TWENTY YEARS OF “SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS” IN AFRICA

Achievements of their transnational agents in African political institutions since Cairo, and their post-2015 strategy

Challenges for the Church

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## ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AU</td>
<td>African Union</td>
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<td>EE</td>
<td>Ecclesia in Europa</td>
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<td>EV</td>
<td>Evangelium Vitae</td>
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<td>FC</td>
<td>Familiaris Consortio</td>
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<td>GMS</td>
<td>Gender Management System</td>
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<td>GS</td>
<td>Gaudium et Spes</td>
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<td>HLP</td>
<td>High Level Panel</td>
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<td>ICPD</td>
<td>International Conference on Population and Development (Cairo conference)</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<td>LGBT</td>
<td>Lesbian Gay Bisexual Transgender</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>NGOs</td>
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<td>SRH</td>
<td>Sexual and reproductive health</td>
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<td>SRHR</td>
<td>Sexual and reproductive health and rights</td>
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<td>SRR</td>
<td>Sexual and reproductive rights</td>
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<tr>
<td>UNFPA</td>
<td>UN Fund for Population Activities</td>
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2014 is a pivotal year for global governance. Its current “development framework”, the Millennium Development Goals, expires at the end of the year. It will be replaced by a new “global agenda”. 2014 is also the so-called “target date” for the implementation of the 1994 Cairo International Conference on Population and Development’s Plan of Action. “Universal access to sexual and reproductive health and rights” by 2015 is at the heart of the Cairo plan of action and has been a norm of global governance for the past twenty years.

The perspective of this study is Catholic. Its purpose is to provide parents and educators, agents of development, politicians and pastors with a bird’s eye view of what the transnational agents of sexual and reproductive health and rights have achieved in Africa since Cairo, and of their strategic goals and priorities beyond 2014. We hope it will help them better assess the challenges that the implementation of the Cairo agenda confronts them with directly.

Sexual and reproductive health and rights are irremediably infected with the perspective of the western sexual revolution. The universal Church is deeply wounded by the human, cultural and spiritual destruction that this agenda, aggressively imposed on Africa, rapidly operates on the beloved continent. The Cairo path, to the extent our African brothers and sisters do take it, will inexorably subdue them to the suffering westerners currently endure as a result of the decadence of western civilization.

Courage is needed to decide, both individually and collectively, to step out of dangerous partnerships and frameworks entangled with destructive agendas; to unmask the fakeness of the “Cairo consensus” and promote in African Parliaments and at the level of the African Union genuinely universal, genuinely African family policies instead of sexual and reproductive health and rights; to help the young discern and obey the voice of their conscience, resist evil and commit to what is good instead of submitting passively to the new, western-style “sexuality education” programs; to pastorally accompany African youth, women and men, families as they struggle to grow in the humanly and spiritually hostile environment of the new global culture.

Africans can resist western decadence, remain who they are and are called to be, and play their specific and irreplaceable part in the civilization of love. Yes, with the strength of God, they can!
Chapter one exposes the perverse character of the global population norm and offers a quick reminder of the Church’s teaching about contraception and abortion. Chapter two addresses the political and juridical inroads of sexual and reproductive health and rights agents in and through African institutions since Cairo. Chapter three briefly analyzes the post-2015 global agenda-setting process currently underway. A perspective of hope inspired by the Magisterium of the Catholic Church concludes this publication.
1. Africa in a combat between life and death

For the past twenty years, Africa has been submitted to intense, unrelenting political and financial pressure from abroad to implement so-called “sexual and reproductive health and rights” (henceforth SRHR), the agenda at the core of the UN International Conference on Population and Development (ICPD) held in Cairo in 1994.

A western decadent agenda

The true engineers of SRHR are not democratic governments and the people they are mandated to represent, but individuals and institutions ideological aligned with the goals of the International Planned Parenthood Federation (IPPF). The IPPF has, since its inception in 1952, trail-blazed the transnational movement in favor of contraceptive and abortive information and services. It pursues “empowerment” objectives through a virtually unrestrained right to “sexual freedom”[2], what the organization calls the “right to choose”. Its agenda is imbibed with radical western individualism[3] and secularism.

Some of the SRHR agents, chief among them the IPPF, have been the UN’s primary partners in population issues since the late 1960s[4]. In the 1990s, they mainstreamed their agenda in “sustainable development”, which then became the object of a so-called “global consensus”[b]: they have been key normative and operational players in global governance since then. As a result of skillful manipulation processes[6], SRHR became the object of an alleged “global consensus” at Cairo in 1994[7]. Ever since then, global governance has considered and effectively treated them as “globally normative”. SRHR partners have enjoyed defeating financial and political backing for the past twenty years. In their mind,

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1 See Appendix 2.
2 This “right” is limited only by the “responsibility” to try and prevent “unwanted pregnancies”, violence in sexual relations and contamination with sexually transmitted diseases.
3 They focus on individuals: women, men, (unmarried) young people – not on persons, families, spouses, fathers, mothers, sons and daughters, brothers and sisters.
4 The IPPF partnered with the UNFPA since the creation of the fund in 1969.
5 At the UN 1992 Rio Conference on Environment and Development.
7 1994 was, incidentally and paradoxically, the UN’s first International Year of the Family. This coincidence indicates that for international organizations, sexual and reproductive health and rights are not in contradiction with the family, a concept which, according to global governance, is “evolving” and now ushers in a new paradigm, “family diversity”.

the SRHR platform is “universal” and an indissoluble and central part of global development. Through global governance, the SRHR agenda has spread and been imposed on all continents.

SRHR agents have, in their own wording, “transformative” ambitions: they work at bringing about a new and global society, patterned along a model which for the past fifty years in the West has granted priority to pleasure and “rights” - interpreted in the light of western individualism - over gratuitous love, the promotion and protection of the family founded on marriage between a man and woman, conjugal fidelity, motherhood and fatherhood, the celebration of life. In practice SRHR not only undervalue all of these but actively deconstruct them. Indeed, one either sides with selfish pleasure-seeking, or with selfless self-giving and happiness: no one can serve two masters.

Contemporary attacks against the family caused John Paul II intense personal suffering. At a Sunday angelus on May 29, 1994, three months before Cairo, the pope, who had just been hospitalized for the fifth time, said: “precisely because the family is under threat, because the family is aggressed, the Pope must be aggressed, the Pope must suffer, so that every family and the entire world see that there is a Gospel of suffering, through which we must prepare the future, the third millennium of families, of every family and all families.”

John Paul II dedicated a series of Sunday angelus messages to life and family issues prior to the Cairo conference, contributing to making non-Christians, especially Muslims, aware of the dangers of the Cairo agenda. On August 28, 1994, he warned: “It would serious if at the Cairo Conference, out of concern for the problem created by rapid demographic growth, instead of directing oneself towards the promotion of a culture of responsible procreation, one would accept or even favor a sexuality divorced from ethical references, and about all from the specific obligation which man and woman incur, reciprocally and in front of the community, through their conjugal consent.”

Six months after Cairo, John Paul II issued Evangelium Vitae, an encyclical on the Gospel of Life in which he refers to “an objective ‘conspiracy against life’, involving even international institutions, engaged in encouraging and carrying out actual campaigns to make contraception, sterilization and abortion widely available” (EV 17). The pope also decried the frequent implication of the mass media in this conspiracy, “by lending credit to that culture which presents recourse to contraception, sterilization, abortion and even euthanasia as a mark of progress and a victory of freedom, while depicting as enemies of freedom and progress

8 Our translation.
those positions which are unreservedly pro-life” (EV 17). Since *Evangelium Vitae*, the process denounced by the pope has gained dramatic momentum, particularly in Africa.

**Imposition on Africa**

Sexual and reproductive health and rights, imposed on Africa, lead the continent along a revolutionary road that has been travelled elsewhere. Since the 1960s, the West has swiftly moved from the commercialization of the contraceptive pill in the early 1960s to its use both within and outside marriage, provoking the sexual revolution and its concatenation of anthropological and cultural woes: youth promiscuity, development of a contraceptive mentality and cultural acceptance of abortion - contraception and abortion being, as John Paul II put it in *Evangelium Vitae* “fruits of the same tree” (EV 13), breakdown of marriage and the family, paradoxical “right to the child” (*in vitro* fertilization), rampant secularization. The process today ushers in the “euthanasia”, “gender identity” and “sexual orientation” agendas. Some, perhaps too pessimistic or lacking theological hope, speak of “the end of the West”, the end of the Judeo-Christian civilization. There is a logic in this process, all the more dangerous than it proceeds forward quietly and imperceptibly. One step leads to the next, not in the direction of integral human development but individualism, solitude, societal deconstruction, unhappiness, secularization and other evils which have been unknown in Africa until globalization started importing them in the continent. While it took fifty years for the West to move from contraception to the gay agenda, things do go much faster in Africa.

In God’s providential designs, the first African synod (April-May 1994) took place a few months prior to the Cairo conference (September). The synod discerned with authoritative clarity the specific vocation of the Church in Africa as *family of God*. It thereby indicated Africa’s unique and irreplaceable role in the civilization of love. God endowed the African soul with an acute sense of the sacredness of life, the human community, motherhood, fatherhood, celebration of children, respect for the elderly.

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9 In addition, all contraceptive techniques have abortive aspects: see the series of modules by Monsignor Jacques Suauudeau's from the *Pontifical Academy for Life* on the contraception-abortion nexus at http://www.dialoguedynamics.com/content/learning-forum/seminars/the-contraception-abortion-nexus/.

10 The various techniques of artificial reproduction, says John Paul II, “are morally unacceptable, since they separate procreation from the fully human context of the conjugal act” (EV 14).
The rationale that SRHR social engineers use to promote modern contraception in Africa, a continent that loves life, the family, nature, and wants development, is founded on seducing arguments such as:

- contraception would enable women to better care for the children they have: by reducing the family size, it would improve what the new global ethic calls its “quality of life”;
- contraception would be good for a woman’s health: SRHR agents shamelessly claim that “contraception is maternal health”;
- contraception would allow teenage girls (who are sexually active outside of marriage) to complete their education and thereby improve women’s economic productivity;
- contraception would foster “environmental sustainability” by enabling women to control the size of their family;
- condoms would help halt the spread of HIV/AIDS;
- avoiding so-called “unintended pregnancies” would reduce the number of so labelled “unsafe deliveries and unsafe abortions”, identified as two of the main causes of maternal deaths;
- “no nation in history” would have “transitioned from a developing country to middle-income status without family planning”: modern contraception would be a sine qua non condition for development;
- contraception would be “one of the most trusted, most cost effective and proven poverty reduction interventions”…

The falsity and perversion of these arguments must be publically exposed. How could SRHR be the recipe for development if they attack the family, the basic unit of society, whose stability is the precondition for development?

The teaching of the Church

Any human being can discover in his or her reason, conscience and heart the truth about human love. Fifty years after the commercialization of the contraceptive pill in the West, the prophetic character of the Catholic Church’s unchanged teaching about the “moral unlawfulness of contraception” (EV 13) is manifest: contraception has not “liberated” western women but substantially contributed to the creation of what John Paul II called a “culture of death”, now in the accelerating process

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11 IPPF. From choice, a world of possibilities. Contraception at a crossroads, p. 12.
12 Human beings being the main predator of nature, in the new ethic.
13 A scientifically proven lie: they are unsafe. Moreover, they favor promiscuity.
15 IPPF. From choice, a world of possibilities. Ib., p. 6.
of being globalized: a deadly threat to Africa’s cultures of life and to the Gospel’s culture of life in Africa.

