Adrienne Germain: A Leader in Women’s Health Rights

“Based on decades of international work, we know that there will be no global peace or security until we secure every woman’s right to a just and healthy life. Only healthy women whose human rights are protected can be fully productive workers and effective participants in their country’s political processes. Only when women are healthy and empowered can they raise and educate healthy children. These are imperatives in their own right, and also the building blocks of stable societies and growing economies.”¹ Adrienne Germain

Introduction

In January 1986, the new Vice President of the International Women’s Health Coalition (IWHC),² Adrienne Germain, and a colleague hired a small plane to fly from Mindanao at the mouth of the Brazilian Amazon into the depths of the jungle to deliver menstrual regulation equipment³ to a doctor trained by IWHC some six years earlier. Germain was horrified to learn on arrival that he had reused the same equipment that he received during training, long after it had become dilapidated, because no one had resupplied him. On the way back to Mindanao, lightening and blinding rain forced the plane down in the middle of the jungle. Although the plane was badly damaged and communications severed, none of the six on board, including a small child, was seriously injured. Germain led the survivors on a daunting 17 hour journey by foot and country boat to reach a place that could radio for a plane to take them back to Mindanao.

That experience, among others, reinforced Germain’s decision that IWHC, a small, New York-based organization with limited infrastructure and resources, should not be in the business of training and supplying

¹ Note: Acronym glossary available at the end of the case.
² Menstrual Regulation is an abortion technique performed with a hand-held, plastic vacuum aspiration syringe. The equipment requires no electricity, can be simply sterilized, is inexpensive and, once trained, doctors and mid-level health workers can use it safely in settings with limited health resources and infrastructure.
far-flung abortion providers. She and IWHC’s President, Joan Dunlop, set about designing an entirely new IWHC strategy to expand access to reproductive health services, especially for women in resource-poor countries and communities.

Until the middle of 1985, Germain had devoted her career to women’s advancement in all sectors of life in low-income countries, primarily through work at the Ford Foundation. She had built wide and deep connections with women across Asia, Africa, and Latin America. In 1985, she decided to focus on women’s and girls’ sexual and reproductive health and rights (SRHR) as among the most contentious and neglected issues. How did one woman with a passion to make a difference on women’s health and rights help change the system? The key, Germain said, was in building alliances from the ground up and the top down. In teamwork with women around the world, Germain and her colleagues worked both inside and outside powerful institutions in their countries and internationally, in a continuous, iterative process over decades. Their goal was to systematically generate “Intellectual capital” for their work, documenting women’s realities and turning that knowledge into research, policy and program recommendations. They used advocacy in carefully chosen national and international forums to get their recommendations heard, and met one-on-one with powerbrokers. Their work included a few men in key positions, several named here, who provided pivotal support at certain moments. “But for the most part,” said Germain, “men were the audience to influence, not allies in the cause. The countless women from whom I learned sustained me, and together we built a movement for women’s rights and equality.”

Adrienne Germain - A Leader in Women’s Health Rights

Germain joined IWHC in 1985, after 15 years of work on behalf of women. She knew from experience that women’s health and human rights must be addressed together. As she explained, “No matter how much progress is made in delivering health services to women and girls, they can’t use them or be healthy unless their human rights are protected and fulfilled. Even women in relatively advantaged situations can face severe, even overwhelming obstacles to accessing sexual and reproductive health care when their human rights are abused.” Yet in the late 1960s when Germain began what would become her life’s work, most women’s health resources were focused on contraceptive development and services. The dominant policy model—to reduce population growth—was essential but hardly sufficient to achieve women’s health and rights. Over the next decades, Germain helped to change the international population control paradigm, from one focused solely on fertility reduction, to a commitment to women’s sexual and reproductive health and rights (SRHR). She points out that, “while most women need access to safe and legal contraception and abortion services during their lives, most also want to have children and need care for pregnancy and childbirth. All women who have sex also must have information and services for prevention and treatment of sexually transmitted infections (STIs) and sexual violence. Hence, policies, services, and funding must comprehensively address these interrelated aspects of women’s and girls’ health, while simultaneously protecting their human rights to live free of violence, discrimination and coercion.

Germain also understood, from years of conversations with women in myriad settings, that broader social conditions were inhibiting women’s and girls’ fundamental freedoms and equality. These included pervasive silence about women’s sexuality as well as violence against women, mostly by intimate partners. To
address these human rights and health-related issues, such underlying conditions would have to change. By 2015, many countries had made significant progress on certain health and rights challenges. However, says Germain, “Most women do not yet have access to quality sexual and reproductive health care, and health service providers themselves commonly mistreat women. For decades, we have worked at country and regional levels, with health care providers, managers and policy makers, and spent countless hours in international conferences and meetings, with government officials, researchers and media, but more work is still needed, especially for women who are disadvantaged, in almost all countries” (see the Appendix for important milestones for women and health). To address, expose, and deal with these persistent obstacles—including discriminatory attitudes and long-held social practices—long-term strategies and shrewd political tactics are needed. “You have to be willing to work quietly,” Germain insisted, “make compromises along the way, and persist despite the personal sacrifices entailed. But, we also have to go to the streets when necessary. Fortunately – and by design – over 40 years we have built the critical mass of strong and diverse women, as well as the alliances necessary to secure SRHR.”

On a personal level, Germain commented, “My primary contribution over all these years was facilitating others, particularly women and young people in low and middle income countries, to take action. Through their organizations and in political movements for women’s health and rights, they are the ones who will influence governments and health systems and also hold them accountable for good quality health care for all and for protection of women’s rights.”

