



**The Good, the Bad, and the Ugly:**  
*A Critical, Feminist Analysis of the  
Negotiated Outcomes from the  
Commission on Population  
and Development*

2004-2023

## | LIST OF ACRONYMS

**CPD**..... Commission on Population and Development

**CSE**..... Comprehensive Sexuality Education

**ECOSOC**..... UN Economic and Social Council

**FGM/C**..... Female Genital Mutilation/Cutting

**ICPD**..... International Conference on Population and Development

**LGBTQIA+**..... Lesbian, Gay, Bisexual, Trans, Queer, Intersex and Asexual

**PoA**..... Programme of Action

**SGBV**..... Sexual and Gender-Based Violence

**SRH**..... Sexual and Reproductive Health

**SRHR**..... Sexual and Reproductive Health and Rights

## | INTRODUCTION

International agreements dating back to the landmark International Conference on Population and Development (ICPD) Programme of Action in 1994, and the Beijing Declaration Platform for Action in 1995, recognize sexual and reproductive health and rights (SRHR), enabling women, girls, and gender-diverse people to make their own decisions regarding their bodies. The ICPD, in particular, transformed the global discourse on population and development issues, placing human rights and dignity, especially SRHR, at the center of the global agenda on sustainable development. It further stressed the importance of promoting and protecting human rights, which it considered integral to achieving sustainable development. By doing so, the ICPD marked a shift from a singular focus on achieving targets concerning family planning and other population services to an emphasis on improving the quality of human lives.<sup>1</sup> Further, the ICPD Programme of Action (PoA) established a human rights-based framework for addressing population and development that acknowledged the impact of gender on access to entitlements and centered ‘women’s rights’ and the ‘empowerment of women’ in policymaking.<sup>2</sup> The PoA also emphasized the critical connections between the core components of sexual and reproductive health and human rights, particularly reproductive health and rights, women’s empowerment, maternal health, sexual health and family planning, and broader social and economic development outcomes.<sup>3</sup>

The language formalized in the ICPD has served as the basis for national governments to create and implement national policies on SRHR. Further, it outlines the obligations of governments in terms of providing universal access to sexual and reproductive health (SRH) services, including information and education, access to modern contraceptives, and safe abortion where legal.<sup>4</sup> Additionally, the language from these landmark agreements has been used by national-level advocates to engage

with policymakers at the national and sub-national levels.<sup>5,6</sup> These agreements have also served as the foundation for regional bodies to develop their own intergovernmental agreements, such as the Montevideo Consensus<sup>7</sup> and the Addis Ababa Declaration.<sup>8</sup>

Despite these efforts, 30 years after the ICPD PoA was first introduced, universal access to SRH services and rights continues to be a challenge. Issues such as access to safe and legal abortion, access to modern contraceptive methods, the provision of comprehensive sexuality education, and the recognition of gender and sexual diversity, to name a few, continue to be politically divisive.<sup>9,10</sup> In fact, many feminist organizations and lawmakers are concerned about a global rollback of gender equality, especially concerning the SRHR of women, girls, and gender-diverse people.<sup>11,12</sup> For instance, in some countries, the right to abortion is being contested or repealed,<sup>13</sup> in others, access to contraception remains severely curtailed.<sup>14</sup>

Over the past three decades, for the most part, national governments have continued to reaffirm and operationalize the PoA commitments agreed upon in Cairo.<sup>15,16</sup> Yet, there is a simultaneous politicization of reproductive health issues in multilateral and intergovernmental forums that are increasingly seeing partisan debates on issues articulated in the PoA.<sup>17</sup> These contentions are mounting as nation states strive for agreements that accommodate cultural and religious differences, even as non-governmental organizations (NGOs) attempt to influence the positions of nations.<sup>18</sup> Consequently, many multilateral institutions and feminist groups worry that the current functioning of the Commission on Population and Development (CPD) and its agreed outcomes are rolling back, rather than pushing forward, gender equality and the health rights of women, girls, and gender-diverse people.<sup>19</sup>

## THE COMMISSION ON POPULATION AND DEVELOPMENT: AN OVERVIEW

The CPD is a functional commission of the UN Economic and Social Council (ECOSOC) that advises it on issues related to population and development. It is responsible for producing research and knowledge on issues related to population and sustainable development, in addition to monitoring and reviewing the implementation of the ICPD PoA.

The Commission comprises 47 Member States elected by the ECOSOC for a period of four years based on geographic distribution, but all UN Member States and observers can participate. The CPD hosts an annual five-day session in New York, where UN member states and civil society organizations gather to discuss a selected special theme. The discussion notes progress, gaps, challenges, and evolving trends related to the special theme as well as the overall implementation of the PoA.

At the end of this process, the UN member states negotiate and produce an action-oriented outcome document. This document includes an analysis of the CPD priority theme for the year and provides actionable recommendations for governments, intergovernmental institutions, civil society actors, and other relevant stakeholders to be implemented at the international, national, regional, and local levels.

The outcome documents also follow a specific structure. All outcome documents begin with preambular paragraphs, which are introductory paragraphs that set the stage for the action called for in the operative paragraphs that follow. They are used to build an argument, garner support, express general principles, or reaffirm previous commitments that have already been made. These introductory paragraphs are followed by the Operative paragraphs that call for action from the member states. Operative Paragraphs express the commitments the Commission agrees to take to address the situation mentioned in the Preambular Paragraphs. Given its political impact, precise, actionable language is often used, and it is preceded by verbs to facilitate implementation. In theory, all resolutions are ‘balanced,’ that is, if a topic is acknowledged in the preambular paragraphs, it will also be reflected in the operative paragraphs. However, in practice, sometimes issues may only find mention in the preambular paragraphs or vice versa. In such instances, it is essential to note that member states are held accountable to the commitments made in the operative paragraphs and not just to the text in the preambular paragraphs. All the language in the preambular and operative paragraphs taken together is considered ‘agreed language.’ This language is so named because, once included in the outcome document, it indicates that the text has been negotiated and agreed upon either by consensus or voting by all member states, and it now carries the authority of the Commission.

### WHY IS AGREED LANGUAGE IMPORTANT?

Protecting the agreed language within outcome documents is important. First, the CPD outcome documents are decisions and resolutions that member states have agreed upon at the annual sessions that guide the priorities of the international community on these issues. These documents offer an opportunity to review progress toward implementing the PoA; allow member states to reaffirm their commitment to achieving these goals; and set (new) global standards, norms, and policies that promote sustainable, equitable, and inclusive development worldwide. For instance, the acknowledgment of SRHR as a critical component for ensuring development is evident and has been recognized as such in the ICPD PoA. Second, agreed language is a tool to hold governments accountable at the national level to the commitments they have made towards issues such as the advancement of SRHR and, more broadly, sustainable, equitable, and inclusive development. Consequently, gains in language also translate to gains on the ground over a period of time; it is easier to advocate

governments to address issues if they have already committed to them at international political fora. Conversely, it can be challenging to mobilize national commitments to address an issue unless these have been recognized and named in international frameworks.

