All Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights and Development

Putting Reproductive Health at the Centre of Development Policy

Photo Exhibition March 2014
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The All-Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights and Development

The All-Party Oireachtas Interest Group on Sexual and Reproductive Health and Rights and Development (APG) was established in 2000 by Mary Banotti MEP and Senator Mary Henry with the purpose of ensuring that the Programme of Action of the International Conference on Population and Development (Cairo, 1994) would be central to Irish development policy. The Group includes members of all political parties in the Dáil, Seanad and European Parliament. Members of the APG believe that parliamentarians have a duty and a responsibility to promote and defend the sexual and reproductive health and rights of all individuals. This includes the right to decide freely the number and spacing of their children, if any. Members also believe that parliamentarians should work to defend and advance gender equality and women’s empowerment and to eliminate all forms of discrimination, coercion and violence against women and girls.

Aims of the All Party Group

- Raise parliamentary awareness on development and sexual and reproductive health and rights (SRHR) issues.
- Monitor coherence between Irish SRHR policy in the national and overseas development contexts.
- Encourage initiatives that increase access to and improvements of SRHR programmes worldwide.

Activities

- Participate in meetings with experts on sexual and reproductive health and rights, including family planning, young people, sex education and development.
- Initiate written and oral parliamentary questions and debates on development and reproductive health issues.
- Attend public and private meetings between group members and government ministers and officials.
- Participate in study tours to developing countries to improve understanding of SRHR needs and services. In 2009, for example, the APG engaged in a very successful study tour to Bolivia.
- Engage in international meetings dealing with development and SRHR. In the period 2011-2013, members participated in study tours and global parliamentarians’ events in the UK, France, Indonesia, Thailand, Turkey, Sri Lanka and USA.
- Hold consultations and briefings with reproductive health and development NGOs and the Departments of Foreign Affairs and Trade and Health.
Exhibition—Putting Reproductive Health at the Centre of Development Policy

In 2014 the All Party Interest Group on Reproductive Health and Rights and Development (APG) marked the 20th anniversary of the International Conference on Population and Development (ICPD) with the launch of a photographic exhibition depicting the importance of the inclusion of sexual and reproductive health and rights in the post-2015 development framework.

In many countries, lack of access to appropriate reproductive health services, information and supplies results in persistently high levels of maternal mortality and disability. This acts as a barrier to economic, social and community development. Unless women’s reproductive health is central to development policy, the poorest women in the most disadvantaged societies will continue to be trapped in cycles of poverty and ill-health. Conversely, when women’s reproductive health needs are met, women can transform their countries’ futures.

Ireland has committed to achieving the Millennium Development Goals (MDGs)—eight internationally agreed goals and targets to reduce global poverty by 2015. Ireland has also committed to the full implementation of the Programme of Action of the International Conference on Population and Development.

Entitled ‘Putting women’s and girls’ reproductive health at the heart of development policy’ the exhibition was held on International Women’s Day 2014. The aim of the exhibition was to highlight the centrality of women’s sexual and reproductive health and rights to the achievement of the MDGs, with a particular focus on girls and adolescents.

Although there has been real progress as a result of efforts since 2000 in fighting global poverty, human rights continue to be denied to vast numbers of people as a result of deficient reproductive healthcare. Approximately 287,000 women still die each year from preventable causes related to pregnancy and childbirth.

Of the world’s population of over 7 billion, **1.8 billion are young people between the ages of 10 and 24.** Most of these young people live in developing countries. In the coming decades, this number is set to increase dramatically. Investing in young people’s sexual and reproductive health will improve their wellbeing and their employability, productivity and earnings. Yet young people are often overlooked in discussions about sexual and reproductive health and rights.

Many young women, especially, face major barriers to the full realisation of their human rights:

- In developing countries, 1 in 3 girls will be married under the age of 18; and 1 in 9 before they are 15.
- More than **15 million** under-18s become mothers each year.¹ Most births (90%) to adolescent girls occur within marriage or union.
- Girls who become pregnant are less likely to finish their education, which in turn increases their risk of living in **poverty.**

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¹ Countdown 2015 Europe: The need for family planning among adolescents. Fact Sheet 2012.
- Young people are among those most likely to have an unmet need for contraception.
- Complications such as obstructed labour, fistula, anaemia and haemorrhage, are much more likely among 10 to 19-year-olds, and are the second most common cause of death among girls in this age-group.
- Adolescents account for 14% of all unsafe abortions that occur in the developing world.
- In Sub-Saharan Africa, 47,000 women and girls die from the complications of unsafe abortion each year, and an estimated 5 million more suffer long-term illness or disability.
- 3 million girls are estimated to be at risk of female genital mutilation (FGM) every year.
- In some countries, nearly half of young girls report that their first sexual encounter was coerced.
- 5 million young people are living with HIV, and each day another 2400 become infected.

Ensuring adolescents have access to appropriate sexual and reproductive health information and services can have a significant impact across their life course. Such information and services empowers young people to protect themselves against inappropriate sexual behaviour, unplanned pregnancy and sexually transmitted infections. If young people have the means to delay parenthood and plan the number and spacing of their children, they will be better able to avail of education and training and participate in the workforce and in their communities.

Each member of the APG chose an image that represented an aspect of ICPD of particular concern to them such as fistula, reproductive health supplies, comprehensive sexuality education, young people’s access to reproductive health services or child marriage. The APG members then wrote a personal response to his or her chosen photograph.

The images chosen portrayed not only the difficulties encountered by women but also solutions that contribute to women’s empowerment and agency and ultimately to the achievement of the ICPD goals.

Parliamentarians highlighted the key message that investment in young people, especially young girls, is indispensable to sustainable development. They also underlined that a rights-based approach to young people’s health requires:

- The removal of legal, social and other barriers to sexual and reproductive health and rights, such as regulations requiring consent by family members to access services.
- The provision of information and services which are available, accessible, acceptable, of good quality and provided free from coercion, discrimination or violence.
- Equitable provision of education for all young people, including comprehensive sexuality education, within and outside the formal education system. Youth-friendly health services including accessible clinics, held at times when young people are able to attend. Modern contraceptives should be free or affordable.
- Elimination of harmful practices such as early, forced or child marriage and FGM.
- Prevention of gender-based violence.
Meaningful participation of young people in decision-making that affects their lives.

