ICPD+25 Shadow Report: Amplifying and Accelerating Action on Young People's SRHR

A Summary

RIGHT HERE
RIGHT NOW

Why This Report?

In 2013-2014, governments built upon previous commitments included in the 1994 *ICPD Programme of Action*, in regional ICPD Beyond 2014 agreements such as the *Asian and Pacific Ministerial Declaration on Population and Development*, *the Addis Ababa Declaration on Population and Development in Africa Beyond 2014*, and the *Montevideo Consensus on Population and Development*. Notably, governments strengthened their commitments related to **comprehensive sexuality education (CSE);**[i] access to **youth-friendly SRH services**[ii] and **safe abortion services;**[iii] and the **rights of LGBTI individuals.**[iv] The following is a summary of our shadow report for the ICPD+25 review, exploring some of the progress and challenges regarding these thematic areas, particularly in terms of national law, policy, and implementation across RHRN countries, regions and at global level; as well as our global and regional recommendations.[v]

Who Are We?

Right Here Right Now (RHRN) is a global strategic partnership in ten countries (Bangladesh, Nepal, Indonesia, Pakistan, Kenya, Uganda, Zimbabwe, Senegal, Honduras, Bolivia), and the Caribbean sub-region. Our partnership strives for the protection, respect and fulfilment of the sexual and reproductive health and rights (SRHR) of young people, including girls, young women and young lesbians, gays, bisexuals, transgender and intersex (LGBTI) individuals, across Africa, Asia and Latin America.

Global SRHR Snapshot

Young people aged 10-24 comprise *1.8 billion of the world's population*. 90% live in developing countries.

Approximately *16 million girls aged 15-19 and 2.5 million girls under 16 years old give birth each year* in developing regions.

Pregnancy and childbirth complications remain the *leading cause of death* for girls aged 15-19.

Roughly *3.9 million girls aged 15-19 undergo unsafe abortions* annually.

In 2016 alone, *610,000 young people between 15-24 years old were newly infected with HIV,* of whom 260,000 were adolescents aged 15-19.

Same-sex relationships remain criminalized in approximately 70 countries around the world.

Overall, efforts in relation to these issues need to be amplified and accelerated. In many cases, a lack of political will and investment in these most neglected SRHR issues has stalled progress,[vi] and is keeping us from achieving the ICPD Beyond 2014 agreements, as well as the *2030 Agenda for Sustainable Development*. We are also seeing pushback regarding young people's SRHR, indicating the often-politicized nature of SRHR and young people's health, which further impedes progress. Meaningful youth participation in policy formulation and implementation, moreover, particularly beyond tokenism, remains an ongoing challenge.

Young people's rights, including their sexual and reproductive rights, are not up for debate. It is therefore critical that both within and beyond ICPD+25 review processes, governments not only reaffirm their commitments, but also adopt a proactive, enthusiastic, and holistic approach to progressive policy formulation, implementation, and increased resource allocation. This approach requires vigilance for any attempts to dilute the agreements outlined either in the ICPD Beyond 2014 framework, or in other human rights commitments. It must also be undertaken with the meaningful involvement of young people, in order to ensure that policies and programmes are both reflective of and responsive to young people's realities, and in turn achieve the vision of the ICPD agenda.

Comprehensive Sexuality Education (CSE)

The ICPD Beyond 2014 Review noted the increasing evidence in support of the benefits and value of CSE.[vii] Since 2014, there has been growing international agreement on its importance, such as the 2018 revised edition of the *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*, launched by UNESCO and supported by UN Women, UNAIDS, WHO, UNICEF, and UNFPA. Human Rights bodies, moreover, such as the Committee on the Rights of the Child and the Committee on Economic, Social and Cultural Rights, have also emphasized the significance of CSE.

