



Main Report

ICPD+25 NAIROBI SUMMIT

Commitments analysis

A roadmap for fulfilling the promise



WHO WE ARE

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals. IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unintended pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

As a leading advocate IPPF is part of a powerful wave of change. We contribute to reshaping sub-national and national political contexts, influencing nationally, regionally and internationally to ensure that everyone's human rights are fulfilled, protected and respected.

The International Conference on Population and Development (ICPD) Programme of Action (PoA) continues to guide the work of IPPF Member Associations around the world to serve every woman, girl or young person and support their sexual and reproductive freedom.

We would like to thank Eimear Sparks who wrote this report. We also thank the contributions of the IPPF Advocacy Advisory Group, particularly Ricardo Baruch, Eef Wuyts, Marie Tempesta, Sam Ntelamo, Mustapha Kemayel, Neha Chauhan, Natassha Kaur, Yara Youssef, Estelle Wagner and Catarina Carvalho.

This report was supervised by Ana Maria Bejar, IPPF Director of Advocacy.

Editor: Tia Jeewa
Copy Editor: Isabella Lewis
Design: Mathew Birch



CONTENTS

1	EXECUTIVE SUMMARY	2
2	HISTORICAL CONTEXT: ICPD 1994-2019	4
3	CURRENT CONTEXT	5
4	IPPF ADVOCACY COMMON AGENDA	6
5	GLOBAL TRENDS	8
6	REGIONAL ANALYSIS	
	AFRICA	14
	THE AMERICAS	18
	ARAB WORLD REGION	22
	ASIA AND THE PACIFIC	26
	EUROPE AND CENTRAL ASIA	32
7	CONCLUSIONS	36
8	RECOMMENDATIONS	37
9	APPENDIX 1 – METHODOLOGY & DATABASE	38
10	REFERENCES	41
11	ABBREVIATIONS	42

1 EXECUTIVE SUMMARY

The International Planned Parenthood Federation (IPPF) is at the forefront of making sexual and reproductive health and rights (SRHR) a reality for all. As a global provider of quality sexual and reproductive health (SRH) services and a leading advocate, IPPF is committed to gender equality and to ensuring that women, girls and young people realize their rights and have control over their own bodies, their lives and their futures.

Governments from around the world adopted a landmark programme of action for the advancement of sexual and reproductive health and rights (SRHR). [The International Conference on Population and Development \(ICPD\) Programme of Action \(PoA\)](#) set forth a vision to achieve gender equality, promote, respect and fulfil human rights and reproductive freedom for all.

Since the ICPD Programme of Action was adopted, progress has been made but much remains to be accomplished.

Still, 190 million women want to avoid pregnancy and do not use any contraceptive method¹; each year 25 million women have an unsafe abortion; and one in three women experiences intimate partner violence or non-partner sexual violence at some point in their lives.ⁱ Ultimately, almost all 4.3 billion people of reproductive age worldwide will have their right to health unrealized due to inadequate sexual and reproductive health care over the course of their lives.ⁱⁱ

The [ICPD+25 Nairobi Summit Accelerating the Promise](#) took place in Nairobi, Kenya from 12-14 November 2019, marking the 25th anniversary of the International Conference on Population and Development (ICPD+25). The summit brought together governments, civil society, academia, the private sector, faith-based organizations, international financial institutions, grass roots organizations and other partners, interested

in the pursuit of sexual and reproductive health and rights and making voluntary commitments. These commitments are part of an international effort, to ensure that the promise of the ICPD Programme of Action and 2030 Agenda are achieved, and women have autonomy over their bodies and their lives.

The International Planned Parenthood Federation is committed to make this unfinished agenda a reality. Through its ambitious Advocacy strategy – the [Advocacy Common Agenda](#), IPPF focuses on achieving national political change and accountability on Universal Access to Sexual and Reproductive Health and Rights, Safe Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and ensuring that SRHR and Gender Equality are in the Political Architecture.

IPPF is committed to gender equality and to ensuring that women, girls and young people realize their rights and have control over their own bodies, their lives and their futures.

This **ICPD+25 Nairobi Summit – A roadmap for fulfilling the promise** report analyses the commitments made by governments of 137 countries who participated at the Summit and identifies thematic patterns, gaps and regional and global trends.

The analysis and [commitments database](#)² identify many opportunities for IPPF Member Associations, civil society and governments,

¹ United Nations, Department of Economic and Social Affairs, Population Division (2019). Contraceptive Use by Method 2019: Data Booklet (ST/ESA/SER.A/435)

² The IPPF Nairobi Summit database comprises commitments made by national Governments only (excludes NGOs and Private Sector)

to galvanise the political energy of the Nairobi Summit and to ensure that the promises of the ICPD Programme of Action and 2030 Agenda are achieved to leave no one behind.

Monitoring government implementation of life-saving sexual and reproductive health and gender-responsive services, is crucial to ensuring that every woman and girl can act on her human right to make decisions about their own bodies and lives.

This report examines regions individually, collating relevant commitments and mapping them against the key priority themes of the IPPF Advocacy Common Agenda and their alignment to the ICPD. The commitments show governments' support to the ICPD PoA agenda and offer opportunities for further advocacy to accelerate implementation of the PoA.

Investing in young people's sexual and reproductive health is a key trend across the board. Commitments to improve data collection, including for gender-based violence were made in every region. Addressing gender-based violence was considered fundamental for the realization of the ICPD PoA, with 143 commitments made. The integration of gender equality and sexual and reproductive health and rights (SRHR) into the political architecture is a significant theme with 130 commitments. Universal health coverage (UHC) and comprehensive sexuality education (CSE) presented a medium level of commitment with 92 and 61 commitments respectively and significant disparities between regions. Forty-four of the 69 Family Planning 2020 ([FP2020](#)) countries made contraception commitments.

The report also found that abortion and CSE remain ideological touchstones with clearly demarcated geographical gaps. There is less emphasis on reaching under-served populations compared to regional inter-governmental ICPD agreements.

However, some countries have gone significantly beyond what they had previously agreed at the regional level, responding with measured and well-thought-out policies on the provision of sexual and reproductive health (SRH) services, including in humanitarian settings, as well as the fulfilment of reproductive rights.

The Nairobi Summit and its commitments represent a landmark moment in the history of the ICPD Programme of Action. The commitments should be used to advocate for changes at the country level on the specific themes that governments committed to at the Summit connecting with regional and international advocacy to support national change.

We hope that civil society uses this report to define advocacy strategies at the country level to advance the ICPD Agenda, liaising efforts to achieve the Beijing Platform for Action and the Agenda 2030, developing strategic partnerships and convening in coalitions.

Monitoring government implementation of life-saving sexual and reproductive health and gender responsive services is crucial.

2 HISTORICAL CONTEXT: ICPD 1994-2019

In 1994, 179 governments came together and adopted a revolutionary [Programme of Action](#) at the International Conference on Population and Development in Cairo, Egypt. Member States agreed that sexual and reproductive health and rights were human rights that should be at the center of the world's development agenda.

The ICPD Programme of Action delineates how education, health, agency, development, human rights and empowerment were intertwined and collective action was needed to bring the necessary changes to improve the lives of millions of people, women and girls.

Following ICPD, the Fourth World Conference on Women (Beijing, 1995) confirmed the ICPD agreement and defined the rights of women and girls including the right to control over and decide freely on matters related to sexuality.

Together, the ICPD PoA and the [Beijing Platform for Action](#) set the international agenda on women's rights. However, the vision of empowerment and equality laid out in these agreements has not yet been realized, with many of the actions and commitments made in Cairo and Beijing yet to be fulfilled.

Periodic review conferences³ have followed the ICPD in 1994 to strengthen sexual and reproductive health and rights. Across regions and countries there has been incremental progress on protecting the human rights of women and girls at regional and national levels, often through advocacy towards governments by civil society, UN agencies (including UNFPA) and other stakeholders.

In 2018, ahead of the landmark 25th anniversary of the ICPD PoA, five regional in-depth reviews⁴ took place. They reaffirmed the political importance of the regional level architecture for ICPD implementation, follow-up and evaluation. The reviews emphasized the need to invest in the acceleration of the ICPD PoA as well as to monitor progress and address gaps to ensure no one is left behind.

The ICPD Programme of Action delineates how education, health, agency, development, human rights and empowerment were intertwined and collective action was needed.

³ ICPD beyond 2014 reviews:

Africa: https://www.unfpa.org/sites/default/files/resource-pdf/addis_declaration_english_final_e1351225_1.pdf & https://au.int/sites/default/files/documents/24099-poa_5-revised_clean.pdf

Asia-Pacific: https://www.un.org/en/development/desa/population/publications/pdf/policy/Compendium/Volume%20II/i_Chapter%204.pdf

Europe: https://www.unece.org/fileadmin/DAM/pau/icpd/Conference/Other_documents/Chair-s-Summary.pdf

LAC: <https://www.unfpa.org/sites/default/files/resource-pdf/Montevidео%20Consensus-15Aug2013.pdf>

Arab World: https://www.unfpa.org/sites/default/files/event-pdf/Cairo_Declaration_English.pdf

⁴ ICPD+25 regional review reports 2018 https://www.un.org/en/development/desa/population/commission/sessions/2019/regional_conferences.asp

3 CURRENT CONTEXT

The 2030 Agenda, with its [17 Sustainable Development Goals](#) (SDGs) is an ambitious global framework with the potential to change lives by integrating the economic, social and environmental dimensions of sustainable development. As a framework it provides renewed impetus for the implementation of the ICPD vision by governments to achieve sexual and reproductive health goals, and for advocates to make them accountable.

Despite some progress in recent decades, a multitude of barriers persists and millions of people across the world still do not realize their sexual and reproductive rights. 190 million women want to avoid pregnancy and do not use any contraceptive⁵ method; 25 million women have an unsafe abortion every year; and one in three women experiences intimate partner violence or non-partner sexual violence at some point in their lives.ⁱⁱⁱ Ultimately, almost all 4.3 billion people of reproductive age worldwide will have their right to health unrealized due to inadequate sexual and reproductive health care over the course of their lives.

The various international and regional human rights political commitments clearly define what needs to be done. They state that everyone – including those made vulnerable through conflict, disaster or crisis – must have access to life-saving sexual and reproductive health care. However, these progressive aspirations are not translating into action at the country level and are still not making enough of a difference to women's lives.

Across the globe, conservative and more organized opposition, backed up by populist political leaders and regressive policies, increasingly undermine progress to gender equality and sexual and reproductive health and rights. However, even in the face of geo-political turmoil and repression, social movements are springing up around the world. Where governments have failed their citizens and care has been denied, grass roots organizations of women, young people and others are stepping in. From feminist mobilization on safe abortion^{iv} to the

decriminalization of same sex relationships, the fight for the right to be free from reproductive coercion is changing our world, despite ongoing challenges.

The global community must ensure that the aspirational international commitments made at the Nairobi Summit become a reality for every woman, girl and young person.

The Nairobi Summit on ICPD+25 Accelerating the promise took place in Nairobi, Kenya from 12-14 November 2019, marking the 25th anniversary of the International Conference on Population and Development held in Cairo. The summit brought together governments, civil society academia, the private sector, faith-based organizations, international financial institutions, grass roots organizations and other partners, interested in the pursuit of sexual and reproductive health and rights and making related voluntary commitments. These commitments are part of an international effort to ensure that the promise of the ICPD Programme of Action and 2030 Agenda are achieved, and women have autonomy over their bodies and their lives. The five themes of the Summit were Universal Access to Sexual and Reproductive Health and Rights, Financing to complete the ICPD Programme of Action, Demographic Diversity to drive economic growth and achieve sustainable development, Ending Gender-Based Violence and harmful practices and the Right to Sexual and Reproductive Health Care in humanitarian and fragile contexts.

As the Summit was not formally mandated by the UN General Assembly and did not produce an intergovernmental agreed outcome, space was created for stakeholders to come together and restate their determination to achieve the goals agreed in Cairo by presenting their commitments to accelerate the implementation of the ICPD Programme of Action.

