United Nations Population Fund. Web. Apr 2013. <<http://www.unfpa.org/public/icpd/pid/5093>>.

“Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic and social fields.” A/RES/57/270. United Nations General Assembly. 3 July 2003. Web. Apr 2013.
<<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2003/gares57-270B.pdf>>.

“International Conference on Population and Development in Cairo, 15 years later.” *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*. Rep. United Nations Population Fund, Population Reference Bureau. 2009. Web. Apr 2013.
<<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2009/chartbook.pdf>>.

“International Conference on Population and Development: Two Years Later.” United Nations Non-Governmental Liaison Service. *NGLS Roundup* (Jan 1997). Web. Mar 2013.
<<http://www.un-ngls.org/orf/pdf/12icpd.PDF>>.

“International Human Rights Law and Abortion.” Human Rights Watch. Argentina: 2005. Web. Apr 2013. <<http://www.hrw.org/reports/2005/argentina0605/7.htm>>.

Investing in People: National Progress in Implementing the ICPD Programme of Action 1994-2004. Rep. United Nations Population Fund. 2004. Web. Mar 2013.
<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_global_survey04.pdf>.

"Key Actions for the Further Implementation of the Programme of Action of the ICPD -- ICPD+5." *MASTER PLANS FOR DEVELOPMENT*. UNFPA. Web. Apr. 2013.
<<http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD5-key-actions>>.

Keyfitz, Nathan. “What Happened in Cairo? A View from the Internet.” *The Canadian Journal of Sociology* 20.1 (Winter, 1995): 81-90. *JSTOR*. Web. Mar. 2013.
<<http://www.jstor.org/stable/3340987>>.

- Kiltsch, Michael. "The Bumpy Road from Cairo to Now." *International Family Planning Perspectives* 25.4 (December 1999). Guttmacher Institute. Web. Feb 2013. <<http://www.guttmacher.org/pubs/journals/2519699.html>>.
- Lingam, Lakshmi. "Women, Population and Development Question." *Economic and Political Weekly* 29.3 (Jan. 15, 1994): 85-86. *JSTOR*. Web. Mar. 2013. <<http://www.jstor.org/stable/4400657>>.
- Mahran M. The Priorities of the ICPD. 1994 Jun;(40):18-9. <<http://www.ncbi.nlm.nih.gov/pubmed/12345674>. 1994.>.
- "Making Reproductive Rights and Sexual and Reproductive Health a Reality for All: Reproductive Rights and Sexual and Reproductive Health Framework." United Nations Population Fund. May 2008. Web. Mar 2013. <http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/SRH_Framework.pdf>.
- Manjoo, Rashida. "A Human Rights Based Approach to Maternal Mortality and Morbidity." The OHCHR Women's Human Rights and Gender Section (WRGUS)—Responses to the Second Note Verbale on maternal Mortality and Morbidity: Human Rights Mechanisms. 2010. Web. Apr 2013. <http://www2.ohchr.org/english/issues/women/docs/HRMechanisms_responses/SRViolenceAgainstWomen.pdf>.
- "Maternal and Newborn Health." *The State of the World's Children 2009*. UNICEF. Dec 2008. Web. Apr 2013. <<http://www.unicef.org/sowc09/docs/SOWC09-FullReport-EN.pdf>>.
- McIntosh, Alison, and Jason L. Finkle. "The Cairo Conference on Population and Development: A New Paradigm?" *Population and Development Review* 21.2 (Jun., 1995): 223-260. *JSTOR*. Population Council. Web. Mar. 2013. <<http://www.jstor.org/stable/2137493>>.
- "MDG 5: Improve maternal health." Potential contributions to the MDG agenda from the perspective of ICPD: 277-300. UNFPA. Web. Apr 2013. <<http://www.unfpa.org.br/lacodm/arquivos/mdg5.pdf>>.
- "MDG5 at 10." Commonwealth Medical Trust. 2009. Web. Apr 2013. <<http://mdg5at10.org/>>.
- Mehra, Leila. "Women's perspectives on family planning, reproductive health and reproductive rights". Round Table on Women's Perspectives on Family Planning, Reproductive Health, and Reproductive Rights, Ottawa, Canada, 26-27 August 1993. WHO/MCH/FPP/93.4. Unpublished. 28 March 2013. <<http://www.who.int/iris/handle/10665/61540>>.
- Miller, Alice. "Sexuality, violence against women, and human rights: women make demands and ladies get protection." *Health and Human Rights* 7.2 (2004): 16-47. *JSTOR*. Mar 2013.