Ongoing challenges consist of organized attacks by opposition movements at global, regional and national levels, fuelled by the persistence of myths and misconceptions about CSE. Examples of global opposition include anti-CSE campaigns and documentaries, attacks on specific UN organizations (e.g. UNFPA, UNESCO, or the WHO) and NGOs (e.g. IPPF) who work on CSE; as well as targeted advocacy towards Member States in UN negotiations to omit any references to CSE in UN outcomes or resolutions, often blocking progress in global level intergovernmental commitments. More generally at regional and national level, we see that global opposition messages are propagated, spreading false information and fear against any sexual education curricula that go beyond an abstinence-only approach. In Latin America and the Caribbean, CSE-related initiatives have frequently been subject to attacks initiated by fundamentalist religious and conservative groups, as illustrated by the rise of anti-CSE campaigns across various countries. In Africa, CSE similarly remains fraught with tension, often impeding the implementation of sexuality education programs such as in Uganda, where in 2016 attacks on CSE resulted in a country-wide ban on sexuality education.

> The 2016 CSE ban in Uganda undermined any previous progress gained; since then, however, and the launch of a civil society lawsuit calling on the government to lift the ban, there have been efforts to expedite the passing of both the draft School Health Policy, and the Sexuality Education Framework. The Framework was launched in May 2018, whereas the draft School Health Policy awaits to be launched in 2018 as well, both with potential to create significant inroads regarding the provision of sexuality education for young people.

Other challenges relate to the full implementation of CSE-related policies, where although many countries have a national policy/curriculum in place supporting the provision of some form of sexuality education, this does not necessarily result in young people's access to comprehensive information. In Asia-Pacific, for example, implementation is often hindered by intersecting factors such as bureaucratic shifts and changes within relevant ministries; inconsistent integration of CSE in various policies; discrepancies regarding CSE curricula implementation; stigma regarding young people's sexuality; and religious strongholds. When CSE policies and curricula are implemented, moreover, there generally is a predominant focus on SRH information (usually biology and reproduction), with little or no content addressing behaviour change, skills development, rights and

> In Bangladesh, the CSE curriculum in public schools provides adolescents with very little conceptual understanding of issues such as affirmative sexuality, sexual behaviour, and sexual and gender diversity, while the undertone of the content also perpetuates gender stereotypes and stigma related to sexuality. Similarly, in the Caribbean, the content of Health and Family Life (HFLE) curricula is generally not in line with regional and international CSE standards, often employing an abstinence-only approach, and inadequately addressing the range of SRH issues affecting Caribbean young people.

discrimination, safe abortion, sexuality, consent, SOGIE, or gender norms, among other integral topics. In addition, when provided CSE is often restricted to in-school settings, not reaching out-of-school youth. Teacher training on CSE delivery from a rights-based approach is also often lacking, thereby hindering young people's ability to acquire the information and skills development they need to make informed and empowered decisions regarding their SRHR.

Adolescent-friendly SRH services

There has been increased international recognition of the importance of ensuring young people, and particularly adolescents' access to youth-friendly SRH services. Examples include the updated *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)*, the WHO's *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation*, and UNESCO's 2018 *International Technical Guidance on Sexuality Education*. The Committee on the Rights of the Child has similarly underscored the obligation of providing youth-friendly SRH services as part of States' human rights commitments.

In Senegal, the adolescent-youth component of the integrated 2018-2022 Plan SRMNEA (*Santé de la Reproduction de la Mère, du Nouveau-né, de l'Enfant et de l'Adolescent)* remains considerably under-funded, with no specific budget lines associated with young people's access to SRH services. As such, despite efforts made in policy development, the health system does not yet facilitate equitable access to SRH service packages.

Regionally, in Asia-Pacific nearly all countries mention youth-friendly health services in their SRH, HIV, or youth-related policies. For example, in Pakistan, two of the provinces (Punjab and Khyber Pakhtunkhwa) now have youth policies that acknowledge the need to address the SRH of young people, and promote inclusivity and non-discrimination of any kind. The majority of Asia-Pacific countries have also developed or are in the process of developing standards or guidelines related to youth-friendly service delivery and implementation. In Africa, ensuring accessible youth-friendly SRH services is receiving increased recognition from governments, often via the huge regional attention given to the demographic dividend, as in the *Africa Union Roadmap on Harnessing the Demographic Dividend Through Investments in Youth.*