This buttressing of rights in the agreed language is especially critical in the context of SRHR, given that the vocal opponents to the right to control one’s body, reproduction, and sexuality have become more influential due to their access to powerful connections, impressive financial resources, and the vast infrastructure of religious and political entities across the world. Increasingly, countries have been unable to agree on SRHR within the CPD agenda, as evidenced by the lack of resolutions or outcome documents in several annual meetings in recent years (e.g. 2023, 2018, 2017, and 2015). These disagreements are summarized in Table 1.<sup>20</sup>

YEAR	THEME	OUTCOME
2023	Population, education, and sustainable development.	No consensus on the inclusion of language on comprehensive sexuality education (CSE); no resolution adopted.
2020	Population, food security, nutrition, and sustainable development.	No session was held because of COVID-19; the theme was carried forward to the 2021 session.
2019	ICPD@25: Review and appraisal of the ICPD PoA and its contribution to the follow-up and review of the 2030.	To avoid a repeat of the lack of resolution during a commemorative year, the text was kept concise and affirmative; a declaration was adopted by consensus.
2018	Agenda for Sustainable Development Sustainable cities, human mobility, and international migration.	No consensus on the inclusion of language on sexual and reproductive health and sovereignty; no resolution adopted.
2017	Changing population age structures and sustainable development.	No consensus on the inclusion of language on CSE; disagreement on the definition and scope of SRHR; no resolution adopted.
2015	Integrating population issues into sustainable development, including the post-2015 development agenda.	No consensus on the inclusion of language on child and forced marriages and the role of families; no resolution adopted.

*Table 1: Summary of Annual CPD Sessions without Resolutions, 2004–2023*

Advocates must, therefore, continue their efforts to influence the language used in the outcome documents to ensure that it reflects a more inclusive and progressive SRHR agenda that echoes the needs and realities of all people. In order to do so, there first needs to be a critical understanding of the agreed language used in outcome documents thus far and the trends in SRHR language.

Toward this end, the Fòs Feminista alliance undertook a feminist analysis and assessment of the agreed language and outcomes of the CPD sessions from 2004 to 2023. The assessment aimed to understand how the language on key SRHR issues, specifically abortion, gender-based violence, comprehensive sexuality education, contraception, and menstrual health and hygiene, has changed over the past 20 years.



## METHODOLOGY

This study aimed to identify key language trends that achieve consensus in CPD negotiations and become agreed conclusions. As SRHR advocates, understanding the evolution of the agreed language allows us to assess progress, identify remaining gaps, and recognize areas where political action has stalled. Upon first glance, this might seem to be a fruitless exercise; many view CPD resolutions as being too repetitive, watered down, and ineffective, given the continuing fragmentation among the implementation community. However, for the CPD, these annual resolutions outline the parameters within which it operates and can be held accountable. Thus, any change in the agreed language in resolutions from one year to the next, however minimal, may significantly impact or reflect major changes in the activities on the ground.

YEAR	RESOLUTION
2022	Population and sustainable development, in particular sustained and inclusive economic growth.
2021	Population, food security, nutrition and sustainable development.
2016	Strengthening the demographic evidence base for the 2030 Agenda for Sustainable Development.
2014	Assessment of the Status of Implementation of the Programme of Action of the International Conference on Population and Development.
2013	New trends in migration: demographic aspects.
2012	Adolescents and Youth.
2011	Fertility, reproductive health and development.
2010	Health, morbidity, mortality and development.
2009	The contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals.
2008	Population distribution, urbanization, internal migration and development.
2007	Changing age structures of populations and their implications for development.
2006	International migration and development.
2005	Population, development and HIV/AIDS, with particular emphasis on poverty.
2004	Follow-up to the Programme of Action of the International Conference on Population and Development.

Table 2: Full List of Included Documents

This study is a qualitative analysis of publicly available CPD resolutions from 2004 to 2023. Resolutions were sourced from the United Nations [website](#). This analysis does not include the following years: 2023, 2020, 2018, 2017, and 2015. During these years, the ICPD failed to achieve consensus. In 2019, a declaration was produced, but since the CPD did not negotiate this, this was not included in the analysis either. After this elimination process, 14 documents were left for analysis (Table 2; Annexure 1).

The methodology of document analysis was adopted for the purpose of this study. There were two reasons for this choice. First, document analysis allows for documents to be read as ‘witnesses,’ providing historical context to how certain current phenomena are influenced by the events and actions that precede them.<sup>21</sup> As a result, documents provide a means of tracking change and development. For advocates and negotiators in political spaces, understanding how an agreed text has evolved is crucial. Second, this methodology also helps ‘triangulate’ our understanding of opportunities and opposition to advocate for SRHR within such political spaces, thereby complementing the more quantitative evidence approaches based on prevalence and incidence data that inform the negotiations in these spaces.

Using the READ approach,<sup>22</sup> each document was read to identify the paragraphs pertaining to the key themes, which were then organized into a language matrix.

This process of data extraction was cross-verified using the [UN Advocacy Tool](#) to ensure that all relevant agreed language was included in this research.

In the selected documents, text was analyzed to identify trends pertaining to the following six thematic areas:

- o Sexual and reproductive health and rights
- o Access to safe abortion
- o Comprehensive sexuality education
- o Contraception
- o Sexual and gender-based violence
- o Menstrual health and hygiene

For the purpose of this study, the analysis was confined to what was included in the document's text. The larger discourse analysis of why sudden inclusions or exclusions were made was not carried out.

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## | SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN AGREED LANGUAGE: AN ANALYSIS

The ICPD PoA reflects a paradigm shift in the development debate of the 1990s.<sup>23</sup> The international community reached a consensus on three quantitative goals to be achieved by 2015. These were (a) a reduction in infant, child, and maternal mortality; (b) the provision of universal access to education, particularly for girls; and (c) the provision of universal access to a full range of reproductive health services, including family planning.<sup>24</sup> Recommendations were made to the international community on achieving key population and development goals, including, amongst other things, “universal access to reproductive health services, including family planning and sexual health” (Paragraph 1.12). The introduction of this emphasis on reproductive health marks an important shift – moving from defining women only based on their reproductive capacity to recognizing their inherent rights as individuals<sup>25,26</sup> and enshrining these rights as critical to achieving sustainable development.

### SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE ICPD POA

The PoA offers a clear conceptualization of what reproductive health and rights constitute. According to the PoA:

*Reproductive health is a state of complete physical, mental, and social well-being and not merely an absence of disease or infirmity, in all matters relating to the reproductive system and to its function 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 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 healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (Paragraph 7.2).*

Further, in line with this definition of reproductive health, reproductive healthcare 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 (Paragraph 7.2).*

It is worth noting that this conceptualization was reiterated by the Platform for Action of the Fourth World Conference on Women, held in Beijing in 1995.<sup>27</sup>

More concretely, the PoA also outlines that,

*Reproductive health in the context of primary health care should, inter alia, include: family-planning, counselling, information, education, communication, and services; education and services for prenatal care, safe-delivery, and post-natal care, especially breastfeeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education, and counselling, as appropriate on human sexuality, reproductive health, and responsible parenthood... Active discouragement of harmful practices, such as female genital mutilation, should be an integral component of primary health care (Paragraph 7.6).*

In Chapter IV (Paragraph 4.20), the PoA emphasizes that these healthcare services are not limited to women but also include girls. It outlines that: “Countries should develop an integrated approach to the special nutritional, general and reproductive health, education and social needs of girls and young women.” There is a call to action for countries to provide comprehensive sexuality education as part of their commitment to sustainable development, “...ensuring universal access to quality and primary health care, including reproductive health and family planning services, and educational strategies regarding responsible parenthood and sexual education” (Paragraph 6.4)

The commitments in the PoA are premised on a set of 15 principles that serve as guidelines for member states. For instance, Principle 4 reaffirms that “Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are cornerstones of population and development-related programmes.” Similarly, the POA emphasizes that:

*States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to healthcare services, including those related to reproductive healthcare, which includes family planning and sexual health. Reproductive health care programs should provide the widest range of services without any form of coercion (Principle 8).*

Nevertheless, certain limitations remain within the PoA language. For instance, given that the document emerged from within the development discourse, it is limited in its articulation of sexual health, let alone rights and pleasure. Sexual health is included within the larger rubric of reproductive health; therefore, sexual pleasure, diverse sexual orientations, or sexual rights find no mention. Furthermore, the PoA remains confined to a narrative of reproductive health and reproductive rights within a binary understanding of gender – there is no acknowledgment of diverse gender identities and expressions within the document. This not only has rhetorical implications for future negotiations but has also impacted the range of actions that member countries commit and can be held accountable for.<sup>28</sup>

## SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE CPD

In the last 30 years, the language on SRHR has been a mixed bag. Sexual and reproductive health and rights have been heavily debated, especially for marginalized groups such as young people, LGBTQIA+ communities, indigenous communities, people living with HIV, sex workers, migrant and displaced people, and people with disabilities, among others. Issues such as whether to provide access to safe and legal abortion services and comprehensive sexuality education for adolescents and young people continue to divide member states.