Two months after the May 1968 youth revolt, which marked the launch of the western sexual revolution, Paul VI issued *Humanae Vitae*. In this encyclical, the pope reaffirmed the “doctrine, often expounded by the Magisterium of the Church,... based on the inseparable connection, established by God, which man on his own initiative may not break, between the unitive significance and the procreative significance which are both inherent to the marriage act” (HV 12). He emphasized that must be excluded as intrinsically immoral “any action which either before, at the moment of, or after sexual intercourse, is specifically intended to prevent procreation - whether as an end or as a means” (HV 14).

John Paul II’s Magisterium focused in an unprecedented way on marriage and the family. On many occasions, he reemphasized the doctrine of *Humanae Vitae*. He states in *Familiaris Consortio*: “when couples, by means of recourse to contraception, separate these two meanings [unitive and procreative] that God the Creator has inscribed in the being of man and woman and in the dynamism of their sexual communion, they act as ‘arbiters’ of the divine plan and they ‘manipulate’ and degrade human sexuality - and with it themselves and their married partner - by altering its value of ‘total’ self-giving. Thus the innate language that expresses the total reciprocal self-giving of husband and wife is overlaid, through contraception, by an objectively contradictory language, namely, that of not giving oneself totally to the other. This leads not only to a positive refusal to be open to life but also to a falsification of the inner truth of conjugal love, which is called upon to give itself in personal totality” (FC 32).

In the same apostolic exhortation, John Paul II underlines the difference, “both anthropological and moral”, between contraception and recourse to the rhythm of the cycle: a difference “much wider and deeper than is usually thought”, which “involves in the final analysis two irreconcilable concepts of the human person and of human sexuality”. The choice of the natural rhythms, explains the pope, “involves accepting the cycle of the person, that is the woman, and thereby accepting dialogue, reciprocal respect, shared responsibility and self-control. To accept the cycle and to enter into dialogue means to recognize both the spiritual and corporal character of conjugal communion and to live personal love with its requirement of fidelity. In this context the couple comes to experience how conjugal communion is enriched with those values of tenderness and affection which constitute the inner soul of human sexuality, in its physical dimension also. In this way sexuality is respected and promoted in its truly and fully human dimension, and is never ‘used’ as an ‘object’ that, by breaking the personal unity of
soul and body, strikes at God’s creation itself at the level of the deepest interaction of nature and person” (FC 32).

In a Sunday angelus message prior to Cairo, John Paul II recalled the Church’s teaching about “responsible fatherhood and motherhood”, which does not mean that spouses must “procreate without discernment and planning”. Rather, as “collaborators of God” in the generation of life, the spouses are to have an “extremely responsible attitude”. In their decision to procreate or not, they must be inspired, not by selfishness, but by a “conscious and prudent generosity”; they must assess the circumstances and above all put the good of the unborn child at the center. When “there is a reason for not procreating, this choice is licit, and could even be dutiful”. But the spouses have the duty to realize this decision “with criteria and methods that respect the total truth about the conjugal encounter in its unitive and procreative dimension”. The woman’s biological rhythms “cannot be done violence to with artificial interventions” 16.

2. Institutional achievements of sexual and reproductive health and rights agents in Africa since Cairo

The main goal of Cairo was to ensure, by 2015, universal access to “sexual and reproductive health and rights”. This objective drives SRHR agents in their unrelenting advocacy. The “access” the Cairo “consensus” refers to is twofold: it regards information and education on the one hand, and services on the other. “Universal”, let us stress, means for all, irrespective of age and marital status - and if you are young, without parental information and consent (which is what they mean when they speak of “confidential” services for young people).

The expression “sexual and reproductive health and rights” is deceptive: it contains a radical core. The radical components of SRHR are hidden in:

- an ethic (a secularist ethic);
- a holistic package that also contains universally acceptable components;
- ambivalent language.

Let us consider first the main components of the radical agenda. SRHR promote:

- “universal access” to the “full range” of contraceptives (including so-called “emergency contraception”)\(^\text{17}\);
- so-called “comprehensive sexual education”, purely technical, not only amoral but immoral in its content;
- AIDS prevention through such “sexual education” and condoms;
- voluntary sterilization;
- in vitro fertilization;
- so-called “safe abortion” where it is legal - the idea being that, in order to be safe, it has to be legal: hence the pressure SRHR agents exercise on African governments to legalize abortion;

“sexual health and rights”, which are strategically fuzzy enough\textsuperscript{18} to include the Lesbian Gay Bisexual Transgender (LGB1) agenda.

SRHR agents hide their radical objectives in an ethic. Founded on the freedom (or right) to choose, this ethic allegedly\textsuperscript{19} forbids coercion (for example non consensual or violent sexual relations, forced sterilization, but also what the new jargon calls “forced pregnancy”). It also prohibits endangering the health or life of the sexual partner. Apart from these restrictions, the SRHR ethic allows – or rather “celebrates” – every kind of consensual sexual relation, whatever the age (from puberty on), marital status, sex and gender\textsuperscript{20}.

The universally acceptable components of SRHR include:

\begin{itemize}
\item the obstetric care that poor women vitally need when they are pregnant or delivering;
\item prenatal and post-natal care;
\item newborn health;
\item breastfeeding;
\item the treatment of cancers of the reproductive system;
\item the treatment of sexually transmitted infections, including AIDs;
\item the fight against the horrible practice of female genital mutilation.
\end{itemize}

SRHR are a “package”. They form an indissoluble, “holistic” whole, mixing subversive, minority objectives and genuinely consensual ones.

The Cairo “consensus” on SRHR was hermetically closed to democratic debate: immediately after the Cairo conference, SRHR agents moved “from agenda to action”. They wanted to shift the attention of governments away from controversy, to implementation of the “package” as a whole. They fiercely watched over the “integrity” of the package, fearing that the alleged consensus be re-opened and challenged.

Holism is a strategy. Its purpose is to attract poor girls and women through what appears to respond to their real needs and progressively engineer them into

\textsuperscript{18}The author was a journalist in the 1990s and interviewed the head of the WHO delegation at the Beijing conference, Dr. Hammad, asking her WHO’s definition of “sexual rights”. Hammad stated that we should not define sexual rights “so as to leave room to all the possibilities that you need”. She also said that all the components of sexual rights, in all their dimensions, were in the Beijing document even if the expression “sexual rights” was not. See Marguerite A. Peeters. IIS 7. October 13, 1995.

\textsuperscript{19}The SRHR “ethic” leads women, the youth and entire peoples and cultures where they do not want to go: a form of “coercion” all the more perverse than it is subtle and hidden to the majorities. SRHR are imposed on Africa: Africans are not “free to choose”!

\textsuperscript{20}Sexual health and rights implicitly include the right to sexual orientation and gender identity.
acceptance of the radical agenda. Manipulation takes place through “dialogue”, “sensitization”, “clarification of values”, “facilitation”, “inclusive approaches” and other social engineering techniques aimed at changing culture from within, through the people themselves. What we might call the “integration strategy” is efficient. Many African Catholics believe they not only can, but must partner with SRHR agents because of the dire need of African women for obstetric services, or of African adolescents for “behavior change”. In the process, they are brainwashed and step by step buy into the contraceptive rationale and its secular ethic. The integration strategy is systematic. SRHR themselves are integrated, for instance, in programs fighting against malaria or “early marriage”, or promoting nutrition education or child immunization, so that they become inseparable from what is needed for the development of Africa. The integration strategy must be better discerned, publically exposed and counteracted.

At Cairo, SRHR agents used the consensus on the non controversial components of SRHR to claim a global consensus on their radical agenda. Since Cairo, they have given financial and operational priority to the implementation of their radical platform. But such a consensus did not and does not exist. Hardly any agenda of global governance could be more controversial and divisive than SRHR: the proclaimed Cairo “consensus” on SRHR is a sham of unprecedented scope: a global scope.

Political and juridical strides of SRHR agents in African institutions

When an intergovernmental consensus is fake, when it represents, not the will of national peoples, but that of a transnational clique of ideologues, governments have the moral obligation not to join it and to resist external pressures to implement it: their obligation is to serve and represent the will of the people to whom they owe their mandate. Even when they did join such a consensus, as was the case in Cairo, they are in no way bound by it, a consensus being a soft, not a juridically binding document. If they now discover – better late than never – the perversion of SRHR, their duty is to disentangle themselves from this agenda entirely.

The fact of the matter is that since Cairo most, if not all, African governments have allowed their social development, health and education policies - and not infrequently their laws - to be infected, at least to some degree, by the radical components of the SRHR agenda. To the extent they have done so, they have handed their independence, authority, power and responsibility to govern their people over to a foreign ideological minority determined to globally enforce their secularist worldview.
Ever since their historical breakthrough at Cairo, SRHR agents have moved forward on the African continent with adamant determination. They have submitted African governments to unrelenting political pressure as well as to unforgiving financial conditionalities. Which African ministry of health, for example, does not have a national reproductive health program or could claim to have remained immune to their influence? Which ministry of education has not integrated reproductive health education in one way or another in school curriculum?

The entanglement of African governments with the Cairo framework is both compounded and driven by the determining influence SRHR agents have wielded over African continental institutions - over their strategic priorities, policies, but also juridical instruments - since their creation. The constitutive act of the African Union (AU), adopted in 2002 (eight years after Cairo) includes the promotion of “gender equality” as one of the AU’s objectives. In 2003 the AU’s Maputo Protocol revealed how this objective was to be interpreted, notably as including African women’s right to “sexual and reproductive health”, itself inclusive of the “right to abortion” (article 14, 2c). What a shame that African institutionalization has in critical areas (not least human sexuality, education, health) been hijacked from the onset!

The inroads of SRHR agents in African regional institutions are both political and juridical. Let us start by identifying the most critical political developments they prompted.

The Maputo Plan of Action on Sexual and Reproductive Health and Rights

In January 2006 (only four years after the launch of the African Union), African heads of states and governments endorsed the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007-2010)\(^21\). The “policy framework” – let us note the normative implications of this expression - was developed by the African Union Commission in collaboration with the UNFPA, the African regional office of the International Planned Parenthood Federation “and other development partners”. To implement the “framework”, the African Union Commission issued the Plan of Action on Sexual and Reproductive Health and Rights, known as the Maputo Plan of Action\(^22\).

The Maputo Plan of Action conforms to the global objectives of SRHR agents, not to the will of the African people. Its nine strategic themes, which we spell out

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21 This framework was adopted by ministers of health at the 2\(^{nd}\) African Union Conference of Health Ministers held in Gaborone, Botswana in October 2005.