The APG exhibition was launched by the Minister for Development, Mr. Joe Costello, TD, in the Oak Room of the Mansion House on the 5th of March. The event was attended by members of the All Party Group and by NGO representatives (NWCI, Trócaire, Oxfam, Dóchas, Goal, Hill St Family Resource Centre, Development Studies Centre, Kimmage, Debt and Development Coalition Ireland, Comhlámh, Amnesty International).

Following the success of the launch the exhibition was displayed for the month of March in the Irish Aid Volunteering and Information Centre where it was viewed by 952 people.

The photographs were kindly supplied by the United Nations Population Fund (UNFPA), from the 2013 UNFPA State of the World Population report entitled 'Motherhood in Childhood' and other UNFPA reports.

The Irish Family Planning Association (IFPA), in its capacity as the secretariat for the Irish All-Party Oireachtas Interest Group on Reproductive Health and Rights in Development, undertook the organisation and compilation of the exhibition and organised the launch event.
The Exhibition

Members of the All Party Group who participated in the photographic exhibition

Senator Jillian van Turnhout  Sandra McLellan TD
Senator Càit Keane  Ciara Conway TD
Senator Deirdre Clune  Maureen O’Sullivan TD
Olivia Mitchell TD  Senator Ivana Bacik
Aodhán Ó Riordáin TD  Dominic Hannigan TD
Eoghan Murphy TD  Senator Averil Power
Heather Humphreys TD  Derek Nolan TD
Marcella Corcoran Kennedy TD  Senator Katherine Zappone
Senator David Norris  Mary Mitchell O’Connor TD
Regina Doherty TD  Catherine Murphy TD
Ann Phelan TD  Senator Mary Ann O’Brien
Anne Ferris TD
1. Child Marriage

If I didn’t know the context of this photograph I would simply think it was the image of a beautiful and happy child. How sad that what is actually being depicted here is a 13-year-old girl who is in hospital having suffered an obstetric fistula, which is one of the most serious and devastating injuries a girl or woman can sustain in childbirth and which is entirely preventable. Girls are particularly vulnerable to obstructed labour because their pelvises are too small or immature for the baby to pass freely through the birth canal. Child marriage and consequent maternal mortalities and morbidities violate the human rights of girls and women. We must redouble our efforts by including the elimination of child marriage within the post-2015 development framework that will replace the Millennium Development Goals (MDGs).

Senator Jillian van Turnhout

About this photo
A 13-year-old fistula patient at a clinic in Nigeria. Physically immature mothers are particularly vulnerable to prolonged, obstructed labour.

Photo © UNFPA/Akintunde Akinleye

2. Maternal Mortality and Morbidity

The rights and needs of girls must be at the heart of development policy. Hortência, 25, developed an obstetric fistula at 17, during a complicated delivery. This smiling picture does not convey the pain this girl suffered or is suffering as a fistula patient. Adolescent birth rates are highest where child marriage is most prevalent. Child marriage is a human rights violation that prevents individuals from living their lives free from all forms of violence. Awareness raising, education and training are of the utmost importance in order to eradicate the harmful traditional practice of child marriage.

Senator Càit Keane

About this photo
Hortência, 25, developed an obstetric fistula at 17, during a complicated delivery. Adolescent birth rates are highest where child marriage is most prevalent.

Photo © UNFPA/Pedro Sá da Bandeira
3. Adolescent Girls Take Leadership

Education can affect a girl’s life in numerous and profound ways. Decades of research has shown that education and schooling are key factors for not only reducing the risk of early sexual initiation, pregnancy and early childbearing, but also for increasing the likelihood that adolescents will use contraception.

Senator Deirdre Clune

About this photo
16-year-old Usha Yadab is a class leader for Choose Your Future, a programme in Nepal that teaches girls about health issues and encourages the development of basic life skills.

Photo © UNFPA/William Ryan

4. Adolescent Pregnancy

Early childbearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term adverse impact on women and on their children’s quality of life.

Olivia Mitchell TD

About this photo
Brenda, 16, (left) and her older sister, Atupele, 18, had to drop out of school because their family could not afford the fees. Both are now young mothers.

Photo © Lindsay Mgbor/UNFPA
5. The Power of Education

The connections between early marriage, adolescent childbearing and elevated rates of adolescent maternal mortality are well known. The correlation between educational attainment and lower rates of adolescent pregnancy is also well documented. Girls reap many immediate and long-term benefits from education. Enhancing the quality and relevance of learning opportunities can prepare and empower girls for their future lives. The International Conference on Population and Development Programme of Action commits governments to protect and promote adolescents’ rights to reproductive health education and information to guarantee universal access to comprehensive and factual information on reproductive health.

Eoghan Murphy TD

About this photo
Girls in Rajasthan, India, learning to read. The photo was originally published in the 2013 UNFPA State of World Population Report, Motherhood in Childhood: Facing the challenges of adolescent pregnancy.

Photo © Mark Tuschman/UNFPA

6. Education is Indestructible

Education is the great liberator for girls worldwide. It liberates the mind to achieve its potential and liberates girls from poverty and exploitation. Education empowers girls to find their voice in their own households and communities and in the decisions that affect their lives. Education also reduces the likelihood of child marriage and delays childbearing, leading to healthier birth outcomes. Education is indestructible.

Aodhán Ó Riordáin TD

About this photo
The Berhane Programme, Ethiopia, which provides economic and other incentives for girls to stay in school.

Photo © Mark Tuschman/UNFPA
7. Access to Reproductive Health Care

Every day in developing countries, 20,000 girls under 18 give birth, adding up to 7.3 million a year. If you include all pregnancies, not just births, the number is much higher. About 70,000 adolescent girls in the developing world die annually of causes related to pregnancy and childbirth. A girl who is pregnant at 14 or earlier is a girl whose rights have been violated, whose future has been forever derailed. Girls who are pregnant so young are also at twice the risk of death and disability than older girls and women.

Heather Humphreys TD

About this photo

A new mother with her child in a post-maternity ward in Timor-Leste. Complications of pregnancy and childbirth are a leading cause of death for older adolescent females.