The CPD has adopted resolutions acknowledging the link between population and development and sustainable development at all levels – subnational, national, regional, and international. Yet, the inclusion of issues such as contraception, abortion, and CSE vary from year to year. Although progress on such issues cannot, and will not, be linear, an analysis of the language shows that some of these issues are often completely left out in the interest of achieving consensus. Figure 1 summarizes where these issues find mention in the outcome documents over the last 20 years – preambular or operative text, or both, or not mentioned at all. It should be highlighted that consistent inclusion within the agreed conclusions does not necessarily mean that progress is being made. On the contrary, the text is often rolled back or made weaker on repeated mentions over the years, as discussed in the following sections.

**FIGURE 1:**  
*Mentions of SRHR Issues in CPD Resolutions, 2004–2023*

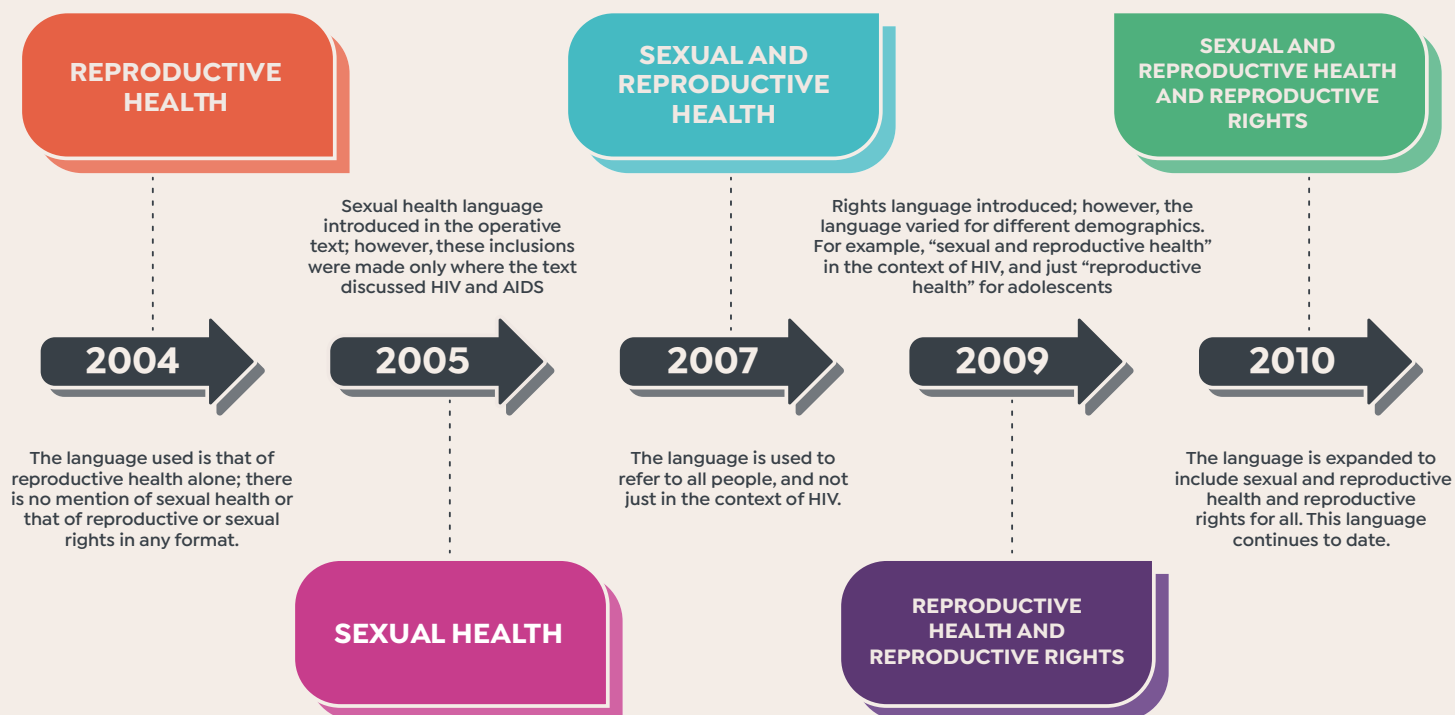
YEAR	THEME	SRHR	ABORTION	GBV	CSE	CONTRA-CEPTION	MENSTRUAL HEALTH
2022	Population and sustainable development, in particular, sustained and inclusive economic growth	●	●	●	●	●	●
2021	Population, food security, nutrition, and sustainable development	●	●	●	●	●	●
2016	Strengthening the demographic evidence base for the 2030 Agenda for Sustainable Development	●	●	●	●	●	●
2014	ICPD@20: Assessment of the Status of Implementation of ICPD PoA	●	●	●	●	●	●
2013	New trends in migration: demographic aspects	●	●	●	●	●	●
2012	Adolescents and youth	●	●	●	●	●	●
2011	Fertility, reproductive health and development	●	●	●	●	●	●
2010	Health, morbidity, mortality and development	●	●	●	●	●	●
2009	ICPD@15: The contribution of the ICPD PoA to the Millennium Development Goals	●	●	●	●	●	●
2008	Population distribution, urbanization, internal migration	●	●	●	●	●	●
2007	Changing age structures of populations	●	●	●	●	●	●
2006	International migration and development	●	●	●	●	●	●
2005	Population, development, and HIV/AIDS	●	●	●	●	●	●
2004	ICPD@10: Follow-up to the Programme of Action	●	●	●	●	●	●

● Mentioned in preambular and operative text      ● Mentioned only in preambular text  
 ● Mentioned only in the operative text      ● Not mentioned at all

One of the biggest trends seen within the agreed language is the transformation and expansion of the understanding of what comprises sexual and reproductive health and rights within the ambit of population and sustainable development.

**PROGRESS:** The concept of ‘reproductive health’ (2004) evolved to ‘sexual and reproductive health’ (2009) and finally to ‘sexual and reproductive health and reproductive rights’ (2010 onwards).

**FIGURE 2:**  
*Evolution of the Language on SRHR in CPD Resolutions, 2004–2023*



In 2004, the language used was reproductive health alone; there was no mention of sexual health or reproductive or sexual rights. The Preamble includes the language, “Stressing the importance of population and reproductive health for development” (Preambular text, [E/CN.9/2004/9](#)).

In 2005, for the first time, sexual health was introduced as language in the operative text: “Emphasizes the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health and their inclusion in national development plan” (Operative paragraph 11, [E/CN.9/2005/10 \[2005/1\]](#)). Further, the resolution “Urges Governments to implement measures to increase capacities of adults and adolescents to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health” (Operative paragraph 12, [E/CN.9/2005/10 \[2005/1\]](#)). However, it is pertinent to note that these inclusions were made only with reference to HIV and AIDS. For instance, in a separate resolution on the contribution of the ICPD POA to the Millennium Development Goals, the language reverts back to that of reproductive health without mention of sexual health. “Emphasizes the importance of integrating the goal of universal access to reproductive health by 2015 set at the International Conference on Population and Development into strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration” (Operative paragraph 3, [E/CN.9/2005/10 \[2005/2\]](#)). In both resolutions, however, language reflecting a rights perspective was still absent.

