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Reproductive health and rights in the United Nations – normative action amidst political controversy and religious contestation

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ABSTRACT

The article follows the evolution of norms and policies related to reproductive health and rights in the United Nations from the first decades after World War II to 2007. The focus is on the policymaking processes related to the large world conferences, particularly on population and women during the 1970s, 80s and 90s and the follow-up meetings around and after the turn of the century. The author describes how consensus was achieved on sensitive and controversial issues and how concepts and recommended actions developed in course of the years. The contributions of the UN, governments and nongovernmental organizations are analysed with particular focus on the role of the United States.

1. INTRODUCTION

Questions related to reproduction are extremely sensitive and value-laden, being linked to sexuality, control of women's bodies and fertility on one hand and to population size and composition on the other. The mixture of politics, religion and morals has made the questions among the most heated on the international agenda. Nevertheless, the United Nations has developed normative frameworks and policies that have gained worldwide acceptance. How did the system manage to carve out common positions? And what views were agreed-upon? Over the years, approaches and objectives changed. How did the changes come about? In the 1990s, in particular, a shift took place bringing gender equality and reproductive health to the centre of population policies. How did it happen that the world's governments supported the demands of women's health and rights organizations in opposition to fundamentalist views?

'Reproductive health and rights' are relatively recent concepts encompassing issues that were formerly placed under headings such as 'population', 'women's health', 'family planning', 'safe motherhood' etc. The article will concentrate on developments in the normative area, focusing first

of all on the large global conferences on population and women that were held during the 1970s, 80s and 90s and the follow-up meetings around and after the turn of the century.¹ The world conferences were events of particular importance for norm setting and policymaking, shaping the whole UN agenda.² Here the focus will be on the main UN, not the specialized agencies, funds and programs, nor the World Bank, though they made significant contributions to the development of norms and policies. The implementation of adopted standards is an extremely important and challenging task, but I will not deal with this in the present context. All member states influence the work of the UN, but I will give special attention to the United States, as the country has played a key role with regards to population issues. Further, the role of nongovernmental organizations, NGOs, particularly women's health and rights organizations, will be described.

2. EARLY CONTROVERSY

Controversy over population issues started in the League of Nations in the 1920s and 1930s. Attempts to organize global policy discussions on questions such as birth control got bogged down due to divergent opinions. At this time, not only was abortion extremely legally restricted, but dissemination of information on contraceptives was forbidden in many countries on moral grounds (Jolly, 2004: 189–90).

When the UN was created, conflicting views were rapidly felt. Member states took diametrically opposite stands about whether population growth was a problem or not, and about the moral appropriateness of and rationale for fertility regulation. Some developing countries, such as Egypt, India, Pakistan and Ceylon, were concerned about rapid population growth and felt that population and family planning programs were urgently needed. This view met with considerable resistance from catholic, socialist and African nations. Among industrial countries there was more worry about declining populations.

During the first decades therefore, the UN did not treat questions related to population as major issues. The Universal Declaration on Human Rights, adopted in 1948, confirmed, in addition to the right to life and health in general, that men and women of full age have the right to marry and found a family and are entitled to equal rights as to marriage and during marriage, that marriage shall be entered into only with free consent, that the

¹ The article is an updated and expanded version of a paper presented at a workshop on reproductive rights held during the conference 'Crossroads: Debating Women's Rights, Racism and Religion', Oslo University, May 30 – June 1 2005. I am grateful for valuable comments from anonymous referees of *Development and Change*, Berit Austveg, Senior Adviser, the Norwegian Board of Health, Nafis Sadik, former Executive Director, UNFPA, Olav Stokke, Senior Researcher, Norwegian Institute of International Affairs, and Kerstin Trone, former Deputy Executive Director, UNFPA.

² The conferences were often called "World" or "International" without formal reference to the UN, but they were decided by the UN General Assembly or Economic and Social Council, ECOSOC. The preparations, organization, substantive issues and rules of procedure were the responsibility of the UN, though partners, including the host countries, made important contributions. The UN also had an important role in the follow-up. The various issues were debated on a more or less regular basis in various UN bodies and their secretariats, but I will not cover these processes here, nor the internal preparations and follow-up processes of the conferences (Schechter, 2005: 5-12).

family is entitled to protection by the society and the State, and that motherhood and childhood are entitled to special care (articles 3, 16, 25).³ The UN established a Population Commission with a Population Division, but only to provide technical demographic data and the first World Population Conference organized by the UN in 1954 was an academic meeting to exchange scientific information. The World Health Organization, WHO, was effectively barred from involvement in population activities after a heated debate about family planning in the World Health Assembly in 1952 (Finkle & Crane, 1976, 370-2, Jolly, 2004: 188-91, Sending, 2003: 122-5).

A policy shift took place in the 1960s as a result of various developments. The Population Division documented that the world population was increasing at an unprecedented rate, and ecologically oriented literature warned about a 'population explosion'. In the US, the Population Council set up by John D. Rockefeller III together with a host of research institutes and philanthropic organizations started to operate in the 1950s producing population related knowledge and funding family planning programs around the world. In 1952, women who wanted the right to control their fertility, created the International Planned Parenthood Federation, IPPF, with a global outreach. Japan established a national policy to encourage 'family planning' and Scandinavian governments, notably the Swedish, advocated for fertility reduction as a means to improve health and living standards. Sweden also began to support population activities in developing countries. A range of new contraceptives, including the pill, made it much easier for women to control their fertility and led to noticeable changes in attitudes and cultural mores.

In 1962, the General Assembly adopted a resolution calling on the UN system to expand research on population and development and support countries carrying out demographic studies. The following year, the Asian Population Conference requested technical assistance from the UN for 'family welfare planning programs' and the second World Population Conference in 1965, an expert meeting organized by the International Union for the Scientific Study of Population, IUSSP, and the UN, emphasized fertility control programs as a topic of international concern. In the United States, positions changed when the Democratic Party took over from the Republican and President Johnson vigorously endorsed population control. The US aid agency, USAID, soon became the single largest provider of international funding for population control activities. In 1966, WHO reversed its former position and accepted fertility control as a health issue.

Industrial countries, with Washington in the lead, called for UN support for family planning in developing countries and a trust fund, later named the UN Population Fund, UNFPA, was set up in 1967. In addition to WHO, the World Bank, the UN Children's Fund, UNICEF, the UN Educational, Scientific and Cultural Organization, UNESCO, the International Labour Organization, ILO, and the Food and Agricultural Organization, FAO, adopted policies to support developing countries endeavouring to limit the population increase (Finkle & Crane, 1975: 89-91,

³ The same rights were confirmed in the International Covenant on Economic, Social and Cultural Rights (articles 10, 12) and the International Covenant on Civil and Political Rights (articles 6, 23) adopted in 1966.

1976: 372-5, Finkle & McIntosh, 1994: 8-11, Jolly, 2004: 192-3, Sending, 2003, 145-207).

3. SHAPING POPULATION POLICIES

3.1. World Population Conference, Bucharest, 1974

To give population issues higher priority, the UN designated 1974 as World Population Year and decided to organize an intergovernmental World Population Conference in Bucharest in 1974.⁴ Inspiration came mainly from the United States and to a lesser extent a small group of Western European and Asian nations actively concerned with global population trends. The Population Commission served as a preparatory committee and regional meetings, technical symposia and an advisory committee of experts contributed to the elaboration of a comprehensive outcome document. The conference was expected to establish population as a new policy field and adopt a World Population Plan of Action focusing on the dangers of population growth and the necessity of family planning to address it. The preparatory meetings were attended mostly by specialists on population issues and the draft Plan of Action was agreed upon without too much difficulty. To the surprise of the organizers, a fiery discussion arose at the conference, revealing that there was no real consensus about either the nature of the problems or the solutions.

This was the first global conference of official government representatives on population. Totally, 136 countries were represented with broad participation from the developing world. In addition to the conference itself a youth meeting, a tribune for NGOs and an encounter of journalists were held to mobilize civil society.⁵ The tribune attracted 1350 persons, somewhat less than half being women. Both at the conference and the tribune deep North-South controversy was revealed. In many developing countries there was a mounting opposition against family planning programs encouraged by the US and other donors, because they were perceived as too simple, too narrow and too coercive. At the same time, the G-77 group of developing countries – large and well organized – was requesting international support for development in general. A New Economic World Order was necessary to bring about a redistribution of incomes and assets from the economic North to the South.⁶ In Bucharest, Third World countries, most prominently Algeria and Argentina, criticized industrial governments because they placed too much emphasis on population control. Equitable socioeconomic development was the answer to perceived demographic threats. The meeting turned into an ideological confrontation over the structure of the international economic order, with population issues pushed

⁴ The description of the conference is based on Emmerij, 2001: 95-6, Finkle & Crane, 1975, Jolly, 2004: 192-3, Mauldin et al., 1974, Schechter, 2005: 42-8, Sending, 2003: 207-11, Singh, 1998: 4-12, 106-7, UN, 1974a: 550-60, 1974b, US Department of State, 1974..

⁵ According to certain criteria NGOs may obtain consultative status with the UN. They may express their views in different ways, may be accredited as observers to conferences, where they can lobby government delegations and participate in parallel NGO forums. The criteria for participation and rights vary from one conference to the other (ECOSOC, 1996, UN, 2004b, d). 109 NGOs were observers in Bucharest.

⁶ The new order was adopted at the sixth special session of the UN General Assembly a few months before the Bucharest conference, but industrial countries were strongly opposed.

into the background. Many countries previously counted among the proponents of the provisions in the draft Plan of Action, lined up with the majority supporting amendments to the plan. The Head of the Indian delegation expressed his view in this way: 'Development is the best contraceptive'.