⁵ United Nations, Department of Economic and Social Affairs, Population Division (2019). Contraceptive Use by Method 2019: Data Booklet (ST/ESA/SER.A/435)

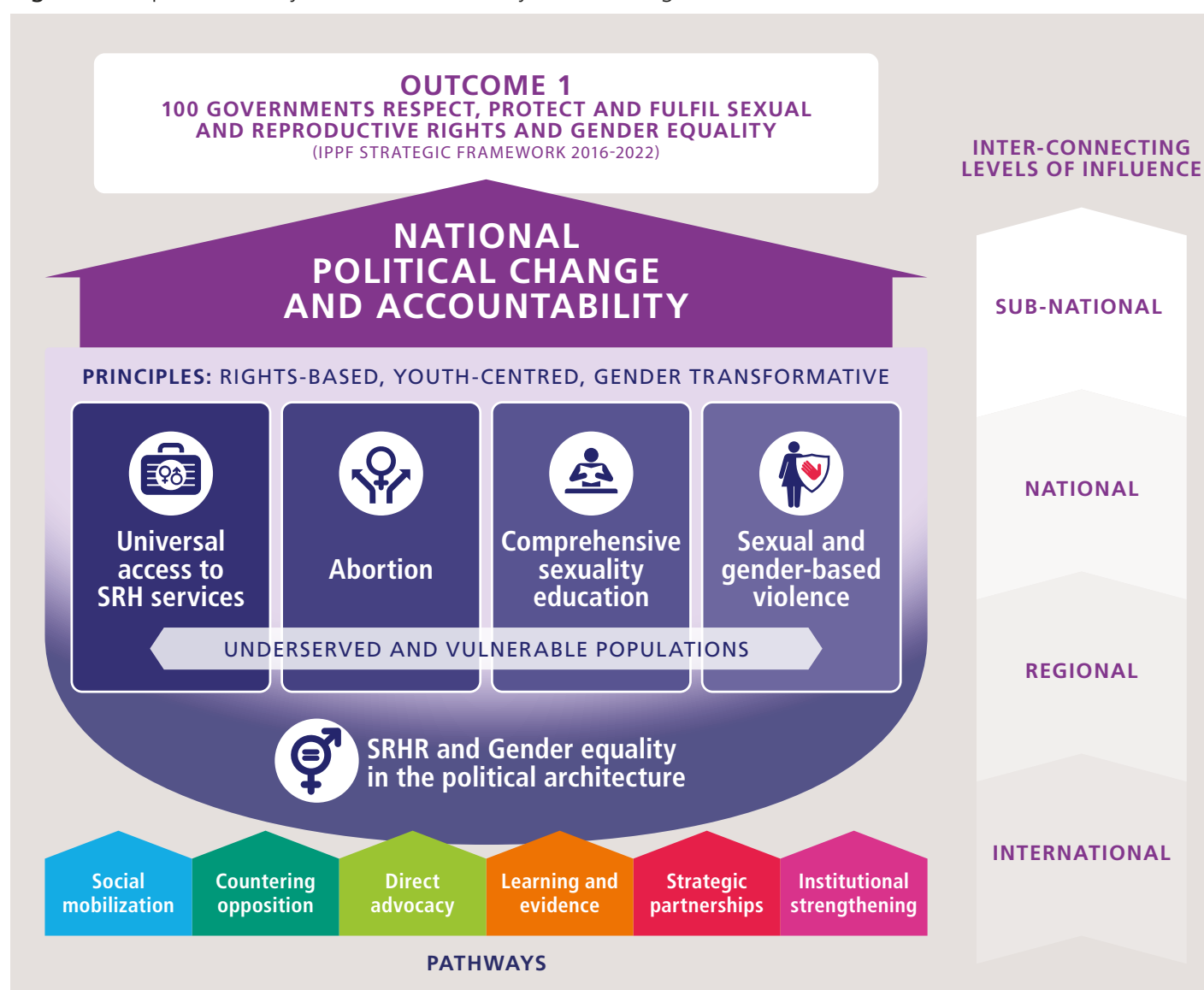
4 IPPF ADVOCACY COMMON AGENDA

Through its advocacy strategy – the [Advocacy Common Agenda](#) – IPPF is part of a powerful wave of change to ensure that governments respect, protect and fulfil sexual and reproductive rights and gender equality. In doing so, IPPF advocates for national political change and accountability on Universal Access to Sexual and Reproductive Health and Rights, Safe Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and to ensure that SRHR and Gender Equality are in the Political Architecture. By reshaping sub-national and national political contexts, influencing nationally,

regionally and internationally, IPPF contributes to achieving the implementation of the International Conference on Population and Development Programme of Action, the Beijing Platform for Action and the Sustainable Development Goals.

The **ICPD+25 Nairobi Summit commitments analysis** – A roadmap for fulfilling the promise report aims to provide evidence to civil society to develop national accountability actions and advocacy strategies based on the governmental commitments announced by national governments at the Summit.

Figure 1 Graphic summary of the IPPF Advocacy Common Agenda



This report presents the analysis of the commitments made by governments of 137 countries who participated at the ICPD+25 Nairobi Summit, identifying thematic patterns, gaps and regional and global trends to foster accountability action at the national level and to ensure that they are fulfilled. The report identifies many opportunities for IPPF members, civil society and governments to galvanise the political energy of the Nairobi Summit. This report includes a [database](#) of national government's commitments organized by country, themes and region.

Now is the time to increase our efforts, to hold governments to account and to ensure that these political commitments become a reality for all women, girls and young people.



5 GLOBAL TRENDS

The priority themes analysed by this report – Universal Access to Sexual and Reproductive Health and Rights, Safe Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture – are represented well across all regions.

Of the 137 countries who participated in Nairobi, 111 countries made a total of 775 commitments which were analysed, 56 per cent of which (439) fell into priority areas. More specific detailed trends have emerged demonstrating strong areas for targeted advocacy efforts for global and national levels.

Figure 2: A-F Commitments per region by priority theme

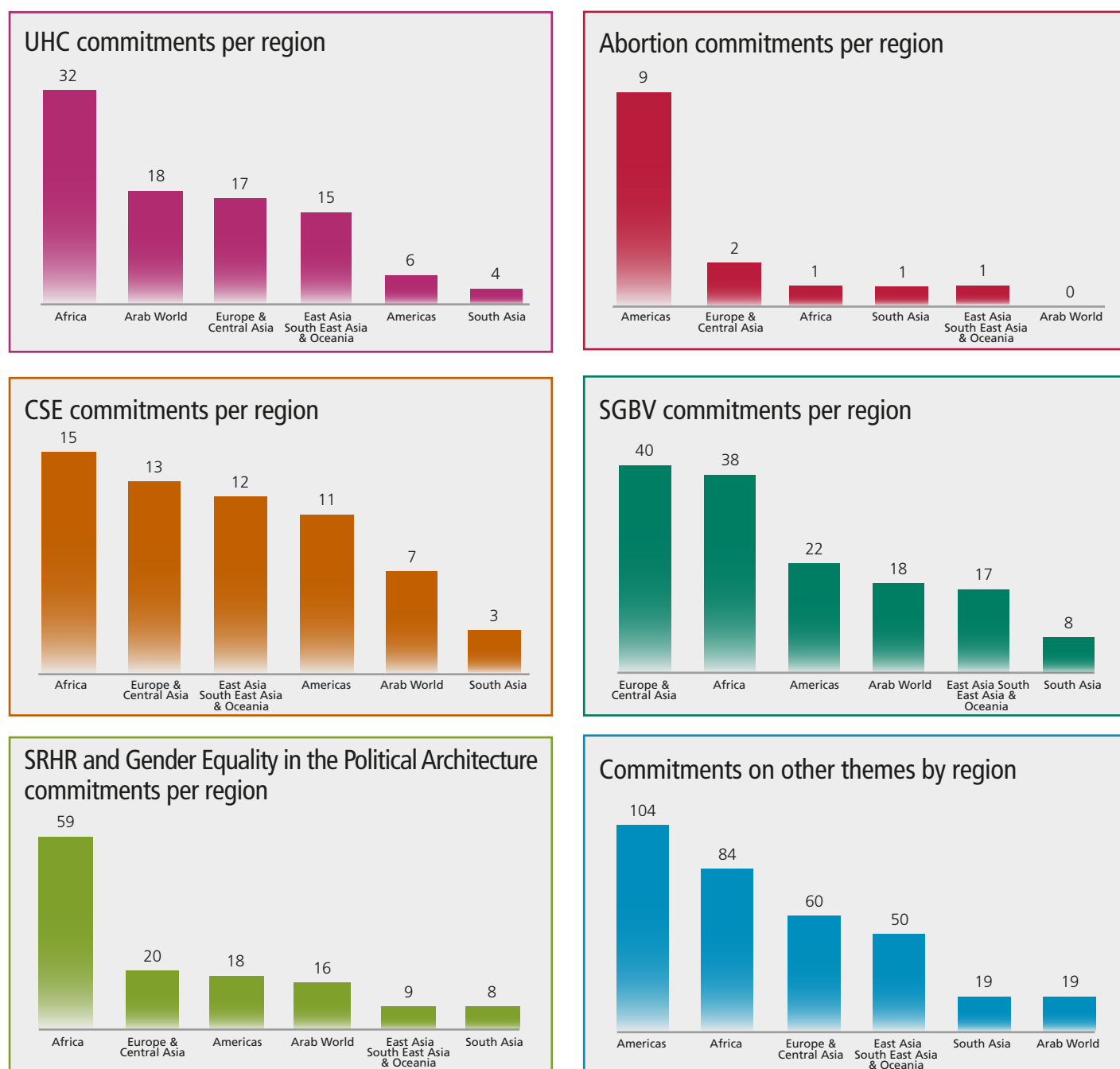


Table 1 Commitments alignment against priority themes

Themes	Commitments	Trends
Universal Access to Sexual and Reproductive Health and Rights	92	<ul style="list-style-type: none"> Contraception commitments varied in focus and included increasing availability of method mix, eliminating unmet need, strengthening distribution systems, increasing budget allocation for procurement and availability as well as training and affordability for youth. 72 countries made contraception commitments. Africa leads for UHC leads with 32 commitments.
Comprehensive Sexuality Education	61	<ul style="list-style-type: none"> Africa and Europe and Central Asia lead on CSE commitments with 15 and 13 commitments respectively. Lowest number from South Asia countries with three commitments. Across the globe still challenges for support of comprehensive sexuality education. In the Americas CSE commitments fared poorly on the SMART criteria.
Sexual and Gender-Based Violence (SGBV)	143	<ul style="list-style-type: none"> Countries made several commitments on the theme representing a multi-layered, multi-sectoral approach. Commitments moderately include both legislative and financial considerations. Europe and Central Asia (40) and Africa (38) regions lead with the highest number of commitments. Sexual and gender-based violence commitments score high on the SMART criteria.
Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture	130	<ul style="list-style-type: none"> Across regions, approach is broad and includes financial empowerment, combating discrimination, and several programs and policies that are inclusive, some with men and boys. Africa (59), Europe and Central Asia (20) lead followed by the Americas and Arab World with 18 and 16 commitments respectively. Many countries' commitments also include the implementation, operationalization or strengthening of existing programs, policies or special government-led initiatives.

Africa has the highest number of commitments which align with the priority themes (145), with the highest number focusing on gender equality (59) and sexual and gender-based violence (38).

Europe and Central Asia follows, with 92 commitments aligned with the priority themes, where sexual and gender-based violence leads with 40 commitments. The Americas have 66 commitments aligned with the priority areas, with the largest focus on SGBV (22 commitments). The Arab World Region has 59 commitments aligned with the priority themes (18 on each SGBV and UHC), and East Asia, South East Asia and Oceania is next with 53 commitments aligned, where commitments on SGBV (17) and UHC (15) lead. South Asia countries made 24 commitments that align with the priorities, with equal numbers focusing on gender equality and sexual and gender-based violence (8 commitments each).

ABORTION

Worryingly, abortion is the theme with least number of commitments. The highest regional level of commitments is in the Americas with nine, Europe and Central Asia follows with two. Africa, South Asia and East Asia, South East Asia and Oceania each have one commitment, while the Arab World Region has zero.

GENDER

The integration of gender equality and SRHR into political architecture is a significant theme with 130 commitments. Across the regions, the approach is broad and includes financial empowerment, combating discrimination, and several programs and policies that are inclusive, some with men and boys. Many countries' commitments also include the implementation, operationalization or strengthening of existing programs, policies or special government-led initiatives.

SEXUAL AND GENDER-BASED VIOLENCE

Sexual and gender-based violence represents the theme with the most commitments globally, totalling 143 commitments. Broad support for SGBV is seen across all regions. Commitments score high on the SMART criteria. Africa and Europe and Central Asia, lead with the highest number of SGBV commitments.

YOUTH

A large amount of commitments were made across the globe that focus on youth as an accelerating theme of the Summit. Governments across all regions have shown an overwhelming support to the empowerment of youth and to the importance of giving them the tools and creating the enabling environment necessary for their success and to the harnessing of the demographic dividend.

Youth commitments in addition to CSE, focused on HIV and pregnancy prevention programs; gender-based violence prevention and programs; policies related to access to youth friendly sexual and reproductive health services; increasing access to decision making processes and spaces, access to quality education and quality employment; gender equality and contraception.

Governments' willingness to invest in youth is of vital importance and represents a very positive global trend. In addition to advocating for their specific implementation, these commitments can be leveraged for support for access to SRHR, in particular more access to youth-friendly SRH services, and CSE programs for in and out of school youth.