- Miller, Kate and Allan Rosenfield. "Population and Women's Reproductive Health: An International Perspective." *Annual Reviews of Public Health* 17 (1996): 359-82. Annual Reviews Inc. Web. Feb 2013.
<<http://www.annualreviews.org/doi/pdf/10.1146/annurev.pu.17.050196.002043>>.
- Moyn, Samuel. *The Last Utopia: Human Rights in History*. Cambridge: Belknap Press, 2010.
- Nakajima, Hiroshi, WHO (Division of Family Health), International Conference on Population and Development. "Health, population and development: WHO position paper, International Conference on Population and Development, 1994, Cairo". Geneva: World Health Organization, 1994.
- Neier, Aryeh. *The International Human Rights Movement: A History*. Princeton: Princeton University Press, 2012.
- Office of the United Nations High Commissioner for Human Rights. Human Rights Committee-General Comments.OHGHR: 2007. <<http://www2.ohchr.org/english/bodies/hrc/comments.htm>>.
- "Official list of MDG indicators." Millennium Development Goals Indicators. United Nations Statistics Division, Department of Economic and Social Affairs. Jan 2008. Web. Apr 2013. <<http://mdgs.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>>.
- "Operational activities segment of the Economic and Social Council." Res: 1994/33. United Nations Economic and Social Council. 28 Jul 1994. Web. Jan 2013.
<<http://www.un.org/documents/ecosoc/res/1994/eres1994-33.htm>>.
- "Parliamentarians' meeting to precede ICPD." *ICPD '94* 18 (Aug 1994): 7. PubMed. Web. Mar 2013. <<http://www.ncbi.nlm.nih.gov/pubmed/12178998>>.
- "Parliamentarians play key role in linking population and social development." *Asian Forum Newsletter* (Jan-Mar 1995): 10. PubMed. Web. Mar 2013.
<<http://www.ncbi.nlm.nih.gov/pubmed/12289910>>.
- Petchesky, Rosalind. "Sexual rights: inventing a concept, mapping an international practice", in R Parker, P Aggleton, and RM Barbosa (eds) *Framing the Sexual Subject: The Politics of Gender, Sexuality and Power*. Berkeley, Los Angeles and London: University of California Press, 2000.
- Population, Reproductive Health and the Millennium Development Goals: How the ICPD Programme of Action Promotes Poverty Alleviation and Human Rights*. UN Population Fund. 2003. Web. Mar. 2013.
<<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2003/mdg-icpd-eng2.pdf>>.

- Preparatory Committee for the International Conference on Population and Development. *Recommendations of the Expert Group Meeting on Population and Women: Report of the Secretary-General of the Conference. United Nations Population Information Network (POPIN)*. Web. Mar. 2013.
<<http://www.un.org/popin/icpd/recommendations/expert/6.html>>.
- “Press Conference of Dr. Nafis Sadik and Prepcom Chairman Anwarul Karim Chowdhury.” UN General Assembly: Special Session on the International Conference on Population and Development. 24 Mar 1999. UNFPA. Web. Mar 2013.
<<http://www.unfpa.org/public/cache/offonce/home/sitemap/icpd/International-Conference-on-Population-and-Development/ICPD5-key-actions/ICPD32ndSession/SadikPrepComChairmanConference;jsessionid=2BCE865BF27FEFFF2489DC32337AFB9E.jahia01>>.
- “Proposed Conceptual Framework.” *Earth Negotiations Bulletin*. ENB:06:06. Web. Mar. 2013.
<<http://www.iisd.ca/vol06/0606001e.html>>.
- “Putting Population at the Centre of the Development Debate.” *ICPD Newsletter*: 6 (1993). *United Nations Population Information Network (POPIN)*. Web. Mar. 2013.
<http://www.un.org/popin/icpd/newslett/93_06/Putting+Population+at+the+Centre+of+the+Development+Debate.html>.
- “Report of the Flow of Financial Resources for the Implementation of the ICPD PoA- A 10-year review.” *UNFPA Global Population Policy* 25 (19 May 2004). UNFPA. Web. Apr 2013.
<<http://www.unfpa.org/public/cache/bypass/parliamentarians/pid/3615?newsLId=7225>>.
- “Report of the ICPD.” A/CONF.171/13. 18 Oct 1994. *United Nations Population Information Network (POPIN)*. Web. Feb 2013.
<<http://www.un.org/popin/icpd/conference/offeng/poa.html>>.
- “Report of the International Conference on Population and Development.” A/RES/49/128. UN General Assembly. 19 Dec 1994. Web. Feb 2013.
<<http://www.unfpa.org/webdav/site/global/shared/documents/publications/1994/a49r128.pdf>>.
- “Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez.” A/HRC/22/53. United Nations General Assembly. 1 Feb 2013.
<http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf>.
- “Reproductive Health And Justice International.” *Women’s Health Conference for Cairo’94*. International Women's Health Coalition. Web. Mar. 2013.
<<http://www.users.interport.net/i/w/iwhc/cconference.html>>.

