Twenty Years, One Goal:

20th Anniversary Report 2004

INTERNATIONAL WOMEN'S HEALTH COALITION
Securing women’s right to sexual and reproductive health and autonomy, free from discrimination, coercion, disease, and violence.

“I want to pay tribute to the International Women’s Health Coalition for the wonderful work it is doing around the globe. The IWHC and its partners provide indispensable leadership for the health and rights of girls and women worldwide. If there were more pioneers like IWHC, the world would be a better place.” KOFI ANNAN, UNITED NATIONS SECRETARY-GENERAL

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Believe it or not, President Ronald Reagan is to thank, in part, for the establishment of the International Women’s Health Coalition in 1984. That year his “Mexico City Policy,” also called the “Global Gag Rule,” denied U.S. funds to private organizations that support safe, legal abortion for poor women throughout the world. Drawing on our combined 25 years of work on population and women’s rights, Joan Dunlop and I picked up the gauntlet. We established IWHC to promote reproductive health and rights and defend access to safe abortion.

Strength lies in numbers, they say. So from the beginning, we found and invested in like-minded individuals and organizations across Africa, Asia, Eastern Europe, and Latin America, empowering them just as they would empower the girls and women in their communities. In 20 years, the number of IWHC colleagues has multiplied exponentially, and their impact has been felt around the world. These colleagues are our lifeblood and our inspiration. Their knowledge of the realities of women’s lives has enabled us to speak out on issues previously shrouded in silence—the epidemic of untreated reproductive tract infections, unacceptable numbers of deaths related to pregnancy, limitations of contraceptive technology, and a pandemic of violence against women.

But we have gone beyond creating global awareness. We have transformed international population policies through our work at United Nations and other international meetings. In the last decade, we have made women’s health and empowerment—rather than limiting reproduction—a global priority. And we have made extraordinary progress toward implementing this vision, far beyond what Joan and I had dreamed possible in our lifetimes.

Nevertheless, much remains undone. We still confront widespread gender inequality that compromises women’s health, violates their rights, and fuels the HIV/AIDS pandemic. We must reverse the pervasive failure to invest in the health and development of young people. These challenges are becoming even more formidable with the resurgence of fundamentalist governments and leaders that oppose what we hold to be inalienable human rights.

The resistance is sometimes daunting, but just as we conceived IWHC in response to President Reagan’s attack on reproductive rights, we face every new challenge with vigor, sustained and inspired by the growing numbers of women, and increasingly men, who are determined to promote sexual and reproductive health and rights. Thanks to the continued generosity of our donors and the dedication of our staff and colleagues, we have come very far; I hope the pages that follow inspire you to join us and lend your support. Very simply, the health of women means the health of the world.

Adrienne Germain
President

I am thrilled and honored to be chair of IWHC as we begin our third decade. In my earlier life, as representative of the United Nations Office for Children and Armed Conflict, I saw vividly that we can do little for the world’s most vulnerable children unless we do something for their mothers, who are often denied the most basic human rights and lack the most basic health resources. Only with healthy women do we have healthy families, communities, and societies. Over the past two decades, IWHC has been a visionary force working around the world to secure girls’ and women’s rights and to increase their access to health services. What the Coalition’s outstanding staff and far-flung colleagues have achieved fills me with hope.

I am also filled with a sense of great urgency. The progress women have made is severely threatened by the HIV/AIDS pandemic and the rising tide of reactionary extremists who would deny women and girls their reproductive health and rights and deprive young people of the comprehensive sex education they need to protect themselves. I am determined to do everything I can to turn back this tide.

As IWHC starts a new era, we are delighted and invigorated by the generosity of friends and allies who have helped raise well over a record $1 million in celebration of our 20th anniversary. IWHC and its colleagues are deeply moved by this outpouring of support. The battle for women’s health and rights needs active commitment from every one of us. Together, we will make a difference.

Kati Marton
Chair, Board of Directors
Our World, IWHC’s Mission

Each year, 500,000 women die because they do not have basic care during pregnancy and delivery, and 78,000 die from unsafe abortion. In 2003 there were 5 million new HIV infections and 3 million AIDS-related deaths—both record numbers. An estimated one in three women worldwide will experience gender-based violence in her lifetime.