DATA

Across all regions a broad range of data commitments were made. They varied in scope and focus generally including the implementation of country wide censuses, the need for data

disaggregation and inclusion of vulnerable groups, the use of quality data to inform program design and implementation. Some relate to the generation of reports of the implementation of the ICPD PoA, with focus on sexual and gender-based violence and gender equality. Most of them relate to address the need of data collection analysis to inform programming. Strengthening national statistical systems, and prevalence surveys on HIV also featured among data commitments.

MARGINALIZED AND VULNERABLE POPULATIONS

Marginalized and vulnerable populations also received attention at the Nairobi Summit, although it varies in numbers and diversity across regions. Groups that appear more consistently included people with disabilities, refugees, migrants, particularly migrant women and older persons. Indigenous people and people of African Descent and other ethnic minority groups, while having some commitments did not receive considerable attention, even in the Americas region, that has a large population of both ethnic groups. With the exception of Europe and Central Asia and to a certain extent the Americas, lesbian, gay, bisexual, transgender, queer, intersex (LGBTQI+) persons did not feature prominently in the Nairobi Summit commitments either, although it is important to note that they had received one commitment made by Lebanon in the Arab World Region.

ALIGNMENT WITH FP2020

Family Planning 2020 ([FP2020](https://www.familyplanning2020.org/)) is a global partnership that encourages country-level progress on family planning goals. FP2020 has prioritized [69 focus countries](https://www.familyplanning2020.org/countries) to accelerate progress to expand access to contraceptive commodities and services.

- 44 FP2020 countries⁶ made contraception-related commitments
- 28 non-FP2020 countries made contraception-related commitments.

DOMESTIC FUNDING

Ensuring funding for sexual and reproductive health and rights is critical to achieving universal access to SRHR and gender equality. Financial commitments are distributed between domestic funding commitments and Official Development Assistance (ODA) commitments.

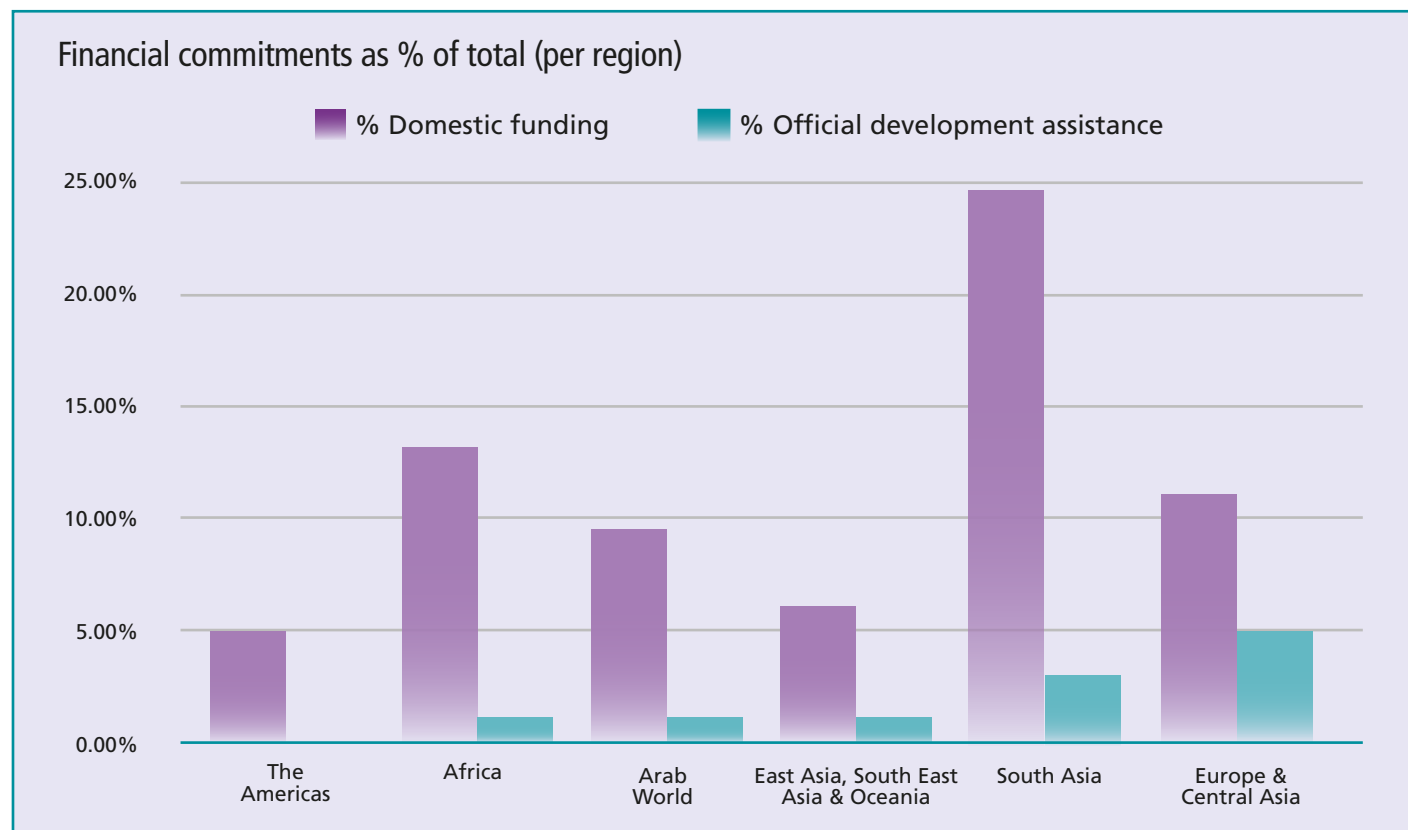
Domestic funding commitments were made to cost specific thematic issues or the implementation of the ICPD PoA. The South Asia sub-region leads with around 25 per cent of their commitments dedicated to domestic funding, followed by Africa with 13 per cent. A high number of domestic funding commitments were focused on sexual and gender-based violence and gender equality. Concerning Official Development Assistance commitments, Europe and Central Asia lead with about five per cent of commitments dedicated to this area.

It is not yet clear how much of the funding pledged at the Nairobi Summit is new and how much is repackaged. This analysis does not take into consideration the commitments made by non-state parties.

A high number of domestic funding commitments were focused on sexual and gender-based violence and gender equality.

⁶ Of a total of 69 FP2020 countries www.familyplanning2020.org/countries

Figure 3 Financial percentage total of commitments by region





6 REGIONAL ANALYSIS

AFRICA

For the Africa region⁷, 217 commitments made by 37 governments were analysed on sexual and reproductive health and rights and gender equality.

In relation to priority theme areas, 145 of those commitments directly linked to – Universal Access to Sexual and Reproductive Health and Rights, Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture.

Comprehensive sexuality education received 15 commitments, but in total, 50 commitments⁸ were made by this region relating to youth, including access to decision making spaces and processes, economic empowerment, access to quality employment and education, and the development of anti-gender-based violence policies and programs with specific focus on youth. This demonstrates a willingness of governments to invest in their youth. Some of these policies and programs can provide entry points for advocacy for the expanding and implementation of CSE programmes or may well include elements relevant to CSE in their design.

The data showed 32 universal health coverage commitments. Sexual and reproductive health and rights in humanitarian situations only appears 13 times across the continent which can undermine much needed policies and programmes in this area.

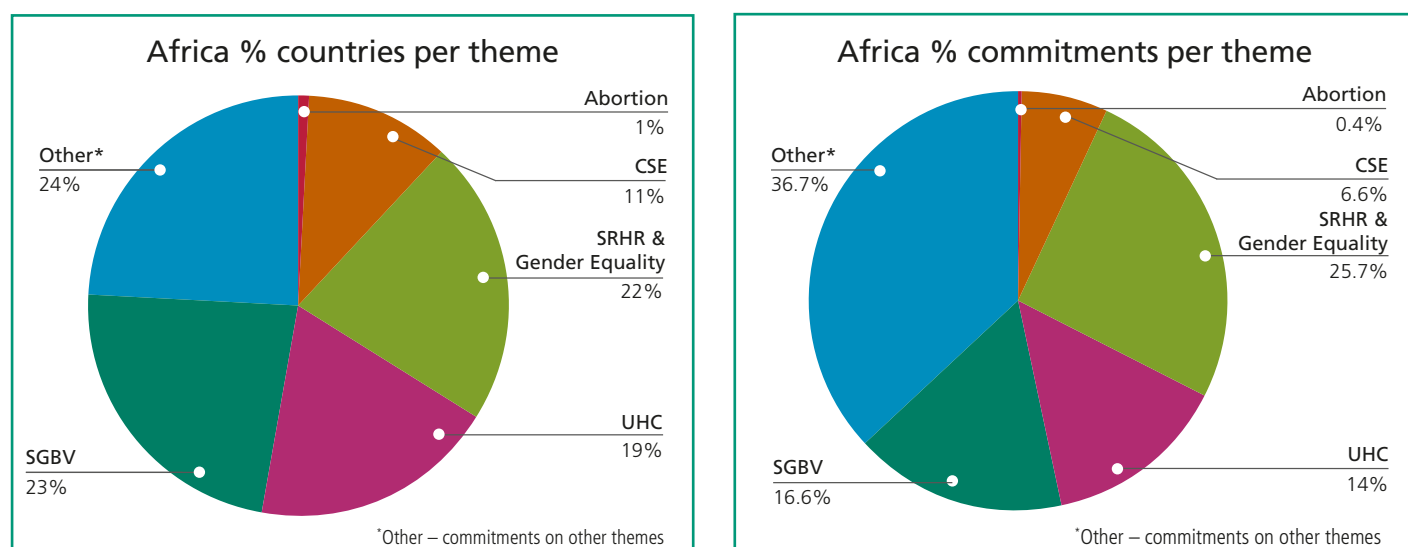
Domestic funding made up only 13 per cent of financial commitments from countries in Africa – from a total of 21 countries, with the majority of them focused on youth.

Overall, commitments focused largely on gender equality and sexual and gender-based violence, while other priority areas, especially abortion, received fewer commitments. It is important to note the positive trend that several commitments – for example, Eritrea and Madagascar – link comprehensive sexuality education to progress in other areas, including youth development and SGBV prevention.

The Africa region featured 13 commitments related to availability of quality, disaggregated data, an important area to shed light into inequalities and exclusion. Analysis of the commitments from this region showed variation in scope and focus, including the implementation of country wide censuses, data disaggregation, inclusion of vulnerable groups and the use of quality data to inform program design and implementation.

Finally, about 10 commitments specifically mention vulnerable groups, though the composition of these groups varies between countries. They include two references to the needs of refugees, migrants, rural populations and displaced groups, while orphans and the elderly are mentioned once.

Figure 4 A and B Percentage of Africa commitments aligned with the thematic priorities



⁷ Angola, Benin, Botswana, Burkina Faso, Burundi, Chad, Comoros, Congo, Cote d'Ivoire, DRC, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Madagascar, Malawi, Mali, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Seychelles, South Africa, Tanzania, Togo, Uganda, Zambia, Zimbabwe

⁸ Angola, Benin, Burundi, Comoros, Eritrea, Gabon, Gambia, Ghana, Madagascar, Malawi, Namibia, Rwanda, Sao Tome and Principe, Uganda

QUALITY OF COMMITMENTS

The commitments relevant to gender revealed that 39 per cent met the SMART criteria.

Table 2 African countries with strong and SMART commitments based on priority themes

Themes	SMART and strong commitments
Universal Access to Sexual and Reproductive Health and Rights	<p>Burkina Faso – Detailed programmatic and policy steps and budgetary requirements specified.</p> <p>Malawi – Committed to establishing a comprehensive SRHR framework and universal health insurance, with specific budget allocations.</p> <p>Mali – Specific with youth access focus, including general financial considerations for ICPD PoA implementation.</p> <p>Congo – Specific programmatic steps and time-bound targets, with budgetary considerations.</p> <p>Nigeria – Detailed programmatic steps with budgetary implications identified.</p> <p>Mozambique – Mostly related to sexual and reproductive health access for youth with programmatic steps (no budgetary considerations).</p>
Abortion	<p>Eritrea – Committed to include access to safe abortion, to the full extent of the law, and measures for preventing and avoiding unsafe abortion care into the national UHC policy.</p>
Comprehensive Sexuality Education	<p>Ghana – Well-framed SMART commitment.</p> <p>Gabon – Specific programme and policy steps.</p> <p>Sao Tome and Principe – Specific programmatic considerations, including youth friendly sexual and reproductive health services, general financial considerations for ICPD PoA and SDGs included.</p>
Sexual and Gender-Based Violence	<p>Eswatini – Specific multi-stakeholder programmatic steps including legislation.</p> <p>The Gambia – Specific programmatic steps committed, general financial considerations for ICPD PoA identified.</p> <p>Guinea Bissau – Clear multi-sectoral programmatic steps identified, including legislation, though no consideration to financial implications.</p>
Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture	<p>Rwanda – Commitments relate to Gender Equality & Sexual and Reproductive with specific budgetary considerations. Commitments show holistic approach to deliver synergies.</p> <p>South Africa – Commitments mainly focus on women's economic empowerment, others made to gender-based violence and Universal Health Coverage should complement empowerment policies more broadly.</p>

Analysis of the commitments made from countries in the region showed that 41 per cent of the commitments are linked to the UNFPA Three Zeros themes⁹ family planning, maternal mortality and gender-based violence.