The final Plan of Action was adopted by consensus, a highly significant accomplishment making the document a basic instrument for years to come. But the consensus was achieved only after intense conflict and difficult negotiations. More than 300 amendments were introduced. The working group, assisted by a number of informal negotiating groups, struggled long nights to finish its deliberations, taking more than fifty votes, before a final compromise text was reached. And the Holy See and a number of member states afterwards expressed reservations.⁷

The conference was a breakthrough for population and development. The field was no longer limited to technical aspects of population regulation. The discussions led to a substantially redrafted plan, which was considered a victory of sorts for developing countries. Population did not receive the priority that had been anticipated, and quantitative goals pertaining to population growth were deleted. At the same time the approach was broadened. Population was squarely situated within the wider context of development and countries were encouraged to establish population policies. The formulation and implementation of such policies were the sovereign right of each nation, but they should be consistent with basic human rights. In this context, the right of all couples and individuals to decide freely and responsibly the number and spacing of their children was recognized. The wording came from the International Conference on Human Rights held in Teheran in 1968⁸ – with one significant exception: 'individuals' were added to couples and this remained unchanged through the years in spite of repeated attempts to alter it (UN, 1974b: Plan of Action para 14, 14(c), (f), 17).

Preparations for the World Population Conference were well underway when the International Women's Year was designated. The preparatory committee for Bucharest devoted no particular attention to women's issues, so the first female UN Assistant Secretary-General, Helvi Sipilä of Finland, promoted regional seminars and organized early 1974 a lobbying meeting at global level of women sent by governments on the role of women in population and development. Prominent female personalities attended from 116 countries, many of which were later part of their countries' delegations to the population conference. The Plan of Action gave recognition to the role of women, but as an add-on, without changing the basic approaches to population policies (Jain, 2005: 58-62, Pietilä & Vickers, 1996: 77, Schechter, 2005: 44-5). Governments were urged to promote full participation of women in social, economic, cultural and political life on an equal basis with men. No marriage should occur without consent of the

⁷ At this stage, UN practice still involved extensive voting, but more and more consensus became the norm with regards to development issues. In explanations before or after adoption of a text by consensus, member states can explain their views and express reservations. Though not a member state, but an observer, the Holy See recorded reservations particularly with regards to family planning at all global conferences described here.

⁸ This was the first time family planning was agreed upon internationally (UN, 1968: 538-46).

contracting parties⁹ and women and men should have equal status in the family. The reduction of infant and maternal mortality was also emphasized (UN, 1974b: Plan of Action paras 14(h), 24(a), 32(b), 39(d), 41, 42).

The General Assembly endorsed the conclusions of the conference.¹⁰ The UN system was urged to support implementation of the plan and industrial countries were requested to increase their assistance to developing countries, in particular for population activities.

3.2. International Conference on Population, Mexico City, 1984

During the following decade, the thinking of developing countries changed. Economic problems led many governments to acknowledge the negative impact of population pressures and support measures to slow down growth. By the early 1980s, most Southern governments had incorporated family planning programs in their policies and India and China had reframed their former policies to adopt clear fertility control measures. This made the international follow-up conference on population in Mexico City in 1984 an easier matter to handle, though many industrial countries were not too keen on organizing a new conference. It was actively supported by developing countries such as India, Mexico and the Philippines.¹¹ The Population Commission acted as the preparatory committee with the Executive Director of UNFPA, Rafael M. Salas of the Philippines, as Secretary-General. Implementation of the Bucharest plan of action was reviewed by expert groups, regional conferences and an international NGO consultation.

The final documents from Mexico City expressed concern about population growth, reaffirmed the validity of the 1974 plan and recommended a number of actions to strengthen the provisions from Bucharest – all by consensus.¹² The role of development in lowering fertility was still emphasized, but also the importance of family planning *per se*. It was noted that millions lacked access to safe, effective family planning methods and governments were requested as a matter of urgency to make family planning services universally available. Abortion was not a topic in Bucharest, but in Mexico the conference urged governments to help women avoid abortion and provide for humane treatment of women who had recourse to it. Further, family-life and sex education for adolescents was recommended. Quantitative goals were introduced for the reduction of maternal and infant mortality, but not for population growth. 154 NGOs were represented at the conference and women from the South and the North formed an ad hoc women's caucus that succeeded in adding a number of new references. A special section was devoted to the role and status of women, covering legal, economic and social equality, access to education and family planning and the delaying of marriage. It was also recommended

⁹ This was already included in the International Covenant on economic, social and cultural rights adopted in 1966 (article 10).

¹⁰ The decision was by majority vote with none against, but the US abstained due to a reference to the New Economic World Order (UN, 1974a: 556–7).

¹¹ The description of the conference is based on Emmerij, 2001: 96, Finkle & Crane, 1985, Schechter, 2005: 95–100, Singh, 1998: 12–21, UN, 1983: 749–53, 1984a: 714–9, 1984b, US delegation, 1984, Wildman, 2004.

¹² There was one vote in the main committee and two in the plenary relating to human settlements in the Middle East. Following the consensus there were reservations from various states to 4 of the 88 recommendations (UN, 1984a: 714–9).

that governments should promote the active involvement of men in all areas of family responsibility

The UN did not expect a conference without controversy, but the conflict that arose over the position of the United States was not foreseen. The US government was no longer supportive as before. Under the pressure of conservative religious anti-choice and anti-family planning lobbies, and with active support of the Vatican, the Republican President Reagan reversed the official US policy since the mid-1960s and challenged some of the basic assumptions underlying national and international population programs. Instead of vigorous government action to reduce the rate of population growth, the US representative in Mexico City declared that population growth was of itself not necessarily good or ill. Developing countries experiencing population pressures should reduce government interference in their economies in order to promote economic growth and thereby reduce fertility. The position was opposed among others by the Soviets and Chinese, noting that they made significant advances in population control without the benefit of free marked economies. With regard to abortion, the US position was much more restrictive than before. US funds would no longer contribute to family planning programs of which abortion was a part. This was the 'Mexico City Policy', or the 'Global Gag Rule' as it was called by its opponents. As a consequence, IPPF was de-funded as well as UN agencies.

At Bucharest, a Third World coalition used the conference to express its ideological values and interests. At Mexico City, the United States did the same. But the developing countries had much greater influence on the Plan of Action adopted at Bucharest than the US on the recommendations adopted at Mexico City. The Mexico conference only partially accommodated US preferences. And when the Democratic Party took over in 1993, during his first week in office President Clinton ended the Reagan policy.

4. THE RIGHTS OF WOMEN AND CHILDREN

4.1. World Conference on Women, Mexico City, 1975¹³

As the UN made efforts to bring population on to the international agenda, it also focused on the role of women. The Commission on the Status of Women, CSW, was created in 1946, but interest was limited during the first decades. Gradually things changed. The hard realities of the world's situation brought women into the spotlight. Developing countries joined the UN in increasing numbers and it became clear that unless the conditions of women were improved, food and population problems could not be alleviated. At the same time a new, militant feminist movement arose in Western countries mobilizing large numbers of women demanding liberation, power and equality. Reproductive health was promoted as a basic concern for women and girls. Stimulated by women's NGOs, the CSW suggested that the UN

¹³ Various global conferences, among others dealing with the environment and human rights, touched upon issues related to reproduction and the status of women and children, but here only the specific women's and children's conferences will be described.

should declare 1975 as the International Women's Year, IWY, and it was decided to organize an international women's conference in Mexico City.¹⁴

The conference was chaotic. It was the first time a global conference on women was held and it attracted many more people than expected. 1200 participants from 133 countries showed up together with representatives from UN agencies, intergovernmental organizations and NGOs. 6000 people took part in the NGO Forum and 1500 journalists covered the events. The time for preparations was very short. The decision to organize the conference was taken only a year before. Regional seminars were organized in connection with the IWY, but there was no comprehensive preparatory process at global level. The consultative committee appointed to help the Secretary-General with the elaboration of a World Plan of Action only managed to go through the introduction and the first chapter of the more than 40 page draft. The draft declaration elaborated by the G-77 group and a number of resolutions were only presented at the conference itself.¹⁵

Compared with the UN General Assembly, the Mexico women's conference was astounding. In New York there were very few women. In Mexico City, the number of women to men in government delegations was 5:1 and many delegations were headed by women.¹⁶ This did not reduce the abundance of varying views, perspectives and controversies. Foreign policy and women's issues, men's interests and women's, political, economic, social and cultural differences, everything was interwoven. North-South divides appeared as Western countries focused on equality and Eastern on peace, while developing nations were mainly concerned with development. At the NGO Forum 600 women from 83 countries adopted 'A Call for Action on Women, Food and Population within a Development Strategy'.

Totally, 894 amendments were proposed to the draft Plan of Action of which only a minority could be discussed. The committee dealt with as many as it could, but when the introduction and the first chapter of the plan were revised and adopted by consensus, there was not much time left. In addition, the technical apparatus broke down. It was impossible to translate and reproduce more than 800 texts. Regional groupings (Africa, Asia and Eastern Europe) suggested that the rest of the plan should be adopted as presented by the UN secretariat. Otherwise the outcome of the conference would be meagre, indeed. This was accepted by consensus.¹⁷ The Declaration and several of the resolutions were adopted by majority vote. There was disagreement about the New Economic World order, Zionism and apartheid. Further, Latin American countries in particular expressed reservations regarding family planning and non-traditional forms of family.

The conference was considered a milestone for promotion of the status of women and set the agenda for decades to come. The discrimination of women was acknowledged as a worldwide phenomenon violating the principles of equality of rights and respect for human dignity and hampering

¹⁴ I participated in the conference as a member of the Norwegian delegation. The description of the conference is based on my own observations, Jain, 2005, 65-71, Pietilä & Vickers, 1996, 75-80, Schechter, 2005, 53-5, UD, 1975-76, UN, 1975a: 643-73, 1975b.