Challenges largely relate to implementation, and actually realizing adolescents' access to SRH services and goods. In Latin America and the Caribbean, as with CSE the provision of youth-friendly SRH services has been subject to vehement resistance on the part of anti-rights groups, making these politically loaded issues that few officials are willing to champion. In general, moreover, there are still many taboos and even laws that stand in the way of implementation worldwide, where adolescents face various policy, social, cultural, gender and legal barriers that obstruct their access to SRH information, commodities and services. As of 2015, 35 countries had at minimum one policy limiting access to contraceptive services, such as denying provision to unmarried women (e.g. Indonesia), or requiring that minors have parental consent in order to access such services (e.g. Bangladesh).[viii] Social norms and taboos surrounding adolescent sexuality also hinder both healthcare providers' delivery of SRH services, as well as adolescents' access, particularly if they are unmarried. Other barriers may include lack of privacy and confidentiality; prohibitive costs of services; inconvenient opening hours; and inadequate access for young people in rural areas and underserved urban areas. Among adolescents living with disabilities, as well as those who are in fragile/humanitarian settings, the barriers are even greater. In effect, while young people have diverse SRH needs, they are often treated as a homogenous group, ignoring their diversity in terms of age, being in and out of school, SOGIE, geographical location, and socio-economic status, hence worsening the discrimination faced by them.

Resources and associated budget lines for the provision of youth-friendly SRH services are also often insufficient, as is the case in Senegal. This can similarly be seen in Zimbabwe, where most of the ASRH policies, such as the *National Adolescent and Youth Sexual and Reproductive Health Strategy II 2016–2020* (ASRH Strategy II), are not fully funded by the Ministry of Health and Child Care and thus fail to address the SRH needs of young people. Insufficient funding is also the case in Pakistan, where young people's SRHR do not feature strongly enough in the formulation and implementation of provincial health and population policies and strategies, and consequently budgets and resources are not allocated for these needs.

Abortion

Recent successes in decriminalizing abortion include Mozambique's 2015 revision of its Penal Code to permit abortion on certain grounds; the 2017 liberalization of the total abortion ban in Chile; and the May 2018 referendum in Ireland to overturn the country's abortion ban.

"Important gains have been made in reducing deaths due to unsafe abortion since 1994, most notably in countries that have undertaken complementary and comprehensive changes in both law and practice to treat abortion as a public health concern."[ix] Since 2000, 27 countries have liberalized their abortion laws.[x] Human Rights bodies have also condemned absolute abortion bans, calling on States to decriminalize abortion and ensure access to safe abortion services.[xi]

In Kenya, in September 2012 the Ministry of Health launched the Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion. However in December 2013 the government suspended the Guidelines indefinitely, and implemented a ban on safe abortion trainings for healthcare professionals, resulting in great confusion as to when legal abortions can be provided. To date, there is still no framework for implementation; safe abortion training for healthcare providers is lacking and, in a context of legal restriction and challenging societal and religious attitudes, medical practitioners are uncertain of whether they would be legally protected if they were to provide abortions.

However, of abortions occurring globally in 2010-2014, an estimated 45% (25 million) were still unsafe, largely due to various barriers in access to services, including legal restrictions.[xii] Regionally, Latin America and the Caribbean continues to be characterized by some of the most restrictive abortion laws in the world, where abortion is still completely criminalized in six countries. Ongoing challenges to decriminalization remain, particularly in the form of strong opposition from conservative and religious fundamentalist groups. There have been some successes, such as the liberalization of the abortion law in Chile, permitting abortion in limited cases. In general, however, the decriminalization of abortion has once again become a taboo subject in governmental, political, and legislative spheres, as can be seen in the outcome of the 2017 debate on the criminalization of abortion in Honduras. Abortion and emergency contraception are currently completely criminalized in the country, with grave public health outcomes. Yet in spite of public opinion becoming increasingly in favour of decriminalizing abortion at least on some grounds, supportive Honduran congress members discretely shared that they were unable to vote for decriminalization, as it would generate conflict with churches and religious groups and jeopardize their political careers. The 2017 debate thus lamentably resulted in a majority vote to retain Honduras' current abortion laws.