Overall, almost half (49 per cent) of the Africa regional commitments are also linked to the five themes of the commitments of the Nairobi summit, Demographic Diversity, Financing ICPD, Gender-Based Violence, Sexual and Reproductive healthcare in humanitarian and fragile contexts, and Universal Health Coverage with a heavy focus, 120 commitments, on Demographic Diversity, Financing and Gender-Based Violence.

NAIROBI COMMITMENTS AND REGIONAL AGREEMENTS

[The Maputo Plan of Action](#) (MPoA) for the operationalization of sexual and reproductive health and rights 2016-2030, agreed by Ministers of Health, looks to ensure universal access to SRHR across the African continent. In broad terms it consists of ten strategic interventions of the Continental Policy Framework on Sexual and Reproductive Health and Rights:

- Increasing resources to SRHR programmes
- Translating the International Conference on Population and Development (ICPD) and Beijing plus 20 commitments into national legislation, and SRHR policies
- Continuing to reduce maternal mortality and morbidity, infant and child mortality by ending all preventable deaths of mothers, newborns and children
- Combating HIV/AIDS
- Expanding contraceptive use
- Reducing levels of unsafe abortion
- Ending early and forced child marriage
- Eradicating female genital mutilation
- Preventing gender-based violence
- Ensuring access of adolescents and youth to SRH

The plan calls for Member States to focus on specific areas:

- Ensure accountability and the strengthening of monitoring and evaluation
- Investing in the SRHR needs of adolescents, youth and other vulnerable and marginalized populations
- Age-appropriate and culturally sensitive comprehensive education on sexual and reproductive health that involves parents and communities
- Ensuring gender equality, women and girls' empowerment and respect of human rights; Reducing the instances of unsafe abortions and providing safe abortion care,
- Increasing health financing and investments for SRHR

There is alignment between the Nairobi Summit commitments from African government commitments and the strategic interventions as set in the MPoA. The commitments represent strong political buy-in for ending sexual and gender-based violence, sexually transmitted infections including HIV, ensuring access to contraception, preventing maternal and child mortality, ending child, early and forced marriage and female genital mutilation. In addition, there is significant commitment to providing youth-friendly programs including access to SRH.

Not all priority themes are reflected in the Nairobi Summit commitments. Of the Africa region commitments only 13.2 per cent are related to financing sexual and reproductive health and rights efforts or the ICPD agenda. Eritrea is the only Africa country that made a commitment for access to safe abortion care. It committed to reduce preventable maternal deaths to zero through integrating access to safe abortion, to the full extent of the law, into UHC strategies, policies and programmes, to protect and ensure all individuals' right to bodily integrity, autonomy and reproductive rights.

Comprehensive sexuality education and universal health coverage are not significantly reflected in

⁹ UNFPA Three Zeros themes – zero unmet need for family planning; zero maternal deaths; and zero violence and harmful practices against women and girls, including child marriage and female genital mutilation.

the Nairobi Summit commitments, in comparison to how strongly they are featured in the MPoA recommendations and provisions of the East and Southern Africa Commitment on CSE. Starkly, 14 countries made CSE commitments and 23 for UHC in the region. However, the majority of commitments on CSE were not accompanied with caveats on cultural sensitivity and parental involvement. It is important to note the positive trend that several commitments relate comprehensive sexuality education to progress in other areas, including youth development and SGBV prevention, including Eritrea, Malawi, Madagascar and St. Tome & Principe.

There is a strong commitment to data collection to inform program design and implementation, and in some instances ensure inclusion of vulnerable groups, but little mention of creation or strengthening of accountability mechanisms, nor monitoring and evaluation.

Comprehensive sexuality education and universal health coverage are not significantly reflected in the Nairobi Summit Commitments

This regional analysis is accompanied by a [commitments database](#) that civil society and governments can use to track Nairobi Summit national commitments for advocacy and accountability efforts to progress their implementation.



THE AMERICAS

In this region, 20 governments¹⁰ made a total of 167 commitments, with 66 of those commitments directly related to the priority themes – Universal Access to Sexual and Reproductive Health and Rights, Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture. There were nine abortion commitments by four countries (Argentina, Bolivia, Mexico and Uruguay). This region has the highest number of abortion commitments.

In addition to the eleven commitments on comprehensive sexuality education made by seven countries¹¹, the region features 30 commitments related to youth, which constitutes a positive trend. Youth-oriented policies can deliver potential synergies for CSE engagement. Governments' willingness to invest in youth can be leveraged for support for sexual and reproductive health and rights and CSE programs for youth.

The largest number of commitments in the region are towards addressing sexual and gender-based violence, with 22 commitments made by a total of nine countries¹². Five commitments have been made related to vulnerable groups, with

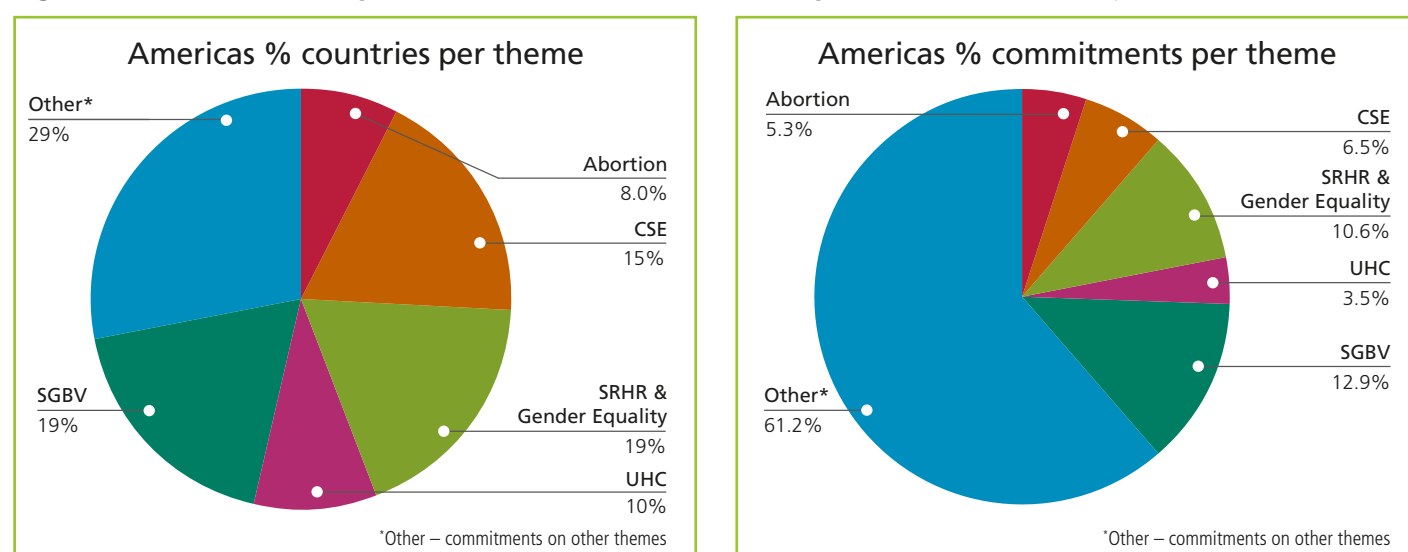
some specifically targeting lesbian, gay, bisexual, transgender, queer, intersex communities.

Universal health coverage received little attention with only five countries¹³ who made a total of six commitments. This near absence of commitments brings into focus the need for continuing advocacy in this area and for the inclusion of sexual and reproductive health services within universal health coverage schemes. This is a very important element of Sustainable Development Goal 3, and essential for providing the highest attainable standard of health to all, particularly in regions with large social and financial inequalities.

The domestic financial commitments at the Nairobi Summit were significantly low. Only five per cent of commitments related to domestic funding, raising a red flag on domestic financial resources allocated for sexual and reproductive health and rights and for the ICPD Programme of Action in general, especially in a region with the strongest regional commitments on the ICPD with the Montevideo Consensus.

There were no commitments related to sexual and reproductive health in humanitarian settings. This is concerning given the increase

Figure 5 A and B Percentage of The Americas commitments aligned with the thematic priorities



¹⁰ Argentina, Bahamas, Bolivia, Brazil, Canada, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Grenada, Haiti, Honduras, Mexico, Paraguay, Peru, St Kitts & Nevis, Suriname, Uruguay, the U.S.

¹¹ Bolivia, Ecuador, Haiti, Honduras, Mexico, Paraguay, Uruguay

¹² Bolivia, Brazil, Ecuador, Grenada, Haiti, Honduras, Mexico, Peru, St Kitts & Nevis

¹³ Argentina, Bolivia, Dominican Republic, Honduras, Mexico

in humanitarian situations both in the region and globally, with significant movements of displaced populations. There are three commitments related

to data collection that includes implementation of a census, collection of data disaggregated by age and Afro-descendant specific data.

QUALITY OF COMMITMENTS

In relation to commitments made that were time bound 22 per cent met the criteria of SMART. Comprehensive sexuality education commitments fared poorly on the SMART criteria, generally lacking enough detail to establish their value. These commitments still provide an opportunity for advocacy as they constitute an important entry point in difficult policy environments for multi-stakeholder advocacy on program and policy design.

Most governments made very detailed sexual and gender-based violence commitments that are high on the SMART criteria and provide an important opportunity to move forward on this agenda.

Table 3 The Americas countries with strong and SMART commitments based on priority themes

Themes	SMART and strong commitments
Abortion	<p>Argentina – Multi-sectoral approach, included in universal health coverage, according to current law (not time-bound).</p> <p>Mexico – Committed to updating current law to guarantee access at all public sexual and reproductive health clinics with specific targets.</p>
Comprehensive Sexuality Education	<p>Bolivia – Multi-sectoral/multi-programmatic approach, to be integrated into national education system.</p> <p>Mexico – Rights-based approach, multi-sectoral with specific targets and includes financial implications for ICPD implementation.</p> <p>Honduras – Comprehensive approach – inclusion in formal and informal education and programmatic targets identified.</p> <p>Paraguay – Inclusion in formal and informal education, strong link between comprehensive sexuality education and prevention of teen pregnancy.</p>
Sexual and Gender-Based Violence	<p>Grenada – Multi-sectoral approach, both short and long-term goals with commitments including interpersonal violence and vulnerable groups mentions.</p> <p>Honduras – Multi sectoral comprehensive approach, includes review and implementation of new legislation, identifies programmatic targets.</p> <p>Peru – Multi-sectoral & multi-stakeholder approach identifies financial considerations, including programmatic and policy.</p> <p>St. Kitts and Nevis – Commits to passing new law to fight sexual and gender-based violence by 2022 with specific targets and timeline.</p>
Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture	<p>Colombia – Comprehensive multi-dimensional approach including access to sexual and reproductive health for vulnerable groups and specific targets.</p> <p>Honduras – Comprehensive and multi-stakeholder approach, specific steps identified, includes provisions for preventing sexual and gender-based violence and providing access to education and employment.</p>

Analysis of the commitments made from countries in the region showed that 34 per cent of the commitments are linked to UNFPA Three Zeros themes family planning, maternal mortality, gender-based violence.

The region's data showed that 22 per cent of commitments are also linked to the five Nairobi Summit commitment themes – Demographic Diversity, Financing ICPD, Gender-Based Violence, Sexual and Reproductive healthcare in humanitarian and fragile contexts, and Universal Health Coverage.

Gender-based violence related commitments represent the lion's share at 13 per cent, followed by Financing for ICPD PoA with five per cent of the commitments, and lastly Demographic Diversity with three per cent.

NAIROBI COMMITMENTS AND REGIONAL AGREEMENTS

The [Montevideo Consensus on Population and Development](#) is an important and progressive intergovernmental agreement concerning Population issues and the ICPD PoA in this region. At its core, the Montevideo Consensus (MC) priority actions focus on:

- Fulfilment of sexual and reproductive rights
- Full implementation of population dynamics into sustainable development with equality and respect for human rights
- Rights, needs, responsibilities, and requirements of girls, boys, adolescents and youth.
- Ageing, social protection and socio-economic challenges
- Universal access to sexual and reproductive health services, including safe abortion
- Gender equality and sexual diversity
- International migration and protection of the human rights of all migrants
- Territorial inequality, spatial mobility and vulnerability

- Indigenous peoples: interculturalism and rights
- Afro-descendants: rights and combating racial discrimination

A wide range of the thematic priorities of the Montevideo Consensus were represented in the Nairobi Summit commitments such as strengthening policies and services from a gender perspective. However, the majority of commitments which mentioned the word gender were focused on gender-based violence. All of the commitments on abortion made in the Nairobi Summit went further than the Montevideo Consensus, with several governments positioning abortion care as a key aspect of the right to health and stressed the need to take a gendered and intersectional approach.