Early Years

Born in San Francisco in 1947 and raised in small towns on both the West and the East coasts, Germain and her twin sister developed a commitment to social service from their parents. Having limited resources, Germain’s parents prioritized quality education for their twins, but, otherwise, Germain had little experience of what life was like for others outside her immediate family and the communities they lived in. This changed dramatically during her college years at Wellesley, an all-women’s college in New England. She explained, “A whole new world opened up—a vast diversity of people, friendships, autonomy and independence. I loved it.”

Germain’s college years coincided with massive political mobilizing across the United States against injustice, by migrant laborers, anti-Vietnam War protesters, emerging feminist leaders, and the civil rights movement. National politics came to a head with the protests and related police violence that took place during the 1968 Chicago Democratic National Convention. Germain recalls the academic ferment as well, as many scholars were raising tough questions about injustice and inequality that made headlines.

At Wellesley, Germain majored in sociology, worked in the bookstore, and tutored disadvantaged children in Roxbury, an impoverished, predominantly Black section of Boston. For her junior year honors thesis in 1968, Germain jumped at a serendipitous opportunity to work in Peru with a University of Michigan team studying urbanization. Determined to pay her own way and despite her parents’ concerns, Germain persisted in this first “rebellious” act. She left the U.S. just as news of the assassination of the civil rights leader, Martin Luther King, came over the loudspeakers in the Miami airport. With little money—and no Spanish language skills—she rented a small room from a low-income family in Lima, and commuted by public transport to the National Office of the Census. Germain accompanied researchers as they interviewed people all over the
country, in towns and villages, from high in the Andes Mountains to the depths of the Amazon jungle, and throughout coastal communities. This first exposure to people and cultures outside the U.S. would ultimately have profound influence on Germain’s life’s work. For the first time in her life she absorbed viscerally the harsh realities of women’s and girls’ lives, through observing hundreds of household interviews (mostly with women because men were either at work or absent), and through exposure to the verbal abuse and violence that was part of daily life for her host family.

After six months in Peru, Germain graduated from Wellesley with honors in 1969, married, and moved to California. She began work for a Ph.D. in sociology at the University of California at Berkeley under a five-year Ford Foundation fellowship. Early in 1970, Germain became politically active for the first time in her life, as part of a massive student movement mobilized across the country. This occurred during the Kent State “massacre” in Ohio, in which the National Guard opened fire on college students protesting against President Richard Nixon’s announcement of a military incursion into Cambodia. In addition to her studies and political action, Germain counseled women with unwanted pregnancies who sought help in a public health clinic that served a blue-collar neighborhood near the university.

Shortly after Germain started her Ph.D. program, in late 1969, her husband accepted a job in New York City (NYC) without consulting her, and assumed she would go with him. “At that time I wasn’t a conscious feminist but my sense of justice was outraged,” she remembered. Nonetheless, she left the university in preparation for a move to New York. On moving day, she realized that she could not live with her decision and reenrolled in the PhD program, defying her husband, parents, and in-laws. Since the fellowship—which the Sociology Department restored to her—was her only income, she lived in an off-campus commune of undergraduate students. After completing the academic year, hoping to reconcile her marriage, Germain again left the university and moved to NYC. There, despite her husband’s disapproval, Germain applied for jobs that she thought might enable her to contribute to improving the lives of women like the hundreds she had met in Peru. During a job interview with the Ford Foundation, staff asked, “Why should we hire you? You’re married and will just leave us to have children.” Instead, Germain accepted a job with the Population Council, an international, nonprofit organization that was promoting fertility reduction in developing countries. Germain also divorced her husband despite his and her parents’ opposition. Germain was beginning to see these acts as “strikes for freedom”. Reliant on a very modest salary, she rented a tiny basement studio apartment on the east side of Manhattan and began her life’s work.

The Population Council: Where Are the Women in Women’s Health?

Germain was one of only three or four women on the program staff in the head office of the Population Council in 1970. She worked with a team evaluating the efficacy of international “family planning” programs that provided contraception to married, low-income women in Asia, Africa, and Latin America. While the work was meaningful, Germain was troubled by the organization’s attitudes and values. The women whose contraception use they studied were identified as contraceptive “acceptors,” “users” or “drop-outs,” never as “women” or even “people”. The Council seemed to have no understanding of, or interest in, the social risks women took to use contraception. This concerned Germain, who knew from Peru that such risks might include opposition from their partners, and could lead to violence and expulsion from the household. The Council seemed only
interested in the number of contraceptives distributed and the number of acceptors or users of contraceptives. Further, although the Council was asking women to take the biomedical and social risks of using imperfect contraceptives, they were unwilling to provide women access to safe abortion, even when an unwanted pregnancy was the result of contraceptive failure. Germain could not tolerate such injustice but also knew that she was in no position to change it. Barely two years into the job, Germain decided to leave the Council. Just at that time, she received a call from the head of the Population Program at the Ford Foundation, who had heard about her from two of her Berkeley professors.

Ford Foundation: Connecting Women’s Health to Their Life Experiences

In 1972, Germain joined the Ford Foundation, which, similar to the Population Council, had only two women professionals on its International Division staff in NYC, and none in the 18 country-based offices around the world. Germain was hired to make the Foundation’s grants to U.S. university population studies centers. She soon persuaded the International Division Vice President, David E. Bell, who was exceptionally open-minded for the times, that she should instead help the Division develop a grants program for the advancement of women. In a Population Office budget memo she was tasked to write shortly after her arrival at the Foundation, she argued that women have good reasons for having many children; to have fewer children, they need alternatives. The Population Program would have far greater effect, she said, if the Foundation also invested in other aspects of women’s lives. (At the time, the Foundation’s only investments in women outside the U.S. were for family planning and for a “home economics” training designed in Nebraska.)