Photo © UNFPA/Ron Haviv

8. Access to Reproductive Health Supplies and Information

Health workers like Amsalu Buke in Ethiopia are indispensable to efforts to achieve access to reproductive health globally. Globally, 222 million women who wish to delay or stop childbearing lack access to modern forms of contraception. The unmet need for contraception is as high as 40% in sub-Saharan Africa. Rural women experience particular disadvantage. One World, One Future: Ireland’s Policy for International Development states that “Consistent with the ‘Cairo Programme of Action’, we will support efforts that reduce maternal and infant mortality, and promote universal access to reproductive health care, including antenatal care and family planning services.”

Marcella Corcoran Kennedy TD

About this photo

Amsalu Buke and assistant on their trek to bring family planning to outlying Ethiopian communities.

Photo © UNFPA/Antonio Fiorente
9. Preventing Maternal Death

Preventing unintended pregnancies saves women’s lives by reducing the number of unsafe abortions and unsafe deliveries—two of the main causes of maternal death. In addition, contraceptives help to prevent the illness, suffering and deaths caused by complications relating to pregnancy and childbirth. Estimates suggest that if all the women who wish to use modern forms of contraception had access to the information, supplies and services they require, the number of unintended pregnancies would drop by two-thirds, from 80 million to 26 million.

Senator David Norris

About this photo

While her husband holds their youngest child, Twesigye Christente waits to receive a long-acting contraceptive at the Kinaaba Health Centre, Kanungu District, Uganda.

Photo © UNFPA/Omar Gharzeddine

10. Inspiring Women—Kou Pealea: Village Elder and Midwife

Tonglewin (Liberian) village elder Kou Pealea has 30 grandchildren. Despite an infection in her knee, she works in the field every day with her colleagues from the Ganta Concerned Women’s Group. Before the war, Ms. Pealea was a midwife—until her clinic was burnt to the ground by soldiers. Now she delivers babies inside her home. The practice of midwifery calls for great stamina, physical and mental strength and the ability to be flexible and ready for the unexpected: an un-booked birth, undiagnosed twins or complications of pregnancy, to name a few. In all countries that have achieved dramatic improvements in maternal mortality, professionally trained midwives like Kou Pealea are key to success.

Regina Doherty TD

About this photo

Liberia lost most of its health workforce and health infrastructure during a devastating 15-year civil war. The maternal mortality ratio is one of the highest in the world, and has decreased by only 10% since 1990.

© UNFPA/Christopher Herwig
11. Family Planning—A Human Rights Issue

The International Conference on Population and Development states that all countries should take steps to meet the family planning needs of their populations. Family planning programmes aim to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice. But such programmes have wider societal benefits. For every €1 spent on addressing the unmet need for modern contraception, governments save up to €31 on health care, water, education, housing and other costs.

Ann Phelan TD

About this photo
A female doctor discusses family planning issues with women at Mchinji Hospital in Malawi.

Photo © UNFPA/Pirilani Semu-Banda

12. Midwives Can Help Avert Half of Newborn Deaths

The availability of trained midwives is critical to achieving the Millennium Development Goals (MDGs) target of reducing maternal deaths by two-thirds by 2015. Provided they are well trained, well equipped, well supported and authorised, midwives can help avert two-thirds of all maternal deaths and half of newborn deaths.

Midwives don’t only deliver babies; they also provide comprehensive sexual reproductive health services, including family planning counselling and services, treatment of malaria in pregnancy and prevention of mother-to-child transmission of HIV.

Sandra McLellan TD

About this photo
Trainee midwives demonstrate the childbirth process using the Advanced Childbirth Simulator—an anatomical model donated by UNFPA—at the handover ceremony at Public Health Nurses College, Kampala, Uganda.

Photo © UNFPA/Evelyn Kiapi
13. Access to Reproductive Health Services

Access to Reproductive Health Services

Maternal mortality could be cut by nearly three-quarters by improving women’s access to comprehensive reproductive health services. Investing in sexual and reproductive health and rights is cost effective. Investment in reproductive health care, education, emergency obstetric services and skilled care at delivery enables women to contribute to the local and national economies and to participate in bringing about positive change in their communities. One World One Future—Ireland’s Policy for International Development recognises that access to quality maternal and reproductive health care, supporting safe motherhood and allowing women to control their fertility is central to women’s empowerment and the health of nations.

Ciara Conway TD

About this photo

Health workers consulting pregnant women about access to reproductive health services during their prenatal check at K. Chawkare Health Post in Kindo Didaye Woreda, Wolaita Zone, Ethiopia.

Photo © UNFPA/Shibuya Atsushi

14. Inequality—A Cause of Maternal Death and Disability

Inequality—A Cause of Maternal Death and Disability

The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa. Impoverished and rural women are far less likely than their urban or wealthier counterparts to receive skilled care during childbirth. In rural areas, health clinics and hospitals are often spread out over vast distances and transportation systems are often rudimentary.

Maureen O’Sullivan TD

About this photo

This health centre in Uganda includes a ward where women in their final stages of pregnancy can remain comfortably and avoid arduous travel once labour begins.

Photo © UNFPA/Omar Gharzeeddin
15. Gender Inequality and the Feminisation of HIV/AIDS

Women account for nearly half of all people living with HIV worldwide. Most of the women who are living with HIV/AIDS are in the prime of their productive lives. The death of women from AIDS deprives families and communities of their love, care, resourcefulness and enterprise. The feminisation of the epidemic is linked to gender inequality. Many women are very vulnerable to HIV due to the behaviour of others. In some places, marriage itself is a risk factor.

Senator Ivana Bacik

About this photo
The results of a HIV test are conveyed to a villager by one of the trained volunteers at the Kinaaba Health Centre in Kanungu District, Uganda.

Photo © UNFPA/Omar Gharzeddine

16. Sexual and Reproductive Health and Emergencies

The major killers in refugee emergencies—diarrhoea, measles, acute respiratory infections (ARI), malnutrition and malaria are well documented and require resources. However, women's reproductive health must also be integrated into primary health care plans in emergencies. For example, prevention of maternal and newborn death, treatment of sexually transmitted infections (STIs), and provision of contraception and of antiretroviral for HIV treatment.