The Montevideo consensus gave great attention to the needs of vulnerable populations, including ethnic minorities, migrants, Afro-descendants, indigenous populations, people with disabilities, lesbian, gay, bisexual, transgender, youth and the elderly. This was mirrored in the Nairobi Commitments, with the needs of LGBTQI+ populations highlighted frequently.

One population which did not receive as much attention, in comparison, was the indigenous community, only mentioned three times in the commitments while Montevideo emphasized the needs of indigenous communities as a priority. Overall, the commitments for the region are aligned with the Montevideo Consensus and do not represent a distancing from most of its priorities but do point to a trend of focusing on youth and sexual and gender-based violence themes.

The Montevideo Consensus was supported by all countries in Latin America and the Caribbean, but a good number of those did not participate at the Nairobi Summit or did not make any commitments. From Latin America, some countries where the situation of SRHR is far from ideal were not involved in the process, including Guatemala, El Salvador, Nicaragua and Venezuela. Other countries like Panama and Chile did not make

any commitments either. For the Caribbean, the majority of governments did not participate at the Summit including Antigua and Barbuda, Barbados, Belize, Dominica, Guyana, Jamaica, St. Lucia, St. Vincent & the Grenadines, and Trinidad & Tobago.

This regional analysis is accompanied by a [commitments database](#) that civil society and governments can use to track Nairobi Summit national commitments for advocacy and accountability efforts to progress their implementation.



ARAB WORLD REGION

Twelve governments in this region¹⁴ made a total of 69 commitments, with 59 of those commitments directly related to the priority themes – Universal Access to Sexual and Reproductive Health and Rights, Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture.

Sexual and gender-based violence and universal health coverage have the highest number of commitments with 18 each, followed by gender equality with 16 commitments.

Following a strong trend seen in other regions, comprehensive sexuality education has a low number of commitments with only seven being made by six countries with mixed SMART scores. Abortion is, not unexpectedly, completely missing with zero commitments.

In addition to the six comprehensive sexuality education commitments (Algeria, Jordan, Mauritania, Morocco, South Sudan, Tunisia) this region presented 22 additional commitments related to youth. The focus on these commitments include programmatic and policy focus on vulnerable youth, access to education and youth-friendly sexual and reproductive health services, participation in decision making spaces and processes. This follows a global trend to focus and intensify investment, programs and policies

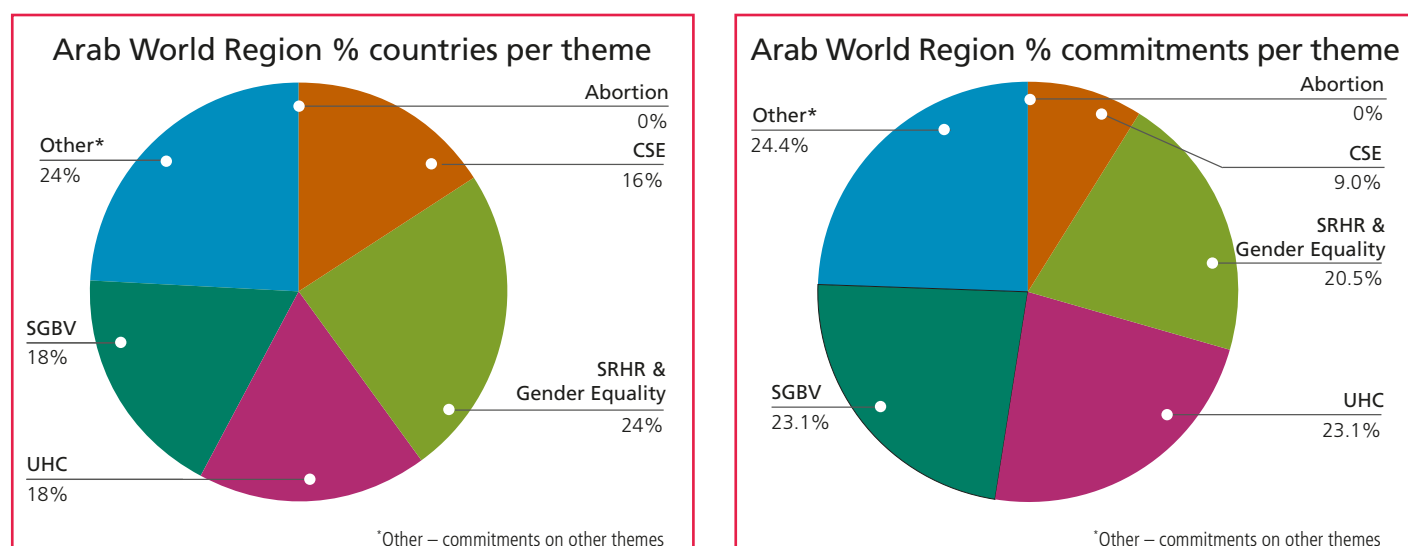
on youth and ensure countries capitalize on the demographic dividend (DD).

Seven commitments were made in the region, specifically referring to vulnerable and marginalized populations. The list includes internally displaced persons (IDPs), refugees, older persons and lesbian, gay, bisexual, transgender, and intersex people. A strong commitment came from Lebanon stressing the needs of the LGBTQI+ community. These commitments focus on safe access to health and other services.

Linked to the commitments on vulnerable populations were seven commitments listed by Tunisia, Yemen and Somalia on sexual and reproductive health and rights in humanitarian settings that reference access to sexual and reproductive health and rights (SRHR) including contraception and preventing sexual and gender-based violence. This presents a strong opportunity for advocacy at the local level for the strengthening or inclusion of these services in these three countries that host a large number of refugees and displaced persons. There is much that could be learned globally from the approach being taken by this handful of Arab World Region countries in this regard.

Data also features in the Arab World Region with nine commitments being made. Issues reflected range from strengthening national statistical systems, implementation of national census, date

Figure 6 A and B Percentage of Arab World Region commitments aligned with the thematic priorities



¹⁴ Algeria, Iraq, Jordan, Lebanon, Mauritania, Morocco, Palestine, Somalia, South Sudan, Syria, Tunisia, Yemen

disaggregation and prevalence surveys on HIV and sexual and gender-based violence.

The analysis did reveal that there is still a reluctance to broach sensitive policy areas such as abortion and comprehensive sexuality education. However, in other priority themes such as sexual and gender-based violence, gender equality and universal health coverage show a picture of hope and potential.

Given the sensitivities in establishing comprehensive sexuality education policies (CSE) and programmes in this region, it is more important that civil society look to unpack youth policies to identify elements relevant to CSE development. Civil society should follow up with governments and further advocate for the establishment of specific timelines and influence governments to establish concrete programs that support timely implementation.

QUALITY OF COMMITMENTS

The analysis showed that 52 per cent of the commitments made in this region are SMART representing significant levels of specificity.

Table 4 Arab World Region countries with strong and SMART commitments based on priority themes

Themes	SMART and strong commitments
Universal Access to Sexual and Reproductive Health and Rights	<p>Lebanon – Concrete programmatic and policy targets with provisions for youth and vulnerable groups including refugees.</p> <p>Tunisia – Specific programmatic targets, with legislative provisions, focus on youth and women.</p> <p>Iraq – Concrete targets, policy designs, focus on youth.</p>
Comprehensive Sexuality Education	<p>Morocco – Advocacy for implementation of comprehensive sexuality education programs and development of curricula.</p> <p>Tunisia – Access to sexual and reproductive health information, development of programs and dissemination of information.</p>
Sexual and Gender-Based Violence	<p>Tunisia – Specific targets, multi-sectoral approach with programmatic & legislative considerations, general financial provisions for implementation of ICPD PoA.</p> <p>Lebanon – Specific multi-sectoral approach with concrete targets, legislative considerations.</p> <p>Mauritania – Specific policies and measurable targets.</p> <p>Somalia – Specific policies with measurable targets.</p>
Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture	<p>Mauritania – Specific policies and measurable targets.</p> <p>Somalia – Commits to ratification of Convention on the Elimination of all forms of Discrimination and Against Women (CEDAW), with implementation of specific programs.</p>

Analysis of the commitments made from countries in the region showed that 46 per cent of the commitments are linked to the UNFPA Three Zeros of contraception, maternal mortality, gender-based violence.

Fifty per cent of commitments are also strongly linked to the five themes of the Nairobi Summit – Demographic Diversity, Financing ICPD, Gender-Based Violence, Sexual and Reproductive healthcare in humanitarian and fragile contexts, and Universal

Health Coverage – following an overall global trend on sexual and gender-based violence. Commitments relevant to Demographic Diversity or Financing for ICPD have a much lower prevalence than sexual and gender-based violence but are close to each other at seven per cent and eight per cent, respectively.

While the absolute numbers are low, due to the fact that only ten countries made commitments, the percentages show a positive sign in terms of the willingness of countries to invest in the implementation of their Nairobi Summit commitments, particularly taking into consideration the regional, political, economic, social and religious contexts

NAIROBI COMMITMENTS AND REGIONAL AGREEMENTS

In its 2013-2018 regional agreement on population, [Cairo Declaration](#): Regional Conference on Population and Development in the Arab States (ICPD Beyond 2014), the region made recommendations related to the following broad themes:

- Dignity and equality
- Health, sexual and reproductive health and reproductive rights
- Young people
- Displacement and international migration
- Environmental sustainability
- Governance

The Declaration includes issues related to gender equality; prevention of gender-based violence; equal opportunities for women at social, political, cultural and religious levels; access to sexual and reproductive health (SRH) to people with disabilities, migrants and older persons; access to SRH and reproductive rights; prevention and eradication of Female Genital Mutilation (FGM) and Child Early Forced Marriage (CEFM).

The Cairo Declaration links human rights to access to sexual and reproductive health and reproductive rights. The Declaration contains a specific section on youth that mentions SRH awareness and a

recommendation on access to age appropriate sexual education for youth in the health section.

The Cairo Declaration has many significant omissions, with no mention of sexual violence nor intimate partner violence, no mention of SRHR services for refugees, and it only recognizes that universal access to SRHR has not been achieved while not making a clear recommendation on how this could be made a reality. There is also no language on LGBTQI+ persons, nor on rights related to sexual orientation. Similarly, there is no language on access to abortion, with the only mention of abortion referring to the prevention of forced abortions.

Another difference is the scant attention paid by the Nairobi Summit commitments for this region to migrant and displaced populations, and people with disabilities, as the particular needs of these groups are emphasized throughout the Cairo Declaration. At a macro level, however, the Arab World region commitments made at the Nairobi Summit did not fall below the level of ambition in the Declaration. A number of countries at the Nairobi Summit have now gone significantly beyond the 2013-2018 agreement, taking a more progressive approach. Tunisia, for instance, made a specific commitment that speaks to sexual violence as a part of gender-based violence, the only country in the region to do so.

Countries in the region also made commitments related to SRH services to refugees, IDPs and migrants, going beyond the Declaration's recommendations. Somalia committed to the ratification of Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). Five countries made CSE commitments at the Nairobi Summit, with Morocco going beyond the Cairo Declaration in its commitment to integrate comprehensive sex education into the curricula of the education system. Even more notable is Lebanon's commitment, which stressed the needs of the LGBTQI+ community.

This regional analysis is accompanied by a [commitments database](#) that civil society and governments can use to track Nairobi Summit national commitments for advocacy and accountability efforts to progress their implementation.



ASIA AND THE PACIFIC

In **South Asia**¹⁵ sub-region six out of the eight governments that belong to this region made a total of 42 commitments. Fifty-seven per cent of those directly related to the priority themes – Universal Access to Sexual and Reproductive Health and Rights, Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture.

The commitments for universal health coverage and sexual and gender-based violence are particularly strong and offer advocacy opportunities for implementation at the country level. Four commitments were made by Nepal, Maldives, Pakistan and India on vulnerable and marginalized groups and reference access to Sexual and Reproductive Health services.

Except Nepal, no other governments in the South Asia sub-region made commitments in the area of legal abortion and post-abortion services. Despite the recommendations to end unsafe abortion and provide safe abortion in the Ministerial Declaration.

For South Asia countries, in relation to Nairobi Summit themes, Financing ICPD PoA and Gender-Based Violence have the highest rates of commitments at 25 per cent and 9 per cent respectively, followed by Demographic Diversity at five per cent.