The 2006 resolution had no mention of sexual and reproductive health or sexual and reproductive rights. However, in 2007, there was progress in the language with “sexual and reproductive health” referring to all people, and just not in the context of HIV:

*Urges Governments to promote healthy living at all ages and in all spheres of health, including sexual and reproductive health, in particular the improvement of maternal, child and adolescent health, and efforts to reduce maternal and child mortality, and to take steps to prepare healthcare systems to meet the challenges posed by changing age structures (Operative paragraph 19, E/CN.9/2007/8).*

In the 2009 resolution, the rights language was comprehensively introduced for the first time:

*Recalling the commitment to achieve universal access to reproductive health by 2015 as set out in the Programme of Action of the International Conference on Population and Development and the need to integrate this goal in national strategies and programmes to attain the internationally agreed development goals and the Millennium Development Goals, and recognizing that reproductive health and reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents (Preambular text, E/CN.9/2009/10).*

However, this introduction of the language of rights is followed by qualifying language that allows for national exceptions. Furthermore, this language is not consistently used throughout the document, with many operative paragraphs omitting the rights language.

It is also evident that the same language is not uniformly applied across different demographics. For example, the phrase “sexual and reproductive health” is used in the context of HIV and forced marriages in operative paragraphs 20 and 15, respectively, while in the case of adolescents, the language reverts back to “reproductive health” – “Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive healthcare service, information and education needs of adolescents” (Operative paragraph 16, E/CN.9/2009/10).

The language on reproductive rights was eventually made consistent only in 2010:

*Recognizing that the full implementation of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, including those related to sexual and reproductive health and reproductive rights, which would also contribute to the implementation of the Beijing Platform for Action, population and development, education and gender equality, is integrally linked to global efforts to eradicate poverty and achieve sustainable development and that population dynamics are all-important for development (Preambular text, E/CN.9/2010/9).*

On the other hand, the language on sexual rights continues to be omitted, keeping in line with the ICPD PoA. This remains the last available agreed language on sexual and reproductive health and rights.

**STAGNANT: Language defining reproductive rights was ambitious when introduced only to be quickly rolled back to what is in the ICPD PoA.**

After being introduced in the PoA (Chapter VII) in 1994, “reproductive rights” were mentioned again briefly in the 2002 resolution in the preambular text and in an operative paragraph: “Requests the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat to continue its research and requests the United Nations

Population Fund to continue its programming on reproductive rights and reproductive health” (Operative paragraph 1, [E/CN.9/2002/6](#)). However, it was not until 2009 that the concept of reproductive rights was discussed in detail, with the text suggesting a list of items that should be conceived within the ambit of such rights. The text included:

*... rights for women and men to have control over and decide freely and responsibly on matters related to their sexuality and reproduction, free of coercion, discrimination, and violence, based on mutual consent, equal relationships between women and men, full respect of the integrity of the person and shared responsibility for sexual behaviour and its consequences (Preambular text, [E/CN.9/2009/10](#)).*

However, in 2012, the language was truncated, and the understanding of reproductive rights was limited to:

*certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents and rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, the right to attain the highest standard of sexual and reproductive health (Preambular text, [E/CN.9/2012/8](#)).*

This understanding of rights closely follows the initial understanding of rights within the PoA, where the rights language was followed by qualifying texts such as the national laws. This rephrasing overlooks the potential for accommodating diverse sexualities, varying expressions of pleasure, and different types of relationship arrangements. The list from the 2009 resolution has not been included in any documents thereafter, and it remains the last available agreed language on reproductive rights.

## ACCESS TO SAFE AND LEGAL ABORTION IN THE ICPD POA

While access to safe abortion is mentioned in the PoA as an integral part of reproductive health, it is not included as a human right and is subject to several qualifiers.<sup>29</sup> For instance, even though in Chapter 7, access to abortions is included in the listing of what constitutes reproductive health, it is constrained by the definition of such access discussed later in the PoA:

*In no case should abortion be promoted as a method of family planning. All governments and relevant intergovernmental and non-governmental organisations are urged to strengthen their commitment to women’s health, to deal with the impact of unsafe abortion as a major public health concern, and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority, and every attempt should be made to eliminate the need for abortion.... Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education, and family-planning services should be offered promptly, which will also help to avoid repeat abortion (Paragraph 8.25).*

As a result of this framing, the ICPD PoA fails to acknowledge the role of abortions in reducing the number of births. Instead of providing safe and legal abortion as a service, the focus is on counseling and the prevention and management of abortion complications. Further, the phrase “In no case should abortion be promoted as a method of family planning” is ambiguous because it is not clear what constitutes promoting abortion. Finally, the language used requires a closer review of what constitutes “family planning” since the choice to have an abortion is

inherently linked to when to have a child and how. In other words, “If one thinks of SRHR as a net protecting the well-being of women and girls, safe abortion is its gaping hole.”<sup>30</sup>

## ACCESS TO SAFE AND LEGAL ABORTION IN THE CPD

Access to safe and legal abortion has been briefly mentioned in the last 20 years. After being first introduced in the PoA, it was mentioned once in 1999 and then in 2009 and remained included in the subsequent documents until 2014.

**STAGNANT:** The language on abortion was agreed upon from 2009 onwards, but it is too weak to be effective.

Access to abortion is mentioned in the text in 2009, and the agreed text read,

*Further urges Governments and development partners, including through international cooperation ... prioritize universal access to ... quality services for the management of complications arising from abortion, reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning (Operative paragraph 9, E/CN.9/2009/10).*

This language mirrors the qualifying language found in the PoA on abortion, which does not explicitly recognize the right of pregnant people to decide on terminating pregnancies. It is also part of a continuum of restrictions on access to modern methods of contraception and quality and safe maternal care. Sadly, this was the agreed language that continued to inform all subsequent inclusions of abortion until 2014.

**PROGRESS:** The language on access to abortion in 2014 recognized the need for counseling for women who have unwanted pregnancies.

While access to abortions was included in the resolutions from 2009 onwards until 2014, the language remained unchanged (barring 2010, when the language on abortion was not included in the operative text but included only in the preambular text). In 2014, the language improved, urging governments to, amongst other things, provide “access to reliable information and compassionate counselling for women who have unwanted pregnancies” (Operative paragraph 12, E/CN.9/2014/7).

**ROLLBACK:** Abortion has completely disappeared from all agreed language in the last ten years.

However, the 2014 resolution also called for,

*reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning (Operative paragraph 12, E/CN.9/2014/7).*

While on the face of it, the language used suggests strong support for the provision of



abortion to all, the inclusion of qualifying language on national laws and not using abortion as a method of family planning weakens the text considerably as it effectively offers dissident states an exit clause. Notwithstanding this weak language, abortion has not been included in the text since 2014.

## SEXUAL AND GENDER-BASED VIOLENCE (SGBV) IN THE ICPD POA

The PoA acknowledged the significant gendered power inequities that impede women from attaining healthy and fulfilling lives. Principle 4 in the POA argues that “Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are the cornerstones of population and development related programmes” (Principle 4)

Further, the PoA encouraged,

*All countries should make greater efforts to promulgate, implement, and enforce national laws and international conventions to which they are a party such as the Convention on Elimination of all Forms of Discrimination against Women, that protect women from all types of economic discrimination, from sexual harassment (Paragraph 4.5).*

It advocated that,

*Countries should take full measures to eliminate all forms of exploitation, abuse, harassment, and violence against women, adolescents, and children. This implies both preventive actions and rehabilitation of victims. Countries should prohibit degrading practices, such as trafficking in women, adolescents, and children, and exploitation through prostitution, and pay special attention to protecting the rights and safety of those who suffer from these crimes and in potentially exploitable situations, such as migrant women, women in domestic service, and schoolgirls” (Paragraph 4.9).*

The PoA also urged countries “to identify and condemn the systematic practice of rape and other forms of inhuman and degrading treatment of women as a deliberate instrument of war and ethnic cleansing” (Paragraph 4.10). It recognized harmful traditional practices such as female genital mutilation/cutting (FGM/C) as violence, insisting that “Governments and communities should urgently take steps to stop the practice of female genital mutilation and protect women and girls from such similar unnecessary and dangerous practices” (Paragraph 7.40)

Regardless, the language in the PoA only acknowledged gendered power dynamics within the binary and did not mention violence against gender-diverse people. Neither did it acknowledge sexual-based violence.