¹⁵ Western countries also presented a draft declaration, but it did not come to a vote.

¹⁶ This pattern also characterized the following global women's conferences.

¹⁷ But a number of states expressed reservations regarding various aspects of the text.

the welfare of society. National and international action was needed to improve the status of women and both the Declaration and the Plan of Action included a broad spectrum of issues and recommendations. Adoption of the Plan of Action by consensus was noteworthy in spite of the problems. In addition to governments the whole UN system was requested to contribute to the implementation of the plan. Institutional mechanisms and programs for the advancement of women were gradually introduced in the UN and worldwide. A UN development fund for women was established and an institute for training and research.¹⁸ The texts in the Plan of Action concerning family, health and population were generally in line with the Bucharest plan, which facilitated the adoption without further discussion. However, the interaction between the status of women and fertility control was developed further and more attention was given to women's right to health. Reproductive choice was also viewed in a different perspective, linking it to bodily integrity and control. Finally, the rights of women in relation to family and marriage were underlined (UN, 1975b: Plan of Action paras 108–47, Declaration paras 11–3).

4.2. The Women's Convention, 1979

Before the Mexico women's conference, the CSW started working on a Convention on the Elimination of All Forms of Discrimination Against Women, CEDAW. It was the first legally binding international treaty relating to the rights of women and negotiations lasted more than five years. When the Convention finally was adopted by the General Assembly in 1979, it was by majority vote: 130 to 0 with 11 abstentions (all developing countries). The text spans a vast range of issues and deals with hitherto uncovered areas such as inequalities within families and in marriage. The CEDAW gives women the same right as men to freely choose a spouse and condemns the betrothal and marriage of a child. The access to health care services is confirmed as well as the right to decide on the number and spacing of children. Further, measures are required to suppress trafficking and the exploitation of prostitution. Towards the end of the 1970s, women's organizations in the West raised the issue of female circumcision, but the convention does not refer to this.¹⁹ The CEDAW became one of the most widely accepted UN Conventions. 185, over ninety-five percent of UN Member States are party to it (2007), though many with reservations, and progress is reviewed by the CEDAW Committee on a regular basis (Amnesty International, 1998, Jain, 1995: 87-94, UN, 1979: 889-99, 1980b: articles 6, 12, 16.1(a), (b), 16.2, WHO, 1997, www.ohchr.org).

4.3. Second World Conference on Women, Copenhagen, 1980

When the UN General Assembly endorsed the Plan of Action from Mexico, it proclaimed 1976–85 the UN Decade for Women. At the mid-point of the Decade, governments, UN agencies and NGOs were supposed to report on the implementation of the Mexico Plan and a global conference in

¹⁸ The fund later became UNIFEM, the institute was INSTRAW. NGOs created the International Women's Tribune Center (IWTC) to follow-up the UN and women's organizations.

¹⁹ Later articles 2 and 5 of the Convention, requiring states to abolish discriminatory customs and practices, have been applied to female circumcision, also called female genital mutilation (FGM) or cutting.

Copenhagen would evaluate progress. This time preparations started early. The UN secretariat elaborated a comprehensive documentation. A preparatory committee assisted the Secretary-General, Lucille Mair of Jamaica, in drafting a Program of Action for the second half of the Decade and regional and sectoral meetings were organized.

In spite of the efforts, the Program of Action was not adopted by consensus. However, the controversy was not related to women's issues, but to the conflict in the Middle East, that overshadowed other questions at the conference. Representatives from the G-77 supported by delegations from the Eastern bloc used every opportunity to insert a condemnation of "Zionism" into the texts. Due to this, many Western countries voted against the Program or abstained. The document as a whole was adopted with 94 for, 4 against and 22 abstentions. Nevertheless, there was a consensus on 284 of the 287 paragraphs, reaffirming, updating and expanding the Mexico Plan of Action. In addition to population policies, health and family planning services, measures were recommended to combat gender violence: brutality at home, rape, sexual abuse and mutilations detrimental to women's body and health (UN, 1980c: Program of action paras 141, 162, Schechter, 2005: 79-82, UD, 1980-81, UN, 1980a: 885-907).

4.4. Third World Conference on Women, Nairobi, 1985

In 1985, a World Conference was held in Nairobi to review the achievements of the Decade for Women.²⁰ A pioneering documentation was produced and the CSW elaborated comprehensive Forward-Looking Strategies for the Advancement of Women for the period 1986-2000. But disagreement remained on one fourth of the paragraphs when the conference convened. 2100 participants came from 157 countries and the NGO Forum included 15 000 persons. The atmosphere was tense. The meeting was held in sub-Saharan Africa and there was considerable frustration and resentment due to the deteriorating economic conditions in many developing countries and the deadlock between rich and economically poor states over solutions to growth and Third World debt. In addition to the UN *World Survey on the Role of Women in Development* (UN, 1986), the India-based NGO, DAWN, presented a report on *Development, Crises and Alternative Visions* (Sen, 1987). It was clear, on a global level, that the objectives for the Decade were far from being achieved. Some progress had been made. There was more knowledge about the situation of women. Laws were more women-friendly and institutions were established to promote equality. But in many Third World countries the situation of the majority of women had actually worsened in course of the Decade. It was evident that economic development as it was taking place, was not serving the needs of great numbers of women, and that the situation of poor countries had to be improved.

North-South divides and disagreement about the Middle East and apartheid nearly made the conference break down. The US delegation, headed by the daughter of the President, Maureen Reagan, threatened to leave, but the Kenyan President, Margaret Kenyatta, and the UN Secretary-

²⁰ I participated in the conference heading the UNESCO delegation. The description of the conference is based on my observations, Pietilä & Vickers, 1996: 1-7, 48-74, Schechter, 2005: 100-6, UD, 1985-86, UN, 1985a: 936-44, 1985b.

General Leticia Shahani of the Philippines managed to find a compromise. The condemnation of ‘Zionism as racism’ was replaced by ‘all other forms of racism and racial discrimination’ and the proposed draft declaration was not passed due to ‘lack of time’. Votes were taken on four paragraphs (out of a total of 372) before the Strategies as a whole were adopted by consensus, first in Nairobi and later in the General Assembly.²¹

In the Strategies, issues related to women’s health were not among the most difficult. The presence of many delegates as well as NGOs from the Population Conference in 1984 resulted in the Nairobi conference paying greater attention to population and family planning issues than the previous world conferences on women. The Strategies stated that the ability of women to control their fertility forms an important basis for the enjoyment of other rights. The 1974 and 1984 population policies were reconfirmed and elaborated on, with adolescent pregnancies receiving special attention (UN, 1985b: Forward-looking Strategies paras 74, 150, 156–9, 288, 290–1).

4.5. The Convention and World Summit for Children, 1990, New York

The Convention on the Rights of the Child, CRC, adopted in 1989, was the first binding instrument explicitly addressing harmful traditional practices. The Convention requests governments to take measures to abolish such practices and protect the child from sexual exploitation and abuse. The CRC also requires pre- and post-natal care for mothers, guidance for parents and family planning education and services. It took ten years for the working group of the Commission on Human Rights to finalize the Convention, but then it was adopted by the General Assembly by consensus (UN, 1989a: 560–9, UNICEF, 1990: Convention paras 19, 24, 34). In 1990, the World Summit for Children – the first global conference to deal with children and the largest gathering of world leaders until then with 71 Heads of State and Government – endorsed the CRC and adopted a Plan of Action for its implementation. The plan included among others quantified goals related to maternal health and family planning. The CRC became the UN Convention with the most widespread support – all UN Member States are party to it with the exception of Somalia and the US (2007). In 2000, an optional protocol was added against the sale of children, child prostitution and child pornography (Schechter, 2005: 111-5, UN, 1990: 797–802, UNICEF, 1990: 1–39, www.ohchr.org and www.unicef.org).

5. PARADIGM SHIFT

5.1. International Conference on Population and Development, Cairo, 1994

The 1980s became ‘the lost decade’ for development. Debt burdens and economic crises undermined development efforts in Third World countries and their influence in shaping the global economy was eroded. The UN was weakened by the increasing role of the Bretton Woods institutions²² and US unilateralism. The collapse of the Soviet Union and its former empire made

²¹ Many states expressed reservations, among others to the criticism of dominating macroeconomic policies, but only the Holy See did so in relation to family planning.

²² The World Bank and the International Monetary Fund, IMF.

the US the single dominant power and facilitated the global spread of liberal economics and democracy. The end of the Cold War seemed to improve the atmosphere for international dialogue and collaboration and the UN tried to regain influence and promote a human vision to counter the increasing poverty and inequalities. A broad agenda for social development was presented to modify the dominating macroeconomic approaches. The organization of a number of large global conferences was part of this effort. The challenge for women was to promote both economic and gender justice in an increasingly globalized and fundamentalist world and the task was complicated by the fact the many governments supported one form of justice, but not the other. Some of the countries that were vocal in promoting sexual and reproductive rights, opposed improvements in the conditions of developing countries in global economic negotiations (Antrobus, 2004, Jain, 2004, Jolly, 2004, Sen, 2005).

At the International Conference on Population and Development, ICPD, in 1994 in Cairo, gender equality, women and reproductive health gained centre stage.²³ Most of the elements in the comprehensive 20-year Program of Action, which was adopted by consensus, were not new.²⁴ But Cairo went further, explicitly recognizing reproductive rights, broadly defined, as fundamental human rights and integrating the principles of gender equality, equity and women's empowerment into population and development strategies (UNFPA, 1996).