Dominic Hannigan TD

About this photo
A woman leaves UNFPA’s medical mission in Tacloban (Philippines) in the aftermath of Typhoon Haiyan, which, in 2013, killed more than 5,000 people and affected 15 million, including more than 3.2 million women and girls of reproductive age. She is carrying family planning supplies and a “dignity kit” containing hygiene items such as underwear, soap, shampoo and sanitary pads.

Photo © OCHA/Jose Reina
17. Ensuring the Health Needs of Women Refugees

According to the Convention on the Elimination of all Forms of Discrimination against Women, special attention should be given to the health needs and rights of women belonging to vulnerable and disadvantaged groups, such as migrant women, refugee and internally displaced women, the girl child and older women, women in prostitution, indigenous women and women with physical or mental disabilities. Women’s right to access quality reproductive health care must be incorporated into all programmes designed to support refugees and displaced persons.

Senator Averil Power

About this photo
Munira Shaban, a midwife, meets with Syrian women outside UNFPA’s reproductive health clinic in Zaatari refugee camp. Munira came out of retirement to provide for the needs of women in Zaatari camp near the Syrian border, two hours from Jordan’s capital, Amman.

Photo © UNFPA/Raad Adayleh

18. Women’s and Girls’ Oasis

Since the Syrian conflict began, an estimated 582,000 Syrian refugees, the majority of them women and children, have fled to encampments in Jordan. In Zaatari camp near the Syrian border, a Women’s and Girls’ Oasis has been created: a safe space where, in addition to accessing reproductive health care services, women and girls can come together to talk about issues affecting them, including sexual violence during the conflict, domestic violence and early marriage.

Derek Nolan TD

About this photo
Since the establishment of the Zaatari camp, thousands of pregnant women have visited the camp’s UNFPA clinic, where they are provided with pre- and postnatal services.

Photo © UNFPA/Raad Adayleh
19. The Right to the Highest Standard of Reproductive Health

All women and girls must be free from coercion, discrimination and violence and have the ability to make autonomous and voluntary decisions and choices about their sexuality, their bodies and parenting, including decisions about pregnancies, choices related to assisted conception and ending childbearing (voluntary sterilisation) and choices regarding fostering or adopting children.

Senator Katherine Zappone

About this photo
A health extension worker examining a pregnant woman during her prenatal check in Ampo Koysha Health Post in Humbo Woreda, Wolaita Zone, Ethiopia.

Photo © UNFPA/Shibuya Atsushi

20. Reproductive Health Services—Saving Girls’ and Women’s Lives

The statistics tell a powerful story: 99% of maternal deaths occur in low and middle income countries. Two in five pregnancies in low- and middle-income countries are unintended. Between 8% and 25% of girls in sub-Saharan African countries drop out of school because of unintended pregnancies. Access to quality, affordable and confidential sexual and reproductive health services increases life expectancy of both mothers and children.

Mary Mitchell O’Connor TD

About this photo
Pregnant women waiting for their prenatal check in Ampo Koysha Health Post in Humbo Woreda, Wolaita Zone, Ethiopia.

Photo © UNFPA/Shibuya Atsushi
21. Raising Voices

Sexual health and reproductive rights have a direct impact on girls’ and women’s full participation in society. Women and girls, youth, people living in poverty and other marginalised groups experience multiple forms of disadvantage and discrimination with regard to their right to health. Gender, socio-economic status, ethnicity, disability status and age are important determinants of individuals’ ability to decide freely over matters related to their bodies and sexuality, as well as their access to sexual and reproductive health services, commodities and information. Inequities in this regard lead to major social injustices, such as early and forced marriages, unwanted pregnancies, unsafe abortions, maternal mortality and morbidity, exposure to sexually transmitted infections, including HIV, all of which reinforce social inequality.

Catherine Murphy TD

About this photo

Women from rural communities in Ethiopia having a community conversation on reproductive health issues at Bosa Borto Health Post in Kindo Didaye Woreda, Wolaita Zone, Ethiopia.

Photo © UNFPA/Shibuya Atsushi

22. Family Planning and Economic Empowerment

Women who use contraceptives are more likely to be active in the workforce. This gives them more earning power and the ability to improve their own and their families’ economic security. This is in part because family planning enables women to co-ordinate the timing of their children and the size of their families with their need and desire to earn a wage. Ultimately, a woman who can plan her family is better able to plan her life.

Senator Mary Ann O’Brien

About this photo

Pregnant women waiting for their prenatal check in Ampo Koysha Health Post, Humbo Woreda, Wolaita Zone, Ethiopia.

Photo © UNFPA/Shibuya Atsushi
This is Reem. She is Palestinian and was photographed while participating in a technological entrepreneurial start-up week in Ramallah in September 2013. She is currently completing an MBA. What I love about this image is her quiet confidence. I hope her ambitions in the world of business are fully realised. But a career for a Palestinian woman is the exception rather than the rule. Reem lives in a society where only 10% of women in the 18–24 age group participate in the labour market, one of the lowest female labour participation rates in the world. The young men attending the same conference are five times more likely to have a job. Half of the women in the Palestinian Territories marry before the age of 22 and the contraception prevalence rate is just 50%. Empowering women in her society is a worthwhile goal.

Anne Ferris TD

About this photo
Photo by Dan Dennison, a London based photojournalist from Bray, Co. Wicklow, who has documented current affairs, humanitarian crises and social and political issues in various regions of the Middle East, North America and Europe.

Photo © Dan Dennison
Ireland's support for the International Conference on Population and Development (ICPD)

The International Conference on Population and Development (ICPD) 1994 was a milestone in the history of population and development, as well as in the history of women's rights. At the conference, 179 countries adopted a forward-looking, 20-year Programme of Action (PoA) that built on the success of the population, maternal health and family planning programmes of the previous decades. The PoA also addressed, with a new perspective, the need of the early years of the twenty-first century. This was the first time that the international community committed to the goal of universal access to reproductive healthcare by 2015, a target which was later integrated into the Millennium Development Goals (MDGs).