- Roseman, Mindy Jane and Laura Reichenbach. "International Conference on Population and Development at 15 Years: Achieving Sexual and Reproductive Rights for All?" *American Journal of Public Health* 100.3 (Mar, 2010): 403-406. <<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2820060/>>.
- "Round Table Addresses Issues." ICPD Newsletter: 8 (1993). *United Nations Population Information Network (POPIN)*. Web. Mar. 2013. <http://www.un.org/popin/icpd/newslett/93_08/Round+Table+Addresses+Issues.html>.
- Sadik, Nafis. Interview with Richard Jolly. *United Nations Intellectual History Project*. Transcript. 20-21 May 2002.
- Sadik, Nafis. "Progress in Protecting Reproductive Rights and Promoting Reproductive Health: Five Years Since Cairo." *Health and Human Rights* 4.2. Web. Mar 2013. <<http://www.hhrjournal.org/archives-pdf/4065193.pdf.banned.pdf>>.
- Sadik, Nafis. "Report of the Executive Director for 1994: Response to Economic and Social Council Decision 1994/33." Executive Board of the United Nations Development Programme and of the United Nations Population Fund. 20 Apr 1995. Web. Apr 2013. <<http://web.undp.org/execbrd/archives/sessions/eb/1st-2nd-3rd-Annual1995/DP-1995-24-Part-III.pdf>>.
- Saiz, Ignazio. "Bracketing Sexuality: Human rights and sexual orientation – a decade of development and denial at the United Nations". *Health and Human Rights*, 7: 48-81, 2004.
- Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action. "Guidelines on Reproductive Health". UNPD, 1994. <<http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html>>.
- Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action. "Report of the 1st Meeting of the ICPD Inter-Agency Task Force". UNPD, 1994. <<http://www.un.org/popin/unfpa/taskforce/guide/iatfrep1.gdl.html>>.
- Secretariat of the United Nations Inter-Agency Task Force on the Implementation of the ICPD Programme of Action. "Report of the 2nd Meeting of the ICPD Inter-Agency Task Force". UNPD, 1995. <<http://www.un.org/popin/unfpa/taskforce/guide/iatfrep2.gdl.html>>.
- Simonovic, Dubravka. "Day of General Discussion on the Right to Sexual and Reproductive Health". CEDAW Committee. Geneva: 2010. <<http://www2.ohchr.org/english/bodies/ceswr/docs/discussion/DubravkaSimonovic.pdf>>.
- State of the World's Population 2002: People, Poverty, Possibilities*. Rep. UN Population Fund, 2002. Web. Apr. 2013. <<http://www.unfpa.org/swp/2002/pdf/english/swp2002eng.pdf>>.

State of the World's Population 2004. The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to End Poverty. Rep. UN Population Fund, 2004. Web. Apr. 2013.
<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/swp04_eng.pdf>.

“Technical Report 31. Expert Consultation on Reproductive and Family Planning: Directions for UNFPA Assistance.” UNFPA. 8-9 Dec 1994. *United Nations Population Information Network (POPIN)*. Web. Feb 2013. <<http://www.un.org/popin/unfpa/pubs/unfrepr.html>>.

“The elimination and prevention of all forms of violence against women and girls.” United Nations: Commission on the Status of Women. 4-15 Mar 2013. Web. Apr 2013.
<http://www.un.org/womenwatch/daw/csw/csw57/CSW57_agreed_conclusions_advance_unedited_version_18_March_2013.pdf>.

“The Hague Forum.” *MASTER PLANS FOR DEVELOPMENT - THE HAGUE FORUM*. UNFPA. Web. Apr. 2013.
<http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development/master_development_plans_hague_forum>.

The World Reaffirms Cairo: Official Outcomes of the ICPD at Ten Review. Rep. United Nations Population Fund, Technical Support Division. 2005. Web. Mar 2013.
<<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2005/icpd@10.pdf>>.

Toolan, David. “The Tempest Over Cairo”. *America* 171.5 (27 Aug 1994): 3-4. Web. Mar. 2013.

“UN GA Debates Action Plan of ICPD.” Press Release. 13 Dec 1993. *UN Population Information Network (POPIN)*. Web. Mar. 2013.
<<http://www.un.org/popin/icpd/press/58.html>>.

United Nations. General Assembly Resolution 217A. *Universal Declaration of Human Rights*. 1948.

United Nations. General Assembly resolution 2200A (XXI). *International Covenant on Economic, Social and Cultural Rights*. 1966.

United Nations. *Report of the World Conference of the International Women's Year: Mexico City 19 June- 2 July 1975*. United Nations, New York : 1976.