The International Women’s Health Coalition directly improves women’s lives through professional collaboration and $1.5-$2 million in grants annually to dozens of health and rights organizations around the world. These groups are providing reproductive health services, skills training, and sexuality education to women and adolescents; involving men and boys as partners in securing women’s right to control their sexuality and were among the first to call for increased financing and research in the development of microbicides, which will provide a discreet, female-controlled method of protection against HIV and other sexually transmitted infections. In the face of fierce political opposition, we have stood firm in advocating for worldwide access to safe, legal abortion. A growing coalition of organizations and governments are standing with us, defending women’s right to reproductive health information and services against escalating attacks by conservative and fundamentalist forces around the world.

We play an active role at United Nations and other intergovernmental conferences and collaborate with governments, global health policymakers, and such international agencies as the World Health Organization, the World Bank, and the United Nations Population Fund. IWHC is a leading voice for the right of the world’s 1.2 billion adolescents to comprehensive sexuality information and services that promote gender equality and human rights. We have consistently advocated for women’s right to control their sexuality and were among the first to call for increased financing and research in the development of microbicides, which will provide a discreet, female-controlled method of protection against HIV and other sexually transmitted infections. In the face of fierce political opposition, we have stood firm in advocating for worldwide access to safe, legal abortion. A growing coalition of organizations and governments are standing with us, defending women’s right to reproductive health information and services against escalating attacks by conservative and fundamentalist forces around the world.

20 Years of 21st Century Leadership

1984 IWHC is founded to counter President Reagan’s “Global Gag Rule” and supports work in Colombia, Venezuela, Bangladesh, Indonesia, and the Philippines.

1985 At the United Nations Third World Conference on Women in Nairobi, IWHC galvanizes action against the newly organized “right to life” movement, generating a mass statement on “women’s right to life.”

1987 IWHC adds country programs in Nigeria, Cameroun, Brazil, and Chile and receives wide acclaim for “Balancing the Scales,” the first formal proposal to achieve balance between “population control” and women’s health and rights.

1988 With leading scientists, IWHC issues the report “Culture of Silence,” calling on the public health community to tackle reproductive tract infections, a predominant but neglected women’s health concern, usually suffered in silence.

1992 IWHC begins to mobilize women worldwide for strong representation at the 1994 International Conference on Population and Development (ICPD), to be held in Cairo.

1993 IWHC and colleagues generate a “Women’s Declaration on Population Policies” at a meeting of 212 women from 50 countries, calling for “fundamental revision” of population policies “to foster the empowerment and well-being of all women.” IWHC publishes Population Policies Reconsidered with Harvard University.

1994 As part of the U.S. government delegation at the ICPD in Cairo, IWHC plays a lead role in negotiating unprecedented commitment from 179 governments to put women’s right to reproductive health at the center of population policy.

1995 At the UN Fourth World Conference on Women in Beijing, IWHC and colleagues lead a successful campaign to recognize that women’s human rights include the right to control their sexuality.

1997 IWHC adds programs in Turkey and Pakistan and plays a central role in designing a new national reproductive health program with colleagues in Bangladesh.


2001 Nigeria’s government adopts a national sexuality education curriculum that some IWHC colleagues helped design; IWHC defends adolescents’ right to health information and services at the UN Special Session on Children in New York.

2002 IWHC adds programs in Peru and Mozambique and completes work with the World Health Organization on policy guidance for safe abortion; IWHC mobilizes a successful effort to thwart a Bush administration-led attempt to dilute the Cairo agreement.

2003 IWHC works with U.S. Rep. Joseph Crowley (D-NY) on his successful amendment to President Bush’s $15 billion “Emergency Plan for AIDS Relief,” mandating funds to encourage men to be responsible for their sexual behavior and end sexual violence.
Identifying and Supporting Leaders

IWHC’s colleagues are working around the globe—from Chile to Mongolia, Mozambique to Turkey, Indonesia to Poland—continually devising more innovative, effective programs and initiatives. We have professionally and financially supported many organizations from their inception, learning from their leaders and facilitating their learning from each other. IWHC also supports national and regional networks and has helped launch a number of them, such as RedLat, the Latin American and Caribbean Youth Network for Reproductive and Sexual Rights, a youth-run network of organizations representing 14 countries, and AMANITARE, the African Partnership for Sexual and Reproductive Health and Rights of Women and Girls, which includes 51 member groups and individuals from across the continent. These alliances have proved invaluable to building the political will and influence to change laws, fund programs, and implement policies. Here are two leaders stories:

MARIA JOSE ARAUJO began the women’s health clinic O Coletivo out of a basement in São Paulo, Brazil, in 1986. She was a young pediatrician and the clinic was housed on a street so noisy she could scarcely hear her clients over the constant rumble of the city buses. Now the Brazilian government looks to O Coletivo as a model, and in 2003, Araújo was appointed Secretary for Women’s Health in the federal ministry of health. “I wanted to show that we could empower women and create a more humane model of healthcare, and that we could do it without a lot of money,” says Araújo of the early days. “Of course I didn’t know that it would end up being a model for Brazil as a whole, but somehow I knew that it was a very worthwhile path to follow.”

SHAIZA MOHAMED and her colleagues at Aahung (Harmony), a sexual health and education organization in Karachi, Pakistan, are working against staggering odds to provide adolescents and adults with life-saving information on sexuality and sexual health. The subject is shrouded in silence in this conservative Muslim country, yet Aahung has created Aware for Life, a progressive, gender-sensitive sexuality education curriculum that is being adopted by private schools and dozens of nongovernmental groups across Pakistan. “It’s been really easy to talk with adolescents and even to get their parents to agree that life-skills sexuality education is important,” says Mohamed. “Parents are concerned with adolescents’ health and well-being, but often they’re too shy or inhibited to give their children information. They don’t mind if we do, as long as it is done appropriately.”

Some of Our Colleagues, Past and Present:

- Aahung, Pakistan
- Action Health Incorporated, Nigeria
- Adolescence, Idea, Action (AMANITARE), Argentina
- Adolescent Health and Information Project, Nigeria
- African Federation for Sexual Health and Rights (AFRICH), Kenya
- AGENDA (Action in Gender, Citizenship and Development), Brazil
- ALFR (Association for the Struggle Against Violence Toward Women), Cameroon
- AMANITARE (The African Partnership for Sexual and Reproductive Rights of Women and Girls), Cameroon
- ANIS (Brazilian Women’s Platform), Brazil
- Association for Action Research on Reproductive Health, Cameroon
- Association for the Conservation of the Cultivated Heirs, Peru
- ASTR (Central and Eastern European Women’s Network for Sexual and Reproductive Health and Rights), Hungary
- Bangladesh Women’s Health Coalition
- Calabar International Institute for Research, Information, and Documentation, Nigeria
- Cameroonian Medical Women’s Association
- Campaign Against Unwanted Pregnancy, Nigeria
- Catholics for a Free Choice, Brazil
- Catholics for a Free Choice-Colombia, Colombia
- CCIE (Commission for Citizenship and Reproduction), Brazil
- CCIMAP (Brazilian Center for Social Analysis and Planning)
- Center for Research on Material and Child Health of the University of Campinas, Brazil
- Center for Health Policies Studies, Thailand
- Center for Policy Dialogue, Bangladesh
- CREA (Feminist Research and Advisory Center), Brazil
- CEDOC (Latin American and Caribbean Committees for the Defense of Women’s Rights)
- Central Feminist Collective, Brazil
- EducActions (Cameroon)
- ESPES (Popular Education and Health Trust)
- Fala Pra: Organization of Black Women, Brazil
- FATW (Foundation for Studies and Research on Women)
- FCAR (Women, Health, and Development), Cameroon
- FRASAC (Women’s Health Organization of Nigeria)
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Our colleague organizations have educated and empowered their communities, conducted groundbreaking research, and provided life- and health-saving services where previously there were none. They have reformed their countries’ policies and laws and have achieved representation and support in the highest levels of government. Here are just a few examples:

**BANGLADESH:** One of IWHC’s earliest partnerships was with a consortium of four nongovernmental organizations that together trained thousands of government healthcare workers to provide safe, early abortion services to 250,000 women annually. As a result, rates of abortion-related deaths and injuries plummeted. From 1996 to 1998, IWHC worked with the government, civil society, and international donors to design a new five-year national health and population program. Since it began, the number of maternal deaths has decreased by 25 percent.

