

118TH CONGRESS
2D SESSION

H. RES. 1299

Reaffirming the goals and ideals of the 1994 International Conference on Population and Development Programme of Action in Cairo, Egypt, including comprehensive sexual and reproductive health and rights.

IN THE HOUSE OF REPRESENTATIVES

JUNE 13, 2024

Ms. LEE of California (for herself, Ms. LOIS FRANKEL of Florida, and Ms. MENG) submitted the following resolution; which was referred to the Committee on Foreign Affairs

RESOLUTION

Reaffirming the goals and ideals of the 1994 International Conference on Population and Development Programme of Action in Cairo, Egypt, including comprehensive sexual and reproductive health and rights.

Whereas the United States played a central role in the creation of the United Nations in 1945 following World War II to promote international cooperation;

Whereas the United States encouraged the establishment of the United Nations Population Fund (in this resolution referred to as “UNFPA”) in 1969 and continues to serve on the Executive Board of the UNFPA;

Whereas the International Conference on Population and Development (in this resolution referred to as “ICPD”),

which was attended by officials from the Executive Office of the President, Congress, and United States civil society and private sector organizations, was convened by the UNFPA and the Population Division of the United Nations Department for Economic and Social Information and Policy Analysis in Cairo from September 5 to September 13, 1994, for the purpose of addressing critical issues regarding population, development, and human rights;

Whereas the resulting ICPD Programme of Action, to which the United States is a signatory, asserts that the focus of development policy must be the human rights and dignity of individuals and the improvement of individual lives, measured by progress in addressing inequalities;

Whereas civil society played an indispensable role in shaping and executing the ICPD Programme of Action and continues to do so today;

Whereas, since the adoption of the ICPD Programme of Action in 1994, significant progress has been made towards universal access to sexual and reproductive health and rights, including—

(1) a global increase in voluntary access to modern contraception by 25 percent;

(2) a decline in the number of deaths due to unsafe abortion from 69,000 in 1990 to 22,800 in 2014, due to liberalization of abortion laws and increased access to safe, and effective methods of abortion across the globe;

(3) a decrease in maternal deaths by 34 percent globally; and

(4) enhanced access to medical advances such as the development of antiretroviral therapies, which 29,800,000 people living with HIV accessed in 2022, contributing to

significant decreases in HIV acquisition and transmission;

Whereas gaps and challenges in achieving the goals of the ICPD Programme of Action remain as progress has been unequal and fragmented and new challenges have emerged, such as—

(1) 218,000,000 women worldwide who still have unmet contraceptive needs;

(2) 287,000 women who still die annually from complications during pregnancy and childbirth globally, nearly all of which are preventable and 1 out of 4 of which could be prevented by access to contraception. The reduction in maternal mortality has stalled in 133 countries and there was an increase in maternal mortality in 17 countries from 2016-2020;

(3) up to 11 percent of maternal deaths that can be attributed to unsafe abortion;

(4) more than 1,000,000 STIs that are—

(A) acquired worldwide every day because access to education about STIs and STI testing is not universally available due to a lack of trained personnel, comprehensive sexual education, laboratory capacity, and medicines;

(B) too often untreated, as an estimated 133,000,000 women of reproductive age in low-middle income countries need but do not receive treatment for 1 of the 4 major curable STIs, chlamydia, gonorrhea, syphilis, or trichomoniasis; and

(C) exacerbated by the separation of STI services from other services, such as primary health care or family planning;

(5) People living with HIV or at risk of HIV transmission, including the—

(A) 1,700,000 people who became newly infected with HIV in 2022, 54 percent of which are among key populations and their sexual partners where the risk of acquiring HIV is 22 times higher among men who have sex with men, 22 times higher among people who inject drugs, 21 times higher for sex workers, and 12 times higher for transgender people; and

(B) adolescent girls and young women (ages 15–24) who are at a higher risk of becoming infected with HIV and who account for 4 out of 5 new infections among adolescents (aged 15–19) in sub-Saharan Africa;

(6) 35 percent of women worldwide who have experienced physical or sexual intimate partner violence or sexual violence, or sexual violence by a non-partner at some point in their lives, a vulnerability that may increase as a result of characteristics such as sexual orientation, disability status, HIV status, and pregnancy, or contextual factors, such as humanitarian crises and conflict; and

(7) 48,000,000 women and girls of reproductive age who are in need of humanitarian assistance;

Whereas the ICPD Programme of Action and other international human rights standards recognize that access to evidence-based, comprehensive sexual and reproductive health care, including abortion, is an essential human right, and that ending gender-based violence and the prevention and treatment of HIV are key priorities to advancing sexual and reproductive health and rights for all people, and attaining the ICPD Programme of Action milestones and the Sustainable Development Goals;

Whereas the ICPD Programme of Action called for the right of all people to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so;

Whereas the ICPD Programme of Action called for the right of all people to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, free of coercion, violence, misinformation, and discrimination;

Whereas the ICPD called on governments to commit themselves at the highest political level to achieving the goals and objectives of the Programme of Action and to take a leading role in coordinating the implementation, monitoring, and evaluation of follow-up actions;