The consensus was hailed as a 'paradigm shift': the content and rationale of population policy were changed, with objectives other than that of population control assuming the most prominent place. Health and empowerment of women were seen as basic and as ends in their own right, not only factors affecting population change. The concept of reproductive health was formulated by WHO in the mid-1980s, but now it became a UN policy, underlining the importance of meeting the totality of people's reproductive health needs. The emphasis on rights implied that, in addition to the right to decide the number and spacing of their children, women and men had the right to a full range of accessible and affordable reproductive health services and the services should reflect human rights principles, not only promote the achievement of demographic objectives. Quantitative goals were set for the delivery of services and the reduction of maternal mortality. The role and responsibilities of men in sexual and gender relations as well as parenting were emphasized (UNFPA, 1996: paras 4.24–9, 7.6, 7.16, 8.21).

²³ The description of the conference is based on Austveg, 2006: 52–65, Cohen & Richards, 1994, Earth Times, 1994, Emmerij, 2001: 96–8, Dunlop, Kyte & MacDonald, 1996, Germain & Kyte, 1995, Jolly, 2004: 193, McIntosh & Finkle, 1995, Petchesky, 2003: 31–5, Schechter, 2005: 134–9, Sen et al., 1994: 27–61, Sending, 2003: 234–73, Singh, 1998: 22–76, 121–38, UN, 1994a: 955–66, 1994b, UN Population Division, 1994, US Department of State, 1994.

²⁴ In addition to the conferences described above, the role of population in sustainable development was discussed at the Rio Conference on environment and development (UNCED) in 1992. The UNCED process did not focus particularly on population and reproductive health, but a women's caucus got a number of proposals into the outcome document. Here women-centred, women-managed, safe and effective reproductive health care and affordable, accessible services for family planning were recommended (Singh, 1998: 80–1, 108, 132, UN, 1992, *Agenda 21*: 5.49–51, 6.25–6, 24.3(e)). Women's organizations were also strongly involved in the Vienna Conference on Human Rights in 1993. The conference unequivocally established women's rights as human rights and condemned sexual and gender violence (Petchesky, 2003: 34, UN, 1993a: 908–9, 1993c: para 18).

The Cairo program was the result of five years of preparations, first under the leadership of the Population Commission, then the ICPD secretariat with the Executive Director of UNFPA, Nafis Sadik of Pakistan, as Secretary-General. Reports were elaborated reviewing the 1974 Plan of Action and expert groups, roundtables, regional meetings, national and sub-regional consultations as well as NGO meetings were organized. The preparatory committee sessions attracted very many member states and NGOs were involved to an extraordinary degree.²⁵ It is estimated that 1200 representatives from over 500 NGOs had considerable access and influence in shaping the outcome document (UN Population Division, 1994). Governments were among others lobbied by an active pro-choice pro-family planning women's caucus including a great number of women from different countries.²⁶ Many women belonged both to NGOs and official delegations. Before the ICPD, a Women's Caucus document was presented by more than 400 organizations from 62 countries (Earth Times, 1994: 14). Backed by active NGOs, the Clinton administration in the US played a strong and unequivocal role in shaping the Cairo agenda (Singh, 1998: 28, US Department of State, 1994).

Because of the publicity given to various controversies, the conference got unparalleled media coverage with more than 4000 journalists present in Cairo. In the name of cultural, religious and ethical values, a new and unexpected coalition appeared comprising the Holy See and catholic states (mainly from Latin America) as well as Islamic (mainly from the Middle East). The fundamentalists tried to restrict women's reproductive rights. They not only opposed family planning, but also language that in their view went against religious convictions and traditional social structures. They dissociated themselves from abortion, various forms of family and reproductive health services to individuals (not only couples) (Petchesky, 2003: 36-7, UNFPA, 1996: 149-66).

The appeal by fundamentalists to boycott the Cairo conference failed almost completely. 179 member states took part in addition to UN organizations, intergovernmental organizations and NGOs. There were totally 10 800 registered participants. In addition more than 4200 attended the NGO Forum. There were tumultuous days and intense negotiations before the Program of Action with 243 recommendations, which was to replace the 1974 and 1984 plans, could be finalized. The most contentious issues were adolescence and abortion. Both required a delicate balancing of views to achieve a consensus. Regarding adolescents, the right and responsibilities of parents to provide guidance in sexual and reproductive matters were recognized. But countries must ensure the access of adolescents to services and safeguard their rights to privacy, confidentiality and respect. To combat the HIV/AIDS pandemic, voluntary sexual abstinence was recommended,

²⁵ NGOs were accredited that did not have an official status with the UN, totally 1254 representing 138 countries. Special efforts were made by bilateral agencies, foundations and NGOs to fund participants from developing countries. 37 NGOs were allowed to speak at the Cairo conference.

²⁶ Key organizations included Women's Environment and Development Organization (WEDO) and International Women's Health Coalition (IWHC). There were also NGOs opposing family planning, such as the Coalition of Women and the Family, but the others were the great majority (Singh, 1998: 46-7).

but sex education and information, condoms and drugs should also be provided (UNFPA, 1996: paras 7.45, 8.31, 8.35).

Delegates agreed that unsafe abortions were a major health concern, and that abortion should not be promoted as a method of family planning. But policies were left to countries to decide – though in circumstances where abortion was legal, it should be safe and women should have access to quality services in connection with complications. Agreement on this paragraph facilitated the rest of the negotiations. The adopted definition of reproductive health was comprehensive, including maternal health, sexual health and family planning, integrated with primary health care services for all. It implied 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’. After adoption of the Program by acclamation the Holy See and a number of member states expressed reservations (UNFPA, 1996: paras 7.2-7.11, 8.25, pages 161–4).

How could the Cairo consensus come about? The timing was important. Not only had the Cold War ended, agreements reached at the Earth Summit in 1992 and the World Conference on Human Rights in 1993, where women’s lobbies were very active, gave momentum to the efforts to balance the world’s peoples with its resources and place women at the centre of development. The same year the UN General Assembly adopted a Declaration on the Elimination of Violence against Women condemning physical, sexual and psychological violence in the family and the community, including sexual abuse, rape, female circumcision, trafficking and forced prostitution (UN, 1993b). In addition, in its annual report 1993, *Investing in Health*, the World Bank gave reproductive health high priority. The place was also of significance. As a moderate Muslim state Egypt could reassure the Vatican and mobilize other Muslim states in support of the conference. The results were also due to the capacity, skill and tenacity of women’s NGOs from all over the world. They played a much greater role than before: the transnational networks were strengthened, the NGOs got more extensive rights to participate and women were the most organized and strategically focused NGO group throughout the process. At the same time as the US played an active role, the G-77 no longer represented a cohesive whole and ultimately the fundamentalist alliance broke down as Muslim countries did not stand with the Holy See on abortion.

In spite of the substantive achievements the consensus had clear shortfalls, particularly the weakness of sexual rights and the absence of women’s right to safe, legal abortion. Furthermore, though the negative impact of structural adjustment programs and market economies on health indicators, especially among the poor, was recognized, the implementation chapters were vague with regards to specific measures or made recommendations consistent with market-oriented approaches.

5.2. Fourth World Conference on Women, Beijing, 1995

Reproductive health became an important issue at the Fourth World Conference on Women in Beijing in September 1995.²⁷ And the ICPD recommendations were not only reaffirmed, but strengthened.

The preparations for the conference and the attendance broke all records. In spite of restricted access there was broad involvement of a great variety of NGOs at regional and international preparatory meetings. 189 governments were represented at the conference, with 17 000 delegates, observers and journalists. 30 000 participated in the NGO Forum even though Chinese authorities tried to limit attendance and isolate the meeting.

Beijing was the first of the women's conferences not to be mired in other geo-political struggles and for the first time a UN women's conference had as its central focus the human rights of women. As most of the goals set out in Nairobi had not been achieved, the conference adopted the strongest international document ever dealing with the reality of women's lives and calling for sustained and precise action. In fact, Beijing consolidated all of the decisions made by the preceding world conferences on women and the relevant statements from the conferences of the 1990s dealing with environment, human rights, population and social development. The Declaration and Platform for Action covered a broad range of issues and required among others a review and adjustment of macroeconomic policies and a reduction of excessive military expenditures. Health care services and violence against women were critical areas of concern with numerous recommendations for actions to be taken (UN, 2001b, Program of Action paras 58, 89-130, 143).

Conservative states threatened to use the Beijing conference to turn back agreements on women's rights in Cairo. Some Islamic governments were vociferous and the Organization of Islamic States tried to unify positions, but countries held differing views. The bloc of catholic conservatives was smaller and less united than in Cairo. Many Latin American countries broke free from the influence of the Vatican. Brazil, Columbia and Mexico even countered it and Caribbean countries held their own. The fundamentalist core consisted only of Sudan, Yemen, Malta and the Holy See.

The international women's movement had become a global movement with broad North-South consensus on basic issues, among others the need to promote both social/economic and gender justice. Women particularly from the South, including members of the ICPD women's caucus, worked to make sure the gains at Cairo were not lost. Governments placed women in key positions in their delegations who were not swayed from sexual and reproductive rights, and the focus of preparations at the regional level helped Africa, Latin America and the Caribbean in particular work as strong regional groups. Prompted by the widespread poverty and disastrous impact of HIV/AIDS on the continent African women had become very vocal, talking frankly about sex. For them, sexual rights, including 'girl power', and protection of girl children had become questions of life and death. Africa took a leadership role with the special moral authority of South Africa and Gertrude Mongella of Tanzania as Secretary-General of the conference.

²⁷ The description of the conference is based on Antrobus, 2004, Dunlop, Kyte & MacDonald, 1996, Jain, 2005: 142-58, Petchesky, 2003: 35-42, 50-1, Schechter, 2005: 143-9, Sen, 2005, UN, 1995a: 1168-76, 1995c, 2001b.