**TURKEY:** The dynamic group Women for Women’s Human Rights led the movement that reformed Turkish laws on marriage, inheritance, and property rights. The group has also worked painstakingly to identify and support researchers and activists across the Middle East and North Africa who are doing groundbreaking work on sexuality and sexual rights, often at great personal risk. With IWHC’s support, Women for Women has become a key progressive voice at UN negotiations and has kindled a network of women across the Muslim world.

**BRAZIL:** In 1986, IWHC supported the only three feminist health organizations in existence across the country. Today, they are part of RedeSaúde, a national network of 182 organizations from nearly every state, which IWHC helped start and continues to support. Our Brazilian colleagues are many now, and they have fostered a new generation of activists that includes youth, rural communities, and Afro-Brazilian women. They are highly sophisticated and influential policy advocates in the capital, groups working on medical school curricula reform, nurse midwives, and even an activist street theater group. Together, they are transforming women’s health policy and services.

**NIGERIA, CAMEROUN, AND MOZAMBIQUE:** IWHC has fostered a unique collaboration across these three countries. The success of our Nigerian colleagues’ national sexuality education curriculum is providing a model for our colleagues in Mozambique, who, in turn, are giving Nigerians a model for youth-friendly health services. Persistent campaigns in Nigeria to raise awareness of unsafe abortion and advocate for legal reform have inspired similar work in Cameroun, while Camerounian colleagues’ work on sexual rights has given strength to colleagues in Nigeria, especially those working in the conservative north, where Sharia Islamic law threatens women’s most basic human rights.
Healthy Women = Healthy World: A new equation for global policy

Drawing upon our colleagues’ work for change in their countries—from the sprawling cities of Lagos, Nigeria, and Lima, Peru, to rural villages in India and Brazil—IWHC conveys the reality and diversity of women’s lives at international forums where global health policy is debated, revised, and adopted by governments. We bring our expertise and knowledge to these meetings, ensuring that our colleagues can attend and influence discussions and outcomes.

In 1992, armed with the tangible successes of our colleagues’ initiatives and a vision for population and development that promotes women’s overall health and rights, IWHC began mobilizing for the UN International Conference on Population and Development (ICPD), to be held in Cairo in 1994. We organized preparatory meetings with kindred organizations from across the globe, drafted resolutions, trained women to participate in negotiations, secured seats for women on country delegations, and raised the funds to ensure we would be there for the duration—at every meeting, no matter how early or late.

To this day, Cairo is regarded as a watershed event, an immense victory for the burgeoning sexual and reproductive health and rights movement, a turning point for women everywhere, and the foundation for ever-stronger agreements. IWHC played a lead role in Cairo, negotiating global commitment to brand-new language and a brand-new idea: “reproductive health.” When the monumental Programme of Action was finally approved by 179 countries, the term “population control” had disappeared from the text, and the world had adopted a new approach to population and development, with women’s health, empowerment, and rights at its center. Since 1994, IWHC has defended and expanded these principles at seven other UN conferences.

“All governments…are urged to strengthen their commitment to women’s health, to deal with the health impact of unsafe abortion as a major public health concern…. In circumstances where abortion is not against the law, such abortion should be safe.”

ICPD FIVE-YEAR REVIEW, 63

“The Human Rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality…. Equal relationships between men and women in matters of sexual relations and reproduction…require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.”

BEIJING PLATFORM FOR ACTION, 36

“Full attention should be given to…meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality.”

ICPD PROGRAMME OF ACTION, 13

“The Human Rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights.”

ICPD PROGRAMME OF ACTION, PRINCIPLE 4

“The Human Rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights.”

ICPD PROGRAMME OF ACTION, PRINCIPLE 4
The agreements reached in Cairo and the next year at the Fourth World Conference on Women in Beijing were enormous victories that set in motion policies and programs to change the lives of women and girls. But by the late 1990s, extremist opponents of women’s health and rights emerged strong and determined at ongoing UN negotiations. When George W. Bush became U.S. president in 2001, the world’s superpower joined the Holy See and a handful of conservative states in trying to dismantle the ICPD agreement by objecting to its fundamental concepts—“reproductive rights,” “reproductive health services,” “comprehensive sexuality education,” and “safe abortion where it is legal.” So far they have failed, in large part because IWHC has mobilized colleagues and like-minded governments to block such initiatives.

