Written Statement CPD47 2014

The Youth Coalition for Sexual and Reproductive Rights (YCSRR) and Association for Women’s Rights in Development (AWID) applaud the Commission’s focus on the assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development.

We ask the members of the CPD47 to build upon the principles agreed to during the affirmation of ICPD in 1994 along with its 5 and 10 years review the 1994 ICPD and develop a rights-based approach to youth and adolescent sexual rights within the post-2015 development agenda.

Historical Shifts: 20 years Post Cairo

We recognize that both Member States and Civil Society have been key actors in the ICPD review process. We appreciate that the early phases of the process have been open to Civil Society actors, including young people. However, in the later stages of the review process, the participation of Civil Society actors was very limited and did not reflect the collective spirit of such an important review. As we gather at the UN, we call for transparency and political will from all members state as well as willingness to meaningful engage with women’s rights and youth advocates to ensure that the outcome of this meeting truly reflects the principles of collective action and solidarity.

The 20-year review of the ICPD PoA has offered the space to highlight historical shifts in the context of Population and Development issues. The outcomes of the Regional Conferences in Latin America and Asia & the Pacific, as well as the outcome of the Global Youth Forum in Bali and the Human Rights experts meeting in Mexico City, are historical moments and the key recommendations contained in these outcomes documents must be taken into consideration as part of the review process. We would like to highlight three shifts that the members of the CPD47 must build upon during their negotiations:

1. The Recognition of Youth Sexual Rights

Recognizing sexual rights reaffirms and protects everyone’s right to fulfill and express their sexuality, sexual orientation and gender identity in a responsible and to have a responsible, pleasurable and healthy sex life. While sexual rights were not recognized at the ICPD, we strongly applaud both the Montevideo Consensus \(^1\) and Bali Declaration\(^2\) for recognizing youth sexual rights as human rights and including the right to health, the right to freedom of expression and the right to education.

2. The Elimination of Discrimination based on Sexual Orientation and Gender Identity

In 1994, the language in the ICPD was structured very much in a binary way: male \textit{versus} female and husband \textit{versus} wife. Labeling someone as male or female is a

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\(^1\) Montevideo Consensus (LC/L.3697 23 September 2013) page 15, 34
\(^2\) Bali Declaration (UNFPA/WP.GTM.1) page 10, 3.3
social decision through which rigid gender divisions are maintained. The outcomes of the regional Conferences in Latin America and Asia & Pacific, as well as the outcome of the Global Youth Forum are a key step towards the limitation of binary gender divisions and more recognition for the rights of those with non-heteronormative sexual orientations and gender identities.

Specifically, representatives of the countries participating in the first session of the Regional Conference on Population and Development in Latin America and the Caribbean stated in the Montevideo Consensus: “Design policies and programmes to eradicate discrimination based on sexual orientation and gender identity in the exercise of sexual rights and the manifestations thereof.”

3. The Right to Safe Abortion

In 1994, the ICPD was compromised in stating that measures in relation to access to safe abortion can only be determined according to national legislative processes. Such restriction is detrimental to the full exercise of reproductive rights and harmful to the health of woman and girls.

Roughly 25% of the world's population still live in countries with highly restrictive abortion laws – mostly in Africa, Asia and Latin America, the regions where the majority of deaths amongst women and girls of reproductive age occur due to unsafe abortion.

It is unacceptable that approximately 8.5 million women including adolescent girls experience complications from unsafe abortion annually; 3 million women do not receive necessary abortion care; and almost 50,000 women die due to unsafe abortion.

In the ICPD+20 review, the Regional Conferences in Latin America and Asia & Pacific, as well as the outcome of the Global Youth Forum have highlighted the importance of access to safe, affordable and quality abortion care for adolescent girls and youth. We must now work towards ensuring this becomes a reality for all women and girls.

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4 Montevideo Consensus (LC/L.3697 23 September 2013) page 15, 36
ICPD+20 and the Post-2015 Development Agenda

Moving beyond ICPD+20, we urge members of the Commission to deeply reflect on the integration of the three key shifts mentioned above and ensure that these important pieces of ICPD+20 review process are captured in the post-2015 development agenda.

The national legal and policy environments are key in fostering a space where young people’s sexual and reproductive rights are respected and guaranteed. Therefore, the new sustainable development framework must include explicit targets and indicators on national laws and policies related to its agenda. Moreover, the new development framework must call for the removal of laws that violate the human rights of young people, such as parental and spousal consent laws, the criminalization of same-sex sexual activity, the violation of rights of people living with HIV and AIDS and the criminalization of abortion, and promote the inclusion of legislation that protect young people's human rights, including sexual and reproductive rights.

When designing the Post-2015 Development Framework on national levels, policy makers should engage proactively and directly with young people, especially in the analysis of how youth are affected by poverty in their country and the creation of policies and programs that address poverty and its cause.

Specific qualitative and quantitative indicators related to young people, including young people who has traditionally been marginalized, should be included in the new framework for all relevant targets. For example, a health goal could include a target on youth-friendly health services that has explicit indicators related to the specific health needs of young people living with HIV and AIDS, young women and girls, young people with disabilities and young LGBTIQ people. Without explicit indicators, the unique health needs of these populations would be obscured and they would not benefit as fully as their peers.

Key Language for the Agreed Conclusions of the 47th Session of the CPD

We urge the members of the CPD47 to build on the momentum of the ICPD+20 review to take its key elements forward into the post-2015 development framework. The following recommendations have been agreed upon during the ICPD+20 review and should be the cornerstone of the Agreed Conclusions of the 47th Session of the CPD:

1. “Promote policies that enable persons to exercise their sexual rights, which embrace the right to a safe and full sex life, as well as the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence, and that guarantee the right to
information and the means necessary for their sexual health and reproductive health.”  

2. “Governments and UN agencies should support the sexual and reproductive rights of young people including ensuring access to legal and safe abortion that is affordable, accessible and free from coercion, discrimination and stigma, providing support and protection mechanisms that promote the right to choose.”  

3. “To provide non-discriminatory, non-judgmental, rights-based, age appropriate, gender-sensitive health education including youth-friendly, evidence based comprehensive sexuality education that is context specific.”  

4. “Prohibit practices that violate the reproductive health and rights of women and adolescent girls, such as spousal or parental consent requirements to receive health services, including: (i) sexual and reproductive health services; (ii) denial of access to sexual and reproductive health services; (iii) violence in health-care settings, including sexual harassment, humiliation and forced medical procedures or those conducted without informed consent, and which may be irreversible, such as forced hysterectomy, forced Caesarean section, forced sterilization and forced abortion and forced use of contraceptives, mandatory HIV testing; (iv) early and forced marriage; (v) female genital mutilation other harmful traditional practices; or (vi) discrimination in education and employment due to pregnancy and motherhood.”  

To conclude, we’d like to reiterate that adolescent and youth’s meaningful involvement in the planning, creation, implementation, monitoring of policy and programme is a key element to achieving the envision of ICPD PoA and beyond. Utmost, we don’t have any option aside from moving forward with the agreed ICPD PoA including by protect and promote our SRR!  

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7 Montevideo Consensus (LC/L.3697 23 September 2013) page 15, 34
8 Bali Declaration (UNFPA/WP.GTM.1) page 5, 1.13
9 Bali Declaration (UNFPA/WP.GTM.1) page 4, 1.8
10 6th APPC outcome document (E/ESCAP/APPC(6)/WP.1/Rev.3 18 September 2013) page 14, d