The objectives of the ICPD PoA include the promotion of women's health and safe motherhood by achieving a rapid and substantial reduction in maternal morbidity and mortality, and improving the health and nutritional status of women, especially if pregnant and nursing. The achievement of universal access to reproductive health is a key priority for Ireland's development policy. Ireland’s commitment to the promotion and protection of human rights is a fundamental feature of its foreign policy and aid programme. Sustainable development can only be achieved by ensuring that human rights underpin all areas of development therefore it is crucial that all women, have access to safe, affordable and appropriate methods of family planning.

Although Irish development policy does not contain any single sexual and reproductive health and rights (SRHR) policy, Ireland has demonstrated commitment to this goal through increasing inclusion of SRHR in Irish Aid policies on gender equality and gender based violence. Most recently, the Irish Aid’s 2013 overseas development policy statement, One World One Future, for the first time included a strong commitment to the International Conference on Population and Development ICPD:

‘Consistent with the ‘Cairo Programme of Action’, we will support efforts that reduce maternal and infant mortality, and promote universal access to reproductive healthcare, including ante-natal care and family planning services. Access to quality maternal and reproductive healthcare, supporting safe motherhood and allowing women to control their fertility, within the context of national legislative frameworks, is central to women’s empowerment and the health of nations.’

Among the “priority areas for action” under the heading “essential services”, the policy states: ‘they commit to the strengthening of systems to include a trained health workforce to oversee and address barriers that exist to achieving equal access to health.’ The policy also includes contraceptives among the priority information and essential commodities and undertakes to support efforts to increase both information flows and the availability of essential commodities through the private sector: ‘Building on the international respect Ireland has earned through our work on HIV and AIDS, we will continue to invest globally, regionally and at country levels to overcome this pandemic.’

Further indication of Ireland’s support for the ICPD has been expressed through political commitments made by successive ministers for development and foreign affairs in parliamentary speeches and debates. This commitment was reaffirmed at the in the 44th Session of the Commission on Population and Development where it was stated that: ‘It is absolutely clear not only that universal access to sexual and reproductive health care is central to achieving MDGs 4 and 5, but that without real progress in this area, none of the other MDGs are achievable.’

The ICPD is the cornerstone of the internationally shared understanding that gender equality and the empowerment of women are central to efforts to reduce poverty and vulnerability. Ireland's strong commitment to a rights-based approach in development and women’s empowerment ensure that as a leader in the international development community Ireland is fully committed to the implementation of the principles and goals of the Conference.

Irish Policy Commitments to ICPD principles
‘Consistent with the ‘Cairo Programme of Action’, we will support efforts that reduce maternal and infant mortality, and promote universal access to reproductive healthcare, including ante-natal care and family planning services. Access to quality maternal and reproductive healthcare, supporting safe motherhood and allowing women to control their fertility, within the context of national legislative frameworks, is central to women’s empowerment and the health of nation.’ One World, One Future: Ireland’s Policy for International Development, p. 2

‘Building on the international respect Ireland has earned through our work on HIV and AIDS, we will continue to invest globally, regionally and at country levels to overcome this pandemic. In particular, future priorities will draw more attention to effective prevention, including by addressing inequality and gender-based violence’ One World, One Future: Ireland’s Policy for International Development, p. 22

‘We will continue to focus on girls’ education beyond primary school level in the knowledge that girls’ education leads to improved health and nutrition in society’ One World, One Future: Ireland’s Policy for International Development, p. 22

‘The continued importance and relevance of the ICPD is underlined by the unanimous decision of the UN General Assembly to extend the Programme of Action beyond 2014 and the 20 years originally foreseen. Ireland warmly welcomes this decision, and believes that the special session of the General Assembly which will be convened in 2014 to assess the status of implementation of the Programme of Action, and to renew political support for the full achievement of its goals and objectives, will be a milestone in the international debate on reproductive health and development. The worrying lack of progress in meeting the MDG targets on maternal mortality and access to reproductive health makes this initiative by the General Assembly all the more timely.’ 44th Session of the Commission on Population and Development 2011, Statement by H.E. Ms Anne Anderson, Permanent Representative of Ireland to the UN

‘The ICPD Programme of Action was the first time that the international community committed to the goal of universal access to reproductive healthcare by 2015, a target which was later integrated into the Millennium Development Goals. The ICPD made clear the link between a woman’s right to the information and means to make autonomous decisions about her fertility, and the wider empowerment of women in every sphere of economic, social and political life. We now know that providing women with access to reproductive health care is not just an end in itself but can have a transformative effect on women’s vulnerability to poverty, hunger and economic and social discrimination. Conversely, lack of access to reproductive health care remains one of the principal barriers to achieving real gender equality and ensuring that women are empowered to participate fully in the political, economic and social life of their communities and societies’. 44th Session of the Commission on Population and Development 2011, Statement by H.E. Ms Anne Anderson, Permanent Representative of Ireland to the UN

‘It is unacceptable that 200 million women across the world lack access to safe, effective and affordable forms of contraception and that up to half a million women die in pregnancy and childbirth each year, 99% of them in developing countries. It is absolutely clear not only that universal access to sexual and reproductive health care is central to achieving MDGs 4 and 5, but that without real progress in this area, none of the other MDGs are achievable. Ireland looks forward to engaging fully in the international debate on how we can speed up progress in the implementation of the ICPD Programme of Action and ensure the achievement of all the Millennium Development Goals by 2015.’ 44th Session of the Commission on Population and Development 2011, Statement by H.E. Ms Anne Anderson, Permanent Representative of Ireland to the UN
‘On other MDG targets, maternal mortality has declined by nearly half since 199, but still falls far short of the MDG target. And every single day some 800 women die of avoidable complications during pregnancy and childbirth.’

‘Their [adolescent girls] right to health is undermined by the lack of access to sexual and reproductive health services and their physical and mental health can be destroyed through the trauma of giving birth before their bodies are fully mature.’

‘No society can end poverty and hunger and drive its own economic and social development if it does not take determined action to end gender inequality and empower women and girls.’

‘We need to focus on human rights; on empowering women and girls; on improving overall health including nutrition and sexual and reproductive health.’

Tánaiste and Minister for Foreign Affairs and Trade Mr. Eamon Gilmore T.D. address at the launch of the UNFPA State of the World Population Report, 30th October 2013

In 2013 Ireland was elected to the Executive Board for UNDP and UNFPA and during 2014 we served as Vice President of the Board. We have used our membership of the Board to work closely with UNFPA on its new Strategic Plan which focuses on the role of on women and youth in realising the objectives which the international community agreed to 20 years ago at the International Conference on Population and Development (ICPD).