## SEXUAL AND GENDER-BASED VIOLENCE IN THE CPD

**PROGRESS:** The definition of violence against women was expanded in 2021 to acknowledge violence against women and girls in diverse contexts.

The early agreed language on violence against women in CPD resolutions in 2006, 2007, and 2009 was rather simple. It called for “the elimination of all forms of violence against women of all ages, and of ensuring equal rights and their full enjoyment by women of all ages” (Operative paragraph 5, [E/CN.9/2007/8](#)).

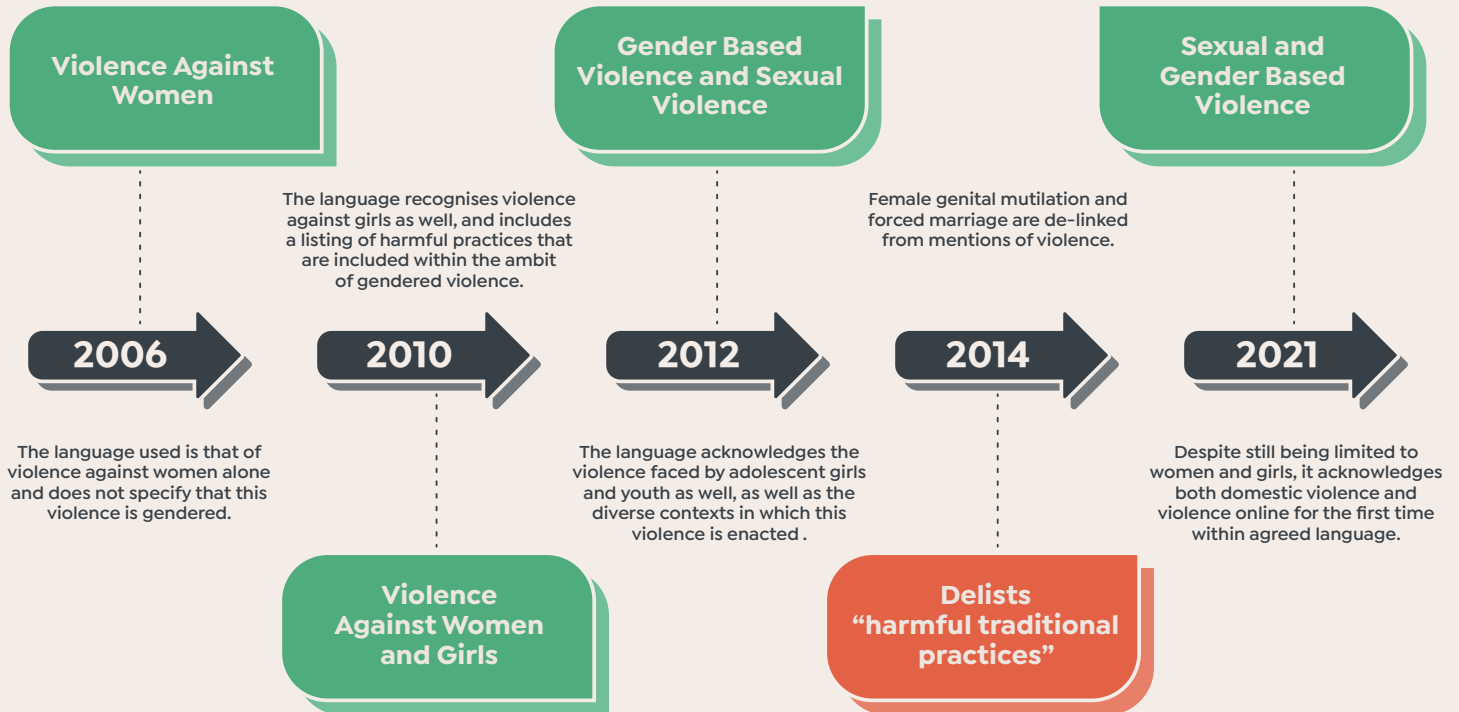
Beginning in 2010, the language has been incrementally made more progressive by also

recognizing violence against girls. It called for “instituting zero tolerance regarding violence against women and girls, including harmful traditional practices such as female genital mutilation or cutting; by preventing child and forced marriage” (Operative paragraph 11, [E/CN.9/2010/9](#)), and thereby listed harmful practices that came to be included within the ambit of gendered violence.

Building on the language in previous resolutions, the 2012 resolution used more progressive language acknowledging the violence faced by adolescent girls and youth, as well as the diverse contexts in which the violence occurred. It urged member states “to enact and enforce legislation to protect all adolescents and youth, including those in situations of armed conflict, natural disasters or humanitarian emergencies, from all forms of violence, including gender-based violence and sexual violence” (Operative paragraph 12, [E/CN.9/2012/8](#)).

In 2021, against the background of the impact of COVID-19 on all forms of SGBV, the understanding of violence underwent further expansion. The resolution called for “eliminating sexual and gender-based violence, including domestic violence and violence in digital contexts” (Preambular text, 2021), thereby acknowledging both domestic violence and violence online for the first time within agreed language. This remains the last available agreed language on SGBV (Figure 3).

**FIGURE 3:**  
*Evolution of the language on SGBV in CPD Resolutions, 2004–2023*



**ROLLBACK:** Harmful traditional and customary practices dropped from the definition of all forms of violence.

In 2010, in addition to recognizing violence against girls, the text also acknowledged other forms of harm against women and girls. It called for “instituting zero tolerance regarding violence against women and girls, including harmful traditional practices such as female genital mutilation or cutting; by preventing child and forced marriage” (Operative paragraph 11, [E/CN.9/2010/9](#)). Surprisingly, the mention of harmful traditional practices was not followed by qualifying texts prioritizing national sovereignty or customary law.

However, by the time the 2104 resolution was being negotiated, female genital mutilation and forced marriage were dropped from text listing different types of violence. Instead, the resolution encouraged governments to address “the elimination of violence and discrimination without distinction of any kind” (Operative paragraph 9, [E/CN.9/2014/7](#)). This left the definition of violence open to interpretation by countries based on local contexts.

## COMPREHENSIVE SEXUALITY EDUCATION (CSE) IN THE ICPD POA

The PoA explicitly calls on governments to provide sexuality education to promote the well-being of adolescents and specifies key features of such education.

*Recognising the rights, duties, and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect, and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory, and social barriers to reproductive health information and care for adolescents (Paragraph 7.45).*

In a subsequent paragraph, the PoA lists various guidance measures:

*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. (Paragraph 7.47).*

While considered by some as forward-looking,<sup>31</sup> the inclusion of specific qualifying language renders the text less progressive than it should be. For instance, the involvement of parents and the community introduces a layer of gatekeeping that hinders access to information – a concern backed by a significant corpus of evidence.<sup>32</sup> Further, the phrase “appropriate direction and guidance” is vague and does not specify who determines what is appropriate. These concerns are further reiterated by the language in the PoA, which states, “education projects should be based on the findings of socio-cultural studies and should involve the active participation of parents and families, women, youth, the elderly, and community leaders” (Paragraph 11.24). Finally, the requirement for countries to modify national law as appropriate invokes the sovereignty exception, which impacts implementation based on national political contexts rather than globally agreed commitments.