The Beijing outcome documents, adopted by consensus, included verbatim language from Cairo as well as language that actually extended, concretized and operationalized the ICPD platform. Cairo emphasized sexual health, but Beijing went further, underlining the right of women 'to have control over and decide freely and responsibly on matters related to their sexuality' (UN, 2001b, Platform for Action para 96). In addition to the Cairo provisions regarding abortion, Beijing requested governments to consider reviewing laws containing punitive measures against women who have undergone illegal abortions (para 106k). Following pressure especially from African women, concerns with discrimination against and exploitation, abuse and other problems of the girl child were given broad coverage (paras 106 l, m, 107e, 259-85). Though supported by many delegations, references to disallowing discrimination on the basis of 'sexual orientation' were not included in the Platform.²⁸

5.3. The Social Summit, 1995, Copenhagen

The World Social Summit, on the contrary, represented a backlash in relation to Cairo.²⁹ The Summit was held in Copenhagen, in March 1995, with the aim of promoting people-centred and sustainable development to counteract the social and environmental deterioration caused by prevailing macroeconomic policies. The 186 governments at the meeting acknowledged what was portrayed as the dark side of globalization, with expansion of prosperity for some and unspeakable poverty for others, and committed themselves to a broad range of actions to eradicate poverty, promote full employment and social integration. The meeting was a 'Summit of Hope' according to some, but more than 620 NGOs participating in the parallel Forum issued an alternative declaration calling for more forthright action to change the global economic model, cancel Third World debt and increase the financing of basic social services.

The Summit supported equality of women and men and the comprehensive outcome documents (94 pages) contained a number of references to women in the sections dealing with health, education and training, protection, services and resources, employment and decision making. But the mention made of reproductive health and the ICPD was surprisingly brief and partial. Apart from a general reference in a listing of important conferences in the introduction, it was emphasized that reproductive health should be made accessible to all as soon as possible and no later than 2015 in accordance with the Cairo Program of Action. But in this connection the unusual recommendation was added that reservations expressed at the ICPD should also be taken into account. The provision of family planning services was only brought up in the sections concerning people living in poverty, refugees and vulnerable groups. Sexual rights and health were ignored. The word 'sexual' was in fact nowhere to be found, though there was a section on violence against women recommending that measures be taken to eliminate domestic violence, rape and harmful

²⁸ As in Cairo, a number of member states expressed reservations. These focused on paras 96 and 106k (of a total of 361 paragraphs). The Holy See had more extensive reservations, but eventually joined the overall consensus.

²⁹ See Petchesky, 2003: 51-2, 54-6, Schechter, 2005: 139-43, UN, 1995a: 1113-9, 1995c.

traditional practices (UN, 1995d: Declaration paras 7, 10, 26 j, o, Program of Action paras 36h, 37e, 76c, 79b).

Why was the established consensus that women's rights, particularly to decide on the number of children and say 'no' to unwanted, forced or unprotected sex, were necessary to combat poverty and HIV/AIDS and promote social and economic development not properly reflected in the Summit conclusions? Preparations for the summit comprised few consultations outside of the preparatory committee and participation was not the same as in Cairo or a few months later, in Beijing. The NGOs in Copenhagen generally supported women's sexual and reproductive choice and health, but the women's health groups mastering the Cairo agenda could not manage to cover three large global conferences in the course of a year. So the presence of the Holy See was much stronger.

The five-year review of the Social Summit, held in 2000, also resulted in some steps backward. The meeting was completely overshadowed by the forthcoming Millennium Summit and participation was at a low level. A strong feminist presence was lacking, but the Vatican also held a low profile. The G-77 was more unified and gender-egalitarian than before. In the draft outcome document the focus was above all on youth, disabled persons, family and the elderly. Gender was absent in much of the text. The small women's caucus managed to add scattered references to reproductive and sexual health, maternal mortality and violence against women (without specific targets), but not the need to assess the gender and social impacts of globalization, the vulnerability of women and girls to HIV/AIDS and unsafe abortions. Most notable was the introduction by the women's and development caucuses in collaboration with the G-77, after long negotiations, of unprecedented language linking trade-related intellectual property rights (TRIPs), access to essential medicines and the fundamental human right to health – of great importance for the access to life prolonging medicine for women with HIV/AIDS (Petchesky, 2003: 57-63, UN, 2000d: paras 80, 97-8, 100-103, www.un.org).

The ten-year review of the Summit was limited to a high-level segment of the Commission for Social Development in New York. There was no registered participation of women's organizations and the brief declaration only reaffirmed a general commitment to continuing the implementation of the Copenhagen recommendations, including the 'urgent goal' of gender equality (UN, 2005a: 1188-93, 2005d).

6. A MIXED TURN OF THE CENTURY

6.1. Cairo+5, 1999, and Beijing+5, 2000, New York

Five years after the large world conferences, special sessions of the UN General Assembly were organized in New York to review implementation of the recommendations: Cairo+5 in 1999 and Beijing+5 in 2000.³⁰ The preparations were less extensive, but progress was reviewed, technical and regional consultations organized and comprehensive follow-up documents produced. In spite of efforts in many countries to implement the Cairo and

³⁰ The description is based on Germain, 1999, Girard, 1999, 2000, Petchesky, 2003: 39–40, 52–7, Sen, 2005, Steans & Ahmadi, 2005: 240-42, UN, 1999a: 1005–19, 1999b, 2000a: 1082–91, 2000c.

Beijing recommendations, the statistics were alarming regarding maternal mortality, HIV/AIDS infections and the lack of contraception.

The great majority of governments participated in the special sessions and in spite of active fundamentalist opposition, the outcomes of Cairo and Beijing were reaffirmed and further actions recommended by consensus.³¹ The negotiations were extremely difficult. Many delegations consisted mainly of New York bureaucrats with little knowledge of Cairo and Beijing. But even governments that originally opposed the ICPD Program of Action, had turned into staunch supporters. Particularly a strong group of Latin American and Caribbean countries defended the Cairo agenda. In addition there were broad, effectively organized lobbying coalitions of women's and youth NGOs.³² Catholics for a Free Choice even launched a petition challenging the Vatican's position as a non-member state with observer status at the UN, a campaign that was endorsed by more than 550 organizations.

Both Beijing+5 and Cairo+5 underlined the necessity of additional efforts to address the growing catastrophe of HIV/AIDS. With regards to reproductive health, Cairo+5 set goals not only with regards to the use of contraception, but also maternal mortality, sexually transmitted diseases and HIV/AIDS. Following a heated debate, the outcome document specified how to ensure that legal abortion services were accessible and safe, by training and equipping health-service providers. The rights of adolescents to sexual and reproductive health information and services were upheld in spite of calls from conservative states to subordinate them to the rights of parents. Beijing+5 took steps forward stating that all forms of violence against women, including marital rape, should be treated as a criminal offence, demanding more effective measures to combat violence, among others in armed conflict and trafficking, and identifying forced marriage and honour crimes as matters requiring state intervention. However, proposals by the women's caucus to change macroeconomic conditions to increase resources for reproductive and sexual health were not accepted (UN, 1999b: outcome document paras 53, 58, 63(iii), 64, 70, 73, 2001b: outcome document paras 69, 70, 72, 96, 97).

6.2. The Millennium Summit, 2000, New York

The Millennium Summit, the largest-ever gathering of world leaders, representing 189 member states, represented a real backlash with regards to reproductive health.³³ As the basis for the Summit, the Secretary-General Kofi Annan published a report *We the Peoples* in April 2000. Written to avoid controversy, there was no direct mention of women's rights over their own reproductive lives and why they matter in the fight against poverty. The Millennium Declaration was mainly drafted by the UN Secretariat on the basis of the report, avoiding the usual participatory negotiations. There were

³¹ A number of states expressed reservations.

³² At the ICPD+5 the Women's Coalition mobilized over 100 organizations from the North and the South and the Youth Coalition represented 132 NGOs in 111 countries. At the Beijing+5 the Coalition for Health and Rights comprised 67 NGOs from all over the world and the Coalition in Support of the Beijing Platform for Action included more than 300 groups.

³³ The description is based on Crossette, 2004, Petchesky, 2003: 68-9, Schechter, 2005: 156-61, UN, 2000a: 46-68, 2000e, f, 2001d, 2005c, www.un.org, www.unfpa.org.

some informal consultations including NGOs ‘as appropriate’, but women’s and human rights groups were not invited to the table. The main NGO activity related to the Summit was a Millennium Forum with over 1 000 nongovernmental and other civil society organizations held in New York a few months earlier.³⁴ The group of G-77 was split and accepted the low profile approach of the Secretariat, as did the Clinton administration, buffeted by conservatives in the Congress. So, in spite of the World Bank arguing for a specific goal on sexual and reproductive rights, which member nations recently supported at Cairo+5, it was not included in the Millennium Declaration, which was adopted by consensus in a meeting with practically no NGO participation.³⁵ The Declaration was perceived as a milestone due to the general focus on women in a document with such a broad scope adopted by the world’s Heads of State and Government. They expressed their resolve to promote gender equality and empowerment of women, combat violence against women, ensure the education of girls, reduce under-five and maternal mortality and halt the spread of HIV/AIDS within a broad development agenda. But sexual and reproductive health was nowhere to be found and there were no references to the Cairo and Beijing programs of action. Agenda 21 on sustainable development³⁶ was reaffirmed, however. The Summit also resolved to reduce poverty, but the general principles for an environment conducive to development and the elimination of poverty were not accompanied by commitments to specific actions to improve the global economic system (UN, 2001e: section III, paras 22, 25).