22 The proposed budget for this plan of action was 16 Billion dollars. See The African Union Commission. Plan of Action on Sexual and Reproductive Health and Rights, p. 6.
hereafter, demonstrate that the plan of action does not read like a policy paper produced by an organization mandated to represent African cultures and peoples:

1. Integrating sexual and reproductive health services into primary health care: African heads of states and governments accept to integrate SRHR in key national health policy documents and plans and develop policies to ensure access to condoms;

2. Strengthening community-based STI/HIV/AIDS and SRHR services through the establishment of structures and systems for increasing access to modern contraception and the organization of community based distribution;

3. Repositioning family planning [i.e. access to modern contraception] as a key strategy for attaining the MDGs: advocacy for prioritization of SRHR in national poverty reduction strategy papers;

4. Youth-friendly SRHR services as key strategy for youth empowerment, development and well-being: governments commit to reach out to young people, including through peer education and “community-based development”, and to provide for them “sexuality education” in and out of school;

5. Reducing unsafe abortion: yielding to the pressure exerted on them by SRHR agents (who advocate access to abortion as a universal human right), African governments commit to “disseminate data on the magnitude and consequences of unsafe abortion” and “enact policies and legal frameworks to reduce incidence of unsafe abortion”; the plan also mentions training “service providers in the provision of comprehensive safe abortion care services where national law allows” and “educating communities on available safe abortion services as allowed by national laws”;

6. Increasing access to quality safe motherhood and child survival services: it is necessary to clarify that “safe motherhood” is another manipulative expression of the new jargon, fully incorporating SRHR (contraception and “safe abortion” in particular);

7. Increasing resources for SRHR: African governments commit to strengthen their “partnerships” with western SRHR advocates for technical and financial support;

8. Achieving SRH commodity security strategies for all SRH components: African governments commit to establish a budget line for SRH commodities and to review essential medicines lists to include reproductive health commodities (i.e. contraceptives);

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23 The MDGs expire at the end of 2014, but the objective of positioning access to contraception as key for attaining development will obviously be kept beyond 2014.

The Campaign on Accelerated Reduction of Maternal Mortality in Africa

The Maputo Plan of Action was valid for the period 2006-2010. In May 2009 the African Union Commission launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) to intensify the implementation of the Maputo Plan of Action. To this day, forty African countries have launched CARMMA\(^{24}\) and five additional ones are preparing to do so\(^{25}\).

CARMMA's overall goal – reducing maternal mortality – is appealing to African peoples and cultures. But access to contraceptives, considered as a key way to reduce maternal mortality, is one of CARMMA's priorities: CARMMA maintains the objectives of the Maputo Plan, which were those of Cairo and work radically against the good of Africa. CARMMA's "country scorecards" take African countries' contraceptive prevalence rate into account.

CARMMA is presented as a "country-driven undertaking". The expression "country-driven" conveys the notion of self-determination. What global governance means by it, however, is that national governments, "owning" the agenda of global governance, having "internalized" it, implement it nationally. But the initiative is taken, not by national governments, but by the UN, the African Union "and other partners"\(^{26}\) which select the countries in which to launch CARMMA on a given year. Those who drive national CARMMA launches are, alongside senior national political leaders (presidents, vice presidents, first ladies and ministers), UN bodies (WHO, UNICEF, FAO, UNAIDS, UN WOMEN), the World Bank and bilateral donors (USAID and DFID\(^{27}\)), academia and civil society (IPPF and White Ribbon Alliance), and other so-called stakeholders. The reality is that the UNFPA, the IPPF and other SRHR agents are those who drive the drivers.

The Pharmaceutical Manufacturing Plan for Africa, and the UN Commission on Life-Saving Commodities for Women and Children

In addition to CARMMA, the African Union Commission advocates for increased availability, affordability and accessibility of modern methods of contraception through its Pharmaceutical Manufacturing Plan for Africa, adopted in April 2007 at the Third Session of the African Union Conference of Health Ministers in Johannesburg. Let us also mention that the African Union welcomed the establishment of the UN Commission on Life-Saving Commodities for Women

\(^{24}\) All are sub-Saharan countries.
\(^{25}\) Mali, Mauritius, Somalia, South Sudan and Sudan.
\(^{27}\) US Agency for International Development and the UK Department for International Development.
and Children – a commission which identified “emergency contraception”, female condoms and implants as “essential but underutilized life-saving health supplies”28 – a scandal!

The Addis Ababa Declaration on Population and Development in Africa beyond 2014

The most recent manifestation of entanglement of the African Union with the SRHR agenda is the Addis Ababa Declaration on Population and Development in Africa beyond 2014. At a meeting jointly organized by the UN Economic Commission for Africa, the African Union Commission and the UNFPA, African Ministers gathered October 3-4, 2013 to review the implementation of Cairo and its follow-up beyond 2014. The Declaration consists of eighty-eight commitments “that set out concrete actions and Africa’s priorities on population in the development agenda post 2015”29. These commitments are organized around seven themes30, the most ideologically problematic of which is health.

Building on the Maputo Plan of Action, the Addis Ababa Declaration is more aggressive. The health section of the declaration starts by African ministers’ affirmation “that sexual and reproductive health and rights are not only essential to the realization of social justice, but are central to the achievement of global, regional and national commitments for sustainable development”. Ministers note “the limited access to comprehensive health care services including sexual and reproductive health services” and the fact that “the average contraceptive prevalence rate of modern methods in Africa is among the lowest among all regions of the world31 and unmet need for family planning is the highest”. They declare to commit to “expeditiously” implement the integral Cairo agenda. They “commit”, for example:

- to achieve “universal access to sexual and reproductive health free from all forms of discrimination by providing an essential package of comprehensive sexual and reproductive health services including through the primary health care system for women and men, with

30 Equality and Dignity; Health; Place and Mobility; Governance; Data and Statistics; International Cooperation and Partnership; Implementation.
31 If the UN Demographic and Health Surveys conducted by the UN Secretariat for the period 2006-2010 is to be trusted, the contraceptive prevalence rate - that is, “the proportion of women of reproductive age [15-49] who are using (or whose partner is using) a contraceptive method at a given point in time” (WHO definition) - is already: 30% in Africa; 66% in Asia; 69% in the CEE/CIS; 74% in Latin America; 61% in all developing countries as a whole; and 63% in the whole world. According to the June 2012 Guttmacher Institute/UNFPA report (Adding it up: Costs and Benefits of Contraceptive Services Estimates for 2012) it is in sub-Saharan Africa that contraceptive prevalence is lowest (17%).
particular attention to the needs of adolescents, youth, older persons, persons with disabilities and indigenous people, especially in the most remote areas” (34);
- to “enact and enforce laws and policies within the national political and legal framework to respect and protect SRHR of all individuals” (35);
- “in accordance with national laws and policies”, to “provide access to safe abortion services” (38);
- to “adopt and implement relevant comprehensive sexuality education programs, both in and out of school, that are linked to sexual and reproductive health services, with the active involvement of parents, community, traditional, religious and opinion leaders, and young people themselves” (40);
- to “institute measures to prevent unplanned pregnancies through improving access to information, technologies, commodities and services including emergency contraception, that increase the ability of individuals and couples to make free and informed decisions about the number and timing of births” (42).

We note that African governments commit not only to SRHR policy- but also to law-making: a “commitment” engineered by advocates of the “right to abortion” to pressure them into legalizing abortion. The stress on youth and “sexuality education” is particularly worrisome, considering the disasters that so-called “sexuality education” has produced in the West since the 1960s.

Fifty-two African countries (all except Chad) adopted the Addis Ababa Declaration32. The adoption of the Declaration shows that African governments already did give in to external pressure in favor of contraception, “emergency contraception”, the notion of “safe abortion”, western-style technical sexuality education and other ideological and secularist agendas stemming from the leaders of the global sexual revolution. Either out of ignorance or complicity, they also passively conform to their language.

African ministers committed to “mainstream” the Addis Ababa Declaration “into the work plans of the bodies of the African Union and UN Economic Commission for Africa” (82) and “in the Post-2015 development agenda” (83). They also committed to “monitor regularly” the achievements of its goals “in the context of reporting on the post-2015 development agenda” (84). The Declaration will

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32 Sixteen states had reservations on three commitments (1/, 18 and 35), fearing that the phrase “without distinction of any kind” could be used to pressure them to accept minority interpretations of human rights, especially in the area of homosexuality: Algeria, Benin, Burundi, CAR, Congo Republic, Djibouti, DRC, Eritrea, Ethiopia, Gabon, Mali, Mauritania, Niger, Sierra Leone, The Sudan, Tunisia.
not remain without effect. SRHR agents are watching. As they put it, African
governments “committed”. Now, they claim, they must “honor their commitments”;
they must “accelerate” and “intensify” efforts to “close the gap” between formal
commitment and action. “Accountability has not been one of the African Union’s
strong points – but that can change”. The watchdogs are pushing for the creation
of an “effective monitoring and reporting mechanism at the regional level on what
countries are doing to fulfill their promises, and where they are lacking”33.

The Maputo Protocol to the African Charter on Human and Peoples’ Rights on
the Rights of Women in Africa
After having considered the inroads of SRHR agents at the African political
level, let us now recall developments at the regional juridical level. The key document to
consider here is the already mentioned Maputo Protocol to the African Charter on

The SRHR agenda has a juridical side. Sexual and reproductive rights (SRR) are
rights to sexual and reproductive health (SRH), whose content we exposed earlier
in this publication. SRHR agents systematically present SRR as “universal”34.
This strategy must be unmasked: minority, ideological interests are not and will
never be “universal”.

The Maputo Protocol contains a full article dedicated to “Health and Reproductive
Rights”: article 14, which reads as follows:

“1. States Parties shall ensure that the right to health of women, including sexual
and reproductive health is respected and promoted. This includes:

– the right to control their fertility;
– the right to decide whether to have children, the number of children and
the spacing of children;
– the right to choose any method of contraception;
– the right to self-protection and to be protected against sexually transmitted
infections, including HIV/AIDS;
– the right to be informed on one’s health status and on the health status of
one’s partner, particularly if affected with sexually transmitted infections,
including HIV/AIDS, in accordance with internationally recognized
standards and best practices;
– the right to have family planning education.

33 Radio Netherlands Worldwide Africa. The African Union should prioritize women’s reproductive
34 On human rights day 2013, UNFPA Executive Director Dr. Babatunde Osotimehin repeated the
Cairo standard speech: “Sexual and reproductive health and rights are universal human rights.
They are an indivisible part of the broader human rights and development equation”.

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2. States Parties shall take all appropriate measures to:
   – provide adequate, affordable and accessible health services, including information, education and communication programs to women especially those in rural areas;
   – establish and strengthen existing pre-natal, delivery and post-natal health and nutritional services for women during pregnancy and while they are breast-feeding;
   – protect the reproductive rights of women by authorizing medical 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 foetus.”

In less than ten years’ time, the 2003 Maputo Protocol is already signed by almost all African states (48 out of 53) and ratified by 36 states. Those governments thereby identify with the view according to which women’s health includes the ideological content of SRH, women have the right to make “reproductive” decisions independently from men and have the right to access to contraception and IPPF-style “sexual education”. In theory, the 36 countries that ratified the protocol are bound to align their policies and laws with its articles, hence to legalize abortion (which most African countries have not done so far).

