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REPORT ON PAHO/WHO'S ROLE AT THE WORLD CONFERENCE ON WOMEN IN BEIJING

This report covers three topics. First, it provides a brief account of the activities carried out by PAHO/WHO at the Fourth World Conference on Women (FWCW) in Beijing. Second, it reviews the major issues for health and the outcome of the discussion on those issues. Finally, the document reflects upon the implications of the results of the FWCW for the work of the Secretariat in health and human development. The Subcommittee is requested to comment on all three of these sections, in particular the last one.

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PAHO/WHO Activities at the FWCW

The Coordinator of the PAHO Program on Women, Health, and Development was the only delegate from the Secretariat to the Beijing Conference. In this capacity, she formed part of the WHO delegation of 32 members attending the event. From the outset of the Conference, the Director-General, Dr. Hiroshi Nakajima, designated a small technical team of nine staff members, including the PAHO HDW Coordinator. This team was assigned the following tasks:

- to cover the governmental discussions of the health section of the draft platform of action;

- to maintain permanent contact with government delegates and NGOs so as to provide technical input, where necessary, related to the draft platform of action.

In addition, activities involved participation in the final preparations and the execution of WHO's Health Day, which took place on 5 September 1995, as well as covering key health and development-related panels organized by NGOs at the NGO Forum in Huairou, about one hour from the UN Conference site.

With respect to the coverage of the governmental discussions of the health section of the draft platform of action, Ambassador Merwat Tallawy, Chairperson of the discussion on the health chapter, had specifically requested the continuous presence of WHO in the health contact group as well as at other more general health sessions, to provide technical support as questions arose. That occasion did indeed occur, particularly during the intense discussions which called on governments to review laws that penalize women for having illegal abortions and to approve a provision that defines the right of women to make decisions about their own sexual and reproductive health as a basic human right.

To respond to Ambassador Tallawy's request, the technical team from WHO was designated at the beginning of the FWCW by the Director-General. The work entailed

preparing responses for the numerous sensitive bracketed[1] issues for ready access should there be a need to refer to them.

Once this preparation was completed, work was intensified with national delegations from WHO's regions, ensuring that they were thoroughly briefed on technical matters, as well as maintaining continuous contact with NGOs from the respective regions.

Although the NGO Forum was one hour away by bus from the UN Conference center, the Chinese provided continuous transportation back and forth from the Forum to the main conference site. WHO and other UN agencies organized and/or participated in a number of the panels at the Forum, which averaged about 350 panels a day on innumerable subjects of interest to the participants. The Forum was a key site for meeting with Latin American and Caribbean NGOs, and the quality of the panels attended, in general, was excellent.

WHO's Health Day, carried out on 5 September, was a success, attested to by the number of persons who attended. In addition to a stellar group of panelists, the events were also attended by numerous first ladies and dignitaries, including Madeleine Albright, Ambassador of the United States of America to the United Nations; Leia Boutros Boutros Ghali, wife of the Secretary General of the United Nations; Rigoberta Menchú, Nobel Prize Winner; and Winnie Mandela, the controversial South African leader. NGOs accredited to the Conference were also present in large numbers.

Major Issues of Health and the Outcome of Those Issues

The major issues included were those related to safe abortion, parental responsibility, reproductive and sexual rights, and the relationship between sexual activity and specific health problems, for example, cervical cancer. Because of opposing views on these subjects, the health discussions became the highlight of the Conference, and participants crowded into the rooms whether they were health specialists or not.

With respect to the term "sexual rights," strong opposition to its insertion in the platform was voiced by some Muslim countries and the Holy See. However, the majority of the countries presented very strong arguments for the inclusion in the document of the right for women to control their sexuality. Although the term "sexual rights" as such does not appear in the document, a consensus was achieved as all

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[1] Language in the draft platform of action to which a Member State (or States) expressed objection was placed in brackets to indicate that consensus among States had to be reached during the UN Conference.

delegations did agree to the language "women have the right to make decisions concerning the control of their own sexuality and reproduction free of discrimination, coercion and violence."

Insofar as decriminalization of abortion is concerned, delegations agreed to approve Paragraph 107k, which called on governments to "consider reviewing laws containing punitive measures against women who have undergone illegal abortions."

The issue of parental responsibility was hotly contested by some Muslim countries which felt that issues of adolescent sexuality were irrelevant to them and characteristic of Western countries. However, there was near unanimity by all other delegations that, in matters of reproductive and sexual health, the rights of the adolescent are paramount. That is, there should be confidentiality in the provision of contraception and information on contraception to youth. Great emphasis was given to the need for youth involvement in the design and implementation of effective education programs targeted at helping them deal in a positive and responsible way with their sexuality.

If the approval of the right of a woman to control her own sexuality was the biggest victory of the health platform (it also appears in the human rights section), the discussion of sexual preference was the most difficult and acrimonious. Ambassador Tallawy had requested a small group to review how to deal with the phrasing regarding "freedom from discrimination due to race, ethnicity, sexual orientation . . . ." Three days before the end of the Conference, when the small group could not come to an agreement, the discussion was brought back to the plenary at 1 a.m., where until 3 a.m. the countries engaged in a heated battle over the inclusion of "sexual orientation" in the phrase. Some Muslim countries and the Vatican pleaded with the countries not to "stain" the platform with language that refers to "unnatural and deviant" behavior, but the rest of the world refused to agree. Brazil, Chile, South Africa, and others made impassioned speeches on the rights of minorities, and in the end the term was kept, with reservations on the part of some Muslim delegations and the Holy See.