Since 2001, IWHC has monitored and publicized the Bush administration’s destructive initiatives and persistently advocated for a more humane foreign policy on issues affecting women and girls. We regularly publish articles, op-eds, and letters to the editor, and we are increasingly called on by journalists for expert comment and analysis. The activist donors who make up IWHC’s President’s Council frequently challenge the media and elected officials to apply a woman’s lens to U.S. foreign policy while keeping us informed and connected to public opinion.

Our fact sheet, “Bush’s Other War” (www.bushsotherwar.com), catalogues the Bush administration’s multifaceted attack on global sexual and reproductive health and rights. Since 2001, the United States has abandoned UN agreements, withdrawn foreign aid from international family planning organizations, and withheld condoms and accurate scientific information from people in developing countries—indeed, from U.S. citizens as well—in favor of an ideologically driven and unproven “abstinence-only” approach to disease and pregnancy prevention.

“Defending Progress, Fighting Extremism”

“For 20 years the International Women’s Health Coalition has stood firm against oppression of women and for health and rights. During the Clinton administration, we worked closely together with the Coalition to secure policies and programs to make women’s health and rights a reality worldwide.”

HILLARY RODHAM CLINTON, U.S. SENATOR (D-NY)
Investing in the Next Generation

The world’s 1.2 billion adolescents, the largest adolescent population the world has ever seen, are at risk. More than half of new HIV infections occur in people under age 25, and 62 percent of all infected 15- to 24-year-olds are female. Girls are not only more vulnerable to HIV/AIDS and other sexually transmitted diseases, they experience sexual violence, forced marriage, life-threatening pregnancy complications, and unsafe abortion in appalling numbers. In India, for instance, 50 percent of girls are married before they turn 18, and in Nigeria, 40 percent of girls will give birth before they turn 18. In some parts of sub-Saharan Africa, girls are six times more likely than boys to be infected with HIV. Even when adolescents have access to health information and services—and far too many do not—entrenched gender inequality often prevents young women from negotiating condom use, or deciding when or if they want to have sex at all.

Despite these harrowing realities, IWHC’s colleagues have demonstrated how to make a difference. Together, we are reaching out to even the most marginalized young women and girls, educating and empowering them, providing them with skills training, and helping them access comprehensive healthcare services. Our colleagues are also reaching out to young men and boys. In Nigeria, Consciousizing Male Adolescents is working with young men and boys to break the cycle of discrimination against women, and in Brazil, Peru, and Mozambique, colleagues are training both boys and girls as peer educators.

While working directly with adolescents, our colleagues are also building support in their communities and governments for comprehensive sexuality education programs that promote gender equality and human rights. Unlike the “abstinence-only” approach promoted by the Bush administration, comprehensive sexuality education has been proven to decrease risky behavior and prevent unwanted pregnancies and sexually transmitted diseases. IWHC’s 2004 publication, Positively Informed: Lesson Plans and Guidance for New Sexuality Education Teachers and Advocates, provides organizers with practical guidance for launching comprehensive sexuality education programs.

“There’s a common perception that adolescents are just a group in need of protection from all kinds of risks. What this view ignores is the potential for adolescents to act proactively and positively, and what it wastes is an enormous resource for social development and change.”

MARIA ANTONIETA ALCALDE CASTRO, BALANCE, MEXICO

“Since Cairo I have been working with adolescent girls. I began with nine girls in 1994, and now there are 3,000.”

BENE MADUNAGU, GIRLS’ POWER INITIATIVE, NIGERIA

“When it comes to solving many of the problems in the world, I believe in girl power.”

KOFI ANNAN, UNITED NATIONS SECRETARY-GENERAL
Our Challenge, Our Future

As we reflect on the past 20 years and look onward to the challenges ahead, we draw strength in knowing that the current surge in extreme conservative opposition to human rights, and to women’s rights in particular, is in large part a response to our extraordinary success. While we still face mammoth obstacles, we know that we will prevail. With few exceptions, the world’s governments and the United Nations have agreed to detailed action plans on health and human rights, and to women’s rights in particular, is in large part a response to our extraordinary success. While we still face mammoth obstacles, we know that we will prevail.

IWHC is leading the way as a forceful voice for women and girls throughout the world. But we cannot do it alone. Only hand in hand with our friends, supporters, and colleagues will we achieve universal access to sexual and reproductive health services and full protection of sexual and reproductive rights. We cannot and will not go back.

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