Cultural change

It is not within the purview of this publication to expose the scope and depth of the cultural change that SRHR agents have provoked in Africa over the last twenty years. Let us merely observe that the language of SRHR has penetrated all strata of societies, NGOs, academia, social services, from the UN Economic Commission for Africa, NEPAD, the African Union to governments to the grassroots levels, to young people and even, and not infrequently, to members of the Catholic Church, thereby creating massive confusion. Even some prolife organizations now use this language, compounding the confusion. With urbanization which inexorably impacts the larger African family structure, the rising availability of the internet, constant exposure to radio (BBC and RFI) and television propaganda, African youth are bombarded by SRHR messages. Attracted as they are by western lifestyles, they sadly fall prey to western decadence and become promiscuous.

3b These are the 2010 figures available on the African Union website; there may be more signatures and ratifications now. It is noteworthy that the majority of countries that did not ratify the protocol have a predominantly Muslim population. Seven of them are the same that expressed reservations to the Addis Ababa Declaration: Burundi, Central African Republic, Eritrea, Ethiopia, Niger, Sudan, Tunisia.
The incorporation of SRHR in African “gender equality” policies

Gender equality has been a transversal priority of global governance since the Fourth World Conference on Women held in Beijing in 1995, a year after Cairo. Gender equality is solidly rooted in AU institutions. The Constitutive Act of the African Union stipulates that the Union will function in accordance with “the principle of gender equality” (Article 4 I). AU organs are thus bound to address gender equality within their policies and programs. The AU has a Women, Gender and Development Directorate. In July 2004 at an AU meeting in Addis Ababa,36 African heads of AU member States and Governments adopted a Solemn Declaration on Gender Equality in Africa, “committing” AU member states to mainstream gender into the AU’s approach to health, human rights, education, economic development, governance, peace and security: no area is to remain deprived of a “gender perspective”. In January 2007, they adopted a decision to establish a Fund for African Women with the objective of “closing the gender gap”. In February 2009, the AU issued The African Union Gender Policy founded, inter alia, on the Maputo Protocol. The objective of the policy is to achieve gender mainstreaming through the establishment of a Gender Management System (GMS) led by the African Union Commission. The GMS is to put in place structures, mechanisms, processes and frameworks for “gender analysis, training, monitoring and evaluation”37. A noteworthy function of the GMS is to forge partnerships. African Regional Economic Communities have gender units. The draft document on Africa’s common post-2015 position affirms that “gender equality must be central to the post-2015 framework”.

As per global governance’s “consensus”, gender equality is inclusive of SRHR and indissoluble from it: in order to be “empowered” and reach “equality”, women allegedly need to have access to modern contraception and enjoy their “right to choose”. The integration of “gender equality” in African institutions therefore implicitly or explicitly advances the Cairo agenda. Moreover, as an intrinsic part of gender equality, SRHR have been for two decades a condition for development assistance.

Financial resources mobilized to implement Cairo in Africa

In a report written for the forty-sixth session of the UN Commission on Population and Development held in April 2013, the UN Secretary-General exposes the flow of financial resources dedicated to the implementation of the ICPD Platform for Action. The Cairo “population package” has four components: family-planning

36 A three day workshop of AU member states that have not reported on the implementation of this declaration took place in Abuja, Nigeria, September 23-25, 2013. The workshop’s objective was to map out strategies for the reporting on the implementation of the declaration.
37 According to the policy, 70% of AU member states would have gender policies but “face challenges of weak gender/women machineries and inadequate resources”.

22 TWENTY YEARS OF “SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS” IN AFRICA
services; basic reproductive health services; sexually transmitted diseases/HIV/AIDS prevention activities; and basic research, data and population and development policy analysis.

“Donor assistance continues to increase,” notes the UN Secretary General\(^{38}\). In 2011, the total amount of “population assistance” to developing countries was $11.6 Billion, coming from bilateral, multilateral and private (NGOs and foundations) donors\(^{39}\). Let us note that global “population assistance” represents 7.77% of overall official development assistance (ODA) – an enormous percentage that has increased in 2011 (from 7.69% in 2010). The recipients of “population assistance” may be “the governments of developing countries, national NGOs or the field offices operated by donors in developing countries”\(^{40}\). Out of the $11.6 Billion for 2011, $8.75 Billion, that is, 66%, went to sub-Saharan Africa, which “continues to be the largest recipient of [population] assistance”\(^{41}\).

The Secretary General notes in his report that “the NGO channel is the predominant channel for funding. In 2011, it was estimated that about 38 percent of population assistance was channeled through NGOs”\(^{42}\): a trend on the rise. African national branches of IPPF and like-minded NGOs, whether foreign or African, are among the chief beneficiaries of “population assistance”. This highlights the importance of monitoring not only what African institutions and governments are doing, but also the activities of African-based NGOs. Incidentally, most African-based IPPF branches have seducing names, deceptively using the expression “family welfare”\(^{43}\) and may therefore not be immediately recognizable.

The Cairo Platform for Action “pointed out that the domestic resources of developing countries provide the largest portion of funds for attaining population and development objectives”. Cairo estimated that “two thirds of the funding required to finance population programmes would come from domestic resources”\(^{44}\). The overall level of global domestic expenditures rose in 2011 to $54.7 Billion, “owing in large part to the large expenditures reported for family planning in China, new UNAIDS data and new data on out-of-pocket expenditures from WHO”\(^{45}\). Sub-


\(^{39}\) Of these $11.6 Billion, $10.68 (i.e. 92%) came from bilateral assistance. Only $44 Million came from the UN system (which represent a substantial increase compared to 2010 – $20 Million).

\(^{40}\) Report of the UN Secretary-General, Ib., par. 15.

\(^{41}\) Ib., par. 1b.

\(^{42}\) Ib., par. 21.

\(^{43}\) See Appendix 1.

\(^{44}\) Report of the UN Secretary-General, Ib., par. 22.

\(^{45}\) Ib., par. 24.
Saharan Africa mobilized $6.9 Billion\textsuperscript{46}. HIV/AIDS activities (with an emphasis on “prevention” - that is, condoms and IPPF-style “sexual education”) continue to represent by far the greatest percentage of domestic expenditures, especially in Africa (95%).

As if these astronomical sums were not enough, the UN Secretary General complains that the increase of donor assistance “is not as dramatic as before”\textsuperscript{47} and that “funding levels are below the amounts necessary to fully implement the ICPD Programme of Action and achieve the MDGs”\textsuperscript{48}. While the “costing estimates for family planning assume that the current unmet need will be satisfied in 2015”, there is “likely to be greater demand for family planning as people become more aware of the options”\textsuperscript{49}, that is, as the contraceptive mentality takes root in developing countries and in Africa in particular.

The UNFPA estimates that:

- over $30,000 Million ($30 Billion) will be needed to implement the Cairo objectives in sub-Saharan Africa in 2014;
- the global costs for sexual/reproductive health, which includes the family-planning and maternal health components, will be $33.28 Billion in 2014, of which $12.8 Billion will be for Sub-Saharan Africa;
- the total costs for the HIV/AIDS component will be $35.44 Billion in 2014, of which $17.63 will be for Sub-Saharan Africa.

**Smashing victory, or bluff?**

Africa, known as the continent of life, had until recently been the most resilient region of the world to the attacks against the family that have surged with extreme violence in the western world in the last fifty years. But since the Cairo and Beijing conferences, the acceleration of globalization and the “partnerships revolution”, African institutions and governments have not only repeatedly given their formal support to an agenda that is diametrically opposed to African cultures, but themselves encouraged the development of a contraceptive culture.

\textsuperscript{46} To monitor resource flows, UNFPA and the Netherlands Interdisciplinary Demographic Institute work with the African Population and Health Research Center based in Nairobi, Kenya, in the collection of data on domestic expenditures. UNFPA “has been monitoring domestic expenditures for population activities since 1997. This has been done primarily through the use of survey questionnaires sent to UNFPA country offices throughout the world for further distribution to Government ministries and large national NGOs” (ib., par. 22). UNFPA is watching African governments.

\textsuperscript{47} Report of the UN Secretary-General, ib., summary.

\textsuperscript{48} ib.

\textsuperscript{49} ib., par. 32.
One could have the impression, devastating indeed, that SRHR agents have achieved a smashing victory and already largely realized their goals in Africa. Is this really the case? How sincere is African political and juridical adherence to the SRHR language, policies and priorities? Surely, the primary responsibility for the state of affairs we just described lies not with Africans but with the SRHR partners who are mostly foreign agents. These take advantage of poverty, lack of education and the weakness of African democratic institutions to impose their worldview on the continent. The Africans co-opted in the SRHR and gender revolutions ignore, at least at the beginning of the cooptation process, the depth of radicalism it hides. Their ignorance makes them vulnerable to the snares of skillful and experienced social engineers.

The money factor is primordial. The “global reproductive health community” is increasingly financially powerful due to global governance’s expanding partnership with business. The pharmaceutical industry and its foundations, looking at Africa as a huge potential market for contraceptives, have jumped on the Cairo bandwagon, providing SRHR agents with winning financial means to “buy” efficient African operational partners. African governments buy the SRHR agenda, not because they adhere to its objectives and ethic, but because it is imposed on them as a condition to get development assistance. There is a lot of money for SRHR in Africa today! Resisting lust for money does require generosity and moral courage in a context of poverty.

Would Africans now be selling their independence from former colonial states to the foreign ideological clique at the rudder of global governance for a lentils’ dish? “African democratization”, instead of meaning African self-determination, would then translate in practice into a perverse new form of colonization. The situation

50 Bayer HealthCare, for example, the world’s leading company in the field of hormonal contraception, supports family planning programs in more than 130 countries. Bayer has recently joined Better Access to Safe and Effective Contraception - a new and “global” joint initiative with the Bill and Melinda Gates Foundation, supported by the Clinton Health Access Initiative, the governments of Norway, Sweden, the UK and the US and the Children Investment Fund Foundation. This group of donors announced a US$230 million volume guarantee for expand access to Bayer’s Jadelle contraceptive implant “to 27 million women in low-income countries” (in 42 of the world’s poorest countries). This, according to Melinda Gates, will make it “much more practical for developing countries to offer as part of their family planning programs”. Bayer’s role is to “supply over the next six years a long-acting, reversible method of contraception” which will be supplied at 50% of its current price. In Gates’ view, the initiative will “also seek to remove some of the barriers to contraception by providing health workers with training and counseling in family planning and ensuring that affordable modern contraception is available”. See The Global campaign for the Health Millennium Development Goals - Accelerating progress in saving the lives of women and children. 2013.

b1 See Appendix 2.

52 According to the Youth Division of the African Union Commission, “About 65% of the total population of Africa are below the age of 35 years, and over 35% are between the ages of 15 and 35 years - making Africa the most youth full continent. By 2020, it is projected that out of 4 people, 3 will be on average 20 years old.”
is unhealthy, incoherent and unsustainable. Many experience a great malaise in their heart and conscience: they perceive that they are going where they would not freely choose to go. They know that on the path of money and lust, Africa will not reach its true destiny.