Though sex discrimination in the workplace had been illegal in the United States since the early 1960s, Germain experienced it in her early years at the Ford Foundation. She explained, “In 1972, I’d not thought about sex discrimination, and did not realize that my earlier (1970) interview at Ford was a blatant example of it. But, a few months after I started at the Foundation, a new male colleague joined the Population Office. Though we were about the same age and had similar qualifications, he was treated dramatically differently than I was, both personally and professionally. For example, senior staff mentored him, lunched and traveled with him. I was flabbergasted—and finally ‘conscious.’” After the Vice President gave Germain a new title and the mandate to propose how the International Division could better support women, some of Germain’s male colleagues said to her, “Don’t take this assignment. Working on women will ruin your career.” Germain says, “That’s a vivid indication of how myopic the development and population fields were and also how stigmatized work for the advancement of women was.”

Germain’s position at the Ford Foundation had global reach but concentrated on Asia, Africa, and Latin America. Early in 1973, she visited the Foundation’s offices in the Philippines and Pakistan, where she witnessed the conditions of rural and urban women living in poverty, very like those of the women in Peru. She also saw the huge “gender gap” in development policies and programming, not only by the Foundation but by governments, donors, the UN, and NGOs. In 1973, in an effort to share this knowledge and gain support for women beyond the Ford Foundation, Germain published an op-ed in the New York Times, “Poor Rural Women.” If women are to contribute fully to development and to have fewer children, she wrote, then society must invest in them, including investments in employment, education, and supportive social policies.

Germain was also actively reviewing the intellectual underpinnings of development policy. She realized that, “similar to my experience at the Population Council, the woman herself, as an individual endowed with
Adrienne Germain

rights, who ought to have choices, who can make rational decisions, wasn’t part of the construct.”19 In international development economics literature, for example, “the core assumption was that households have only one decision maker – the man. I knew from all my interactions with women that they participate in, and sometimes dominate, household decisions. As important, they commonly decide differently than their male partners, with major policy implications that the economists were missing entirely.”20 For instance, Germain points out, “We learned from research we funded in my early years at the Foundation that, when a woman has income, she allocates most of it for her children and the basic survival of the household, whereas expenditure and time use surveys of men clearly documented that they spend on luxuries such as cigarettes, alcohol and tea, and have much more leisure time than women do.”21

Still at the Ford Foundation: Charting a New Path to Advance Women’s Health

To make a significant difference in women’s lives, Germain concluded, the Foundation would have to both enhance its country-based grants to invest specifically in the advancement of women in all spheres and also fund international efforts to gather the data to inform the intellectual framework that drove development and population policy. If it was to take the realities of women’s lives seriously, the Ford Foundation would have to fund women’s participation in international academic and policy institutions, including the UN and other forums that determined population and development policies. She received a green light from the Foundation’s Vice President – but that was all. It was her job to persuade her colleagues and the Foundation’s hierarchy to spend their budgets differently.

Germain worked initially with the handful of country offices that were open to working with and in support of women. She did the groundwork and research to identify and describe women’s specific realities in each country, to identify women, men, and institutions willing to work for women, and then to recommend grants to fund local efforts. Simultaneously, Germain persuaded Foundation headquarters staff to fund leading universities and policy institutes worldwide to conduct research on women and on gender differentials, such as the time use and expenditure studies noted above. She also used the Foundation’s convening power and its access to high levels of government, academia and international agencies, to disseminate research findings and new “intellectual capital” to generate discussion on the likely returns to investing in women.22 From the start, Germain used every avenue and opportunity she could find to identify, engage and support women from the local communities in the countries affected by Ford Foundation support. Her efforts yielded a wide, informal network that would become pivotal to mobilizing action for SRHR in the 1990s.

Women’s health and rights activists began to emerge and work internationally, building on the growing knowledge of the realities women face in low and middle income countries. Germain often met them in international meetings where she, along with the many women whose work she supported, were influential leaders. One of the most significant early forums was the UN’s First World Conference on Women in Mexico City in 1975. Germain secured Ford Foundation funding to enable women from many countries to attend, and she herself participated on behalf of the Foundation. As she explained, “the conference was the first time women worldwide had a chance to meet. Across hugely diverse backgrounds, we realized that there are fundamental universalities in women’s lived experiences. And it was there that the seeds were planted for an unprecedented worldwide movement as well as for innovative initiatives such as Women’s World Banking.”23 The Mexico conference was the first of several UN conferences over the next two decades where women acted with and on
behalf of other women, in all sectors and with common commitment, across their diversity, to women’s advancement and human rights.

Thinking Beyond the Ford Foundation to Changing a Paradigm

Germain’s work was starting to make a difference in the Foundation’s international grant portfolio. But changing her Foundation colleagues’ thinking—and that of the wider development and population communities along with the policies and large scale programs they promoted—required time and persistence. Together with Abe Weisblatt of the Agricultural Development Council, one of her few male mentors, Germain convened a meeting in India in 1976 on sex differentials in rural wage rates across Asia. Deeply frustrated by the resistance of male economists who dominated the discussion, Germain confided in the head of India’s influential Planning Commission, Professor Raj Krishna. “Women are going to have to mobilize,” Krishna wisely told her. “No matter how much progress is made on data and ideas, you also have to take to the streets.” Germain never forgot this sage advice from a powerful ally of India’s women and it remained a guiding light throughout her work. “While politics isn’t everything, when you seek to right the fundamental imbalance of power between men and women, you have to have more than just the facts. You have to mobilize and use them, both inside powerful institutions and outside of them.”