In spite of extensive civil society pressure, the goal of universal access to reproductive health by 2015 was also left out when the Millennium Development Goals, MDGs, later were carved out more specifically. But the UN Secretary-General Kofi Annan declared that the goals could not be achieved if questions of population and reproductive health were not squarely addressed, and the use of contraceptives was included as one of the measures to combat HIV/AIDS.

NGOs were not invited to the 2005 World Summit, either, but a campaign was organized on national and international levels and women’s organizations were among the most active in the civil society hearings held before the Summit. In the outcome document, universal access to reproductive health by 2015 was included among the MDGs.³⁷ There was no reference in the adopted declaration to sexual health and rights or the rest of the Cairo program, but the Summit resolved to fully implement all commitments in the 2001 Declaration on HIV/AIDS (see 7.2). Full and

³⁴ There were also regional hearings and in New York a World Peace Assembly 2000, a World Peace Summit of Religious and Spiritual Leaders, a Conference of Presiding Officers of National Parliaments and an annual DPI/NGO Conference were held. In addition, a Women Leaders Summit was organized. The Millennium Forum adopted a Declaration and Action Plan Agenda covering a broad range of issues related to peace, poverty, human rights, development and environment, expressing concern among others about ‘corporate-driven globalization’ increasing inequities and the suffering of women, trafficking and sexual exploitation. The document supported gender equality and included a number of references to women in addition to a special section on the rights of women and girls, but reproductive and sexual health and rights were not mentioned (UN, 2000g).

³⁵ Only a representative of the Millennium Forum was allowed to speak at the plenary session.

³⁶ See footnote 24.

³⁷ Official indicators are contraceptive prevalence rate, adolescent birth rate, antenatal care coverage and unmet need for family planning. The MDG on gender quality more generally is focused on girls’ education, women in wage employment and national parliaments (UN, 2007b, www.un.org).

effective implementation of the Beijing and Beijing+5 recommendations was considered 'an essential contribution' to achieving the Millennium Development Goals (Jones, 2005, UN, 2005c: paras 57, 58).

7. RESISTING FUNDAMENTALIST ATTACKS

7.1. Changed US policies

In 2001, world politics changed markedly as a result of the election of George W. Bush as President of the United States. Closely associated with the Radical Right in the Republican Party and extremely conservative religious groups, Bush reversed US population policies, not only reinstating, but even reinforcing Reagan's anti-abortion stance. US funding was stopped to important providers of family planning services and other reproductive health care in developing countries: IPPF as well as other national and international NGOs. From 2002, the President barred all US contributions to UNFPA. In global negotiations Bush promoted abstinence as a major method of handling HIV/AIDS, supported parental control over adolescent rights, even at the cost of the health of young people, and took over the Vatican's role as mobilizer against gender equality, sexual and reproductive health and rights (Cohen, 2004, Obaid, 2004, Sen, 2005, Wildman, 2004).

Under the Bush regime religious fundamentalists gained much stronger control over key levers of state power at the same time as there was a rise of neoconservative economy. The clout of fundamentalist NGOs also increased. But governments and women's rights organizations did not simply cave in to the pressure. They tried to defend former gains and even make progress, if possible. It was not only a question of the prestige of sovereign nations and support for the promotion of human rights in the area of health, but of the life and welfare of millions of vulnerable women and children around the world, particularly in poor countries. A number of donors increased their allocations to the UNFPA, but the world was very far from allocating sufficient resources to implement the Cairo Program of Action.

7.2. Special sessions on HIV/AIDS, 2001 and 2006, New York

In its first UN negotiation on sexual and reproductive health issues, at the General Assembly Special Session on HIV/AIDS in 2001, the Bush administration dramatically changed the traditional US stance by allying itself with Islamic countries and the Holy See in advocating conservative positions. However, the preparations for the AIDS session were extensive and the urgency of the pandemic well documented by the UN AIDS program, UNAIDS. The strong involvement of African leaders in combination with the lobbying of women's health and rights organizations (though access to the negotiations were severely restricted) led the session to take a direct and determined approach to reproductive and sexual health. All of Latin America and all the industrial countries except the US took progressive stands. The Declaration of Commitment on HIV/AIDS adopted by consensus (with reservations only by the Holy See) included a comprehensive action plan to combat the disease, with quantitative goals, urging countries to 'empower women to have control over and decide freely and responsibly on matters related to their sexuality' and to 'increase the capacity of women and

adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health'. However, specific references to stigmatized, high-risk groups such as homosexuals, sex workers and drug users, were not included. There was also a significant shortfall of pledges to combat the disease (Girard, 2001, Petchesky, 2003: 120–1, UN, 2001a: 1125–36, 2001c: paras 37, 47, 53–4, 59–60).

In light of the seriousness of the HIV/AIDS pandemic, NGOs characterized the five-year review in 2006 as a failure. 800 civil society groups attended the meeting, the largest number in the history of the main UN, but after weeks of difficult negotiations governments refused to set new global targets for funding, prevention, care and treatment (though countries were urged to set national targets) and only made indirect references to high-risk groups. Opposition came primarily from the US and Islamic states. African nations had agreed earlier to push for ambitious goals, but Egypt and South Africa defected from the common position and the leader of the African group, Gabon, allied itself with opposing Islamic countries. However, the meeting recognized the feminization of the AIDS epidemic, reaffirmed women's rights, among others the right to have control over their sexuality, and maintained the ICPD goal of universal access to reproductive health by 2015. The language on young people was stronger than in Beijing and Cairo (Brown, 2006, UN, 2006b, Woods, 2006).

7.3. Special session on children, 2002, New York

The shift in US policies became even more evident during the preparations for the Special Session of the UN General Assembly on Children in 2002. The elaboration of an outcome document, 'A World fit for Children', became very difficult and negotiations dragged on much longer than expected: 18 months were required with several meetings of the preparatory committee and numerous informal consultations in between.³⁸

The US delegation – including high-level representatives of religious institutions – presented a number of amendments to the draft text. Most importantly it objected to the access of young people to sexual and reproductive health services, as this might include abortion. The US received support from the Holy See and the group of 'Some Developing Countries'.³⁹ The only other Third World group participating in the negotiations, the 'Rio-group' of large Latin-American countries,⁴⁰ strongly supported reproductive rights, as did the industrial countries. Countless compromise formulations were proposed, but to no avail. At the last minute, a solution was found by reducing the text of the outcome document to a minimum, only referring in general to the provisions already adopted by earlier international conferences. So the main political content was preserved, but the document itself was weak, saying practically nothing about adolescent health and reproductive rights (UN, 2002b: para 37, 3). With regards to HIV/AIDS, the

³⁸ I participated in the negotiations of the outcome document and the special session on behalf of the Norwegian Ministry of Foreign Affairs. The meeting is described in UN, 2002a: 1168–82, 2002b.

³⁹ Largely fundamentalist countries, including Iran, Libya, Malaysia, Pakistan, Sudan, Syria and others.

⁴⁰ The participation of developing countries and the positions of the G-77 group changed from time to time. Many developing countries were not represented at the negotiations of the outcome document on children.

relevant paragraphs were inserted from the conclusions of the Special Session in 2001. The outcome document was then adopted by consensus with the US and some other countries recording reservations with regards to abortion.

7.4. Cairo+10, 2004, and Beijing+10, 2005, New York

The increasing tensions altered the mood in the UN from a dynamic forward-looking approach to a more defensive position. It was decided not to organize large global decennial conferences related to population and women in 2004 and 2005. Much remained to be done to achieve the Cairo and Beijing goals and updated plans of action would be useful, but the conferences had become more and more large-scale, unwieldy and resource demanding. Some governments also felt that the involvement of an increasing number of NGOs weakened the intergovernmental character of the UN.⁴¹ In addition, consensus texts would require extremely protracted negotiations with vocal fundamentalist governments both in the East and the West and the result might be a weakening of existing policies.⁴²

However, regional consultations proved to be a favourable way of counteracting the US. Conferences organized by the UN regional commissions were held in different continents in connection with both Cairo+10 and Beijing+10 and women's organizations mobilized to ensure reaffirmation of the adopted platforms for action and press for further action on the commitments made. Starting with the Cairo+10 meeting in Asia in 2002, there were extremely heated debates as the US tried to reverse the ICPD agenda, but was defeated. This was followed by similar action in regional meetings in Africa, the Caribbean and Latin America. The meetings saw more progressive language on sexual rights than was ever seen at the international level (Sen, 2005, Sheill, 2006, www.iwhc.org).

The Commission on Population and Development, CPD, and the Commission on the Status of Women, CSW, reviewed the implementation of the Cairo and Beijing programs in meetings at Headquarters. The proposed texts to be adopted were extremely brief, requiring a minimum of discussion.

The CPD, in fact, did not hold an official 'Cairo+10' meeting, so a group of NGOs, led by IPPF, held a meeting in London in stead. But the CPD reaffirmed by consensus the Cairo Program of Action and the further actions adopted at Cairo+5, though several countries including the US expressed reservations (UN, 2004a:1075-86, c, e, www.un.org).

The Beijing Platform for action was adopted by consensus in 1995 and reconfirmed in 2000, but the US was unwilling to let the CSW reaffirm it again in 2005 without adding the phrase that it 'does not create any new international human rights and does not include the right to abortion'.⁴³ Irrespective of religious affiliation and views on abortion, the reactions among member states were negative. The Beijing Platform was nonbinding

⁴¹ Following democratization processes the number of NGOs plummeted around the world. At the end of the 1990s, the number with consultative status with ECOSOC had amounted to 1600 and was in 2007 approaching 3000 (www.un.org).

⁴² The outcome documents of the World Summit on Sustainable Development in Johannesburg in 2002 included very few references to population issues and reproductive health (UN, 2002c).