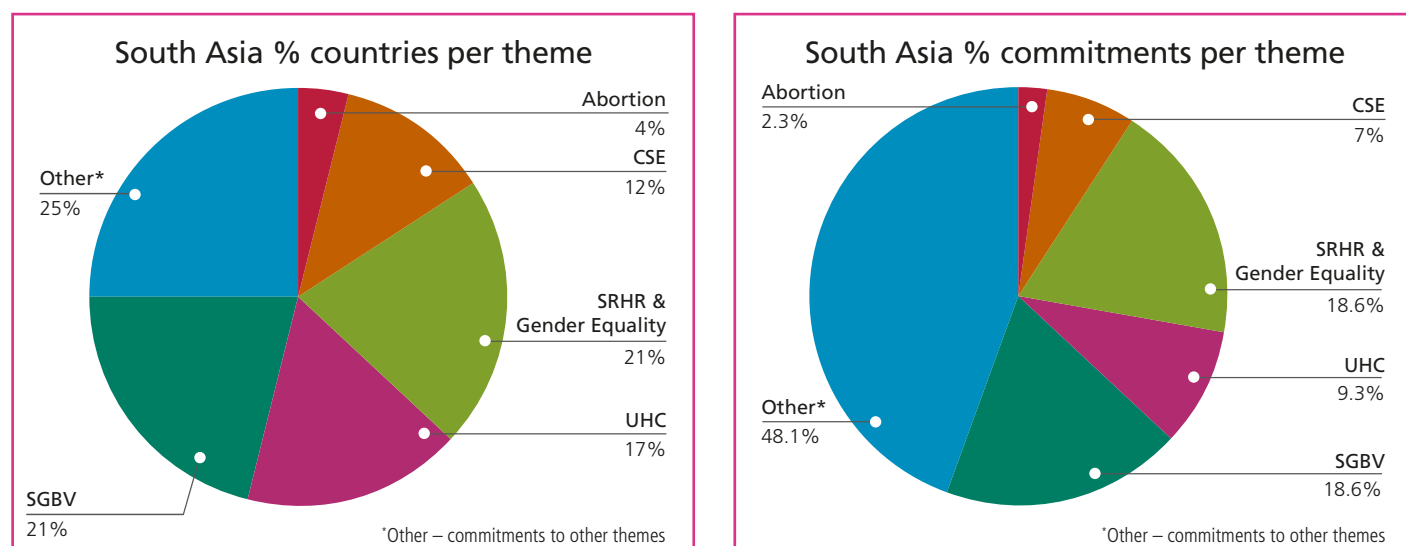
Eleven commitments are related to youth, some to integrate policies and programs linked to data disaggregation, access to sexual and reproductive health and rights and education, employment opportunities and comprehensive sexuality education.

In the **East Asia, South East Asia and Oceania**¹⁶ sub-region, twenty five governments made a total of 102 commitments, with 51 per cent of these commitments aligned with the priority themes. Commitments aligned with the priority themes and SMART were announced by Cambodia on comprehensive sexuality education, Malaysia on sexual and gender-based violence and CSE and Tonga, Cook Islands and Kiribati on universal health coverage.

Youth emerged as a key theme with twelve commitments focused specifically on youth policy and sexual and reproductive health services for young people, with seven of these being SMART. Notable was a commitment to develop and implement a National Adolescent and Youth SRH Strategy by 2022, made by the Solomon Islands.

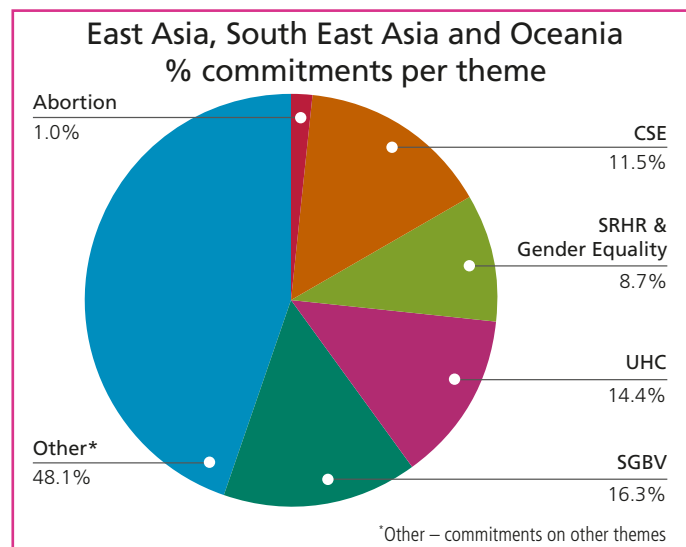
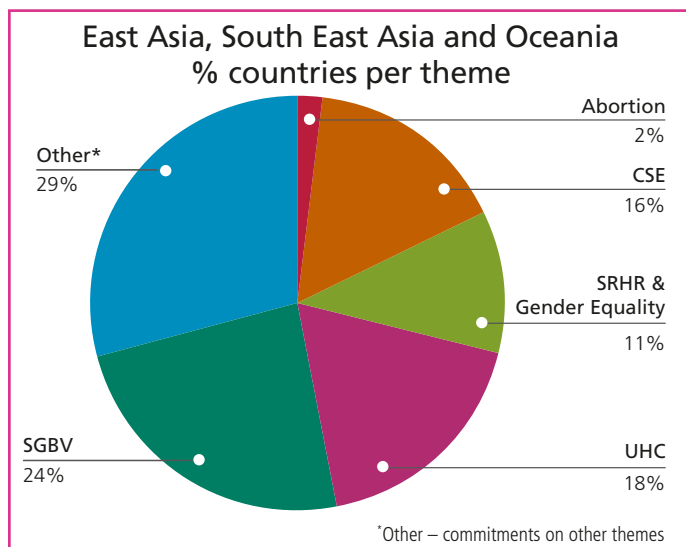
The number of commitments increases in this sub-region, if accounting for commitments on contraceptive services that mention youth as one of the focus vulnerable groups. The number of

Figure 7 A, B, C and D Percentage of Asia and the Pacific region commitments aligned with the thematic priorities



¹⁵ For the purpose of this analysis the South Asia sub-region covers Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka

¹⁶ East Asia, South East Asia and Oceania sub-region: Australia, Cambodia, China, Cook Islands, Fiji, Hong Kong, Indonesia, Japan, Kiribati, Republic of Korea, Lao PDR, Malaysia, Micronesia, Mongolia, Myanmar, New Zealand, Papua New Guinea, Philippines, Samoa, Solomon Islands, Thailand, Tonga, Tuvalu, Vanuatu, Vietnam



youth commitments do not include those tagged as comprehensive sexuality education, where youth are the main beneficiary. It is important to note that emphasis on preventing adolescent pregnancy also emerged in several commitments.

There were 14 commitments on data from this sub-region, focusing mainly on the development of quality, timely and disaggregated data, as well as specific data on contraception, maternal mortality and gender-based violence.

Commitments focusing on under-served populations came to a total of 17 by eight countries, including seven commitments made by Kiribati. These commitments focus on people living with disabilities, with little or no reference to refugees, migrants or racial and ethnic minorities, while only one reference to sexual orientation gender identity and expression (SOGIE) was made by Cambodia.

Of the total number of commitments, only six per cent were commitments on domestic funding, which is low in comparison to other regions, while 1.4 per cent focused on financing for development assistance. Two commitments pledged domestic funding on comprehensive sexuality education, gender equality and gender-based violence made by Cambodia and Vietnam, respectively. Two other commitments pledged development assistance to advance gender equality by Vietnam and New Zealand.

The greatest challenge is the lack of attention to abortion, apart from one commitment to integrate measures to prevent unsafe abortion into universal health coverage by Vietnam.

Finally, Australia made ODA funding commitments on comprehensive sexuality education and universal health coverage, targeting Pacific Island countries. This is important to note, given that the high SMART ranking of these commitments and their thematic overlap presents a potential link for joined up advocacy between countries. New Zealand also made an ODA funding commitment to advance gender equality in Fiji, Vanuatu, Papua New Guinea, and Kiribati and highlighted the need for data on gender-based violence.

Some governments highlighted interdependencies between the priority themes in the commitments themselves. For example, Thailand pledged to include sexual and gender-based violence services as part of universal health coverage while Vietnam stressed the importance of comprehensive sexuality education as a means to counteract sexual and gender-based violence. Where governments seem supportive of several interlinked areas, there is potential to strengthen these links and explore intersectionality in national-level advocacy.

Another challenge of note is the lack of attention to some underserved populations; it is positive that the rights of people with disabilities were emphasized but the lack of attention to racial and ethnic minorities, LGBTQI+ communities and migrants is notable.

QUALITY OF COMMITMENTS

For the South Asia sub-region 25 per cent of commitments ranked as SMART and the majority led by Pakistan and Nepal. This is a relatively low SMART figure by comparison with other regions.

For East Asia, South East Asia and Oceania, overall, 29 per cent of the commitments were classified as SMART.

Table 5 Asia Pacific countries with strong and SMART commitments based on priority themes

Themes	SMART and strong commitments
Universal Access to Sexual and Reproductive Health and Rights	<p>Cook Islands – Ensure universal availability of quality, affordable and safe modern contraceptives as part of universal health coverage.</p> <p>Kiribati – Ensure universal availability of quality, affordable and safe modern contraceptives as part of universal health coverage.</p> <p>Thailand – Integrate essential sexual and reproductive health services into universal health delivery system to reduce maternal mortality.</p> <p>Tonga – Universal availability of Tongan Package of Essential Health Services, including family planning to achieve Universal health coverage.</p> <p>Micronesia – Improve data to inform programming decisions on universal health coverage, including sexual and reproductive and rights, improve access to quality integrated sexual and reproductive health services through provision of mixed contraceptive methods and updated family planning guidelines.</p> <p>Myanmar – Provide women-centred sexual and reproductive health care and improve quality of care to attain universal health coverage.</p>
Universal Health Coverage and Sexual and Gender-Based Violence	<p>India – SMART commitments with specific targets.</p> <p>Nepal – Specific targets and legislative approach.</p> <p>Pakistan – Specific targets and financial considerations.</p>
Abortion	<p>Nepal – SMART with language on affordable access, with specific targets.</p>
Comprehensive Sexuality Education	<p>Nepal – Comprehensive rights based, includes language on inclusion of marginalized youth, specific targets.</p> <p>India – Focus on young girls, and inclusion of sexual and reproductive health friendly services.</p> <p>Australia – Support Pacific countries to update their curricula in line with international standards.</p> <p>Cambodia – Guarantee young people's access to CSE as part of the national committee.</p> <p>Kiribati – Ensure access to Family Life Education for adolescents and youth including those with disabilities, in- and- out of schools.</p> <p>Malaysia – Establish a national committee to monitor the implementation of comprehensive and age – appropriate Sexual and Reproductive Health Education.</p>

Continued on next page

Themes	SMART and strong commitments
Comprehensive Sexuality Education (cont'd)	<p>Solomon Islands – Integrate health and family life education in school curriculum.</p> <p>Tonga – Strengthen the position of Family Life Education in national curriculum.</p>
Sexual and Gender-Based Violence	<p>Cook Islands – Establish gender-based violence prevention and response information in every Health Service Delivery Point.</p> <p>Kiribati – Include gender-based violence response in the curricula of nursing and midwifery, establish gender-based violence prevention Health Service Delivery Point.</p> <p>Malaysia – Table a bill on sexual harassment.</p> <p>Solomon Islands – Realize the objectives of the national policy on preventing and responding to violence against women and girls.</p>
Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture	<p>Bhutan – Comprehensive, multi-sectoral, considers implementation on new policies and enforcement of existing ones.</p> <p>Cambodia – Develop the first National Gender Policy.</p> <p>Vietnam – Increase the percentage of official development assistance earmarked to ensure universal access to sexual and reproductive health and rights.</p>

Analysis of the commitments made from countries in the region showed that 35 per cent of South Asia commitments are linked to the UNFPA Three Zeros on gender-based violence, maternal mortality and contraception. In East Asia, South East Asia and Oceania, 51 per cent of the commitments aligned with themes – contraception, on gender-based violence and maternal mortality.

Six commitments were made on sexual and reproductive health (SRH) in humanitarian settings by Kiribati, Japan, Cambodia, Myanmar and Vietnam and some emphasized maternal health care and contraception.



NAIROBI COMMITMENTS AND REGIONAL AGREEMENTS

The most recent intergovernmental-agreed text on the ICPD from this region is the [2013 Ministerial Declaration on Population and Development](#).

The Ministerial Declaration comprises 11 priority action areas:

- Poverty eradication and employment
- Health
- Sexual and reproductive health, services and rights
- Education
- Gender equality and women's empowerment
- Adolescents and young people
- Ageing
- International migration
- Urbanization and internal migration
- Population and sustainable development
- Data and statistics

The Ministerial Declaration articulated a rights-based, gender-sensitive, and non-discriminatory approach to population and development strategies, programmes and policies for the next 10 years in the Asia-Pacific region. In comparing the commitments and Ministerial Declaration, several observations can be made.