The lack of genuine African ideological support for the SRHR agenda, however, does not mean that its advancements are superficial, just formal, deprived of any real grip on the mindset and behavior of African men and women and on African cultures. The SRHR enlightened despots not only bought but successfully brainwashed an already critical number of strategic African leaders who have become frontline agents themselves. Let us give three striking examples:

- the Nigerian Babatunde Osotimehin who, as current Director of the UN Fund for Population Activities (UNFPA), is a chief leader of the “global SRHR community”, aggressively enforcing its objectives worldwide;
- Joaquim Chissano, the former President of Mozambique, who now co-chairs the High-Level Task Force for the ICPD. This “task force” aims at “bridging” the Cairo Platform for Action and the post-2015 development agenda so that SRHR become a “central component” of the new framework. Chissano is an outright advocate of the right to abortion and of the “sexual orientation” and “gender identity” agendas. He played a driving role at the ministerial meeting which negotiated and adopted the Addis Ababa Declaration of October 2013. He then stated: “We must repeal legal barriers that block women and young people from getting the sexual and reproductive information and services they need, including parental or spousal consent requirements, restrictions on access to contraception, and laws that restrict access to safe abortion… Let’s be honest: where abortion is illegal, it is the poorest women and adolescent girls who are forced to risk their lives… For meaningful, equitable development, all must be free to make decisions about their sexual and reproductive lives – without any form of discrimination, coercion or violence, regardless of who they are – including because of their sexual orientation and gender identity.” Chissano’s so-called High Level Task Force calls for “equality under the law for all people, regardless of their sexual orientation and gender identity.” He concluded his Addis Ababa

53 SRHR agents are determined to change African mindsets. At the launch of a joint initiative (UN, World bank, African Union, African Development Bank) to “improve women’s reproductive health and girls education in Africa’s Sahel region”, investing $200 million in a new project to achieve these goals, Ban Ki-moon “cited the need to not only take steps to support women, but also the need to change mindsets. ‘Women should be able to demand their rights. But I also want men to join this call.’” See UN Press Release. UN, World Bank Boost Support for Women’s Health. 7 November 2013.

remarks in this way: “It’s time to not only commit to achieving, but to go beyond our Cairo promises. And we can’t stop there. The next step is to make sure sexual and reproductive health and rights, gender equality and the empowerment of women and young people are front and center of the post-2015 development agenda and the sustainable development goals… It’s not just the right thing to do, it’s strategic for Africa’s future.”

– the Ugandan Jotham Musinguzi, Africa’s regional director of Partnership in Population and Development (PPD)\textsuperscript{55}, an organization seeking to hold governments accountable on their alleged SRHR commitments. Musinguzi works with African Ministers of Finance, Ministers of Health and parliamentarians, pressuring them to increase and prioritize funding for reproductive health\textsuperscript{56}. He facilitated the participation of African heads of states, first ladies and/or ministers in the 2012 London Summit on Family Planning\textsuperscript{57} and was instrumental in obtaining their political commitment to prioritize reproductive health and increase funding in this area in their national budgets. Among several significant African results of the Summit, one was Nigerian President Goodluck Jonathan’s announcement in October 2012 of the Saving One Million Lives initiative, “a roadmap for achieving his pledge of nearly tripling funding for contraceptive access over five years”\textsuperscript{58}.

\textsuperscript{55} Musingizi has counted among the SRHR partners since the beginning. He was one of the drafters of the Cairo Program of Action and a participant on the expert panel that negotiated the Millennium Development Goals (MDGs).

\textsuperscript{56} The InterDependent. Interview with Muzinguzi. June 26, 2013.

\textsuperscript{57} The Summit was organized by the British government and the Bill and Melinda Gates Foundation. The Summit raised $2 billion from developing countries and $2.6 billion from donor nations to make contraception available to an additional 120 million women and adolescent girls by 2020 in the world’s poorest countries. “More than twenty developing countries made commitments to address the policy, financing and delivery barriers to women accessing contraceptive information, services and supplies,” reads the UN Secretary General Report of February 13, 2013 (E/CN.9/2013/5). Muzinguzi and his colleagues managed to ensure the attendance of a critical mass of African heads of states. The African countries that participated at a senior level (President, First Lady or Health Minister), in addition to the African Union, are: Burkina Faso; Ethiopia; Ghana; Ivory Coast; Kenya; Malawi; Mozambique; Niger; Nigeria; Rwanda; Senegal; Sierra Leone; South Africa; Tanzania; Uganda; Zambia; Zimbabwe. See IIS 293 and 294.

\textsuperscript{58} The Global campaign for the Health Millennium Development Goals - Accelerating progress in saving the lives of women and children. 2013.
3. Post-2015 challenges

The 1994 Cairo *Platform for Action* was conceived as a twenty years agenda, supposed to be achieved by 2014. In 2011, however, evoking “considerable gaps” still existing in its implementation, the *UN General Assembly*, in resolution 65/234\(^{59}\), extended the plan of action beyond 2014. To address what they consider Cairo’s “unfinished business”, SRHR agents launched a process called *Cairo beyond 2014*, or *ICPD beyond 2014*. In September 2014, the UN will hold a UN *General Assembly Special Session* on *ICPD beyond 2014*.

2014 is also the last year of validity of the *Millennium Development Goals* (*MDGs*). “Universal access to reproductive health” was incorporated as a target (target 5b) of the MDGs in 2007\(^{60}\), after years of maneuvering by the SRHR agents, not under a genuinely intergovernmental initiative. The target explicitly merged the MDGs and the Cairo *Platform of Action*, which had already put SRHR at the core of development.

Global governance is now elaborating its post-2015 development framework, which will likely be valid until 2030. Seeking to take advantage of this convergence, SRHR agents strive to merge *Cairo beyond 2014* – a process they fully control – and the post-2015 agenda, supposed to be under intergovernmental control but largely under their influence, at least as things now stand, as we shall see.

The SRHR partners are at a turning point. While claiming that their achievements so far have been great, they also complain that we are still far from their totalitarian goal - *universal* access to SRHR. “Universal”, the Cairo word, is strikingly prominent in post-2015 language. The use of this word, borrowed from the *Universal Declaration of Human Rights* but also from the Judeo-Christian tradition, is significant. Two visions of universality are today in a tug of war: the secularist ethic seeks to globally supersede an ethic open to divine transcendence.

The Cairo visionaries had established that SRHR must spread horizontally to *all* individuals, in all cultures and religions. They keep on claiming “more” within the same agenda. They are determined to take advantage of the current transition

\(^{59}\) UN *General Assembly Resolution* 65/234. The further implementation of Cairo, reads the resolution, must be “undertaken with full respect for the Program of Action”: “there will be no renegotiation of the existing agreements contained therein”. SRHR agents do not want governments to reopen the alleged “Cairo consensus”. But they are always ready to reopen it themselves to enlarge it through the integration of new, radical components. Their agenda is now moving to gender identity and sexual orientation, gender training from kindergarten, same sex marriage: elements which were included neither in Cairo nor in Beijing.

\(^{60}\) Become effective on January 1st, 2008.
to a new global framework to accelerate pace of implementation, bolster the means, tighten controls over governments and all “stakeholders” so that they honor their alleged “commitments” to SRHR which, they claim, are “slipping”. The movement, instead of gaining momentum as it should in their view, would be losing speed. Whether this is true or not in Africa is difficult to assess. There is a sense a nervousness in their ranks, felt in the intensified pressure they exert on governments and peoples.

**The SRHR platform beyond 2014**

What do SRHR partners consider their “unfinished business”? Let us focus on four salient components of their platform beyond 2014.

1. **Expand access**. SRHR partners want to dramatically expand access to contraceptive and abortive supplies and services (with a priority given to “emergency contraception”, which they consider a “neglected commodity”). Their focus is now on remote areas, the hard to reach, the poorest women and girls, and adolescents (so-called “youth friendly” services). They dogmatically affirm that 222 million women and girls in the developing world have a so-called “unmet need” for modern contraception – primarily African women under 24 years of age. This results, they claim, in “80 million unplanned pregnancies and 20 million unsafe abortions”. They also seek to sustain coverage for the estimated 260 million women and girls in the 69 poorest countries who are currently using modern contraceptives. According to Melinda Gates, “the proven tactics” to

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61 In 2004 the UN launched the Reproductive Health Supplies Coalition which aims to “secure reproductive health supplies by increasing resources, strengthening systems and harnessing the power of partnership”. The coalition is a powerful network counting 240 members, among which a number of foundations and enterprises.

62 In its State of World Population 2013 report, entitled Motherhood in Childhood: facing the challenges of adolescent pregnancy, the UNFPA affirms that out of the 7.3 million births, 2 million are to girls who are 14 or younger. The report stresses that to tackle teenage pregnancy, “countries must adopt a holistic approach which does not dwell on changing girls’ behavior, but seeks to change attitudes in society so girls are encouraged to stay in school, child marriage is banned, girls have access to sexual and reproductive health including contraception, and young mothers have better support systems…. The report seeks to offer a new perspective on teenage pregnancy, looking not only at girls’ behavior as a cause of early pregnancy, but also at the actions of their families, communities and Governments…. ‘We must reflect on and urge changes to the policies and norms of families, communities and governments that often leave a girl with no other choice, but a path to early pregnancy,’ said Mr. Osotimehin. ‘This is what we are doing at UNFPA and what we will continue to do and recommend until every girl is able to choose the direction of her life, own her future and achieve her greatest potential’”. See UN Press Release, October 30, 2013.


64 Melinda Gates became one of the most powerful advocates of contraception in recent years. On April 5, 2012 in Berlin she pledged to support family planning for the next ten years. Since then, her commitment has kept on increasing.
expand access to contraception “range from lowering the costs of commodities to improving supply chains and increasing demand by educating consumers about their options. The overarching strategy,” Gates goes on, “is to maintain firm political commitment to driving reform, while increasing action in countries and measuring the progress”\(^65\). Gates’ unambiguous statement - “increasing demand by educating consumers about their options” – illustrates the priority SRHR agents henceforth give to a “sexuality education” that promotes contraceptive use.

2.- Rights approach. SRHR agents complain that sexual and reproductive rights\(^66\) are not yet recognized, treated, protected and enforced as universal. They want human rights, inclusive of their SRR, to be considered as the core framework in the post-2015 development agenda. To this end, they intend to support “public education campaigns and community mobilization on human rights and laws related to sexual and reproductive rights.” SRHR agents will pressure governments to “amend or enact laws and policies that respect and protect sexual and reproductive rights and enable all individuals to exercise them without discrimination on any ground, regardless of age… religious affiliation… sexual orientation or gender identity”. This includes in their view the revision of laws and policies so as “to make safe abortion accessible and legal”. Considering “spousal or parental consent requirements” as “practices that violate the reproductive rights of women and adolescent girls to receive SRHR services”, SRHR partners want policies and laws to prohibit them\(^67\).

3.- Integration. There is still a lot to do, in the eyes of SRHR agents, to mainstream SRHR throughout development. They want to further and deeper integrate SRHR with, for example: primary health care; adolescent health; gender equality; non-health sectors; climate change (population control\(^68\)); food and security (population control\(^69\)); social justice and “equity”; elimination of the “root causes of poverty”; participation (of young people, women); accountability; transparency; non-discrimination; empowerment; rule of law; holism\(^70\)… They want SRHR to be fully part, if not the driver of the “global transformative change” envisioned in the


\(^66\) They define SRR as “the rights of all people to make decisions regarding their own sexuality, without infringing on the rights of other people: to decide if, when and how many children to have; to have all the necessary information, means and services available to reach the best possible sexual and reproductive health, and to be free from coercion, stigma and discrimination”. See IPPF European Network, Euro NGO, Countdown 2015. Towards a post-2015 development framework. Position paper N°1. January 2013.