We have also been vocal supporters of UNFPA’s crucial role in ensuring that last September’s UN General Assembly Special Session on the ICPD was a success. We were very pleased that the outcome from the Special Session reinforced a renewed consensus and global commitment to ensure that the principles of the ICPD, including its emphasis on the right of all individuals to sexual and reproductive health, remain at the core of any future development agenda. Anything less would have constituted a draconian setback for the lives of women and youth across the world.

Minister of State with Special Responsibility for Overseas Development Assistance, Trade Promotion and North South Co-operation, Mr Seán Sherlock.
‘Access to services needs to be complemented with access by the poor to information and essential products. We will support efforts to increase both information flows, including through the use of appropriate media and the availability of essential commodities through the private sector (such as bed nets to prevent malaria, contraceptives, water purifying tablets and soap)’.

**One World, One Future Ireland’s Policy for International Development**

‘Building on the international respect Ireland has earned through our work on HIV and AIDS, we will continue to invest globally, regionally and at country levels to overcome this pandemic. In particular, future priorities will draw more attention to effective prevention, including by addressing inequality and gender-based violence’.

**One World, One Future Ireland’s Policy for International Development**

Ireland has long prioritised the protection of women and girls in emergencies through dedicated policy, programming and advocacy efforts, noting that almost without exception, there is an increase in gender based violence during and after natural and man-made disasters and crises. Ireland affirms that the prevention of and response to violence against women and girls is in itself a life-saving action which needs to be an essential part of every humanitarian operation’.

**Statement from Ireland at the UK Call to Action High Level Event on Violence Against Women and Girls in Emergencies London, 13 November 2013**

‘Ireland is committed to implementation of the Cairo Programme of Action that emphasis action to address gender inequality (within and beyond the health sector) and access to services including contraception’ (2).

**Irish Aid: Factsheet on Millennium Development Goal 5**

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2 Millennium Development Goal 5 Improve Maternal Health
Human Rights and Sexual and Reproductive Health and Rights

REPRODUCTIVE HEALTH AND SUPPLIES

‘The role of women as primary custodians of family health should be recognised and supported. Access to basic health care, expanded health education, the availability of simple cost-effective remedies, and the reappraisal of primary health-care services, including reproductive health-care services to facilitate proper use of women’s time, should be provided.’ ICPD Programme of Action

Objectives outlined in the ICPD Programme of Action include the following:

(a) To ensure that comprehensive and factual information and a full range of reproductive health care services, including family planning, are accessible, affordable, acceptable and convenient to all users;

(b) To enable and support responsible voluntary decisions about child-bearing and methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and to have the information, education and means to do so;

(c) To meet changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities

‘All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015.’

The Beijing Platform for Action states that:

‘Women and children constitute some 80 per cent of the world’s millions of refugees and other displaced persons, including internally displaced persons. They are threatened by deprivation of property, goods and services and deprivation of their right to return to their homes of origin as well as by violence and insecurity. Particular attention should be paid to sexual violence against uprooted women and girls employed as a method of persecution in systematic campaigns of terror and intimidation and forcing members of a particular ethnic, cultural or religious group to flee their homes. Women may also be forced to flee as a result of a well-founded fear of persecution for reasons enumerated in the 1951 Convention relating to the Status of Refugees and the 1967 Protocol, including persecution through sexual violence or other gender-related persecution, and they continue to be vulnerable to violence and exploitation while in flight, in countries of asylum and resettlement and during and after repatriation. Women often experience difficulty in some countries of asylum in being recognized as refugees when the claim is based on such persecution.’

HIV/AIDS

The ICPD Programme of Action states that:

‘The world-wide incidence of sexually transmitted diseases is high and increasing. The situation has worsened considerably with the emergence of the HIV epidemic. Although the incidence of some sexually transmitted diseases has stabilized in parts of the world, there have been increasing cases in many regions.’

‘The social and economic disadvantages that women face make them especially vulnerable to sexually transmitted infections, including HIV, as illustrated, for example, by their exposure to the high-risk sexual behaviour of their partners. For women, the symptoms of infections from sexually transmitted diseases are often hidden, making them more difficult to diagnose than in men and the health consequences are often greater, including increased risk of infertility and ectopic pregnancy. The risk of transmission

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3 ICPD Programme of Action, paras 7.5; 7.6; 8.6.
4 Beijing Platform for Action Strategic Objective E: Women in Armed Conflict, para. 136

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from infected men to women is also greater than from infected women to men, and many women are powerless to take steps to protect themselves.’

The Beijing Platform for Action⁶ outlines that:

‘Sexual violence and sexually transmitted diseases, including HIV/AIDS, have a devastating effect on children's health, and girls are more vulnerable than boys to the consequences of unprotected and premature sexual relations. Girls often face pressures to engage in sexual activity. Due to such factors as their youth, social pressures, lack of protective laws, or failure to enforce laws, girls are more vulnerable to all kinds of violence, particularly sexual violence, including rape, sexual abuse, sexual exploitation, trafficking, possibly the sale of their organs and tissues, and forced labour.’

‘Ensure education and dissemination of information to girls, especially adolescent girls, regarding the physiology of reproduction, reproductive and sexual health, as agreed to in the Programme of Action of the International Conference on Population and Development and as established in the report of that Conference, responsible family planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention, recognizing the parental roles referred to in paragraph 267.’

According to the World Health Organisation⁷:

‘HIV programmes are a critical entry point for addressing violence against women for several reasons. There are common underlying factors such as gender inequality that contribute to both epidemics. HIV and acquired immunodeficiency syndrome (AIDS) services provide an entry point for women experiencing violence to mitigate HIV risks and vulnerabilities, and for women living with HIV to mitigate violence risks associated with HIV. Addressing violence can reduce barriers women face in accessing HIV prevention, treatment, care and support services’

Comprehensive sexuality education

As stated in the ICPD Programme of Action⁸:

‘Governments, in collaboration with non-governmental organisations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services, and those who become pregnant will require special support from their families and community during pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.’