⁴³ I participated in the meetings in New York in connection with the CSW as a NGO representative.

and the proposal made no sense in relation to the text, where the question of abortion is left to each country. Further, the addition could not apply to all countries, including the US itself, where the law permits abortion on demand. Finally, it would be rather bold for a Commission (with 45 member states) to introduce a new reservation to an agreed-upon outcome document from a world conference and the General Assembly. The US delegation persisted for a long while, but at the end withdrew the proposal. So there was an unequivocal affirmation of the Beijing Platform and the outcome of Beijing+5, maintaining the reproductive rights of women. But there was no doubt that the atmosphere was less conducive than before, and that the fundamentalist policies of the traditionally largest donor to population activities hindered the achievement of the Beijing and Cairo goals (UN, 2005a: 1246-50, b, www.un.org).

7.5. Commission on the Status of Women, 2007, New York

Due to the theme, 'the girl child', over 1 000 NGO representatives in the company of over 100 member states participated in the CSW in 2007, though it was a regular session of the commission. Anti-family-planning and anti-choice groups mobilized and outnumbered sexual and reproductive health advocates by a ratio of about seven to one in an effort to undo some of the commitments of Beijing, curtail reproductive freedom for women and in particular 'protect the girl child'. But they did not succeed. Besides the US and the Vatican mainly Egypt, Sudan, Syria and to some extent Pakistan supported them. So the CSW recommended comprehensive actions to empower girls, eliminate discrimination and violence, combat HIV/AIDS and end female genital mutilation and forced marriages. The language was clear and in some places the CSW even moved forward. The rights of girls to the enjoyment of the highest attainable standard of health, including sexual and reproductive health, were reaffirmed, as was the right to have sexual and reproductive health information and confidential services available to them without the involvement of their parents. In addition, appropriate information should be provided to help young women, including adolescent girls, understand their sexuality, including their sexual and reproductive health, in order to increase their ability to protect themselves from HIV infection, sexually transmitted infections and unwanted pregnancy. Governments were urged to ensure accessible and affordable prevention commodities and enforce laws to protect women and girls from early and forced marriage and marital rape (Kinoti & Rosenhek, 2007, UN, 2007: Agreed conclusions paras 14.4.a, b, 14.5.b, res. 51/1: para 10).

8. COMMENTS

As the world, the UN was slow awakening to the realities of an unprecedented population growth, unwanted pregnancies, unsafe abortions, maternal mortality and HIV/AIDS. But the issues were placed on the international agenda and the UN played an active role promoting a common understanding of the challenges and facilitating appropriate responses.

Being based on fundamental human rights with the task of promoting justice and social progress, and encompassing all the governments in the world, the UN has a unique position.

8.1. Knowledge and participation

To get agreement on norms and actions in an area with extremely divergent opinions, the UN endeavoured to stimulate learning processes that could change attitudes and standpoints (Bergesen & Lunde, 1999: 4–11). During the years a template developed with different elements.

First, the UN took a knowledge-oriented approach. Due to the sensitive and value-laden nature of the issues, it was important to produce factual information about realities. Thereby a common perception of the problems could be created and a foundation laid for responses based on evidence, not ideology, religion and moral prescriptions. Expert knowledge and research were important to get accurate and balanced analyses. In addition, the sharing of experiences by people with a great variety of backgrounds was essential. A wealth of evidence was brought forth. The UN was exceptionally well placed to collect data and standpoints worldwide, basing itself on impartiality and respecting differing views, and the high quality of the documentation contributed in all likelihood to common approaches. But during the first decades a US-based knowledge-regime dominated (Sending, 2003: 145–95). At the Bucharest conference in 1974 this knowledge-regime was challenged by developing countries, broadening the scope from demographic trends to the interrelations of population and development. At the Cairo conference in 1994 another breakthrough took place, bringing in women's experiences and views.

Broad participation was key to consensus building. With universal membership the UN had a great advantage. In principle, nobody was excluded and the organization established rules and practices that ensured everybody the right to express their views and provided constructive ways of arriving at common conclusions. But participation and outreach of the regular activities were limited. The dedication of international years for population and women was one way of promoting greater involvement. The global conferences were another. The conferences instituted a new type of political process, exceptionally open and participatory, forging new alliances in favour of development efforts. In addition to political leaders at the highest levels, representatives of UN agencies, parliamentarians, opinion leaders, journalists, women's groups, academics, businesspeople, trade unions, church and religious groups as well as other members of civil society played a crucial role. Many measures were introduced to broaden participation. Preparatory committees met in open-ended sessions and a great number of consultations were organized at global, regional and national levels. The world conferences were placed on different continents, secretaries-general were appointed from various regions and support was provided for representatives from poor countries. The importance of broad participation from developing countries was underlined in Bucharest in 1974 and Mexico City in 1975 and adhered to later.

The global conferences brought groups onto the international arena that otherwise were not heard, and gave them a possibility to address

important decision makers. Women in particular got a voice they did not have before in relation to male dominated governments and UN organizations. The women's conferences in particular provided arenas for women worldwide to meet and interact. An international women's movement could manifest itself, fighting for women's rights and gender equality. The movement became a strong agent for change, supporting UN goals, at the same time as the UN contributed to a strengthening of the movement. Slowly, women acquired positions in governments and UN agencies, but to have an impact, combined efforts of women government members, women staff in the UN and women's organizations were necessary (Jain, 2005). A negative aspect of the high-level Summits and lower key meetings in New York was the reduced opportunities for the involvement of women's NGOs worldwide, though thousands of women converged on New York during the Beijing+10 session of the CSW and many had access to the meetings.⁴⁴

8.2. Participation by whom?

Inclusiveness raises questions of representativity. If the doors are open, who enters? Open-ended preparatory sessions attracted more government delegations, but the geographic balance was often distorted in favour of Western countries. Informal negotiations (which often were the most important) easily became even more skewed. During the 'informals' drafting the text of 'A World fit for Children', for example, many East European, African, Caribbean and Asian countries were not represented. The diplomatic missions in New York lacked sufficient resources and personnel. Regional consultations ensured a wider range of views, as did the global conferences on various continents.

The representation of NGOs was not straightforward, either. The organizations were supposed to give a voice to 'civil society', but they were extremely varied with regards to aims and affiliation, resources and structures. Particularly those representing weak and vulnerable groups had problems being heard, among others due to financial constraints. Women's rights and health organizations depended on support from governments, private donors and international organizations (in addition to membership fees) to be able to influence the political agenda, promote women's interests and contribute to the implementation of gender equality. They played a key role, but during recent years funding for women's rights worldwide unfortunately has been reduced (www.awid.org).

People in poor countries often experienced special difficulties participating in national, regional and international meetings. Resources were scarce and when funding was available from national or international sources, who obtained it? Some had better opportunities than others. Bilateral donors, the UN and certain international NGOs with Western funding played a key role providing support for activists in developing countries. But they often had conditionalities leading to the inclusion of some and exclusion of others. Representativity of local views was not automatically ensured. Even international women's NGOs in some cases stifled local views with universalizing, top-down approaches (Ilumoka, 2005).

⁴⁴ There were 1800 delegates registered for the CSW 2005 and at least 2600 NGO representatives from all over the world.

Though well resourced international Western based NGOs could present problems with regards to representativity, strong NGOs were needed to deal with the UN system in an effective way. The sheer breadth of debate represents a big obstacle. The system is extremely complicated. Many agencies deal with issues related to reproductive health. UNAIDS, UNFPA, WHO and UNICEF are the most important in addition to the main UN, not to speak of the World Bank. And in the main UN, several bodies are involved.⁴⁵ In course of the years, it became clear that the impact of special women-targeted programs and projects generally was very limited, so the strategy of 'gender mainstreaming' was launched and achieved general support at the Beijing conference. In theory, gender is supposed to be 'mainstreamed' in all policies, programs and activities. Apart from the fact that it is unclear in many cases to which extent 'mainstreaming' actually benefits women, the reality is that it is very far from being achieved neither in governments, nor in UN agencies, including the World Bank. It is therefore necessary to continue exerting pressure both at national, regional and international levels to promote women's rights. But comprehensive efforts are required to deal with the myriads of documents and meetings, consultations and activities, following up the various issues, coordinating inputs, building coalitions and lobbying at different levels. Unlike the challenge of organizing for the global conferences, there are now so many meetings where reproductive health and rights are at stake that the human, financial and time resource costs makes participation at every meeting impossible, even for the bigger organizations. A strict prioritization is required. But it is not straightforward to be neither informed nor heard. Therefore, it is particularly important to be represented at Headquarters of the different organizations, which means first of all New York and Geneva. This is quite a challenge for generally resource-poor women's organizations. And the fragmentation of the organizational landscape does not make things easier (Petchesky, 2003:33).

Increasing numbers created problems of efficiency, as meetings and processes became more and more cumbersome. With hundreds and thousands of NGOs wishing to participate in UN meetings, it was evident that limitations must be introduced. The challenge was to organize consultations and meetings in such a way that the variety of voices was safeguarded, ensuring that the weak, not only the strong were heard. In many cases, specific measures must be taken to make sure women's rights organizations, particularly from Third World countries, get a chance to express their views. Here the UN has a special role and challenges both at global, regional and national levels and the problems were particularly acute in relation to the world summits and sessions of the General Assembly.