\(^68\) Human beings being the main predator of the environment: we therefore need to limit demographic growth.

\(^69\) What they consider “overpopulation” being in their view a threat to food security and to security in general.

\(^70\) “The future agenda should be as comprehensive as possible and include the wide range of different aspects of SRHR”. See IPPF European Network, Euro NGO, Countdown 2015, Ib.
post-2015 agenda. Lastly, they want to integrate the ICPD+20, Beijing+20 and Rio+20 processes with the post-2015 framework.

4.- Change culture and religion from within. SRHR agents want to “create cultures of acceptance”, what they call “an enabling environment for the equal enjoyment of [reproductive and sexual] rights by all”. Such a cultural transformation project entails co-opting “men and boys, policy-makers and law enforcers, parliamentarians, educators and health providers, employers, the private sector and journalists” in the revolutionary process and eliminating all “cultural barriers” to their agenda. They are also determined to further engage in partnerships with faith-based communities, in particular with Catholic priests, religious communities, women and youth so as to change them (both their beliefs and their behaviors) from within and turn them into SRHR advocates in their respective communities. Another way SRHR partners intend to transform societies is education reform. They are determined to ensure the establishment of “standards for implementation of comprehensive sexuality education programs, both in and out of school, that include supportive policy and legal frameworks, begin at primary school age onwards, are linked to sexual and reproductive health services, and that engage parents, community, traditional and religious leaders and actively involve young people at all stages”. This is a loaded agenda. Let us revisit its components: “standards” (normative ambition); “in and out of school” (to reach out to all children, in all their activities); “policy and legal frameworks” (enforcement capacity); “begin at primary school age” (robbing parents of their educational responsibility, transforming people from the earliest age); “that engage” (parents, religious leaders themselves are co-opted in the process of moral decadence); “actively involve young people” (the youth participates in its self-destruction).

The formal post-2015 agenda-setting process

SRHR agents will use a two-pronged strategy to further their goals beyond 2014:

- they will try and obtain all they can through the formal post-2015 global development agenda process;
- and they will continue to move forward informally and by stealth; it is in their interest to see the “partnerships culture” spread and be strengthened.

72 See Marguerite A. Peeters. The globalization of the western cultural revolution. Ib., Chapter 6.
73 See High Level Task Force for ICPD, Ib.
Let us start by considering the first strategy.

The formal post-2015 “global development” agenda-setting process started at the sixty-eighth session of the UN General Assembly in 2013. It was preceded by the publication of a report issued on May 31, 2013 by the High Level Panel (HLP) set up by Ban Ki-moon to assist him in developing a vision for the post-2015 global agenda. The report is entitled “A New Global Partnership”. Incidentally, let us remark that turning over to “High Level Panels” for strategic guidance has been a practice of the Secretariat since the mid-1990s. The UN Secretariat, as its name indicates, is supposed to be the secretary of the UN, an intergovernmental organization by mandate: an organization supposed to serve and represent its member-states, sovereign governments, not “experts” deprived of legitimacy.

The post-2015 agenda-setters pursue globally normative ambitions. The UN Secretary General stated that the next development goals will be “universal to all nations”. The UN used to apply the term “universal” to the rights declared in the 1948 Universal Declaration of Human Rights, then interpreted as open to the law God has written in all human hearts. Now the UN applies it to development goals elaborated by those experts consulted by the UN Secretariat, to a technical agenda infected, as this publication illustrates, with a secularist perspective.

The post-2015 agenda will have a strong focus on monitoring mechanisms. The new goals will be provided with what Ban Ki-moon calls a “comprehensive monitoring framework and robust accountability mechanisms”. The HLP’s report refers to an “independent” and “rigorous” monitoring system. It calls for a “data revolution” and advocates “a new international initiative to improve the quality of statistics and information available to citizens”. Audits, “scorecards”, “gender markers”, statistics and other monitoring mechanisms, whose efficiency is being exponentially enhanced by emerging technologies, will proliferate and be at the disposal of any group seeking to use them to favor the enforcement of their interests. In a context of dramatically increased global surveillance, the content of the post-2015 agenda matters. Suspiciously enough, SRHR agents are frontrunners in the advocacy for a data revolution. But do the world’s nations want to be “accountable” to them?

Needless to say, SHRH agents want SRHR to be a top development priority in the new framework, at the “heart” of the global health and education goals in
particular. At this stage of post-2015 agenda-setting, they managed to have their views reflected in the documents of the UN Secretariat. The priority that the UN Secretariat intends to give to SRHR beyond 2015 is manifest in the UN Secretary General’s 2013 report on advancing the UN development agenda beyond 2015. Ban Ki-moon affirms: “intensified efforts are needed to reach the most vulnerable women and children and ensure their sexual and reproductive health and reproductive rights, including full access to basic health services and sexual and reproductive education”78. The UN Secretary-General further stresses that “women and girls must have equal access to… the full range of health services, including in the area of sexual and reproductive health and reproductive rights” (in the “empower women and girls” goal of the new agenda)79. He reiterates this objective - “realize women’s reproductive health and rights”80 - in the health goal. Lastly, he refers to the “benefits” of SRHR in the “demographic challenges” goal: “countries with a high rate of population growth are generally on a path of falling fertility, especially as education for girls and sexual and reproductive health services become more widely available”81.

SRHR agents’ strategy in the formal post-2015 development agenda-setting process is twofold:

– they fight for SRHR to become an explicit target of the next goals;
– they strive for the treatment of SRHR as a cross-cutting theme - that is, a theme implicitly present across all the goals and targets, as a precondition for “sustainable development”82.

**SRHR as an explicit target.** In the report of the *High Level Panel*, which inspired the above quoted report of the *Secretary General* to UN member states, SRHR are an explicit target within the health goal. It reads as follows: “Ensure universal sexual and reproductive health and rights” (target 4d of goal 4, “Ensure healthy lives”). This proposal, let us stress, goes much further than target 5b of the MDGs, which only mentioned reproductive health – not rights, nor sexual health and rights. Should this proposal be adopted by UN member states, the post-2015 agenda will have a dangerously stronger sexual and reproductive rights approach, at a time when sexual rights are interpreted to include sexual orientation and gender identity.

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78 This sentence reflects the focus of SRHR agents now strategically put on “the most vulnerable” and poorest. UN Secretary General. *A life of dignity for all*, ib., par. 27.
79 UN Secretary General, ib., par. 85.
80 Ib., par. 87.
81 Ib., par. 92.
82 The IPPF’s submission to the WHO consultation, “Health in the post-2015 Development Agenda”. December 2012.
SRHR as a cross-cutting issue. Ever since Cairo, global governance has treated SRHR as a constitutive component of sustainable development, alongside other “cross-cutting issues” such as “gender equality”, “human rights” and “youth empowerment”. SRHR agents present their agenda not only as an intrinsic part of sustainable development\(^{83}\) as a whole, but as “relevant to each of the three pillars of sustainable development”\(^{84}\). Economic growth, social equity and environmental protection. Integration of the three parameters of sustainable development is one of the key themes of the post-2015 agenda. SRHR agents consider that in practice, “health, education and gender have been too segmented”. In the MDGs framework, they would have suffered “from an approach that is too narrow and not rights-based”. Beyond 2015, SRHR agents want to integrate “SRHR, gender equality and women’s empowerment... throughout the framework”\(^{85}\). They call SRHR the “enabler for reaching any other poverty reduction target”\(^{86}\). This view is reflected in the report of Ban Ki-moon’s High Level Panel, which includes lack of access to SRHR in its very definition of “poverty in all its forms”\(^{87}\), as one of its dimensions\(^{88}\). This is particularly significant in view of the stated overall objective of the post-2015 development framework: the eradication of poverty - of extreme poverty.

It is noteworthy, although commonplace in UN documents, that in the High Level Panel’s report, SRHR are the only aspect of health specifically mentioned in the paragraph dedicated to young people, and the only aspect of health specifically

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\(^{83}\) “Sustainability must be clearly defined to include population dynamics”. See The IPPF’s submission to the WHO consultation, Ib.

\(^{84}\) “Crucial investments should be made in the social dimension of development, particularly in terms of SRHR... lack of universal access to SRHR represents the biggest obstacle to achieving sustainable development and making substantive progress in terms of poverty reduction”; SRHR would also be “key to addressing the issues of leveraging people out of poverty by helping young people, especially girls, to access education and engage in productive activities... as well as by addressing the issue of population growth which in turn affects economic growth rates. Many developing countries are experiencing high rates of population growth, which is associated with high levels of poverty and low levels of human development”; lastly, SRHR would be “key to addressing population dynamics and migration issues which impact the environment and climate change. This includes, in particular, addressing the huge unmet need for family planning in areas of increased climate change and environmental degradation, which is a key strategy to increase poor people’s resilience to climate change... Population growth is highest in the world’s poorest countries, which are most vulnerable to food and water insecurity... Addressing the unmet need for SRHR services ... offers scope to advance environmental sustainability, support climate adaptation and increase resilience in ecologically fragile areas”. See IPPF European Network, Euro NGO, Countdown 2015, Ib.

\(^{85}\) IPPF European Network, Euro NGO, Countdown 2015, Ib.

\(^{86}\) IPPF European Network, Euro NGO, Countdown 2015, Ib.

\(^{87}\) High Level Panel report, Ib., p. 4.


\(^{89}\) IPPF explains that SRHR “must be distinguished from the broader, comprehensive package of health interventions because in spite of related UN commitments, historically this field has proven to be controversial in many conservative contexts and as a result, governments have swayed from their obligations of delivering sexual and reproductive health services”. See The IPPF’s submission to the WHO consultation, Ib.
mentioned in the paragraph on girls and women. The HLP’s proposed education goal (entitled “provide quality education and lifelong learning”) describes the partners’ view of education: education would be about “far more than basic literacy and numeracy”; it would, *inter alia*, help people to “gain an understanding of sexual and reproductive health.” The explanation that the report gives of its health goal (entitled “ensuring healthy lives”) spells out the content of the goal and contains a long paragraph about SRHR, in which SRHR are described as “an essential component of a healthy society.”

**A kairos**

At the beginning of 2014, it is not possible to predict whether SRHR agents will obtain what they want in the formal, that is, intergovernmentally endorsed, post-2015 agenda. At this stage we may limit ourselves to identify the two tendencies at play:

- on the one hand, the transnational agents of the sexual revolution are seeking, with a perceived sense of urgency, to push their subversive process a decisive step further, both horizontally (“universally”, to all peoples, with a current focus on the remotest and poorest) and vertically (deepening their radicalism, “enlarging” itself to the LGBT agenda and ever more perverse sexual education from an ever earlier age, in particular);
- on the other hand, in the last few years, a mass of people in the world, becoming a significant and visible mass, has started manifesting public opposition to the revolution. Opposition is rising because the degree of radicalism now attained has become unacceptable for this critical mass. Always demanding “more” and “coming out” all the way is a risky business. Would the revolution have overreached itself? There are now...
signs that its “forward movement” has started to backfire. Resistance, though currently deprived of relevant political or financial power, is mounting, silent or loud, spontaneous or already organized.