In Africa there is clear guidance and government commitment for liberalizing abortion laws via Article 14.2.c of the Maputo Protocol;[xiii] the overarching challenge is the lack of follow-up in many countries, as well as some governments' reservations to Article 14.2.c. In Asia-Pacific, although the majority of women live under relatively liberal abortion laws, abortion continues to be restricted in many parts of the region. Liberalization of laws alone, moreover, does not ensure access to safe abortion. In Asia-Pacific, some countries continue to have policy barriers such as mandatory spousal authorization for abortion services (e.g. Indonesia). Other challenges include

substandard conditions in health facilities, and finding providers who are trained to perform abortion. These challenges are often further exacerbated by a lack of awareness of the legal status of abortion among women (e.g. Nepal). Service providers in turn are often reluctant to perform induced abortion, and are usually conservative in their interpretation and application of abortion-related laws (e.g. Pakistan). Moreover, abortion-related stigma continues to be a particularly prominent challenge, even in countries with more progressive abortion laws. In Africa, the persistence of stigma and discrimination has often obstructed the provision and uptake of safe abortion services, such as through constraining the release of standards and guidelines regarding safe abortion (e.g. Kenya).

Abortion-related stigma and discrimination is also further reinforced through regressive international policy developments, such as the reinstatement and expansion of the Global Gag Rule (GGR). This failed, archaic, and dangerous policy is effectively an attack by anti-SRHR proponents on abortion rights, and the rights of women and girls to decide over their own bodies. Its re-implementation is set to rollback previous gains made in ensuring women and girls' health and rights, where the GGR is projected to contribute to at least 6.5 million unintended pregnancies, 2.1 million unsafe abortions, and 21,700 maternal deaths, among other grave outcomes.

LGBTI Rights

Global progress on LGBTI rights has included significant developments in Human Rights forums, such as the establishment of the Independent Expert on sexual orientation and gender identity. There have also been recommendations from Human Rights bodies, such as the Committee on the Rights of the Child and the Committee on Economic, Social, and Cultural Rights. In Africa, notably in 2014 the African Commission on Human and Peoples Rights (ACHPR) issued Resolution 275, on the *Protection Against Violence and Other Human Rights Violations Against Persons on the Basis of their Real or Imputed Sexual Orientation or Gender Identity*.

In Nepal, the 2015 Constitution recognizes the Third Gender as citizens of Nepal and prohibits discrimination based on gender; the Ministry of Women, Children and Social Welfare has also announced the formulation of a steering committee to draft a "Same Sex Marriage Bill."

There has also been some headway towards the realization of LGBTI rights. Asia-Pacific, for instance, has seen a series of landmark developments in law and policy reform in some countries, including the decriminalization of homosexual activity, as well as progressive court rulings regarding the rights of transgender people. In Latin America and the Caribbean, though there is still significant pushback regarding LGBTI rights there have been a number of legislative advances, such as the repeal of anti-gay laws in the Caribbean, and the development of laws recognizing the rights to same-sex unions and legal change of name and gender on identity documents. However, significant challenges remain worldwide, as evident in the highly challenged mandate of the Independent Expert on SOGI by some UN Member States. Additionally, while more than 120 countries have decriminalized homosexuality, same-sex relations are still criminalized in approximately 70 countries (e.g. Senegal). In Africa, LGBTI rights remain a contentious issue in the region as a whole, with backlash and regressive steps including the passing of anti-gay bills and laws.

Even where same-sex relations are not nationally criminalized, governments may have other laws or policies in place that contribute to a hostile environment for LGBTI groups; and/or same-sex relations may be criminalized at sub-national level, perpetuating related stigma and discrimination. In Indonesia, for example, though there is no national legislation that criminalizes same-sex relationships, legislation that fosters SOGIE-related discrimination still exists, such as Law No. 44 of 2008 on Pornography, listing "lesbian" and "homosexual" as examples of "deviant

sexual behaviours." At sub-national level, moreover, same-sex relations are criminalized in Aceh. In some cases there have also been backlashes against LGBTI populations in Asia-Pacific, where a resurgence of religious orthodoxy has contributed to a rise in violence and intolerance. Hostile legislative and political environments, moreover, push LGBTI individuals underground and hinder their access to health services.[xiv] In effect, LGBTI communities worldwide continue to experience grave human rights violations, including violent attacks, torture, arbitrary detention, denial of rights to assembly and expression, and discrimination in health care, education, employment and housing.