8.3. Complex consensus

The aim of the UN is to influence policies of member states, putting into motion processes of change. As the UN normally has no recourse to coercive measures, compliance with standards and implementation of recommendations depend on governments accepting them. In the area of

⁴⁵ In addition to the Commission on Population and Development, the Commission for Social Development and the Commission on the Status of Women, among others the Commission/Council of Human Rights, the CRC and CEDAW Committees and the Regional Commissions are of special importance.

development, the negotiation of texts therefore usually aimed at a 'consensus'. This did not mean that everybody was in complete agreement, but they had to accept that the text could be adopted (without a vote). Consensus places great pressure on everybody to adjust their views. The minority is particularly exposed at the same time as it has a forceful position, being in principle able to block or weaken certain stands. The responses to the proposals of fundamentalist governments illustrated how a small minority could influence proceedings, but also how majority views could be upheld. In spite of intense pressure from the world's superpower and others during recent years, the Cairo and Beijing plans of action were maintained and even developed further, though probably not as much as they would have been without the fundamentalist attacks and more in theory than in practice. Reproductive health and rights gained wider acceptance than sexual health and rights, though much still remains to be done. To combat HIV/AIDS and violence against women some sexual rights became indispensable, but the aim has been to prevent suffering and pain, not promote joy and well-being (Cornwall & Jolly, 2006).

Going through the plans of action adopted during several decades, it is impressive to which extent consensus was achieved with governments worldwide, irrespective of political and religious inclinations, accepting a great number of more and more specific, rights-based recommendations relating to reproductive and sexual health. As there often is considerable peer pressure and prestige attached to the achievement of consensus, delegations might acquiesce without really agreeing or attaching great significance to it. But the adopted plans were evidently compromise texts, carefully negotiated in many cases to include elements of importance to a wide variety of groups and governments. Both industrial and developing countries left their marks.

An international consensus gives authority to policies and recommendations. But to achieve consensus, ambiguous concepts and overly complicated, at times even inconsistent texts were accepted. Actions were also watered down by the insertion of reservations or loopholes. Measures were recommended 'as appropriate' or 'consistent with national laws, religious values and cultural backgrounds'. Flexibility had its limits, though, and some member states recorded formal reservations to the generally accepted language. Though fundamentalist views were to some extent taken into account, the texts never fully satisfied the Holy See. And once adopted, agreements were generally not reopened, even if certain governments wished to do so.

Though there were persistent trends, outcomes were not always according to expectations. Chance factors relating to time, place and organization, the succession of events and selection of persons could change results in unpredicted ways. In spite of the large number of actors, a few individuals, a handful of member states or a limited number of NGOs could sometimes have a decisive impact.

8.4. A progressive social agenda

The global conferences facilitated the negotiation of a progressive social agenda in a systematic and ongoing way. The meetings formed a cohesive

series of events devoted to interrelated issues, though they often belonged to different sectors. Consistency of policies from one arena to another was a problem, however, and efforts had to be made not only by the UN, but also governments and NGOs to ensure that the various meetings did not contradict or undermine previous ones so that important gains were 'lost'.

Global policies mostly changed in an incremental way. New elements were included, step by step, broadening the scope and reorienting perspectives. Even marked shifts were well prepared. In course of the years, shifting coalitions of governments and NGOs in collaboration with UN staff pressed for the evolving agenda. Women's rights organizations only gradually entered the scene. To have an impact, they had to collaborate with progressive governments or social movements such as human rights activists, development networks, environmentalists etc. But alliances were partial and shifting. The commitment to gender equality was often weak in male dominated structures, practices fraught with patriarchy and support only provided for limited issues. The women's organizations were often left, even by progressive partners, to struggle alone for gender justice in a broad sense. Therefore the inclusive spaces provided by the UN at global and regional levels, with all their limitations, were invaluable. Here different NGOs could come together, work out various types of coalitions and interact with different governments.

The UN meetings specifically addressing women's issues were crucial in bringing their concerns to the forefront. Though women gradually obtained political rights in practically all countries and the representation in political bodies increased, decision making remained a solid male prerogative. Countries varied, but very often women encountered great difficulties being heard and obtaining support for women's interests and activities targeting women. In 2007, the governments worldwide only included 15 per cent women ministers and in Parliaments women amounted to 18 per cent (www.ipu.org, www.wedo.org). In the UN, the number of women staff slowly increased. Though it gradually happened and was extremely important, they only rarely obtained top leadership positions. Generally, the share of professionals and over amounted to one third and of staff in leading positions to one fourth in the system as a whole in 2004/05 (www.un.org). The mechanisms to promote gender equality in policies and programs throughout the system generally had extremely limited resources and the special units, such as UNIFEM and INSTRAW, were small and weak. The total gender architecture of the UN, as it is called, was so insufficient that more than a hundred women's organizations worldwide in connection with UN reform proposals in 2006 requested a complete overhaul of the system and the creation of a new, strengthened agency for women (CWGL & WEDO, 2006, Donovan, 2006).

8.5. Making a difference for women?

It is an open question how far-reaching the recommendations from the UN conferences and meetings actually are. Many people feel that great efforts go into negotiating words on paper that have little real impact.

It is clear that the recommendations formed an important basis for the plans of action and spending priorities of international agencies, NGOs and

bilateral donors. Sometimes new institutions were created. Decisions of the world conferences also influenced domestic policies in different ways. In 1974, only 27 countries had population policies. Twenty years later more than 100 had such policies, and by Cairo+10 nearly all countries experienced some reduction in fertility. By the end of the Decade for Women, 127 countries had some kind of national machinery to deal with the promotion of policy, research and programs aimed at women's advancement, and at Beijing+10 practically all governments implemented policies and programs to promote gender equality. The national responses varied from one country to the other. There were achievements, but also shortfalls and gaps. However, efforts to follow up the international recommendations were worldwide (Jolly, 2004: 182-3, Skard, 2003, UN, 2004e, f).

During the second half of the twentieth century, progress in developing countries was generally dramatic and unprecedented. Real per capita incomes were more than doubled and poverty decreased. Life expectancy was lengthened and education expanded. However, during the last two decades, poor countries lagged behind, income distribution worsened and the gap between the richest and the poorest countries widened. Globalization is an extremely complex and varied process, but because the way the global economy now works, many developing countries, particularly the small and weak, experience more problems than benefits. At the turn of the century, there still was massive deprivation and the majority of the poor, struggling in misery and distress, were women (Jolly et al, 2004, Skard, 2005, UNDP, 2005, UNICEF, 2004).

Since the Bucharest conference in the mid-1970s, there was notable progress related to reproductive health and rights. The predictions at the conference that the world population of around 4 billion at the time would double in the course of 35 years, did not come true. In 2007, the world population was 6.6 billion. Fertility dropped worldwide from 4.7 children per woman in 1970 to 2.6 at the beginning of the 21st century, in developing countries from 5.8 to 2.8. In developing countries during the same period, life expectancy increased from 55 to 66 years, the under five mortality rate being more than halved. Contraceptive prevalence rose to 61 per cent and 59 per cent of births were attended by skilled health care personnel (UN, 2007b, UNFPA, 2007, UNICEF, 2008).

Many actors contributed to these developments, but the UN raised issues, obtained science based knowledge and provided an indispensable forum where diverse experiences and points of view were aired, proposals debated and political consensus achieved. The world conferences played an important role shaping and reinforcing programs and policies. It is difficult to envision how the progress could have happened without the adopted plans of action and the systematic monitoring of implementation by the UN system.

In particular with regards to problems such as those related to women's and girl's reproductive health and rights, that need comprehensive efforts, innovative approaches and broad mobilization, inclusive regional and global UN events were essential to promote progress. Here women's voices could be heard, the complexities of the issues dealt with and various approaches analysed. Fundamental moralism based on theology and

ideology could be openly confronted with the realities of people's everyday lives and progressive forces interact to improve the situation of poor and vulnerable populations. This is necessary also today, as further action is urgently required.

Worldwide more than half a million women die every year and some 10 million suffer injuries, infections or diseases due to preventable complications of pregnancy and childbirth. In 2007, 33.2 million people were living with HIV/AIDS, 2.5 million being newly infected, and about half were women. An estimated 137 million women have an unmet need for family planning and around 80 million have unintended or unwanted pregnancies. Efforts to combat HIV/AIDS were strengthened during the last decade, but funding remained far from sufficient and donor support for family planning was actually reduced. Fundamentalist policies led to increased suffering and the loss of lives. In poor countries, the US "global gag rule" forced health services to close down or raise their prices (UN, 2007b, UNFPA, 2007, WHO, 2005, www.unaids.org , www.who.int).

The Cairo and Beijing plans of action provide a basis for worldwide action. But changing the status of women is a delicate process, challenging established social patterns, traditional beliefs and male power positions. Even if government circles, professional milieus and urban elites have accepted the global consensus, it might not be understood or supported by the great bulk of people. Questions related to reproduction are extremely sensitive in many countries and a rights discourse may have little resonance in the population (Ilumoka, 2005). The tendencies to move away from evidence and human rights to fundamentalist prescriptions further impede progress. Careful monitoring, further discussion and refinement of approaches and strategies are required.

There is considerable support in different regions, in governments and civil society, for the improvement of women's reproductive health. But many developing countries struggle with weak administrations, few resources and failing social services. The progressive social agenda was not accompanied by a corresponding progressive economic agenda. General principles for sustainable development and inclusive and equitable globalization were globally accepted and measures gradually taken to modify structural adjustment programs and provide debt relief. But rich industrial nations were largely unwilling to strengthen global governance and change macroeconomic policies that undermine the realization of women's rights by strengthening market forces and inequalities and weakening the capacity of the state to ensure a fair distribution of resources and public health care services for all. Only a few donor governments allocated developing aid according to international requirements.

In course of the last decades, the UN became less powerful in relation to translational corporations, international finance institutions and G-8 Summits, where poor countries had limited or no influence and women's and human rights NGOs practically no access. Besides structural changes to democratize and increase the accountability and transparency of private business and finance with regards among others to women's health and rights, it is important to strengthen the authority and decision making processes of the United Nations and the capacity of the system to promote

gender and economic justice, particularly for deprived and vulnerable populations (Skard, 2005).

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