United Nations. *Report of the World Conference of the United Nations Decade for Women: Equality, Development and Peace: Copenhagen, 14 to 30 July 1980*. United Nations, New York: 1986.

United Nations. *Report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace. Nairobi, 15-26 July 1985*. United Nations, New York: 1986.

United Nations. "Report on the Fourth Conference of Women: Beijing, 4-15 September 1995". United Nations: New York, 1996.

United Nations Department of Public Information. "Women: The Right to Reproductive and Sexual Health." 1997.

United Nations: Division for the Advancement of Women. "General Recommendations made by the Committee on the Elimination of Discrimination against Women". General Recommendations 21 (1994). 24 (1999). <<http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>>.

United Nations Economic and Social Council. "The right of everyone to the enjoyment of the highest attainable standard of physical and mental health: Report of the Special Rapporteur, Paul Hunt." E/CN.4/2004/49. Commission on Human Rights. 16 Feb 2004. Web. Apr 2013.
<http://www.ifhhro.org/images/stories/ifhhro/documents_UN_special_rapporteur/3_4_5.pdf>.

United Nations Entity for Gender Equality and the Empowerment of Women. "Commission on the Status of Women". <<http://www.un.org/womenwatch/daw/csw/56sess.htm>>.

United Nations General Assembly, *Convention on the Elimination of All Forms of Discrimination Against Women*, 18 December 1979.

United Nations General Assembly. "Key actions for the future implementation of the Programme of Action of the International Conference on Population and Development." S-21/2. 2 July 1999. Web. Apr. 2013.
<http://www.unfpa.org/webdav/site/global/shared/documents/publications/1999/key_actions_en.pdf>.

"United Nations General Assembly Adopts Resolution on the Follow up to the ICPD Beyond 2014." *UNFPA Global Population Policy Update* 94 (22 Dec 2010). UNFPA. Web. Apr 2013.
<<https://www.unfpa.org/public/cache/bypass/home/parliamentarians/pid/3615;jsessionid=C793B6855D49E28FC9CF946A3B4205CD.jahia01?newsLId=13394>>.

"United Nations Millennium Declaration." A/RES/55/2. United Nations General Assembly. 18 Sept 2000. Web. Apr 2013. <<http://www.un.org/millennium/declaration/ares552e.pdf>>.

United Nations Population Division. "Non-Governmental Organization Statements." *UN News Center*. UN, Web. 17 Mar. 2013.
<<http://www.un.org/popin/icpd/conference/ngo/index.html>>.

- United Nations Population Fund. "ICPD- International Conference on Population and Development". *MASTER PLANS FOR DEVELOPMENT*.
<<http://www.unfpa.org/public/home/sitemap/icpd/International-Conference-on-Population-and-Development>>.
- United Nations Population Fund. "Population Issues: Reproductive Rights, Reproductive Health and Family Planning. UNFPA 1999. <<http://www.unfpa.org/6billion/populationissues/rh.htm>>.
- United Nations Population Fund. Financial Resource Flows for Population Activities. *Financing the ICPD Programme of Action: Data for 2010, Estimates for 2011/2012*. Web. Mar. 2013.
<http://www.unfpa.org/webdav/site/global/shared/documents/publications/2013/Resource_Flows__Advocacy_Brochure_2012.pdf>.
- United Nations Secretariat. "Fertility, Contraception and Population Policies". Population Division: Department of Economic and Social Affairs. United Nations: New York, 2003.
- UN Women. "Ms. Helvi Sipilä". News, 20 May 2009. <<http://www.un.org/womenwatch/daw/news/helvi.html>>.
- Women's Declaration on Population Policies. *Development in Practice*, Vol. 3, No. 2 (Jun., 1993), pp. 116-121. *JSTOR*. Taylor & Francis, Ltd. on behalf of Oxfam GB. Web. Mar 2013. <<http://www.jstor.org/stable/4028955>>.
- "World Abortion Policies 2011." United Nations Department of Economic and Social Affairs, Population Division. March 2011. Web. Apr 2013.
<<http://www.un.org/en/development/desa/population/publications/pdf/abortion/worldAbortionPoliciesWallChart2011.pdf>>.
- World Health Organization. "Education and treatment in human sexuality: the training of health professionals". Geneva, World Health Organization, Technical Report Series No. 572, 1975.
- World Health Organization. "Defining sexual health. Report of a technical consultation on sexual health". Geneva, 2002.
- "XV. The ICPD and MDGs: Close Linkages." UNFPA. United Nations Department of Economic and Social Affairs, Population Division. Web. Apr 2013.
http://www.un.org/esa/population/publications/PopAspectsMDG/14_UNFPA.pdf