## COMPREHENSIVE SEXUALITY EDUCATION IN THE CPD

**SUCCESS:** Between 2009 and 2012, the language on CSE in CPD transformed into a more robust inclusive mandate, inspiring collaboration and meaningful inclusion of young people.

In 2009, CSE was explicitly mentioned for the first time in any format in the agreed language since the PoA. The resolution called for “providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality” (Operative paragraph 7, [E/CN.9/2009/10](#)). By 2012, however, the language was expanded to include healthcare in addition to information on sexuality.

*Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality (Operative Paragraph 26, [E/CN.9/2012/8](#)).*

The 2012 agreed language is also significant for its introduction of the phrase “evidence-based.”

**STAGNANT:** Instead of advocating for comprehensive sexuality education, the CPD language settles for comprehensive education on sexuality.

It is important to highlight that the agreed language on CSE is framed as “comprehensive education on human sexuality” rather than comprehensive sexuality education. Despite appearing similar, these phrases are distinctly different. To understand the difference, it is important to compare the way “human sexuality” is discussed in the PoA and CPD agreed language.

In the PoA, human sexuality is discussed in relation only to sexual activity between men and women and the management of that activity in a safe and healthy manner (paragraphs 7.34, 7.35, 7.38, and 7.39). The focus is on the management of fertility, the prevention of abuse, and the prevention of HIV. This frames education as a public health need and not a right, and the focus is on delivering information.<sup>33</sup> This is the same language used by the CPD in their discussions.

*On the other hand, ‘comprehensive sexuality education’<sup>34</sup> is a broader concept, one where the emphasis is on the acquisition of life skills and the development of values that promote holistic, positive, adolescent sexual development and relationships while acknowledging the socio-economic and gender factors that determine the quality of a sexual experience. Such education also acknowledges and values the diverse gender identities and sexual orientations that exist and empowers adolescents with access to this information.<sup>35</sup> Therefore, despite the inclusion of language on CSE for adolescents and young people, it is necessary to move away from risk-minimizing strategies towards a rights-based approach to sexuality education.*

**CONCERN:** Although the text includes CSE, it also introduces “double parent” language to control its implementation.

Starting from 2011, resolutions continued to include language on CSE. However, qualifying language was introduced along with the concept of ‘double parent language,’<sup>36</sup> where access to information is filtered first by parents and then by the social agreement of what is appropriate. The 2011 resolution advocates for sex education

*in a manner consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, in order to help women and girls, men and boys, to develop knowledge to enable them to make informed and responsible decisions to reduce early childbearing and maternal mortality, to promote access to prenatal and post-natal care and to combat sexual harassment and gender-based violence” (Preambular text, E/CN.9/2011/8).*

This qualifying language is significant as it does not define what is considered ‘appropriate,’ leaving that to the discretion of parents and, by extension, the community, in total contravention to a rights-based approach. Furthermore, the listing of specific topics for sex education constrains its scope, limiting its focus on reproduction and violence rather than the larger umbrella of CSE.

**ROLLBACK:** CSE has completely disappeared from all agreed language in the last ten years.

In 2014, the CPD agreed language on CSE called for:

*ensuring the access of adolescents and youth to full and accurate information and education on sexual and reproductive health, including evidence-based, comprehensive education on human sexuality, and promotion, respect, protection and fulfilment of all human rights, especially the human rights of women and girls, including sexual and reproductive health and reproductive right (Operative paragraph 11, E/CN.9/2014/7).*

Though the language suggests strong support for the provision of CSE, it is preceded by qualifying language in the previous paragraph, which “Recognizes the rights, duties, and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance on sexual and reproductive matters.” (Operative paragraph 10, E/CN.9/2014/7). Unlike earlier iterations of the language on CSE in previous resolutions, in 2014, the agreed language shifted the onus of providing appropriate CSE away from the government and to parents and communities. Despite the dilution of the language, CSE has not been included in any agreed conclusions since. Furthermore, although there is a precedent of agreed language on CSE, consensus could not be achieved on the issue during several negotiations at the CPD subsequent to 2014.

## CONTRACEPTION IN THE ICPD POA

The PoA marked a shift away from fertility reduction and target-setting to an emphasis on voluntary, informed-choice-based family planning as intrinsic to reproductive health and women’s empowerment. This is enshrined in the principles underpinning the PoA. For instance, Principle 4 reiterates, “Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are the cornerstones of population and development

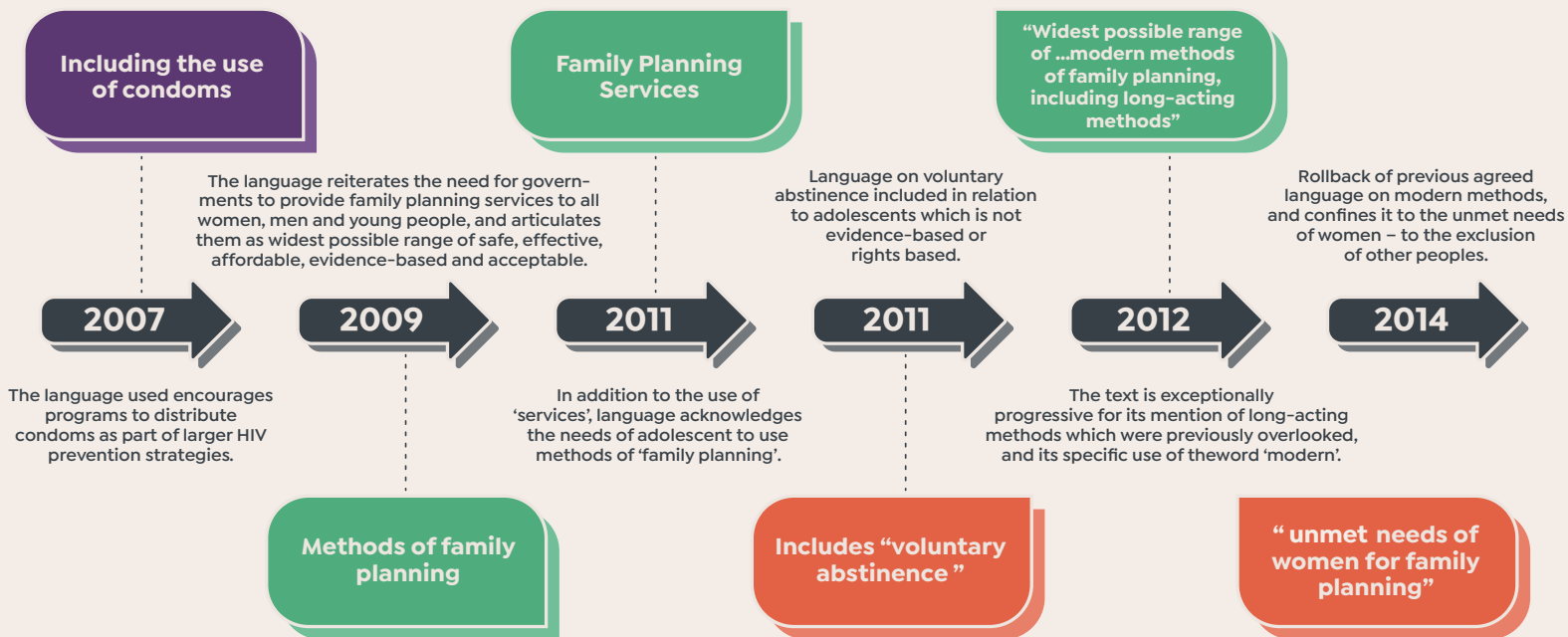


related programmes.” The PoA also includes within its definition of reproductive health the “right of men and women to be informed and have access to safe, effective, affordable, and acceptable family planning methods of their choice” (Paragraph 7.2). The PoA further recognizes the “right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so” (Paragraph 7.3), and governments are urged to “provide universal access to a full range of safe and reliable family planning methods” (Paragraph 7.16).