Franklin Thomas, who became the new Ford Foundation President in 1980, understood this. In one of many ground-breaking initiatives, in 1981 Thomas invited Germain to move to Bangladesh as the first woman and the youngest Ford Foundation country representative ever, knowing that would send a strong signal to the entire Foundation and also to Bangladesh. Germain already knew and loved the country from her work with George Zeidenstein, the first country office representative, who in 1975 had invited Germain to help the office determine how to invest in women. Between 1981 and 1985, Germain dramatically modified the Foundation’s Bangladesh program. She re-conceptualized the narrow family planning program to encompass maternity care, menstrual regulation and treatment of sexually transmitted infections. She broadened the conventional approach to agricultural development by investing in the particular work that women do in Bangladesh, including their responsibility for small livestock, secondary food crops and food processing, all vital to family survival and to the national economy. And she launched a new program to encourage non-agricultural rural employment, including microcredit, something impoverished women and families desperately needed. Germain also recruited a woman to her staff, a first in the Bangladesh office. The changes in Ford’s country program and staff not only thrilled and emboldened emerging Bangladeshi women leaders but also put pressure on the Bangladesh government and other donors to move in the same direction. This transformation of this country’s program served as an example to other Ford offices, which, under Thomas’s leadership, were now required to address inequalities between women and men in their grant making and in staffing. Germain also persuaded the Foundation to use the Bangladesh program as a building block to revise the Foundation’s global investments in “population.”

With her four-year Bangladeshi assignment complete, Germain decided it was time to leave the Ford Foundation. During her 14 years with the organization, Germain had learned an enormous amount about how governments and major development institutions such as the World Bank actually worked. She now understood the factors that shaped how population and development data, research and analysis were generated. And she had seen the ways that women could overcome the constraints they face in daily life and how they could take action to improve other women’s lives. She had funded work by women for women, and had catalyzed some
institutional actions. To make significant additional contributions, she realized, she would need to leave the “establishment.” She would need to speak, write and collaborate with other women in her own voice.

**International Women’s Health Coalition (IWHC): The Next Chapter**

In 1985, Germain and Joan Dunlop, a close colleague and friend since 1973, “decided to change the world for women, working from outside to put pressure on the mainstream.”26 Dunlop had been working with John D. Rockefeller III on his personal population philanthropy. Together Germain and Dunlop took on the mission, as Vice President and President, respectively, of the International Women’s Health Coalition (IWHC). Historically, IWHC had a single purpose: to disseminate and train people to use recently developed menstrual regulation equipment for early abortion. As a condition for becoming President, Dunlop, in consultation with Germain, persuaded IWHC’s board to agree that she and Germain could transform IWHC’s mission and programs to encompass the wider range of women’s multiple sexual and reproductive health needs, not just abortion. In this way, they aimed to reposition the organization to have impact at policy and political levels. Following a 1985-86 review of IWHC’s existing work, and in consultation with IWHC’s and Germain’s international colleagues, IWHC adopted a new mission statement to reflect this new vision. The statement would be revised over ensuing years, and by 2015 stated that IWHC, “envisions a world where women are free from discrimination, sexual coercion, and violence; where they make free and informed choices on sexuality and reproduction; and where health information and services are accessible to all.”27

Germain and Dunlop had no desire to grow IWHC into a large organization. Their goal was to have an impact which would, ultimately, put IWHC out of work by helping to build capabilities, and foster the actions of many others, from women’s organizations to governments. Even when the annual budget rose to $5 million dollars, a large portion of these funds were re-granted to international colleagues, and IWHC staff remained small. IWHC’s method was to develop lasting partnerships with a few consultants who had particular technical and country expertise. “The idea was to stay lean and be able to turn on a dime,” Germain said.

Though IWHC was tiny by any standard, Germain and Dunlop knew that they could “punch far above their weight” if they used the strategic and political abilities and contacts they had honed during their years in the mainstream. “Joan and I had the advantage of knowing influential people, some with connections even to heads of state,” said Germain, “which was rare in the women’s rights community in those days.” Further, Germain explained, “Because we understood that women working in their countries are the ones that know the reality, we committed IWHC to enabling them to define the problems and design and implement solutions. We also knew that they would have to have funds to build effective organizations.”28 Dunlop and Germain set about raising funds, drawing on Dunlop’s political acumen and Germain’s analytic and programmatic skills, as well as her knowledge of international grant making and country networks.

**The IWHC Approach: Outside/Inside and Bottom/Up**

Several major U.S. foundations knew, or had heard about, Germain and Dunlop and agreed to fund IWHC. They provided grants and professional support to carefully selected emerging women’s health and rights organizations in a few, strategically chosen countries within Africa, Asia, and Latin America. While providing grants and collaboration to women’s and, later, youth organizations, IWHC encouraged and fostered wider alliances with OB/GYNs. These efforts led to collegial support from five exceptional men—Mahmoud Fathalla
from Egypt, Aníbal Faúndes of Brazil, José Barzelatto of Chile, Sudraji Sumapradja of Indonesia, and Allan Rosenfield of the United States. Other collaborative working relationships developed with HIV and AIDS activists, human rights defenders and other women's organizations, knowing that political progress could only be made jointly. Over time, IWHC's dozens of country program partners—for example, Bene E. Madunagu of Nigeria, Ninuk Widyananto of Indonesia, Sandra Kabir of Bangladesh, and Sonia Correa of Brazil—became the vanguard of wider country and regional mobilization, as each gained knowledge, organizational strength, and influence at home. In the early 1990s, these leading partners as well as others in the emerging movement for women's health and rights—such as Gita Sen of India, Peggy Antrobus of Barbados, Jacqueline Pitanguy of Brazil, and Gloria Careaga Pérez of Mexico—asked for IWHC support to coalesce and act globally. All shared an underlying consensus that upcoming UN conferences would provide new opportunities to persuade their governments to commit to SRHR.