Universal access to healthcare – including SRH, a significant theme of the Ministerial Declaration – did not translate strongly into the commitments made by the South Asia sub-region. Five commitments on UHC were made in this region and three of these come from Nepal, which pledges to integrate comprehensive SRH services in UHC with particular attention to vulnerable populations. The other commitments on UHC are made by Pakistan and India and focus on universal access to reproductive, maternal, newborn, child and adolescent health (RMNCHA) and family planning /reproductive health, respectively. The Indian commitment on UHC stresses the importance of accounting for the needs of vulnerable populations

while Pakistan focuses on the need for UHC as a means to reduce total fertility rate.

There were no South Asia commitments on vulnerable populations, with the exception of youth. This is a departure from the Ministerial Declaration, which calls for programmatic and policy response that accounts for the needs of minority ethnic groups, indigenous communities, and communities facing discrimination on grounds of age, class, caste, and race. The emphasis on youth is, however, consistent with the Ministerial Declaration.

The Ministerial Declaration emphasizes the promotion of gender equality and calls for an end to gender-based violence and child and forced marriage. For South Asia countries, the term gender was mentioned mostly in the context of commitments on gender-based violence. Gender-mainstreaming into service and policies, political participation, economic empowerment, gender equality and equal education received scant attention.

There were three commitments to CSE in this region (Bhutan, India and Nepal). However, none of the commitments specify the envisaged content of these programmes, and it is therefore unclear whether they will include consideration of human rights and gender equality as highlighted in the Ministerial Declaration. Nepal and Bhutan stress the importance of protecting adolescent SRHR and RR, respectively, through CSE.

For South Asia countries, the term gender was mentioned mostly in the context of commitments on gender-based violence.

The word right was mentioned only three times in the commitments made in this region, once as part of reproductive rights (Nepal), once as SRHR (Bhutan) and once in a commitment on the right to primary health care (Pakistan). Overall, the discourse on rights was narrower than that of the Ministerial Declaration, where rights are mentioned

throughout and are included in sub-headings such as sexual and reproductive health, services and rights under policy direction and priority actions. The health discourse was a lot stronger in the commitments from this region and focused mainly on maternal health; RMNCHA and young people's health (generally and with focus on reproductive health). Only three commitments referred to sexual and reproductive health and these were all made by Nepal.

In the East Asia, South East Asia and Oceania sub-region, the commitments have an uneven alignment with the Ministerial Declaration. Gender only appears in the commitments in relation to gender equality and gender-based

violence. Both data and youth are also present in this sub-region's commitments in alignment with the Ministerial Declaration. Other thematic focus in the Declaration, including ageing, employment, migration and issues related to urbanization, as well as abortion, appear less prominently or not at all in the Nairobi commitments. The commitments on comprehensive sexuality education are more ambitious than the ones in the Ministerial Declaration.

This regional analysis is accompanied by a [commitments database](#) that civil society and governments can use to track Nairobi Summit national commitments for advocacy and accountability efforts to progress their implementation.



EUROPE AND CENTRAL ASIA

In this region, 28 countries¹⁷ made a total of 147 commitments, with 92 aligned with priority themes – Universal Access to Sexual and Reproductive Health and Rights, Abortion, Comprehensive Sexuality Education, Sexual and Gender-Based Violence and Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture. The majority of commitments made are to end gender-based violence.

Country commitments aligned with the thematic priorities were made: on abortion by Sweden and North Macedonia; on comprehensive sexuality education by Turkmenistan and Norway; on universal health coverage from Albania, Armenia, Georgia and Tajikistan; and on sexual and gender-based violence from Serbia and Belgium.

Youth development was the primary focus of twenty-five commitments in this region. These commitments focus on youth policies and legislation as well as youth-friendly sexual and reproductive health services. In addition, there were commitments made in areas such as comprehensive sexuality education, gender-based violence, sexually transmitted infection prevention, where young people were the key target population.

Thirty-five commitments focusing on the needs of vulnerable populations were made. Although the

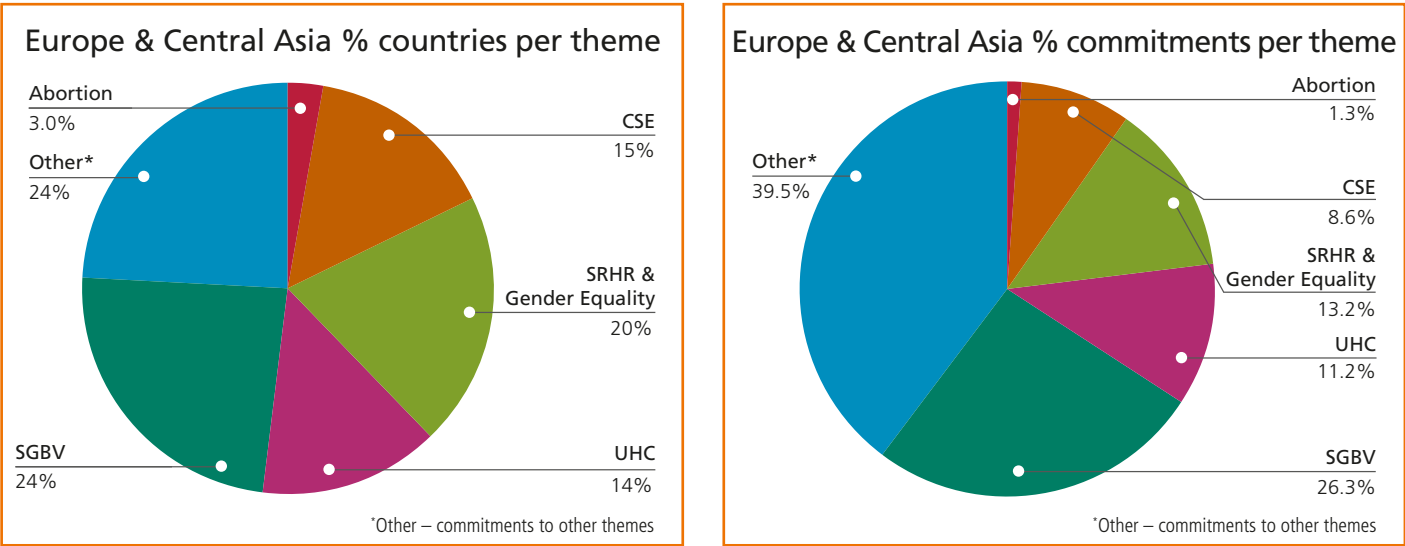
communities varied slightly between countries, most included racial and ethnic minorities, lesbian, gay, bisexual, transgender, queer, intersex communities, people with disabilities, internally displaced persons and migrants. The commitments made by North Macedonia are notable, focused on addressing the needs of marginalized communities, including a pledge to add a specific line in the national budget for sexual and reproductive health services for these groups.

Of the total number of commitments, 11 per cent were on domestic funding while five per cent focused on financing for development assistance. There were no domestic funding commitments made on comprehensive sexuality education or abortion.

In terms of financing for development assistance, twelve commitments were made on gender equality, and six of these were SMART (made by Belgium, Denmark, Finland and Norway). None were made on comprehensive sexuality education, abortion or universal health coverage. Two were made on sexual and gender-based violence, one of which was SMART (Norway). However, not all of these commitments were new.

In total, ten countries made commitments to financially support youth-friendly services,

Figure 8 A and B Percentage of Europe & Central Asia commitments aligned with the thematic priorities



¹⁷ Albania, Armenia, Belarus, Belgium, Bulgaria, Denmark, Finland, France, Georgia, Germany, Ireland, Italy, Kazakhstan, Kyrgyzstan, Netherlands, North Macedonia, Norway, Republic of Moldova, Serbia, Slovenia, Spain, Sweden, Tajikistan, Turkey, Turkmenistan, Ukraine, UK, Uzbekistan

HIV prevention initiatives, and family planning, at the domestic level. Six countries pledged development funding to end harmful practices, and to sexual and reproductive health and rights programming and peacebuilding.

Slovenia made a commitment to advancing SRH in humanitarian settings. Norway made three commitments to push for the expansion of sexual and reproductive health and sexual and gender-based violence services in humanitarian settings.

Eleven commitments on data were made in this region, primarily from countries in Eastern Europe and Central Asia. Eight of these commitments were SMART, with Georgia, Tajikistan and Uzbekistan standing out in their commitments to hold a population census within a specific time-range.

Protecting civic space and working with civil society to advance the ICPD Programme of Action is an important part of the 2018 Chair's Summary of the UNECE regional review but is mentioned only 8 times (by 6 governments) in the commitments made by governments in the region. Civil Society Organisations serve the most marginalised and at-risk groups. They have a key role to play in service delivery, community outreach, awareness raising and advocacy, in particular when it comes to Sexual and Reproductive Health and Rights. However, SRHR and women's rights organisations in Europe have been facing a backlash against women's rights and a shrinking space for civil society.



QUALITY OF COMMITMENTS

The analysis of commitments relevant to gender revealed that 28 per cent met the SMART criteria. Three domestic financial commitments to gender equality were made in the region and two of these (Norway and Albania) attained a SMART score. One SMART, domestic financial commitment was made on sexual and gender-based violence. One SMART, financial commitment to universal health coverage was made in the region (by Turkmenistan).

Table 6 Europe and Central Asia countries with strong and SMART commitments based on priority themes

Themes	SMART and strong commitments
Abortion	North Macedonia – Provide comprehensive abortion care in line with international human rights treaties, updating the clinical protocol on safe abortion for health professionals and ensure access to medical abortion
Comprehensive Sexuality Education	Albania – National implementation of comprehensive sexuality education Serbia – Provide young people with sexual and reproductive health education peer education programmes Tajikistan – Implement comprehensive education at all levels covering target number of schools Moldova – Integrate comprehensive health education into mandatory school curriculum
Sexual and Gender-Based Violence	Slovenia – Improve regulation and services for victims of gender-based violence and hold awareness raising activities on the issue Turkmenistan – On domestic violence and to adopt a law on the prevention of sexual and gender-based violence
Sexual and Reproductive Health and Rights and Gender Equality in the Political Architecture	Albania – Increase budget allocation to Reproductive, Maternal, Newborn, Child and Adolescent Health Denmark – Increase funding to organizations working to advance ICPD and to UNFPA Finland – Increase core funding to UNFPA Germany – Increase core funding to UNFPA Norway – Invest funding in sexual and reproductive health and rights including to eliminate harmful practices Sweden – Develop a national sexual and reproductive health and rights strategy by 2020 with special attention to underserved populations Slovenia – Develop guidelines on promoting gender equality through development assistance and humanitarian aid

Analysis of the commitments made from countries in the region showed that 44 per cent of the commitments are linked to the UNFPA Three Zeros: family planning, maternal mortality and gender-based violence themes.

For this region 36 per cent of the commitments aligned with the five Summit themes – Demographic Diversity, Financing ICPD, Gender-Based Violence, Sexual and Reproductive healthcare in humanitarian and fragile contexts, and Universal Health Coverage. The majority of these accounted for by commitments made to end gender-based violence. Financing the ICPD was the second most common theme.

NAIROBI COMMITMENTS AND REGIONAL AGREEMENTS

Two intergovernmental texts from this region were analysed for their alignment with commitments made by countries from this region. These were: the Chair's Summary from the 2013 UNECE Regional Conference '[Enabling Choices – Population Priorities for the 21st Century](#)'; and '[Fulfilling the Potential of Present and Future Generations: Report on ICPD Programme of Action Implementation in the UNECE Region](#)' (2018).

Both texts were structured according to the following key areas:

- Population Dynamics and Sustainable Development
- Families, Sexual and Reproductive Health over the Life Course
- Inequalities, Social Inclusion and Rights
- Partnership and International Cooperation

Other themes that are strongly aligned with UNECE ICPD texts include comprehensive sexuality education, abortion, HIV prevention, protection of civic spaces and addressing the needs of under-served populations. Conversely, discourses that feature strongly in the ICPD texts do not appear as prominently or at all in the Nairobi Summit commitments including the need to take life-course and rights-based approaches to sexual and reproductive health and addressing inequalities.

This regional analysis is accompanied by a [commitments database](#) that civil society and governments can use to track Nairobi Summit national commitments for advocacy and accountability efforts to progress their implementation.



7 CONCLUSIONS

The Nairobi Summit and its national commitments represent a landmark moment in the history of the ICPD Programme of Action. For the first time, governments were able to identify key and priority themes within the ICPD Agenda that will pave the way for changes at the country level. It is important to evaluate the Nairobi Summit with a holistic lens, capturing not only funding or the number and substance of the commitments, but also the political momentum and the potential to strengthen advocacy and accountability of the ICPD Agenda.