Our time is a *kairos*: a favorable time for a decision. What will Africans, whose institutions are already hijacked by the revolution, decide to do? May they decide for the true winning side: the good side, the side of self-love, integral human development, the truth spoken by God in their conscience, God’s eternal law, his design on the human person and his love! Africa may now be the only continent which expresses firm public opposition to the LGBT social transformation agenda. But may Africa realize that this agenda is the end product of a revolution that starts “benignly”, with modern contraception in particular, to which Africa has already opened wide its doors. The “culture of death” must be defeated from its early stages, as it starts to take root, not when it will have produced on the continent the bitter cultural and anthropological fruits that Africans themselves decry when they discover them in Europe.

The *kairos* we are in is an hour of responsibility. While Africa is to a large extent victim of the West’s ill-used power, it would be wrong to remain passive. Africans have a vocation, a specific and irreplaceable mission to fulfill in God’s design, more vital for humanity than ever in this hour of globalization.

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94 In Europe, for example, the *European Parliament* Estrela report was rejected twice, by the usually lukewarm center right European Parliamentarians, because of its extreme radicalism. The report treated reproductive and sexual rights as fundamental human rights, indissoluble from other human rights, openly advocated the creation of a culture of “acceptance, tolerance, respect, non-discrimination” in sexual matters, the right of single and lesbian women to benefit from fertility treatments and *in vitro* fertilization, a right to abortion in all EU member states and in developing countries, bashed conscientious objection and the sterilization of transsexual individuals, advocated long term financing of SRHR. The report recommended that people performing abortions illegally be not prosecuted. It also recommended mandatory “comprehensive” sexuality education in primary and secondary schools, in an enabling atmosphere and interactive way. It recommended teenage access to SRHR services without parental consent. It advocated giving a “positive image” of LGBTI people. It requested the *European Commission* to establish a special budgetary lign for SRHR in development assistance and to guarantee the access to abortion for girls and women victims of rape in armed conflicts. A battle is looming over LGBTI rights in the 2014 European Parliamentary elections. The *One of Us* campaign, aimed at protecting human life from conception in Europe, collected over 1.8 million signatures. The “marriage for all” law in France provoked the *Manif pour tous* and the *Veilleurs* movements. A resistance movement has seen the day in Croatia where the socialist government has introduced a sexual education program in schools promoting the choice of sexual orientation. The referendum in 2013 resulted in a clear definition of marriage as between a man and a woman. There are many other examples in the West and in the rest of the world.
The partnerships’ revolution: its hidden dangers, for Africa in particular

In the West, street opposition to the revolution is rising when the revolution’s agenda becomes visible and explicit, affecting *formal* political or juridical processes (educational policies such as gender training in schools, same sex marriage bill etc.). Most Africans, however, ignore the formal achievements of SRHR agents at the level of African institutions, and the influence they wield on national and local policies. And to the extent they are aware, people feel politically helpless and powerless. Organized opposition has not yet seen the day in Africa, at least not on the same scale as in the West.

The agents of the global sexual revolution, however, have achieved most of their strides not through formal and visible processes, but by stealth, in subtle, *parallel*, *soft*, *informal*, “consensual” ways, such as language manipulation, participatory approaches, facilitation, bottom-up consultation, democratization, consensus-building, awareness-raising campaigns, multi-stakeholder partnerships. In the last two decades, these new political approaches, conceptually forged from the 1960s and 70s, have turned into operational paradigms of global governance. They have proven overwhelmingly efficient in globalizing the western cultural revolution. They already pervade Africa.

The cultural revolution happened not by formal power grab, but through a quiet political revolution which easily moves forward unchallenged and uncontrolled, from within democracy and its institutions. For decades, SRHR lobbyists have been spearheads of the political revolution and chief advocates of partnerships. The power they could not obtain through representative democracy because of democratic opposition to their platform, they grabbed through informal processes.\(^\text{95}\)

SRHR partnerships represent a deadly threat for Africa, but this threat too often goes unperceived, even within the Church. It is helpful, therefore, to better understand how partnerships work. “Global governance”, functional since the early 1990s, is the partnership *par excellence*. It could be described as a transnational political regime constituted of powerful state and non-state actors, bound together by a common platform and ethic, forged under the aegis of the UN. Partnerships comprise, as the UN *Secretary General* puts it in the above-mentioned report, “not only governments but also businesses, private philanthropic foundations,

\(^\text{95}\) They then built on the gains they had achieved by stealth to manipulate formal, intergovernmental processes and institutions: they use, for example, the Cairo “consensus” – as mentioned, a soft, non-binding document and a fake consensus - to reinterpret existing conventions or create new legally binding documents, such as the *Maputo Protocol*. 

international organizations, civil society, volunteer groups, local authorities, parliaments, trade unions, research institutes and academia. \(^{96}\) Partnerships are by nature multi-stakeholder.

Global governance is not a formal global government, that would be endowed with visible institutions and democratic legitimacy: it is an informal political process which, although “virtual” or “liquid” as the postmodern jargon puts it, wields critical influence over supranational and national policies and laws, societies and cultures, in a number of domains that has kept on rising in the last twenty-five years: human rights, education reform, health issues, the environment, “climate change”, women and SRHR, security...

In global governance and in partnerships, partners are allegedly equal. They implement, each in their own capacity, a common agenda which comes not from any of them individually, but from global governance’s “experts”, who posit themselves “above” all partners and govern all partnerships. In reality, partnerships are not “equal”: they are surreptitiously governed by those “partners” who set the agenda: the NGOs, “visionaries”, trailblazers and “horizontal leaders” know where to go and softly, quietly, imperceptibly lead all “partners”, including governments, towards their goals. All partners must ideologically identify themselves with the views of the agenda-setters. Partnerships are “like-minded”.

Governments joining partnerships turn into “equal partners” of NGOs, women’s groups, “experts” and other “stakeholders”: they stop being “above” those who mandated them. Worse, they are in fact repositioned “below” the “horizontal leaders”, the agenda-setters, and at their service. Their authority and capacity to govern still stands in appearance but it is seriously undermined. In other words, global governance deconstructs democracy from within. The political revolution did not leave democratic channels intact. It shifted power from the people – the real people, belonging to a given nation, culture, religion, tradition - to “partners” – global governance’s transnational partners.

Global governance seeks more power for itself. Its strategic post-2015 focus will be on “A new global partnership” - the title of the High Level Panel’s report. The “global partnership” will be new in the sense that it will be strengthened, made more operational and efficient, expand to more partners at an accelerated pace. In his 2013 post-2015 report, the UN Secretary General speaks of “harnessing the power of multi-stakeholder partnerships”\(^{97}\). Among the partners who seek to benefit from this strengthening is the “global reproductive health community” - the global SRHR partnership, integrated in global governance and representing

\(^{96}\) UN Secretary General, ib., par. 98.
\(^{97}\) UN Secretary General. A/68/202, ib., Summary.
a powerful network of SRHR NGOs, experts, think tanks, foundations, business enterprises, governmental and supranational institutions. Recent manifestations of this “community” are the July 2012 London Family Planning Summit and Women Deliver, whose gathering in Kuala Lumpur, Malaysia in May 2013 described itself as its “largest global event of the decade”.

In recent years, Melinda Gates, the wife of Microsoft’s billionaire Bill Gates, the world’s richest person, became a key player in the “global reproductive health community”: a chief sponsor and a leading advocate, rallying transnational SRHR agents around new “partnerships”. She took the initiative of organizing three major “family planning” conferences in Africa, which were not formal intergovernmental events but “multi-stakeholder partnership” events, gathering willing heads of state and ministers, so-called “civil society” (SRHR NGOs primarily), financial institutions, international organizations and representatives of African governments and institutions:

- the First International Conference on Family Planning in Kampala, Uganda, November 15-18, 2009;
- the Second International Conference on Family Planning in Dakar, Senegal, November 29 – December 2, 2011;
- and the Third International Conference on Family Planning, the largest to date, in Addis Ababa, November 12-15, 2013, on the theme Full access, full choice. This last conference included several sessions dedicated to “expanding access to safe abortion”. US Secretary of State John Kerry offered video remarks on this conference, in which he expressed an “exceeding gratitude” to SRHR partners and said that the US and its partners “must continue” what he called their “life-saving work to advocate for sexual and reproductive health and rights”.

98 See Appendix 2.
99 120 sessions, 400 presenters and over 7,000 participants, according to the organizers and a UN release.
100 According to the Bloomberg Billionaires’ list.
101 Organized by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health, the Makerere University’s School of Health and Implementing Best Practices Initiative;
103 Organized by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and the Advance Family Planning Initiative. “3,000 scientists, health professionals and advocates from over 120 countries”; 30 government ministers participated in a high-level meeting on how family planning investments can contribute to a “Demographic Dividend” for Africa’s economic growth”. See International Conference on Family Planning. Press release. 12 November 2013
Addis Ababa conference ended with a Call to Action for governments to “prioritize family planning in the new global development framework”\textsuperscript{104}.

At the Addis Ababa conference, five African governments made what SRHR agents consider “significant commitments”:

- the Ethiopian Prime Minister Hailemariam Desalegn, referring to “a real turning point for accelerating progress on family planning”\textsuperscript{105}, pledged to reach 66% of women using contraceptives in his country by 2015. He mentioned that between 2005 and 2011, Ethiopia had doubled the percentage (from 15% to 29%).
- Benin will “ensure that modern methods of contraceptives are available without cost and that reproductive health training is provided for adolescents and youth”.
- the government of the Democratic Republic of Congo will “use domestic resources for the first time to purchase contraceptives”.
- in Guinea, “funds will be used to recruit thousands of health workers who can deliver family planning in rural areas”.
- and “the government of Mauritania will commit to allocating health commodity security funds for family planning and, along with its partners, commit to mobilizing additional resources for the implementation of its national family planning action plan”\textsuperscript{106}.

These examples illustrate the amount of effective political power that SRHR partners succeeded in buying to Africans. Africa is particularly porous to partnerships, because of the weakness of its democratic institutions on the one hand, and because partnerships mean money on the other. African institutions and governments, organizations, peoples and even the Church have readily jumped on the partnerships’ bandwagon. Partnerships are the chief explanation for the dramatic inroads of SRHR agents in Africa in the last twenty years, and they are adamantly determined to continue moving forward in Africa through “partnerships”.

Even the official documents of the African Union endorse the partnership principle of the political revolution.

Let us give two examples from documents quoted in chapter two:

\textsuperscript{104} See International Conference on Family Planning. Global Conference Closes with Call for Family Planning to Be at the Center of Development Agenda. Press release. 15 November 2013.
\textsuperscript{105} Press release 15 November, Ib.
\textsuperscript{106} Press release 15 November, Ib.
in the Maputo Plan of Action on Sexual and Reproductive Health and Rights, African governments commit to “develop policies that promote involvement of civil society and private sector in SRHR service delivery within national programs”. They willingly allow so-called “civil society” or “non-state actors” (SRHR NGOs in this case) to participate in national and supranational policy-making. They even grant them a watchdog function: the Maputo Plan of Action is endowed with “indicators for monitoring progress”, designed to empower SRHR agents in the pressure they exert on African governments to implement their platform. Because of the permeability of African institutions, SRHR’s watchdog function proves quasi equivalent to an enforcement capacity.