The Beijing Platform for Action⁹ states that:

‘Curricula and teaching materials remain gender-biased to a large degree, and are rarely sensitive to the specific needs of girls and women. This reinforces traditional female and male roles that deny women opportunities for full and equal partnership in society. Lack of gender awareness by educators at all levels strengthens existing inequities between males and females by reinforcing discriminatory tendencies and undermining girls' self-esteem. The lack of sexual and reproductive health education has a profound impact on women and men’

⁶ Beijing Platform for Action Strategic Objective L, paras 267; 269; L5, para 281(e).

⁸ ICPD Programme of Action, para 7.47.
⁹ Beijing Platform for Action, Strategic Objective B, para 74; B4, para 83(j).
‘Encourage, with the guidance and support of their parents and in cooperation with educational staff and institutions, the elaboration of educational programmes for girls and boys and the creation of integrated services in order to raise awareness of their responsibilities and to help them to assume those responsibilities, taking into account the importance of such education and services to personal development and self-esteem, as well as the urgent need to avoid unwanted pregnancy, the spread of sexually transmitted diseases, especially HIV/AIDS, and such phenomena as sexual violence and abuse.’

Conflict/emergency

The Beijing Platform for Action\textsuperscript{10} acknowledges:

‘While entire communities suffer the consequences of armed conflict and terrorism, women and girls are particularly affected because of their status in society and their sex. Parties to conflict often rape women with impunity, sometimes using systematic rape as a tactic of war and terrorism. The impact of violence against women and violation of the human rights of women in such situations is experienced by women of all ages, who suffer displacement, loss of home and property, loss or involuntary disappearance of close relatives, poverty and family separation and disintegration, and who are victims of acts of murder, terrorism, torture, involuntary disappearance, sexual slavery, rape, sexual abuse and forced pregnancy in situations of armed conflict, especially as a result of policies of ethnic cleansing and other new and emerging forms of violence. This is compounded by the life-long social, economic and psychologically traumatic consequences of armed conflict and foreign occupation and alien domination’

Unmet need for modern contraception

The ICPD Programme of Action\textsuperscript{11} contains the following objectives:

(a) To help couples and individuals meet their reproductive goals in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their right to choose the number, spacing and timing of the birth of their children;
(b) To prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies and morbidity and mortality;
(c) To make quality family-planning services affordable, acceptable and accessible to all who need and want them, while maintaining confidentiality;
(d) To improve the quality of family-planning advice, information, education, communication, counselling and services;
(e) To increase the participation and sharing of responsibility of men in the actual practice of family planning;
(f) To promote breast-feeding to enhance birth spacing.

‘All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.’

The Beijing Platform for Action\textsuperscript{12} notes that:

‘More than 15 million girls aged 15 to 19 give birth each year. Motherhood at a very young age entails complications during pregnancy and delivery and a risk of maternal death that is much greater than average. The children of young mothers have higher levels of morbidity and mortality. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, early marriage

\textsuperscript{10} Beijing Platform for Action, Strategic Objective E, para 135.
\textsuperscript{11} ICPD Programme of Action, paras 7.14; 7.16.
\textsuperscript{12} Beijing Platform for Action, Strategic Objective L, para 268.
and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term adverse impact on their and their children’s quality of life.’

**Young people**

ICPD Programme for Action\(^{13}\):

‘The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents that can help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women’s self-determination and to share responsibility with women in matters of sexuality and reproduction. This effort is uniquely important for the health of young women and their children, for women’s self-determination and, in many countries, for efforts to slow the momentum of population growth. Motherhood at a very young age entails a risk of maternal death much greater than average, and the children of young mothers have higher levels of morbidity and mortality. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall for young women, early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term, adverse impact on their and their children’s quality of life.

‘Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. Governments and non-governmental organizations should promote programmes directed to the education of parents, with the objective of improving the interaction of parents and children to enable them to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behaviour and reproductive health’

**Child marriage**

The **UN Convention on the Rights of the Child (CRC)**\(^ {14}\) defines a child as ‘every human being below the age of 18 years.’

In its General Comment No.4 on adolescent health and development,\(^ {15}\) the Committee on the Rights of the Child stated:

‘The Committee is concerned that early marriage and pregnancy are significant factors in health problems related to sexual and reproductive health, including HIV/AIDS. Both the legal minimum age and actual age of marriage, particularly for girls, are still very low in several States parties. There are also non-health-related concerns: children who marry, especially girls, are often obliged to leave the education system and are marginalized from social activities. Further, in some States parties married children are legally considered adults, even if they are under 18, depriving them of all the special protection measures they are entitled under the Convention. The Committee strongly recommends that States parties review and, where necessary, reform their legislation and practice to increase the minimum age for marriage with and without parental consent to 18 years, for both girls and boys’.

Marriage of children is prohibited by the **UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**\(^ {16}\), which states:

‘The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage and to make the registration of marriages in an official registry compulsory’

\(^{13}\) ICPD Programme of Action, paras 7.41; 7.48.


\(^{15}\) UN Committee on the Rights of the Child (CRC Committee), General Comment No. 4: Adolescent Health and Development in the Context of the Convention on the Rights of the Child, paras. 24, 39(g).

\(^{16}\) UN Convention on the Elimination of All Forms of Discrimination against Women, Part IV, Article 16.
‘States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women.’

It also protects:

‘The same right freely to choose a spouse and to enter into marriage only with their free and full consent.’

The Beijing Platform for Action\(^\text{17}\) obliges governments to:

‘Enact and strictly enforce laws to ensure that marriage is only entered into with the free and full consent of the intending spouses; in addition, enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage and raise the minimum age for marriage where necessary.’

**Fistula**

The concept of reproductive health is elaborated in the ICPD Programme of Action\(^\text{18}\) as follows:

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

It also recognises that:

‘Complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world. At the global level, it has been estimated that about half a million women die each year of pregnancy-related causes, 99 per cent of them in developing countries.’