These colleagues, and IWHC itself, worked not only with other activists but also sought access to and worked on the “inside” with governments, donor agencies, UN staff, and other mainstream actors. Only by influencing policy leaders at the highest levels could they have wide impact for millions of women and girls. Germain emphasized that their “bottom/up and outside/inside” approach—learning from women, investing in women activists, and collaborating with the mainstream—was rare, and often highly suspect: the mainstream was still resistant to anything they thought was “feminist.” Many women activists like other political activists, avoided collaboration with the mainstream as a matter of principle. Nonetheless, Germain and Dunlop continued to focus on identifying international feminist activists who had “inside” experience, contacts and skills that they were willing to use.

Changing the Field of Women’s Health: The Inclusion of Women’s Voices and Experiences

Germain was also continuing to develop the “intellectual capital” to support change efforts. She was writing and publishing with IWHC’s colleagues, advising UN agencies, particularly WHO and the World Bank, and advising the governments of the U.S., the Netherlands and Scandinavia. IWHC published position papers with their colleagues that included articles in peer-reviewed journals as well as books on SRHR. The materials reflected women’s lived experiences, and what Germain had herself observed and learned since 1968. IWHC and their colleagues were also convening meetings in which activists and specialists could debate the evidence and explore its implications for policy. These findings were then also published and used as tools for advocacy and action. 29

In 1989, for example, IWHC published Population Control and Women’s Health: Balancing the Scales. 30 This was the first international definition of Sexual and Reproductive Health and Rights (SRHR), and reflected what Germain had heard from women since 1968. The report was controversial. Germain presented an early version of the paper at a 1987 international conference on “Better Health for Women and Children through Family Planning,” which was loudly criticized and rejected by the family planning and population community. The critics included The Population Council, her early employer, which had convened the conference. Germain persisted. She explained, “As a woman, I knew what I needed for SRHR. As important, I had heard the same needs from highly diverse women across the world, who carry on despite lack of health services, discrimination, violence, and poverty. Their voices and experiences were almost never heard and Joan [Dunlop] and I were determined to change that.” 31 Building on the 1989 definition of SRHR, and in consultation with colleagues, IWHC generated additional intellectual products and used them as tools for changing policy.
Empowering Women for the Cairo Declaration

One example of their success was IWHC’s work in preparation for the 1994 International Conference on Population and Development (ICPD). Two years prior to the conference, at the request of their international colleagues, IWHC had mounted two major intellectual initiatives: one with activists—a women’s platform statement for the ICPD by 220 women from scores of countries; and one with academia—a volume of commissioned papers, published by the Harvard University Center for Population and Development Studies, edited by Germain, Gita Sen from Development Alternatives with Women for a New Era (DAWN) (a women’s network), and Lincoln Chen from Harvard’s Center on Population and Development. Both initiatives proposed a new paradigm for population policy for the 21st century centered on women’s health, empowerment, and human rights. Both argued that population and development policy should advance the rights and well-being of women and girls, rather than simply attempting to limit the ultimate size of the world’s population. These two initiatives lent credibility to the efforts of women activists to convince the ICPD to make SRHR a central priority. Thanks to their efforts, by the time the UN began its process for the ICPD, the SRHR concept was known to be grounded in women’s realities and demands, and was endorsed by academics and policy analysts.

But generating intellectual capital was just one part of a multi-pronged strategy to prepare for and influence the ICPD in what would become known as a watershed event for women’s empowerment. IWHC funded and facilitated a coalition of 65 feminist allies, primarily from developing countries, to lobby governments during the UN’s 18-month preparatory process and at the conference itself in Cairo. IWHC also assisted numerous feminist allies who were members of their countries’ official government delegations. Germain was the core strategist on the U.S. government delegation. Germain commented that the outcome was a global “Plan of Action” reflecting an agreed consensus among 179 countries:

“We women, with supportive governments, transformed international population policy from a focus on global and national population control to a focus on the sexual and reproductive health and rights of women and adolescents. We changed the prevailing policy paradigm fundamentally, arguing that the SRHR approach would benefit individuals and also, as history shows, result in reduced population growth. An entire chapter of the ICPD Plan of Action was devoted to women’s equality and equity and full protection of their human rights; another to reproductive health and reproductive rights; yet another to maternal health; among many other vital topics. The ICPD Plan of Action made commitments for action on neglected and taboo issues, such as obstetric fistula, access to safe abortion, poor quality of contraceptive services, women’s and girls’ vulnerability to violence especially by men known to them, and to sexually transmitted infections including HIV. Some 42 paragraphs across the Plan commit to sexual and reproductive health information, services and sex education for adolescents whether married or not. Never before had there been such global intergovernmental commitments in “population” policy, and many of the commitments had never before been made in any global UN forum.”

Working from the “Outside” to Impact the “Inside”

While government delegations were negotiating the actual language of the ICPD Plan of Action, Dunlop and IWHC’s 65 NGO allies consulted together daily to identify and target specific lobbyists’ action. Together the group determined which governments to lobby, on what aspects of the draft Plan of Action, and then pressed
delegates to address these issues. Lobbyists targeted government representatives for discussion during their breaks from closed-door negotiations and took shape “off-hours,” as the group strategized, especially with feminist members of government delegations, to help maintain consistent messaging. Additionally, the lobbyists exerted pressure on conference chairpersons and UNFPA leaders and the conference secretariat and deliberately reached out to the international press who were covering the conference to educate them on sexual and reproductive health and rights.34 “All of this,” Germain explains, “was done through face-to-face contact - technologies, such cell phones and email, vital to work in the 21st century, weren’t yet available.”