In addition to WHO's efforts to facilitate technical information with respect to the above discussions, WHO's contributions to the Platform for Action dedicated to health included assistance in its wording so as to emphasize the importance of health in all aspects of life, and calling for action to:

- increase women's access throughout the life cycle to appropriate, affordable, and quality health care, information, and related services;

- strengthen preventive programs that promote women's health;

- undertake gender-sensitive initiatives which address sexually transmitted diseases, including HIV/AIDS, and sexual and reproductive health issues;

- promote research on and monitor follow-up for women's health;

- increase resources and monitor follow-up for women's health;

- make available adequate resources to implement the recommendations contained in the Platform of Action.

Implications of the Conclusions of the FWCW for Health and Human Development

Clearly, the results of the Beijing Conference built upon but went further than the Cairo Conference. Latin America and the Caribbean, with three main exceptions, completely supported the concepts and actions contained in the Platform of Action, despite the fact that members of delegations from Latin America were receiving faxes on a daily basis pressuring them to register reservations on the abortion issue and on the sexual rights issue. But they did not.

The Fourth World Conference on Women was a global reminder that the time is over for using women as instruments of public policy without their being participants in a process of consensus-building for social change. It heralded the demise of the view of women as a means of achieving some externally established goal—e.g., growth in per capita aggregate income, poverty reduction, and environmental conservation—through population control.

While criticisms were levelled at the Beijing platform for focusing too heavily on sexual and reproductive health issues, those are the very issues that are at the heart of empowerment. The Platform of Action emanating from the International Conference on Population and Development, better known as the Cairo document, was a precursor to Beijing. That document underscored the narrowness of proposals that have previously been developed to respond to the problem of population growth and that were based on the concept of population control. The Cairo document also called for a broadening of the operational strategies of reproductive health, which have focused too narrowly on the provision of family planning services providing contraceptives and sterilization services, primarily to women.

Over the last 30 years, there has been little official questioning that the social exchanges to be initiated should be undertaken at the macro level rather than at the household or couple level. Consequently, the indicators of success have been based on demographic objectives and targets, such as national fertility rates or overall population growth rates. The micro reality in which fertility decisions are taken, the dynamics of

decision-making between couples, and sexuality have not been considered relevant except insofar as they were means to attain macro-level objectives.

The distancing that a macro-level analysis creates from the untidy realities of sexuality, childbearing and childrearing, led to the hegemony of concepts such as "population control," "pregnancy outcome," and "reproduction"—hard-edged, depersonalizing terms. Would women have chosen them to describe their experience with these realities? Beijing indicated clearly, as did Cairo, that the answer is no.

Words such as these carry no resonances of the complexity and chaos of the social and cultural pressures, the desires, fears, emotional needs, risk-taking, misgivings, delusions, among others, that characterize sexuality. Nor do they consider the complex of emotions, physical changes, social reactions, social and sexual desires, and the ambiguity, pain, and conflict that come with pregnancy and nurturing. The language of the analysis distances itself from the human realities.

This is not to argue that family planning services and access to contraceptive technologies are not needed. They are clearly needed by those who have chosen to take reproductive responsibility. However, it is not clear that it is their availability that changes patterns of decision-making about sexuality, conception, and children. There has been a failure to differentiate between factors that influence decision-making and the contraceptive technology and other goods and services required to carry out those decisions.

As a direct result of that analytical framework, the causes of failure to achieve the set targets generally have been identified as a failure in the coverage or delivery of the services rather than, for example, women's subordination to or emotional dependency on men, mothers, or stepmothers and the broader family network, or people's desire to live lives different from those advocated.

All this has now changed. It is not that Cairo, or now Beijing, catalyzed the change. Rather, they served to put into the spotlight changes that were already happening. Over the last few years, the former analytical framework has been replaced by one founded on the concepts of women's health, rights, and empowerment and by men's roles and responsibility in conception, childbearing, childrearing, and prevention of diseases such as reproductive tract infections (RTIs) and sexually transmitted diseases (STDs). The analytical framework of the documents of the International Conference on Population and Development and of Beijing are given life by these new concepts which place human sexuality, desires and pleasure, women's health, and empowerment into the context of development in a more human, more integrated, more sustainable and structural way. They recognize the complexity of their interlinkages within political and cultural settings. They emphasize the role of the civil society in problem-solving and

interrelationships among populations, sustained economic growth and human development, and between poverty, migration, urbanization, education, social services, and family decision-making.

This radical deepening and broadening of the analytical framework and, to a certain extent, its strategies and practice, was significantly influenced by one of the most extensive and effective movements of women in living history. Women worldwide came together as an international women's health movement, bringing with them an understanding grounded in the realities of their different daily lives, their activist experiences, their reflective analysis, and their networking, communication, advocacy, and lobbying skills. This was evident in Cairo and again in Beijing.

Those who work in health and human development cannot but benefit from what women, through these conferences, have achieved. Currently, WHO is reconsidering the mechanisms for renewing the call for health for all. In discussing the general characteristics of an integrated response to health for all, a recent PAHO document talks about

> . . . new elements [whose] main characteristic is its comprehensive nature as an organized social response . . . . Other elements that would characterize this new vision involve the promotion and support of alliances and coalitions, general cooperation for local and national development; improving the national ability to mobilize resources; strengthening the ties between the health of the population, the environment, and sustainable human development; invigorating the social model of health practices and strengthening community participation in decision-making; and institutional recovery of the sector through stronger leadership.[2]

The aforementioned elements have been part of the women's health agenda since before Cairo. But they have not remained platitudes—they have been activated and are being put into practice through the myriad of initiatives women are undertaking worldwide to overcome economic hardship, to gain recognition of their rights, and to insist on making public a discussion of values and dreams that ultimately influence people's health decisions. This, from the point of view of the Program for Women, Health, and Development, is the message of Beijing.

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[2] *Draft: Renewal of Health For All.* Pan American Health Organization. Document 6.9.1995 prepared for PAHO Technical Discussions, September 1995.