Whereas the General Assembly of the United Nations endorsed the ICPD Programme of Action in 1995, affirmed that governments should commit themselves to the goals and objectives of the Programme of Action, and called upon all governments to give the widest possible dissemination of the Programme of Action and seek public support for the goals, objectives, and actions of the Programme of Action;

Whereas 400 youth delegates from 60 countries, including the United States, met for the ICPD30 Global Youth Dialogue in Cotonou, Benin on April 4–5, 2024, to reaffirm the pivotal and active role young people in every corner of the world have played in promoting, protecting and delivering the ICPD Programme of Action and through the resulting Cotonou Youth Action Agenda, called on all United Nations Member States, duty bearers, and stakeholders to implement, resource and institutionalize global commitments which provide youth-centered, accessible,

safe, gender-responsive, quality sexual and reproductive health services and supplies within universal health coverage programmes, including menstrual health management, the full range of modern contraceptives, comprehensive abortion care services, HIV services, and self-managed care;

Whereas Members of Parliament from all regions of the world, with presence from the House of Representatives, met in Oslo, Norway, on April 10–12, 2024, for the eighth International Parliamentarians’ Conference on the Implementation (in this resolution referred to as “IPCI”) of the International Conference on Population and Development and through the resulting Oslo Statement of Commitment, members expressed deep concern about the global backlash against the sexual and reproductive health and rights agenda that has been observed in multiple countries, including the lack of agency for women and girls, which deepens social inequalities and undermines human rights, democracy, gender equality, and the collective efforts to build more inclusive and resilient societies;

Whereas in its 2024 State of the World Population Report, UNFPA reviewed progress in achieving the ICPD Programme of Action, indicating that significant progress has been made, but entrenched inequalities deprive millions from fundamental sexual and reproductive health and rights;

Whereas the inability of the world to reach the most marginalized is largely due to unwillingness to confront the legacies of gender inequality, racial discrimination, and misinformation that underlie health systems;

Whereas the United States government, in its Statement at UN Commission on Population and Development’s 57th Annual Session on April 30, 2024, affirmed that reproductive rights are central to an inclusive, thriving society, that seeking to achieve these rights unequivocally transforms the lives of women and girls, in all of their diversity, around the world, for the better; and

Whereas the Blueprint for Sexual and Reproductive Health, Rights and Justice calls on the United States government to mark the 30th anniversary of ICPD with a high level event that recommits the United States government to the ICPD Program of Action and delivers sexual and reproductive health and rights for all through both rhetoric and action on programs, policy, and funding: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) commends the notable progress made in
3 achieving the goals set in 1994 at the ICPD and the
4 follow up and outcomes of subsequent review con-
5 ferences;

6 (2) recommits to the achievement of the goals;

7 (3) champions the right to bodily autonomy and
8 self-determination for all;

9 (4) recognizes that sexual and reproductive
10 health and rights, including safe abortion, are
11 human rights, and that sexual and reproductive
12 health and rights are a precondition for the em-

1 powerment of women, gender equality, and the well-
2 being and prosperity of all people;

3 (5) commits to advocating for and providing
4 comprehensive and factual information and a full
5 range of sexual and reproductive health care services
6 which are accessible, affordable, acceptable, of good
7 quality and convenient to all users;

8 (6) acknowledges that without a clear commit-
9 ment to a human rights-based approach to develop-
10 ment, reproductive health, and gender equality, it
11 will not be possible to meet the goals of either the
12 ICPD or the Sustainable Development Goals;

13 (7) acknowledges and condemns the recent
14 backsliding that—

15 (A) has occurred domestically and the
16 egregious impact it has had globally, particu-
17 larly regarding abortion access and the rights of
18 the LGBTQIA+ community; and

19 (B) is contrary to evidence-based health
20 practices and established human rights norms
21 and could set back the progress made on reduc-
22 ing unsafe abortions, reducing maternal mor-
23 tality, and reducing stigma against treatment
24 for HIV/AIDS;

1 (8) accepts the responsibility of the United
2 States, as the largest funder of global health, to up-
3 hold the goals of ICPD and set a global example
4 through United States funding and policies, which
5 affirmatively advance Federal development commit-
6 ments and the realization of human rights;

7 (9) supports the urgent need to scale up fund-
8 ing for bilateral international family planning and
9 reproductive health programs and the United States
10 contribution to UNFPA, which have been flat fund-
11 ed for 14 years, and to permanently end harmful
12 policies like the global gag rule and Helms Amend-
13 ment, which undermine global access to comprehen-
14 sive health care information and services and the
15 ability to achieve the vision laid out in the ICPD
16 Programme of Action;

17 (10) opposes and condemns reproductive coer-
18 cion in all forms, consistent with the 1994 ICPD
19 Programme of Action, including—

20 (A) the use of incentives or disincentives to
21 lower or raise fertility;

22 (B) the use of incentives or targets for up-
23 take of specific contraceptive methods;

24 (C) withholding of information on repro-
25 ductive health options; and

1 (D) forced abortion, forced sterilization,
2 and forced pregnancy; and

3 (11) calls on the administration to fully imple-
4 ment the National Strategy on Gender Equity and
5 Equality, including the strategic priority to “Protect,
6 Improve, and Expand Access to Health Care, includ-
7 ing Sexual and Reproductive Health Care”.

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