Germain described how action at the conference was influenced by two long-standing challenges:

“First, the national governments, agencies and professionals who had created the existing population policy paradigm desperately wanted to keep it as it was - focused on ‘family planning’ (contraceptive services) and the reduction of population growth. The women’s agenda, they said, was a major distraction, expensive and even an obstacle to achieving population goals. For women, on the other hand, the narrowness of the conventional population paradigm was a major obstacle to achieving women’s health and rights in their countries. Second, developing country governments, many swayed by allegiance to the Vatican or to Islamic State politics, and others that were socially conservative (e.g., women should stay at home under the protection of father, husband or brother; adolescents have no rights and should be subject only to their parents), were adamantly opposed to the inclusion of women’s equality, sexuality, adolescents, contraception, and, of course, safe abortion, among others, in the ICPD agreement. The conference secretariat shared the views of the first group, was afraid to alienate the second, and, worst of all, had not yet seen women as a constituency of interest let alone significance.”

Because she was not a government official, Germain could not speak for the United States in the conference plenary. But Timothy Wirth, Under Secretary of State for Global Affairs and head of the U.S. delegation, was a firm ally. Thanks to long conversations between Wirth and Germain, he understood the importance of SRHR, had become a lasting ally of women’s advancement, and asked her to negotiate for the U.S. in smaller, informal groups of governments, which were designated by the plenary chair to resolve debates on contentious issues and provide the plenary with potentially workable solutions that all 179 governments could agree to.35 It was there, in the small rooms, that the trade-offs necessary to achieve consensus were made. Germain remembered, “When at an impasse, the moderator of the small group would select 3-4 governments from the 20-30 present to leave the small room and not return until they had a solution.”

Strategic Calculations: One Disappointing Step Backward for an Exciting Leap Forward

She recalls one particular example. In the small room negotiations on the reproductive health and reproductive rights chapter, the Western countries, the Islamic group, and the Holy See were at logger-heads, and the African and Latin American delegates were silent on the one paragraph that included the term “sexual rights” as part of the definition of SRHR. The moderator asked the delegates of the United States, Iran, and Pakistan to leave the room and return only when they had a solution that the group could accept. The Islamic countries and the Holy See opposed “sexual rights,” on the grounds that the term referred only to free
expression of sexuality and gender orientation. In fact, however, sexual rights also include freedom from, for example, early and forced marriage, sexual coercion, and violence. Germain knew, from negotiations on other chapters that the Islamic group and other conservatives also wanted to remove from the final agreement all 42 references to the health and rights of adolescents. She therefore used the negotiation on “sexual rights” to exact a high price for giving up the term. She argued the U.S. would give it up only if Iran and Pakistan would make two concessions: first, they would support language in the final Plan of Action on the content of sexual rights without actually using the term; and second, they would protect and defend the 42 paragraphs on adolescents in the Plan.36 Reflecting back on this discussion in 2015, Germain said now that “this was one of the saddest and also most exhilarating moments of the conference for me – sad because I knew that many feminist and other allies would be dismayed that ‘sexual rights,’ used for the first time in a draft intergovernmental document, had been dropped, and exhilarated because, for the first time, a UN agreement would include the content of sexual rights and also fulsome paragraphs on adolescents’ health and rights.”

Germain leveraged a variety of tactics during the negotiations. She felt strongly that

“it was essential to get to know the other delegates, across deep cultural differences, in order to achieve an outcome in which all parties could say they won something and all could also give up something. No one would be fully happy but everyone could live with the compromises they made. This is the nature of intergovernmental, and many other, negotiations. A woman activist working for women’s rights on the ‘inside’ must use the language and show the respect, in speech and even in dress, that enables listening and dialogue, compromises and, ultimately, consensus. In the negotiation context, as in the Ford Foundation and much of my work in countries over the years, I commonly avoided using ‘feminist’ or other terms perceived as ‘western’, instead using recognized UN concepts such as equality and social justice.”

In Cairo, Germain also wore long, loose clothes, which turned out to be particularly convenient in the negotiation with the Pakistan and Iran delegates on sexual rights. When neither a private room nor even chairs could be found for their three-person negotiations, Germain suggested they sit on the floor in a corridor, probably a first for a U.S. delegate and, in Germain’s mind, a factor in the outcome.

Adapting Strategies but Always Continuing the Work

In the years that followed, many countries would try to use subsequent UN conferences to undo the ICPD commitments on SRHR. But “two can play that game,” Germain noted. “Over decades, our movement has understood that political and social changes are incremental, requiring judicious and shrewd compromise, as well as sustained advocacy.” The advocacy group that IWHC facilitated in Cairo in 1994 worked together again for the 1995 Fourth World Conference on Women (FWCW) in Beijing, and asked IWHC to continue its financial and professional support. The core group named themselves “HERA” (Health, Empowerment, Rights and Accountability) and pursued the “inside/outside” strategies that had succeeded in Cairo, with modifications and additions. For instance, they identified feminist allies within the mainstream, such as Claudia Garcia Moreno in WHO, who could advise on tactics and assist activists to influence their institutions. During FWCW, Germain was again asked to serve on the U.S. government delegation and assigned to small room negotiations on abortion
and on sexual rights. Again, feminists and their government allies succeeded, protecting and also strengthening, in the FWCCW Programme of Action, what they had gained in ICPD. In Beijing, for example, the Holy See and some governments allied with them tried to remove from the document the phrase “reproductive rights” and any reference to safe abortion. But HERA, the United States and allied governments persisted, protecting reproductive rights and adding new (and hitherto unprecedented) language that urged governments to review existing laws that restrict access to safe abortion. While the Islamic group governments and their allies again excluded from the document the term, “sexual rights”, the content of the essential message was nonetheless strengthened; the final Beijing document states, “The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality...” “That small room negotiation,” Germain said, “was led by an exceptional government delegate from Guyana, Monique Essed-Fernandes, who was also a member of HERA.”