In Latin America and the Caribbean, challenges relate to public reactions regarding progressive legislative developments, as evidenced by the high levels of violence and attacks that LGBTI communities continue to experience, as well as public backlash or attempts to block recognition of LGBTI rights (e.g. Bolivia). These trends illustrate the limitations of implementing progressive public policies without also undertaking education and citizen awareness campaigns.

In May 2016, the Bolivian government enacted the Gender Identity Law, allowing transgender people to change their image, name and sex in their identification documents. The passing of this law, however, was marred by homophobic protests. Religious fundamentalist groups and opposition legislators then filed a petition for the government to deem the law unconstitutional; which lamentably in November 2017, resulted in a Constitutional Judgment against the law.

Meaningful Youth Participation

Governments worldwide have recognized the centrality of young people to sustainable development and the importance of meaningful youth participation through a number of intergovernmental outcomes, including the respective regional agreements of the ICPD Beyond 2014 Review.[xv] While there have been some notable efforts towards achieving this in reality,[xvi] ongoing challenges remain. In UN spaces, while some Member States have included young people in their national delegations, youth are often left with little influence in their delegation's activities, positions or statements. Even when there are formal spaces for young people's involvement in policy-making, there may still be challenges in terms of working with diverse youth, and navigating internal power dynamics such as those related to gender and age. Efforts also need to be strengthened to ensure the participation of younger youth, particularly adolescents. Youth consultation processes also need to be more open and transparent, undertaken both in and outside formal government structures, and in partnership with civil society, so that diverse young people can provide inputs and participate.

Global Recommendations

Based on our full shadow report and its analysis, we have the following general recommendations:

- **Adopt a comprehensive, holistic definition** of SRHR as proposed by the Guttmacher-Lancet Commission,[xvii] and utilize this definition of SRHR as the **basis for any reviews and/or resolutions** related to ICPD+25, future sessions of the CPD as well as the 2030 Agenda.
- **Utilize the commitments made via the 2030 Agenda** to synergize and accelerate progress towards the realization of the ICPD vision and agenda.
- **Recognize the provision of CSE as integral** to improving the health and rights of adolescents and youth, as well as realizing gender equality and sustainable development.
- Ensure that **commitments to adolescent-friendly SRH services move towards action** and that the ICPD+25 reviews **recognize the ongoing barriers in implementation** at national level, including restrictions based on marital status or third-party consent, lack of health worker skills and adequate training, and taboos around adolescent sexuality.

- Build on the guidance provided by Human Rights bodies and recognize the **right to safe abortion as an integral part of reproductive rights,** while also reaffirming commitments to end unsafe abortion and liberalize abortion-related laws.
- **Condemn policies with harmful ripple effects** beyond the borders of countries that adopt them, such as the **GGR** that adversely affects the SRHR of women and adolescents in the Global South.
- Ensure commitments by all relevant stakeholders to **integrate SRHR information and services,** including access to **safe abortion, in humanitarian response and/or relief efforts**.
- **Protect people with real or perceived diverse SOGIE** from all forms of violence and discrimination, and ensure that barriers obstructing access to SRH services (including those that are a result of stigma) are addressed, in particular for young LGBTI individuals.
- Ensure that the **ICPD+25 regional and global reviews are inclusive at every step of the process, with meaningful spaces for young people in all their diversity** and civil society to participate and contribute to the outcomes of the reviews. Institute transparent, gender- and age-responsive, and participatory monitoring, review, and accountability mechanisms at all levels, to follow up on the implementation of the ICPD PoA and the outcomes of its reviews as well as the 2030 Agenda.
- **Invest in the rights-based collection and use of disaggregated data**, at least according to income, age, gender, marital status, disability, migration and citizenship status, education level, geographic location, ethnicity, and other characteristics relevant in national context, in order to inform decision-making, budgeting, programming, and monitoring of the implementation of the ICPD PoA and the ICPD Beyond 2014 agreements.