**Unsafe abortion /maternal death**

Current global policy, as outlined in the UN Millennium Development Goal 5\(^\text{19}\) recognises that:

‘A number of specific factors are seen to be directly related to high maternal mortality such as unsafe abortion, and HIV infection which is estimated to cause approximately 25% of all maternal mortality. Two thirds of those living with HIV are in sub Saharan Africa. 60% of these are Women’

The World Health Organisation\(^\text{20}\) also identifies that:

‘Over 70 percent of maternal deaths worldwide result from severe bleeding, high blood pressure, infection, unsafe abortion, and prolonged or obstructed labor; these causes are generally preventable if they are identified and properly managed in a timely manner.’

Towards the end of the EU Presidency, Ireland played an important role in ensuring that the EU Council Conclusions included the following paragraph:

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\(^{17}\) Beijing Platform for Action, Strategic Objective L1, para 274(e).

\(^{18}\) ICPD Programme of Action, paras 7.2; 8.19.

\(^{19}\) Millenium Development Goal 5  Improve Maternal Health  

‘Ensure a rights-based approach encompassing all human rights. It should also address justice, equality and equity, good governance, democracy and the rule of law, with a strong focus on the empowerment and rights of women and girls and gender equality, and on preventing and combating violence against women as essential preconditions for equitable and inclusive sustainable development, as well as important values and objectives in themselves. We remain committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development and the outcomes of their review conferences and in this context sexual and reproductive health and rights.’
States’ obligations under ICPD

In 1994, at the International Conference on Population and Development (ICPD), 179 countries came together and adopted a Programme of Action. The Programme of Action is an agreement that population policies must be aimed at empowering couples and individuals, especially women, to make informed decisions about the size of their families. They must be provided with the information and resources to make such decisions, and enabling them to exercise their reproductive rights. The ICPD Programme of Action was the first international consensus document where states agreed that reproductive rights are human rights that are already recognised in domestic and international law.

The Programme of Action broadly defines reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.”

In adopting the agreement, states committed to take legal, policy, budgetary, and other measures to effectuate the principles and rights enshrined therein.

States’ obligations under the ICPD have been reviewed every five years. States come together to reaffirm this commitment, analyse the progress that has been made towards realising sexual and reproductive health and reproductive rights, and decide upon further actions that should be taken.

The first five-year review of the implementation of the Programme of Action was conducted by the General Assembly in 1999, which adopted, by consensus, the Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development. The review demonstrated that much greater and sustained action was needed in certain programme areas. The Key Actions provided a new set of benchmarks for four priority issues: education and literacy; reproductive health care and unmet need for contraception; maternal mortality reduction and HIV/AIDS.

The 10th Anniversary of the ICPD, the mid-point of its 20-year Programme of Action, offered a further opportunity to reflect on the diversity of the ICPD goals, and demonstrated how their achievement would advance progress toward the Millennium Development Goals (MDGs).

The latest shared statement of continued commitment came in 2011, when the UN General Assembly passed UN Resolution 65/243. The resolution recognised that much still needed to be done to achieve the vision of the ICPD and recommitted governments to continue the Programme of Action beyond 2014. In order to accelerate progress in those areas which have seen little improvement since 1994, governments requested a review of the achievements, barriers and gaps that they could take action to address. This would be achieved through a comprehensive and consultative global evidence-gathering process that would help to provide a road map for achievement of ICPD goals.

Nearly twenty years later, the urgency of fully implementing the Cairo goals still stands. Governments have recognised the inherent link between sustainable development, the eradication of poverty and gender equality, and have committed to addressing these issues in tandem. In achieving these goals States agreed that coercive laws, policies, and practices that do not respect individuals’ autonomy and decision making must be eliminated.
Family Planning as a Human Right

Family planning refers to supplies and services which enable individuals and couples to attain and plan for their desired number of children, and the spacing and timing of births. When women and couples have access to family planning, particularly a range of modern contraceptive methods, they are better able to prevent unintended pregnancies and space their pregnancies. These measures significantly decrease a woman’s risk of dying in childbirth and of experiencing long-term health problems. They also improve her child’s chance of survival and good health.

International human rights treaties affirm the right to family planning. The right to plan one’s family is grounded in the international guarantees of life, health, privacy, and non-discrimination. These standards entitle women and men to the full range of contraceptive choices, as well as to information about sexual and reproductive health. The right was first articulated in the Universal Declaration of Human Rights, and refined in subsequent human rights treaties adopted by the international community. Global recognition of States’ obligations has been reinforced by the work of six United Nations (UN) treaty monitoring bodies charged with interpreting human rights treaties. Additionally the forceful language of the committees in the areas of contraception and family planning, as well as the frequency with which the committees address these issues, demonstrate that women’s right to plan their families is well established in international law.

The International Covenant on Economic, Social and Cultural rights (ICESCR) was the first human rights treaty to require nations to recognise a right to health and to take steps to achieve the realisation of that right for the benefit of families. The International Covenant in Civil and Political Rights (ICCPR) states that men and women of marriageable age have the right to marry and found a family. The Convention on the Rights of the Child (CRC) reiterates the right to maternal health and identifies it as a right intrinsically related to the right to health for children.

The Human Rights Committee (HRC) which monitors the ICCPR, and the Convention on the Elimination of All forms of discrimination against women (CEDAW) Committee have led the way in defining lack of access to contraceptive methods and family planning as a form of discrimination against women. While all of the committees that have discussed contraception recognise that there are barriers to access that must be addressed, the CEDAW Committee has been particularly strong in identifying such impediments. In its Concluding Observations the CEDAW committee frequently expresses concern over women’s lack of access to contraceptive and family planning services and information. The Committee has also identified several obstacles to accessing contraception, including cost; lack of medical insurance coverage; legal obstacles; discrimination on the basis of marital status; and coercion, which prevents women from being able to choose freely a form of contraception.

In its General Comment 28, the HRC discusses women’s right to equality in exercising their privacy rights, particularly in relation to their reproductive lives and functions. The Committee specifically expresses concern over requirements that women have a certain number of children, that they have a husband’s authorization, or that they meet age requirements in order to undergo sterilization.

Government duties in the area of family planning include ensuring access to reproductive health services and information constitutes a violation of the basic human rights principle.

The right of individuals to determine freely the size of their families was further emphasized by the 1994 International Conference on Population and development (ICPD) in Cairo and the 1995 Fourth World Conference on women in Beijing. The ICPD required that countries ‘assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population.'