Germain’s IWHC Departure: Reflecting on the Work

In mid-1998, Dunlop retired from IWHC, ending what both she and Germain had regarded as an extraordinary partnership. Germain had not aimed to become president but at the board’s invitation accepted, realizing that she was probably uniquely positioned to take IWHC into its next stage and that IWHC was still the best base for her own vision and contributions to women’s rights. It was clear to her that despite what she and Dunlop had originally hoped for the organization, IWHC would not “work itself out of a job” any time soon. If anything, the opposition was stronger, partly in response to the success of IWHC and its partners. Those who opposed SRHR were imitating many of the tactics the women of IWHC had pioneered; these included aggressive press relations and well designed and delivered advocacy materials. In response, women activists had to create and sustain new tactics along with the old ones, which required not only energy and creativity but also money, which continued to be in short supply. Donors were gradually moving their attention to other priorities, away from advocacy, political action, and capacity building and towards projects with direct service results.

As part of her commitment to a longer-term vision, Germain used her presidency to strengthen IWHC as an organization. She worked with the board and donors to “professionalize” IWHC’s governance by adding board members, men and women, with skills and experience in international non-profit management, communications and media, program strategy, policy making, political influence, and fundraising. She worked strenuously to maintain donors’ multi-year, general support grants that were so vital to IWHC’s effectiveness. A few consultants were added to enhance and widen specialized collaboration with country program colleagues. These changes aimed to broaden IWHC programs to encompass HIV and AIDS, sexual rights, and sexuality education, for example; to strengthen their organizational capacities for program monitoring; and to plan for sustainability in the face of stagnant or declining donor funding. Despite pressure to “scale up” these country organizations geometrically, as vehicles that would deliver inputs to ever-larger numbers of girls and women, IWHC and their colleagues stuck with the approach that Germain and Dunlop had established years before: namely to “scale” impact not by numerical growth but by persuading much bigger actors, such as governments and the UN, to change their policies, budgets, and programming to deliver SRHR.

“We and our colleagues had always used their program lessons to persuade other NGOs, the government and donors in their countries to mount similar efforts,” Germain said,
“but we all needed to do this more consistently and creatively. For example, four exceptional groups in Nigeria that, with IWHC support, had each developed sexuality and gender education curricula and delivered them to several thousand adolescents in a few states, decided to invest some resources in changing national education policy. Based on their local program results, these four IWHC partners agreed to consolidate their four sexuality education curricula into one, which they persuaded the federal government to adopt as the national curriculum. The groups then worked with state governments and public schools on teacher training and roll out. IWHC also supported a feminist sexuality education organization in Cameroon to do the same. In addition to such unconventional ‘scale up’ approaches, IWHC’s global policy advocacy and allies used lessons learned in those programs to persuade more governments to address women’s needs and to show them how.”

In 1998, Germain, with support from a woman donor, enhanced the organization’s global advocacy efforts by investing in a two-person staff presence in Washington, DC. Further, in order to push progress on addressing the underlying determinants of poor reproductive and sexual health and abuses of reproductive and sexual rights, IWHC broadened its alliances, added to its intellectual capital through research, and enhanced its capacity to build on opportunities offered by the internet and social media. Until she stepped down from IWHC in 2011, Germain focused her last few years at the organization on systematically strengthening IWHC and its ties with worldwide colleagues. The new IWHC President, Françoise Girard, a Canadian lawyer on IWHC’s staff from 1999 to 2003, continued Germain’s trajectory to strengthen IWHC’s leadership and build and advance its alliances.

What has Changed? The Road Ahead

Progress in Women’s Health: A Cup Half Empty or Half Full?

Although the topic of sexual and reproductive health and rights has more supporters in 2015 than it did in Germain’s early years, steep challenges remain. As of 2015, Germain believed that the women’s health and rights movement was not only determined but also prepared to persist:

“While we have made progress, when push comes to shove, we still have a very long way to go. You could be a pessimist and say nothing has changed but actually a lot has changed in girls’ and women’s conditions and also in women activists’ capacity. We women have achieved solidarity and organizing strength. We have generated much of the evidence and many project examples that are essential for effective advocacy, policy-making and programming. We have helped generate and sustain new generations of activists, and have shown that we will never give up. Together we’ve developed political savvy and remarkable clout, as well as far greater communication among ourselves, especially through the internet.”

In 2013, the world’s governments recognized that progress toward women’s health and human rights would fall far short of the UN’s Millennium Development Goals (MDGs), which had notably recognized that peace, security, and prosperity could only be achieved if women’s health were secure and their inalienable
human rights fulfilled (see Appendix). As of 2015, the goals for women’s health and women’s equality showed the least progress. The statistics help illustrate these failures:

- Life expectancy had increased, but rates of non-communicable diseases had also risen.
- Maternal mortality remained high; in 2013, over 250,000 women died and over 10 million women suffered from complications related to pregnancy or childbirth.
- WHO estimated that more than 21 million women, 19 million of them in developing countries, experienced unsafe abortions, which kills almost 50,000 women annually.
- As of 2013, approximately 35 percent of women worldwide had reported experiencing physical or sexual intimate partner violence.
- In 2012, more than 50 percent of adults living with HIV were women and more than two times as many girls and young women as men were living with HIV/AIDS in Sub-Saharan Africa.
- Women were still more likely than men to live in poverty and less likely to have access to work, assets, and credit. Millions of women could not exercise their rights to own property, to inherit, to political participation, or to get an education.