Regional Recommendations – Asia-Pacific

Governments must reaffirm their political will and commitment towards the realization of the ICPD agenda. Moreover, a lack of effective regional monitoring frameworks makes it challenging to track progress and gaps. It is thus important that governments work to ensure better synergies between international/regional commitments, and their national implementation, via the following actions:

- **Reaffirm and implement international and regional resolutions**, including the *Asian and Pacific Ministerial Declaration on Population and Developmen*t, the ESCAP Resolution 70/14 on *Enhancing Participation of Youth in Sustainable Development in Asia and the Pacific*, and the *SAMOA Pathway*, amongst others. Ensure their nationalization and localization.
- **Implement, monitor and report on SRHR holistically** within the mechanisms of implementation of the SDGs, namely the **Asia-Pacific Forum on Sustainable Development** (APFSD) and the **Asia- Pacific Population Conferences** (APPC).
- **Create and implement a regional monitoring framework** that can track progress of countries in the region and persisting gaps, and keep governments in the region accountable to their people.
- **Address the shrinking spaces for civil society and human rights defenders (HRDs),** while ensuring institutional spaces and funding for youth and women's organizations and marginalized voices.

Regional Recommendations – Africa

Assertive policies with adequate financing need to be put in place, and politicians must separate religion and morality from women and adolescents' health, in order for governments to take the ambitious SRHR-related commitments outlined on paper into action. Our regional recommendations in regards to achieving the *Addis Ababa Declaration* are thus as follows:

- Prioritize young people's SRHR through **increasing domestic financing for health**, and in particular SRH, while **reducing overreliance on foreign financing for health**,[xviii] in order to accelerate the realization of the region's

ICPD Beyond 2014 related commitments. Governments should thus allocate at least 15% of their annual budget to health, as agreed in the AU *Abuja Declaration*.

- Urge member states of the African Union to **sign, ratify and fully implement the Maputo Protocol**, as well as remove reservations in relation to SRHR, access to abortion and women and girls' rights.
- **Ensure strong monitoring and accountability mechanisms** at the AU to monitor progress and promote learning across countries and Regional Economic Communities (RECs), focused on implementing the *MPoA 2016-2030* and advancing the SRHR of all adolescents, women and girls.
- **Address CSE as a vital component** of improving the health and rights of adolescents and youth, recognizing its critical contribution to realizing *Agenda 2063*, the *Addis Ababa Declaration* and sustainable development.
- **Fully implement ACHPR Resolution 275** throughout the continent, in order to address the ongoing discrimination and violence faced by LGBTI individuals region-wide.

Regional Recommendations – Latin America & the Caribbean

- Overall challenges relate to meaningful follow-up and operationalization of the *Montevideo Consensus*, as well as a resurgence of religious fundamentalist groups across the region. Our regional recommendations are thus the following:
- Resume and/or increase efforts to **fully implement the *Montevideo Consensus***, in line with governments' regional and international human rights commitments.
- **Strengthen the separation of Church and State**, in line with the reaffirmation "that a secular State is one of the elements fundamental to the full exercise of human rights, the deepening of democracy and the elimination of all forms of discrimination."[xix]
- Ensure that public policies intended to address forced child pregnancy, unplanned and unwanted pregnancy, and maternal mortality include **urgent measures to guarantee the availability of and access to modern contraceptive methods**.
- Renew and ensure **region-wide efforts towards amending abortion-related laws**, regulations, and policies "in order to protect the lives and health of women and adolescent girls [and] improve their quality of life,"[xx] as outlined in the *Montevideo Consensus*.
- Advances in ensuring access to abortion should go beyond expanding the legal grounds for the procedure, in that it is also necessary to **advance the social acceptance of abortion**. Governments must provide factual information and **eliminate stigmatizing language and practice** surrounding the procedure, in order to reduce potential pushback or resistance to its decriminalization.
- Ensure the **implementation of public education and awareness campaigns** in tandem with implementing **LGBTI rights laws**, as well as positive public statements by State authorities, in order to combat the stigmatization of LGBTI persons, and foster a receptive environment for advancing LGBTI rights both in policy and practice, in line with recommendations by the IACHR.