Despite these declarations, the CPD language has been critiqued for its emphasis on family planning rather than contraception. It centers on the needs of married couples and those in family formations rather than equitably addressing diverse demographics such as adolescents, LGBTQIA+ communities, people living with HIV, sex workers, and others, all of whom require access to modern methods of contraception.<sup>37</sup>

## CONTRACEPTION IN THE CPD

**PROGRESS:** Over the years, the mandate and the types of contraception to be provided have expanded.



**FIGURE 4:** Evolution of the language on Contraception in CPD Resolutions, 2004–2023

In the documents spanning the last two decades, the earliest mention of contraception in any form was in 2007; however, it was mentioned only in relation to HIV and not as a measure that must be more universally available to all individuals. The 2007 resolution encouraged “Governments to address the rising rates of HIV infection among young people to ensure HIV-free future generations through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms,...” (Operative paragraph 20, [E/CN.9/2007/8](#)). A similar language was used in 2008 as well. However, in 2009, the agreed language was expanded. The resolution reiterated,

*the need for Governments to ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable, evidence-based and acceptable methods of family planning, including barrier methods, and to the requisite supplies so that they are able to exercise free and informed reproductive choices (Operative paragraph 13, [E/CN.9/2009/10](#)).*

However, it did not reiterate the need for access for all people, remaining confined to a binary instead.

**STAGNANT:** In 2009 and 2011, the need for family planning for adolescents was explicitly recognized; however, in later years, this language was replaced with a vaguer term, “young people.”

The agreed language on contraception was made progressive in 2009 by recognizing explicitly for the first time the need for adolescents to have access to family planning and not just older women in their reproductive years:

*Recognizes that the largest generation of adolescents ever in history is now entering sexual and reproductive life and that their access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms (Operative paragraph 15, [E/CN.9/2009/10](#)).*

The same language was repeated in 2011. However, in subsequent years, while “women, men and young people” were referenced, any mention of “adolescents” remained conspicuously absent.

**STAGNANT:** Voluntary abstinence was introduced as a means of family planning, especially concerning access to contraception for adolescents.

In 2009 and 2011, the text had specific references to adolescents.

*Recognizes that the largest generation of adolescents ever in history is now entering sexual and reproductive life and that their access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms, as well as voluntary abstinence and fidelity are essential to achieving the goals set out in Cairo 15 years ago” (Operative paragraph 15, [E/CN.9/2009/10](#); Operative paragraph 20, [E/CN.9/2011/8](#)).*

The introduction of the phrase “voluntary abstinence” while suggesting a commitment to non-coercive approaches is problematic on two counts. First is the reference to the word “abstinence.” Evidence shows that abstinence-based messaging fails in the case of adolescents, and it is an inherently coercive approach that withholds critical information that enables individuals to make safe and informed choices.<sup>38,39</sup> Second is the reference to the word “voluntary” concerning the use of modern contraceptive methods, which ignores that

the choice of use or non-use is mired in power relations between individuals and functions within conditions of structural and social inequality. Additionally, such framing places the onus of accessing modern methods of contraception on the individual rather than focusing on availability, accessibility, and related conditions of (dis)empowerment.<sup>40</sup>

**ROLLBACK:** The language moves from modern contraception to family planning more broadly.

Between 2009 and 2014, the language on contraception or family planning included references to methods, the need for options, and the need for evidence-based interventions. For instance, the agreed language in the 2012 resolution stated:

*Ensure that all women and men have comprehensive information about and access to a choice of the widest possible range of safe, effective, affordable and acceptable modern methods of family planning, including long-acting methods and male and female condoms, so that they are able to exercise free and informed reproductive choices (Operative paragraph 28, E/CN.9/2012/8).*

This language is exceptionally progressive due to its mention of long-acting methods, which were previously overlooked, and its specific use of the word “modern” in relation to methods of contraception.

However, since then, this depth of language has not been seen in the agreed text. In 2014, the language was significantly watered down to simply state, “meet the unmet needs of women for family planning” (Operative paragraph 16, E/CN.9/2014/7). The same diluted language was repeated in 2021 and 2022. This is a disappointing rollback in the language, as this allows countries the space to accommodate natural methods of family planning and push for ‘abstinence-only’ messaging, which falls within the ambit of addressing unmet needs. Further, this language renders invisible the needs of a large number of demographics, such as unmarried adolescents, the LGBTQIA+ community, people living with HIV, sex workers, and others who have unmet needs for modern contraceptives but are not ‘planning a family.’

**CONCERN:** There is almost no mention of emergency contraception within the agreed language.

The 2013 resolution has the first and only mention of emergency contraception in the agreed language in the last 20 years, where it urges member states to provide migrants with access to sexual and reproductive health services, including the provision of “emergency contraception and safe abortion in circumstances where such services are permitted by national law” (Operative paragraph 31, E/CN.9/2013/7). Even this fleeting mention, however, is qualified by language that frames this as acceptable only in the context of addressing the consequences of sexual violence and “where such services are permitted by national law.”

Menstrual health and hygiene are not mentioned in the ICPD PoA in any format.

### MENSTRUAL HEALTH AND HYGIENE IN THE CPD

**SUCCESS:** The topic of menstrual health and hygiene finds brief mention in the agreed language.

Menstrual health and hygiene were mentioned for the first time in the agreed language in 2022. Although the issue is not directly mentioned in relation to sexual and reproductive health and rights, it is mentioned in the context of the provision of safe sanitation: “safe and affordable drinking water and adequate and equitable sanitation, including for menstrual health and hygiene management” (Preambular text, [E/CN.9/2022/L.6](#)). However, it is important to note that safe menstruation is not explicitly recognized as a right and is often overlooked in discussions on sexual and reproductive health and rights.

### IMPLICATIONS OF QUALIFYING LANGUAGE – NATIONAL SOVEREIGNTY AND FAMILY VALUES

The ICPD PoA contains several qualifying clauses that allow signatories to opt out of complying with commitments. Two significant framings enable this, with the first being national sovereignty and its primacy over global commitments:

*The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights (Preamble).*

In some cases, this language has been used to buttress claims of economic and legal sovereignty, with states arguing that they should have the power to determine which services should be legal within their borders and how they will be financed. The sovereignty argument has also been used to frame the second set of exit clauses, pertaining to national “values and cultures,” which are given primacy over women’s empowerment and rights.<sup>41</sup> In the CPD, such language is used to frame the overall document from 2011 onwards,

*the sovereign right of each country to implement recommendations of the Programme of Action or other proposals in the present resolution, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights (Operative paragraph 3, [E/CN.9/2011/8](#)).*

From 2011 onwards, we also see the backdoor of compliance with national law reiterated more specifically in relation to mentions of access to safe and legal abortion and access to emergency contraception, for instance “...and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning...” (Operative paragraph 12, [E/CN.9/2011/8](#)) or “...emergency contraception and safe abortion in circumstances where such services are permitted by national law” (Operative paragraph 31, [E/CN.9/2013/7](#)).

The second framing that has been used is the centrality of the family, and the importance of protecting the family as the primary social unit. According to the PoA, “The family is the basic unit of society and as such should be strengthened... Marriage must be entered into with free consent of the intending spouses, and husband and wife should be equal partners” (Principle 9). The implied focus is on cis-gendered, heterosexual, married family units. Even though Chapter V goes on to state the need to update the structure and function of the family unit (in light of single-parent families or women-led families) to better address gender inequalities, care burdens, and welfare needs, the PoA does not fully unpack the idea of a family unit by interrogating assumptions around gender, sexual orientation, cohabitation, and more. This framing is critical since it is the foundation of a number of opposition arguments on the scope and breadth of SRHR.