The Nairobi Summit commitments and the analysis and data in this **ICPD+25 Nairobi Summit – A roadmap for fulfilling the promise** report, however, cannot be seen in isolation. It should be related and accompanied by other sources of data that support a holistic and comprehensive assessment of countries' contexts and their particular political environment, preferably establishing links with social movements and allies who were also present at the Summit.

The analysis in this report provides a roadmap to drive civil society advocacy to achieve governmental prioritization of gender equality and sexual and reproductive health and rights for all, including young people. It indicates trends that can be capitalized on at the country level, connecting with regional and international partners and intergovernmental discussions.

Governments should use this analysis to prioritize, report and celebrate progress on their own commitments made at the Summit in November 2019.

Governments overwhelmingly supported the following thematic areas in the commitments they made:

- Investing in young people's sexual and reproductive health;
- The importance of improving data collection;
- Tackling and eliminating gender-based violence as key to the realization of the ICPD agenda;
- The realization of gender equality, and specifically the integration of gender equality and sexual and reproductive health and rights into national political structures and,
- Ensuring access to contraception, including for young people.

Furthermore, the gaps on commitments on safe abortion and comprehensive sexuality education need to be addressed by civil society to start the progressive realization of changes in policies and practices even in restrictive countries with smart and contextualized advocacy strategies. The Nairobi Commitments are already a demonstration of governments' political will to accelerate the implementation of the ICPD PoA and move the Agenda forward. To this end, regional trends can be used by civil society as an argument to demonstrate the need for coherence in addressing common themes at the regional level and changes at the country level.

8 RECOMMENDATIONS

SENSE OF URGENCY

Advocacy on the Nairobi Summit commitments at the national level should begin immediately and be part of sustained advocacy efforts towards 2030, also in line with Agenda 2030.

STRATEGIC APPROACH

Advocacy and accountability on ICPD at the national level should start by defining an advocacy strategy co-created in coalition with shared responsibilities.

ADVOCACY TARGETS

Advocacy should be aimed at national governments, including parliamentarians, various levels of decision-making ministries (Gender, Health, Justice, Finance), local authorities, but also academia and other CSOs working on SRHR, human rights and related matters or specific groups such as LGBTQI+, persons with disabilities, indigenous peoples within a multi-sectoral approach.

PROGRESSIVE REALIZATION OF PRIORITIES

Countries and regions that have scored poorly in terms of thematic alignment may need a strategic tactical focus to start 'moving the needle'.

INCREASE THE QUALITY OF THE COMMITMENTS

Civil society should do a quality assurance of the commitments announced by their countries with their governments. For instance, negotiating deadlines if they are not time-bound or SMART enough.

RESOURCE MAPPING

Analyse the national government commitments with the commitments made by CSO, private sector, UN agencies to ensure a full picture of resources available and action plans to implement those commitments.

PARTNERSHIPS

Plan activities for implementation of the Nairobi Summit commitments with social movements, other CSOs, the UNFPA country offices and other relevant partners.

CONNECT INTERNATIONALLY

Map global intergovernmental spaces and processes that can be utilized for global advocacy, suggesting ways to be supported by regional and international partners, such as the Universal Periodic Review, Human Rights Treaty Bodies' National Reports (Committee on the Elimination of Discrimination against Women, Committee on the Rights of the Child, Economic, Social and Cultural Rights), and Voluntary National Reports for the High Level Political Forum.

APPENDIX 1 METHODOLOGY AND DATABASE

THE NAIROBI SUMMIT COMMITMENTS ANALYSIS DATABASE

The Nairobi Summit commitments analysis [database](#) has been created by researchers, capturing in a systematic and granular way, the commitments made by 137 participating countries at the Summit. This was then assessed against a range of criteria to identify thematic patterns and gaps, as well as regional and global trends and how they are aligned with IPPF's [Advocacy Common Agenda](#).

The database of national governments' commitments is organized by country and region and identifies many opportunities for IPPF members, civil society and governments to galvanise the political energy of the Nairobi Summit.

It is important to note that that commitments listed in the database are listed according to the format in which they were submitted to the Nairobi Summit website. For financial and SMART analysis, however, each commitment was broken down into its most discrete possible component, or the smaller commitment 'parts' that it was made up of. The researchers took this approach for two reasons.

To facilitate analysis – this method allowed the researchers to assess each part of the overall commitment according to the metrics selected (ranking on the SMART criteria, focus on domestic or development assistance and thematic area).

To facilitate accountability – if not broken down into their constituent parts it can be easy to skip over important details in the commitments made by governments, making it harder to hold them to account. This method aims to facilitate the attention to detail of each commitment made at the Nairobi Summit.

Users of the database should be aware that the total number of commitments listed in

this database may differ from the number of commitments recorded as having been made at the Nairobi Summit.

This publication is accompanied by a series of IPPF [ICPD+25 Nairobi Summit](#) commitments reports:

- ICPD+25 Nairobi Summit – A roadmap for fulfilling the promise – main report
- Regional analysis reports: Africa, The Americas, Arab World Region, Asia and the Pacific, Europe and Central Asia
- [Online database](#)

METHODOLOGY

Individual commitments were taken from the Nairobi summit website into the database. For financial and SMART analysis, these were further divided into component commitments to ensure all themes embedded in a larger commitment were accounted for. The substance and integrity of commitments were maintained at all times. Commitments were tagged according to the various criteria present in the database taking principally into account the IPPF [Advocacy Common Agenda](#) priority themes. Tagging of commitments was done according to governments own self-selection on the website, or subject to researcher's discretion based on commitment description when pre-selection was not present. The SMART analysis followed the following criteria:

- | | | |
|----------|-------------------|---|
| S | Specific | What will be accomplished?
(What actions will you take)? |
| M | Measurable | What data will measure the goal?
(How much? How well)? |
| A | Attainable | Is the goal doable? Does the country have the necessary skills and resources? |
| R | Relevant | How does the goal align with ICPD PoA? |
| T | Time-bound | What is the time frame for accomplishing the goal? |

For the purpose of this study, and because the researchers do not have enough country context, it was decided that the researchers would assume that all commitments are attainable. However, it will be important that civil society organizations validate this assumption for all single commitments across all regions.

DATABASE

The Nairobi commitments were uploaded to the Summit website using an array of formats and styles. This meant that commitments were not standardized. Several of the commitments were uploaded as singular commitments while containing several unique commitments therein, so it was important to break down the commitments allowing for evaluation at the most discrete level possible. Once the commitments had been fully broken down into their constituent parts, they were evaluated according to region, country, advocacy common agenda priorities per member association; advocacy common agenda priorities per commitment; whether commitments were domestic financial, non-financial, development assistance financial or development assistance non-financial; and the extent to which individual commitments could be graded as SMART (Specific, Measurable, Attainable, Realistic, and Time-bound) – each in their own column.

The inclusion of columns that tagged commitments according to their alignment with UNFPA's Three transformative results, as well as the commitments alignment with the five themes of the Nairobi Summit, while not the focus of this report, allowed for a larger contextualization of themes

and a broader analysis. The researchers felt it was important that the final analysis capture the significance granted to these themes by governments, as it is indicative of governments' understanding as well as vision and support for the ICPD PoA. Equally, the researchers felt that it was interesting to add a column detailing whether UNFPA has an office in the commitment-making countries and determine if a correlation existed between the SMART criteria and the presence of a UNFPA country office.

LIMITATIONS OF THE METHODOLOGY

The Nairobi Summit website is still open to commitment entry. The data used for analysis potentially is not the most updated. The commitments included in this study do not include those not uploaded to the website at the time of writing, nor the ones read in Nairobi at the commitment ceremony but not registered on the website subsequently. The subdivision of the commitments makes the number of commitments reported unique to this study, making comparability difficult. Many comments were entered in native language, hence translation to English was necessary. The methodology is only focused on quantitative data. A quantitative analysis does not capture the richness of Nairobi Summit and limits the ability of showing a holistic picture. Some of the tagging was subjective which increases the margin of error. Commitments were tagged according to the high-level areas of change in the advocacy common agenda themes meaning a more granular approach was sometimes lost.

FIGURES AND TABLES

Figure 1 (page 6)	Advocacy Common Agenda – graphic summary
Figure 2 A-F (page 8)	Nairobi Summit Government commitments per region by priority theme (Africa, the Americas, Arab World Region, Asia and the Pacific and Europe and Central Asia)
Figure 3 (page 12)	Percentage total of financial commitments by region
Figure 4 A-B (page 14)	Percentage of Africa commitments aligned with the thematic priorities
Figure 5 A-B (page 18)	Percentage of The Americas commitments aligned with the thematic priorities
Figure 6 A-B (page 22)	Percentage of Arab World Region commitments aligned with the thematic priorities
Figure 7 A-D (page 26-27)	Percentage of Asia and the Pacific commitments aligned with the thematic priorities
Figure 8 A-B (page 32)	Percentage of Europe and Central Asia commitments aligned with the thematic priorities
Table 1 (page 9)	Global commitment alignment against priority themes
Table 2 (page 15)	Africa countries with strong and SMART commitments based on priority themes
Table 3 (page 19)	The Americas countries with strong and SMART commitments based on priority themes
Table 4 (page 23)	Arab World Region countries with strong and SMART commitments based on priority themes
Table 5 (page 28-29)	Asia and the Pacific countries with strong and SMART commitments based on priority themes
Table 6 (page 34)	Europe and Central Asia countries with strong and SMART commitments based on priority themes

REFERENCES

- i. Starrs A, et al. (2018). Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet. 391(10140) pp. 2542-2692. The Lancet Commissions. 391 (10140), pp.2642—2692.
- ii. *ibid.*
- iii. *ibid.*
- iv. <https://www.shedecides.com>

The ICPD texts used for comparison in this analysis include:

- The International Conference on Population and Development (ICPD) Programme of Action
- Beijing Declaration and Platform for Action
- ICPD+25 Regional Review Reports 2018
- Africa – The Maputo Plan of Action 2016-2030. African Union (2016-2030)
- The Americas – Montevideo Consensus on Population and Development (12-15 August 2013)
- Arab World Region – Cairo Declaration – Regional Conference on Population and Development in the Arab States (ICPD Beyond 2014)
- Asia and the Pacific – The Ministerial Declaration (2013)
- Europe and Central Asia – Chair’s Summary from the 2013 UNECE Regional Conference (2013)

PHOTOGRAPHY

Front cover: Mozambique/Isabel Corthier

Front cover: Mexico/Brenda Islas

Front cover: India/Kathleen Prior

Inside front cover: Somaliland/Zoe Flood

Page 7: Mexico/Pañuelazo

Page 12: Macedonia/Jon Spaul

Page 13: Nepal/Jon Spaul

Page 17: Mozambique/Isabel Corthier

Page 21: Mexico/Brenda Islas

Page 25: Palestine/Hannah Maule-ffin

Page 29: Nepal/Jon Spaul

Page 31: Cambodia/Omar Havana

Page 33: Albania/Gert Izeti

Page 35: Serbia/Proudfoot

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
CEFM	Child Early Forced Marriage
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CMTS	Commitments
CRC	Committee on the Rights of the Child
CSO	Civil Society Organization
CSE	Comprehensive Sexuality Education
CPD	Commission on Population and Development
CSW	Commission on the Status of Women
DD	Demographic Dividend
ESCR	Economic, Social and Cultural Rights
EU	European Union
FP	Family Planning
FP2020	Family Planning 2020
FGM	Female Genital Mutilation
GA	General Assembly
GBV	Gender-Based Violence
GE	Gender Equality
GEWE	Gender Equality Women's Empowerment
HLPF	High Level Political Forum
HIV	Human Immunodeficiency Virus
HRC	Human Rights Council
IPPF	International Planned Parenthood Federation

ICPD	International Conference on Population and Development
IDP	Internally Displaced Person
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MC	Montevideo Consensus
MM	Maternal Mortality
MPoA	Maputo Plan of Action
MS	Member States
ODA	Official Development Assistance
PoA	Programme of Action
RMNCHA	Reproductive, Maternal, Newborn, Child and Adolescent Health
SDG	Sustainable Development Goals
SOGIE	Sexual Orientation Gender Identity and Expression
SMART	Specific, Measurable, Attainable, Relevant, Time-Bound
SR	Special Rapporteur
SRSg	Special Representative of the Secretary General
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexual Transmitted Infections
UN	United Nations
UNECE	United Nations Economic Commission for Europe
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UK	United Kingdom
WHO	World Health Organization



**Published in August 2020 by the
International Planned Parenthood Federation**

4 Newhams Row, London SE1 3UZ, UK
tel +44 (0)20 7939 8200
fax +44 (0)20 7939 8300
web www.ippf.org
email info@ippf.org

UK Registered Charity No. 229476