Conclusion

In the lead-up to the ICPD's 25th anniversary, we need renewed momentum, political will and leadership to navigate the often-adverse political climate facing SRHR. Efforts regarding governments' youth SRHR-related commitments must be amplified and accelerated, sufficiently resourced, and undertaken with the full participation of CSOs and young people themselves, so as to:

- Expedite the formulation and full implementation of progressive SRHR-related policies and commitments across country, regional, and global levels;
- Comprehensively account for the barriers young people currently face regarding their SRHR;
- Resist and remain steadfast in the face of any attempts to rollback or undermine young people's rights, including their SRHR.

We also need a comprehensive approach that acknowledges, accepts, and celebrates young people's sexuality, and in turn is willing to fully address the "difficult" issues of CSE, youth-friendly SRH services, safe abortion, and LGBTI

rights. It is also critical that the ICPD+25 regional and global reviews be inclusive throughout and enable young people in all their diversity to participate as rights holders and contribute to the outcomes. In this sense, we at RHRN stand ready to work with our allies and partners to champion and center young people's voices in these processes, in order to fully realize the health, rights, and wellbeing of adolescents and young people, and their ability to exercise informed and meaningful decision-making power throughout and over all aspects of their lives.

[i] ECA (2013), *Addis Ababa Declaration on Population and Development in Africa Beyond 2014*, para. 40; ESCAP (2014), *Report of the Sixth Asian and Pacific Population Conference*, para. 146; ECLAC (2013), *Montevideo Consensus on Population and Development*, paras. 11, 14.

[ii] ECA (2013), para. 34; ESCAP (2014), paras. 109, 112, 145; ECLAC (2013), paras. 12, 14, 44.

[iii] ECA (2013), paras. 37, 38; ESCAP (2014), paras. 118, 132; ECLAC (2013), paras. 40, 42.

[iv] ECA (2013) paras. 4, 18, 35; ESCAP (2014), paras. 76, 84; ECLAC (2013), paras. 34, 36.

[v] Please see the RHRN ICPD+25 Shadow Report Bibliography for the complete list of references used for this summary and the full report.

[vi] Starrs, Ann M. et al (2018), "Accelerate Progress—Sexual and Reproductive Health and Rights for All: Report of the Guttmacher–Lancet Commission," The Lancet (391), p. 2642.

[vii] United Nations (2014), *Framework of Actions for the Follow-up to the Programme of Action of the International Conference on Population and Development Beyond 2014: Report of the Secretary-General*, A/69/62, para. 347.

[viii] Starrs, Ann M. et al (2018), p. 2658.

[ix] United Nations (2014), para. 368.

[x] "Abortion: Access and Safety Worldwide" (2018), The Lancet 391: 1121.

[xi] See CRC (2016), *General Comment No. 20 (2016) on the Implementation of the Rights of the Child During Adolescence*; CESCR (2016), *General Comment No. 22 (2016) on the Right to Sexual and Reproductive Health*; and CRR and UNFPA (2013), *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights Through UN Treaty Bodies and Legal Reform*, Chapter 3 on Abortion.

[xii] Starrs, Ann M. et al (2018), p. 2661.

[xiii] Article 14.2.c: States agreed to protect women's reproductive rights by authorizing abortion "in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus."

[xiv] Starrs, Ann M. et al (2018), p. 2657.

[xv] United Nations ECA (2013), paras. 8, 69, 79; United Nations ESCAP (2014), para. 148; United Nations ECLAC (2013), para. 8.

[xvi] Please see the full Shadow Report for examples of efforts to include young people in policy development and implementation at global and regional levels, as well as national/sub-regional examples from Pakistan, Uganda, Zimbabwe, Bolivia, and the Caribbean.

[xvii] Starrs, Ann M. et al (2018), p. 2646.

[xviii] van Eerdewijk, Anouka et al (2018), *The State of African Women Report: Key Findings*, IPPF AR, p. 18.

[xix] United Nations ECLAC (2013), p. 13.

[xx] Ibid, para. 42.