Parents and community are considered the protectors of this unit and are often included in the text where mentions of CSE are made. In other words, where the next generation can be ‘influenced’, parents function as the gatekeepers of information on planning and management of fertility and minimizing violence. See for instance,

*in a manner consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, in order to help women and girls, men and boys, to develop knowledge to enable them to make informed and responsible decisions to reduce early childbearing and maternal mortality, to promote access to prenatal and post-natal care and to combat sexual harassment and gender-based violence” (Preambular text, [E/CN.9/2011/8](#)).*

The 2015 report on the CPD shows that these tensions also spilled over into the CPD negotiations. According to the report, member states argued

*that they could not accept a resolution that ran counter to their national laws and reiterated the importance of including references to national sovereignty. They also stressed that sexuality education and related matters should be considered within the national context, including cultural values and religious beliefs. Issues relating to the concept of family and the role of families remained another area of disagreement.<sup>42</sup>*



YEAR	THEME	SRHR	ABORTION	GBV	CSE	CONTRA-CEPTION	MENST. HEALTH	NATIONAL LAW	C&R VALUES	R. FAMILY
2022	Population and sustainable development, in particular sustained and inclusive economic growth	●	●	●	●	●	●	●	●	●
2021	Population, food security, nutrition and sustainable development	●	●	●	●	●	●	●	●	●
2016	Strengthening the demographic evidence base for the 2030 Agenda for Sustainable Development	●	●	●	●	●	●	●	●	●
2014	ICPD@20: Assessment of the Status of Implementation of ICPD PoA	●	●	●	●	●	●	●	●	●
2013	New trends in migration: demographic aspects	●	●	●	●	●	●	●	●	●
2012	Adolescents and Youth	●	●	●	●	●	●	●	●	●
2011	Fertility, reproductive health and development	●	●	●	●	●	●	●	●	●
2010	Health, morbidity and development	●	●	●	●	●	●	●	●	●
2009	ICPD@15: The contribution of the ICPD PoA to the Millennium Development Goals	●	●	●	●	●	●	●	●	●
2008	Population distribution, urbanization, internal migration	●	●	●	●	●	●	●	●	●
2007	Changing age structures of populations	●	●	●	●	●	●	●	●	●
2006	International migration and development	●	●	●	●	●	●	●	●	●
2005	Population, development and HIV/AIDS	●	●	●	●	●	●	●	●	●
2004	ICPD@10: Follow-up to the Programme of Action	●	●	●	●	●	●	●	●	●

● Mentioned in preambular and operative text      ● Mentioned only in preambular text  
 ● Mentioned only in the operative text              ● Not mentioned at all

Figure 5: Mentions of Qualifying Languages in CPD Resolutions, 2004–2023

## | RECOMMENDATIONS

### MEMBER STATES

Collaborate closely with civil society actors to develop strategies on how to address opposition to agreed-upon language and ensure current and future agreed language matches the needs and lived realities of people across the Global South.

Develop a balance between promoting ‘inclusion at any cost’ within the agreed language and negotiating for progressive language that can substantively advance sexual and reproductive health, rights, and justice.

Elevate issues within the PoA that have been buried and invisibilized under extensive debates by partnering with other stakeholders to ensure continued commitment to action across all levels.

### UN AGENCIES

Foster greater synergy and planning between various UN agencies and multilaterals to present a standard technical minimum or expectation of commitment.

Encourage learning and sharing between various levels of political engagement –national, regional, and global.

Nurture collaborative spaces for member states and civil society to engage with each other and UN agencies to strategize and advocate in tandem with each other.

### CIVIL SOCIETY ADVOCATES

Commit to expanding and strengthening collaborative alliances and collective advocacy movements on issues related to the ICPD PoA.

Channel evidence from the national and subnational contexts to regional and international spaces to bolster progressive blocs and capacitate negotiations to be as effective as possible.

Facilitate a culture of accountability at the national level by holding governments accountable to previously agreed-upon commitments.

## CONCLUSION

There is a clear danger that newly adopted conservative, diluted language may become the norm, with qualifying language taking precedence over commitments in the PoA. The removal and replacement of previously agreed SRHR language with ‘family-based’ language is likely to create challenges to defending SRHR in international, regional, and national policymaking forums where women’s health, gender equality, and sexual and reproductive rights are discussed.

The analysis of the documents has identified key issues that require inclusion in the future: (a) continued universal access to modern methods of family planning, including the right to safe and legal abortions; (b) access to comprehensive sexuality education, not

guided by parents or the state; and (c) the recognition of sexual rights. It is evident that within the CPD, for the most part, the agreed language assumes that the individuals being advocated for are heterosexual, cis-gendered individuals of reproductive age. The agreed language is often conspicuously silent on key populations such as adolescents; older adults; persons with diverse sexual orientations, gender identities, and expressions; male survivors of sexual violence; sex workers, and people with disabilities. The provision of ‘universal access’ to care can only be truly achieved by acknowledging and embracing diversity at all levels. Failing to do so leaves interpretation to individual countries, exacerbating existing and potential disparities, marginalization, and inequalities.

## ANNEXURE: KEY ICPD RESOLUTIONS AND PRIMARY DOCUMENTS

YEAR	RESOLUTION
2022	Population and sustainable development, in particular sustained and inclusive economic growth <b>Resolution E/CN.9/2022/L.6</b> Country statements, Agenda, Report, and other documents
2021	Population, food security, nutrition and sustainable development <b>Resolution E/CN.9/2021/L.5</b> Country statements, Agenda, Report, and other documents
2016	Strengthening the demographic evidence base for the 2030 Agenda for Sustainable Development <b>Resolution E/CN.9/2016/9</b> Full Report of the 49th session
2014	Assessment of the Status of Implementation of the Programme of Action of the International Conference on Population and Development <b>Resolution E/CN.9/2014/7</b> Full Report of the 47th session
2013	New trends in migration: demographic aspects <b>Resolution E/CN.9/2013/7</b> Full Report of the 46th session

- 2012** Adolescents and Youth  
**Resolution E/CN.9/2012/8**  
[Full Report of the 45th session](#)
- 2011** Fertility, reproductive health and development  
**Resolution E/CN.9/2011/8**  
[Full Report of the 44th session](#)
- 2010** Health, morbidity, mortality and development  
**Resolution E/CN.9/2010/9**  
[Full Report of the 43rd session](#)
- 2009** The contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals  
**Resolution E/CN.9/2009/10**  
[Full Report of the 42nd session](#)
- 2008** Population distribution, urbanization, internal migration and development  
**Resolution E/CN.9/2008/8**  
[Full Report of the 41st session](#)
- 2007** Changing age structures of populations and their implications for development  
**Resolution E/CN.9/2007/8**  
[Full Report of the 40th session](#)
- 2006** International migration and development  
**Resolution E/CN.9/2006/9**  
[Full Report of the 39th session](#)
- 2005** Population, development and HIV/AIDS, with particular emphasis on poverty  
**Resolution E/CN.9/2005/10 (2005/1)**  
[Full Report of the 38th session](#)
- 2005** Contribution of the implementation of the Programme of Action of the International Conference on Population and Development, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration  
**Resolution E/CN.9/2005/10 (2005/2)**
- 2004** Follow-up to the Programme of Action of the International Conference on Population and Development  
**Resolution E/CN.9/2004/9**  
[Full Report of the 37th session](#)
- 2002** Reproductive rights and reproductive health, including human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)  
**Resolution E/CN.9/2002/6**  
[Full Report of the 35th session](#)
- 1994** Programme of Action adopted at the International Conference on Population and Development, Cairo, 5–13 September 1994  
[Programme of Action](#)

Source: *United Nations. Resolutions and Decisions of the Commission on Population and Development.*

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