– in their Addis Ababa Declaration on Population and Development in Africa beyond 2014, African Ministers commit to “promote strengthened partnerships with local, national and international civil society organizations in the design, implementation, coordination, monitoring and evaluation of population and development programs and policies” (art. 78). They “encourage the promotion of activities directed at increasing the participation and building the capacity of these organizations” (art. 78). They also “recognize the role of civil society organizations… in the formulation, monitoring and evaluation of population and development policies and programs including for achieving the goals of sexual and reproductive health and rights” (art. 79). African governments thereby formally allow SRHR agents to design with them (or rather in their stead) national SRHR policies and laws, implement them and monitor governments! SRHR partners claim the right to participate in African policy- and law-making as well as monitoring and evaluation of programs and policies, inter alia through a strengthened national statistical capacity (cf. art. 71 and 78). African governments seem to readily grant them this right.

Co-opted in SRHR partnerships, Africans get irremediably entangled with an agenda that excludes the family, human happiness, love, hope, faith, joy, genuine African values, a sense of service and work well done amid other essential components of the integral human development that they really want.
CONCLUSION:
AFRICA, LOVE YOURSELF!

What conclusions can we draw from this panorama? It will have helped us, we hope, to be realistic. It is useful and necessary for the Church to take stock of the extent to which SRHR agents succeeded in stirring up a political revolution through which they managed to significantly control African “institutionalization” and hijack African “democratization” from within. Through the countless partnerships they have joined, African institutions and governments entangled themselves in various ways and degrees with SRHR. A majority of them encourage the spread of the permissive, contraceptive culture instead of striving to develop socioeconomic policies that favor the good of the family and its stability.

What was unimaginable twenty years ago is now an undeniable reality: Africa is becoming contraceptive, at a pace – at least in some countries - that has dramatically accelerated in the last decade. Fruit of the same deadly tree, the practice of abortion is now more widespread. Africans do not engage on this path out of the same ideological convictions as westerners, but this path will inevitably provoke cataclysmic cultural, political and economic damage. To say the least, it does not bode well for integral human development.

The attacks against life and the family on the beloved African continent are not new. Three years before Paul VI declared the Church’s position on contraception in *Humanae Vitae*, *Gaudium et Spes* had prophetically stated in the mid-1960s: “There are many today who maintain that the increase in world population, or at least the population increase in some countries, must be radically curbed by every means possible and by any kind of intervention on the part of public authority. In view of this contention, the council urges everyone to guard against solutions, whether publicly or privately supported, or at times even imposed, which are contrary to the moral law. For in keeping with man’s inalienable right to marry and generate children, a decision concerning the number of children they will have depends on the right judgment of the parents and it cannot in any way be left to the judgment of public authority” (GS 87).

John Paul II revisited this theme in *Familiaris Consortio*: “the Church condemns as a grave offense against human dignity and justice all those activities of governments or other public authorities which attempt to limit in any way the freedom of couples in deciding about children. Consequently, any violence applied by such authorities in favor of contraception or, still worse, of sterilization and procured abortion, must be altogether condemned and forcefully rejected. Likewise to be denounced as gravely unjust are cases where, in international relations, economic
help given for the advancement of peoples is made conditional on programs of contraception, sterilization and procured abortion” (FC 30).

In the 1960s, 70s and the first half of the 80s, western powers were imposing population control policies on developing nations in a top-down, institutional fashion. The objective was chiefly demographic (reduce numbers in developing countries). Married couples, parents were the main targets of contraceptive, sterilization, abortion campaigns.

Times have changed. In the words of the transnational advocates of modern contraception and “sexuality education”, Cairo was a watershed. They no longer speak of “population control” but of “sexual and reproductive health and rights”. The strategy shifted from “imposition from without” (overt “population control”) to more subtle and much more dangerous forms of imposition, to “imposition from within”: social engineering, “bottom-up”, participatory and consensual approaches co-opting people in the process of their own “transformation”\(^{107}\), “rights” and “free choice”, changing culture from within (sexual revolution), “universal access” to SRHR, including for young people outside of marriage. The enemy used to be external and visible. It is now internal and imperceptible. Identifying it, combating it requires a solid human and Christian formation, and a courageous decision.

How do African Catholics respond to these pressing challenges? Many ignore the existence and dangers of the new strategy, the SRHR’s hidden agenda and, worse, too often also Church teaching, insufficiently taught in Catholic schools, universities, seminaries, formation houses and parishes. Many Catholic youth, constantly exposed to SRHR propaganda through the radio, internet, street activities etc. have adopted western sexual “lifestyles”. In some regions, a large percentage of Catholic married couples do already practice contraception. A number of religious men and women, in their ignorance perhaps combined with a lust for what global governance calls a “better quality of life”, have been tempted into partnerships and co-opted in the SRHR revolution.

But African Catholics should draw a lesson from what happened in the West: how the sexual revolution decisively contributed to the acceleration of secularization over the last fifty years. The primary agents of western secularization were Catholics, whose salt lost its flavor as a result of their disobedience to the Magisterium since

Humanae Vitae. The same causes producing the same effects, if African Catholics are unfaithful to the Church, SRHR will lead Africa to secularization, to a “silent apostasy” similar to that of Europe decried by John Paul II in Ecclesia in Europa (EE 9).

So what are we called to do? We have neither the power nor the divine mandate to overturn global governance or seek to influence its course. We are called to humbly and joyfully, patiently and courageously, without giving in to compromise, give witness to the truth about man and woman, human love and the family. This requires stepping out of the SRHR framework, stop using its confusing language, withdraw from its dangerous partnerships. It demands a loving effort to study the teaching of the Church and adhere to it in one’s heart, conscience and acts. Vatican II emphasized the need for parents to have a “rightly formed conscience”, and “for everyone to develop a correct and genuinely human responsibility which respects the divine law”, which “sometimes requires an improvement in educational and social conditions, and, above all, formation in religion or at least a complete moral training” (GS 87).

Surely, we must do all we can and be vigilant. Some are called to monitor developments at the country and continental levels and inform others. Others will lead the battle in the political arena. Parents, the primary educators of their children, have the duty to watch, as schools and out of school educational activities promote the global agenda.

Africans, loving themselves as Africans, must resist wanting to be like all the other nations. They should draw the consequences for themselves of the moral state of the West and how it negatively impacts globalization. They must remember that as Africans, they have a mission. African Catholics do not want to reject the Lord of love and obey the mundane or “normal” way, forgetting God’s word108. The Church expects them to be major contributors at the next two synods on the family!

Since the 18th century, the western secular state has built itself on the citizen-individual, who has been increasingly divorced from the person (father, mother, spouse, son or daughter) over the centuries. As the family broke down, the state increasingly came in and substituted the role of the family, providing secular solutions to personal problems. Global governance is now producing norms

108 Cf. Pope Francis’ homily at Santa Marta, January 17, 2014.
such as SRHR founded on the fatal divorce between the citizen and the person, tragically implemented so efficiently in Africa, at times seeming to pave the way for a new and global form of authoritarianism or totalitarianism.

But African political traditions do not divorce the citizen and the person made out of love and for love. On the contrary, they are founded on the family and interpersonal relationships. In this respect, they express a universal truth that all civilizations should now return to. Will Africans choose for life or death? Will African Catholics put their lamp on the hilltop? This lamp makes the splendor of the truth about our eternal vocation shine in the darkness of the world. The stars shine the brightest at the darkest hour of the night. As John Paul II wrote it in his Letter to Families, human beings’ “vocation to love… introduces them as male and female into the realm of the ‘great mystery’”\(^\text{109}\). This great mystery is God’s Trinitarian love.

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APPENDICE 1: IPPF and Mary Stopes associations\textsuperscript{110} in African countries

1. African member associations of IPPF

<table>
<thead>
<tr>
<th>Country</th>
<th>Association Name</th>
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<td>Associação Angolana para o Bem-Estar da Família</td>
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<tr>
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<td>Burkina Faso</td>
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<td>Associação Caboverdiana para a Proteção da Família</td>
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<td>Association Centrafricain pour le Bien-Etre Famillia</td>
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<td>Côte d’Ivoire</td>
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<td>Mouvement Gabonais pour le Bien-Etre Famillia</td>
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2.\textbf{Mary Stopes International} is active in Burkina Faso, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Nigeria, Senegal, Sierra Leone, South Africa, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe. Mary Stopes is a leading advocate of the “right to abortion”.

\textsuperscript{110} See http://www.ippf.org/about-us/member-associations for details about the activities of these associations. To give an example, in 2011 \textit{Planned Parenthood Federation of Nigeria} delivered 9.9 million condoms in the country, 9.7 million “contraceptive services”, 88,000 “abortion-related services”, 2.6 million “other sexual and reproductive health services” and 2.2 million “HIV-related services”.

APPENDICE 2:  
Key foreign SRHR partners in Africa

**NGOs:**
IPPF national associations; Marie Stopes International; Médecins du Monde; Pathfinder International; Path; CARE; EuroNGOs…

**Institutes, think tanks, universities:**
Johns Hopkins Bloomberg School of Public Health; Guttmacher Institute; Population Council; Population Institute; Population Action International; Population Reference Bureau; Columbia University; Aspen Institute; Netherlands Interdisciplinary Demographic Institute; Advance Family Planning Initiative…

**Foundations and Banks:**
Bill and Melinda Gates Foundation; Rockefeller Foundation; Nike Foundation; United Nations Foundation; David and Lucile Packard Foundation; Ford Foundation; Clinton Foundation, Gapminder Foundation; MasterCard Foundation; Merck for Mothers; Hewlett Foundation; MacArthur Foundation; Children Investment Fund Foundation; Barclays Bank…

**Business enterprises:**
Pfizer; Bayer HealthCare; Female Health Company; Global Development Impact; Helm AG; Johnson & Johnson; McKinsey & Company; Merck…

**Leading western governments:**
USA (USAID); UK (DFID); Germany; France; Belgium; Sweden; Denmark (DANIDA); Norway; The Netherlands; Australia; Canada; Japan…

**International and supranational organizations:**
UN Economic Commission for Africa; WHO; UNFPA; UN Women; UNICEF; UNAIDS; UNDP; World Bank; European Union; Organization of Economic Cooperation and Development (OECD)…

**Partnerships:**
IBP Initiative; Women Deliver; GAVI Alliance; Reproductive Health Supplies Coalition (RHSC); White Ribbon Alliance for Safe Motherhood; Better Access to Safe and Effective Contraception…
This text expands the author’s intervention at the Africa Family Life Federation’s Congress held in Mauritius, November 10 – 18, 2013.

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TWENTY YEARS OF “SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS” IN AFRICA: Challenges for the Church

In 1994, the First Synod of Bishops for Africa discerned with authoritative clarity the specific vocation of the Church in Africa as *family of God*. A few months later, the UN International Conference on Population and Development held in Cairo forged an alleged “global consensus” on “sexual and reproductive health and rights”, an agenda irremediably infected with the perspective of the western sexual revolution. The aggressive implementation of the Cairo plan of action in Africa, to which the international community dedicates Billions of dollars each year, confronts the Church with pressing pastoral challenges. To better assess their scope, this study provides an overview of the achievements of the Cairo agents in Africa over the past twenty years and their strategy beyond 2014. In the face of such attacks against the family, may the Church in Africa have the courage to fulfill its prophetic and irreplaceable mission for the good of humanity!