A Critical Milestone for SRHR: Recognition within the SDGs

On September 25, 2015, the UN General Assembly adopted by consensus new global goals for sustainable development, referred to as the “SDGs,” including goals and targets for the advancement of women and girls in every sphere of life (SDG5). As with many of the SDGs, the inclusion of this priority reflected a long process of political lobbying and evidence-based research. Because a goal for women’s equality and empowerment was retained, there is potential for advances in realizing human rights explicitly, including the ICPD goal of universal access to sexual and reproductive health and reproductive rights. The new global goal for “good health and well-being” (SDG3) also includes a concrete target for maternal mortality reduction and another for universal access to sexual and reproductive health care services. Reflecting on the new SDGs, Germain said

“The gender equality goal, its target for SRHR and the SRH target under the health goal would not have been included had it not been for highly strategic mobilizing by women from all parts of the world sustained over the three year process. IWHC was a leading advocacy group for these, helping to mobilize an unprecedented alliance of feminist organizations from all sectors, and also supporting key allies inside the system, such as Laura Laski at UNFPA. Though the opposition was more organized and in some ways more sophisticated than in any negotiation since the ICPD, they once again failed.”

Moving the Agenda Forward

Reflecting on the tasks going forward, Germain noted that,

“progress must be made on national and regional rather than global levels, though of course, the movement must also prevent back-sliding at the global level. At country level, Sub-Saharan Africa, South Asia, and the Middle East probably pose the greatest challenges in both socio-economic and political terms. There has been more progress on many aspects of women’s advancement in the rich countries and across Latin America because their women’s movements
began much earlier than in other regions, are stronger and, from the beginning, have addressed sexual and reproductive health and rights. But, rising fundamentalisms of all kinds, even in countries with strong activists and movements, require that we continue to inspire people – women and increasingly men – to join the movement. We must also find ways to reverse the very serious decline in funding for the advocacy and political mobilizing just when it is most needed.”

At the same time, she pointed to the need for wider support inside mainstream institutions:

“Almost everywhere, the mainstream actors that are vital, from WHO and UNFPA to medical schools and schools of public health, among others, have been far too slow to prioritize the SRHR of women and adolescents in staffing, research, conceptual and policy analysis, curricula and other key areas. Women’s health and human rights are still too often not fully ‘respectable’ or competitive professional topics nor a high priority in setting budgets and implementing programs in mainstream institutions.”

For example, data and analysis remains critical in all aspects of advancing SRH. While there has been progress toward monitoring key health metrics stratified by sex, Germain asserted that

“feminist activists cannot by ourselves improve the evidence base. We need sympathetic technical experts inside mainstream institutions to apply their imaginations and make the substantive investments needed to achieve universal disaggregation of data by sex, and to ensure that sex differentials are consistently and comprehensively analyzed. Disaggregation by age has also been and remains a pivotal challenge.”

Germain deliberately pursued women’s health and human rights in many arenas related to but outside the institutions in which she was employed, all of which provided venues for learning, developing skills, widening contacts and alliances, and influencing others. For example, she served on the Editorial board of Reproductive Health Matters, the Advisory Committees of the Women’s Rights Division and the Asia Division of Human Rights Watch, the MDG Project Task Force on Child Mortality and Maternal Health, and the UNAIDS Global Task Force on Women and HIV/AIDS. She was a member of the Council on Foreign Relations, and long advised the U.S. State Department, UNFPA, UNAIDS, European governments, and UN, corporate, foundation and NGO leaders.

Advice for the Next Generation of Leaders in Women’s Health

Germain said that she accomplished what she did because the women she cared about inspired her, and helped her sustain the courage needed to act on her convictions. She knows well the personal obstacles she had to face in her own journey to challenge the status quo. Personal development together with partnerships with others, are as important, she believes, as shrewd problem analysis, strategy development and advocacy:

“Pursuit of women’s and girls’ health, human rights, empowerment and equality demands personal strength and solidarity not only professional capabilities. As history has shown, we are in this for the long haul and have to commit to sustaining ourselves and each other through the hard times. But in the end, as Eleanor Roosevelt said, ‘There is no more
liberating, no more exhilarating experience than to determine one’s position, state it bravely and then act boldly.”’

“While I and so many amazing colleagues have devoted our life’s work to the pursuit of women’s health and human rights, not everyone has to commit 100 percent to the cause, so to speak,” Germain reflected. “Much can be done by women who are not single mindedly focused on women, as they build their careers and achieve influence in their fields. Hillary Clinton is a great example of a woman who has succeeded in various arenas, while also aiming to ensure that her work helps improve women’s circumstances. For instance, as First Lady she insisted, against Congressional opposition, on going to the FWCW to help elevate women’s rights on a global stage. As Secretary of State, she consistently asked to meet with women when she travelled, making clear to other governments, including many that severely restrict women’s rights, that women count. She initiated the first ambassadorial level office on women in the State Department, the beginning of essential structural change in a pivotal U.S. policy institution. We need many more women – and men - in all fields to do this, even if they face stigma or criticism for it.”

Thinking about today’s younger women and emerging leaders of work for the advancement of women’s health and human rights, Germain advised:

“Passion, persistence, partnership and political acumen are essential, whether you devote all of your work to women, or simply incorporate concern for women into a broader career path. While I recognized my passion early on, I would not have guessed at the beginning that I could and would persist for 45 years. I did not have a strategy when I started, but learned by doing, together with others. Nor did I realize at first that the struggle would be fundamentally political. When you take up this work, know that you’ll face opposition, professional, political and personal, and steel yourself not to give up. Passion will sustain you, and the women you work with and care about will constantly rekindle your energy as well as provide vital insights, knowledge and solidarity. Be sure of your facts, fight to get more, share them widely and judiciously. Where there are no data, insist on action anyway and use that action to also generate data.” Germain concluded, “As someone said, and many repeat, in reference to those who hold power, ‘First they ignore you, then they laugh at you, then they fight you, then you win.’ This has absolutely been the case for me.”
Appendix

Important Milestones for Women’s Health and Rights

Women’s rights movements aim to achieve equality between women and men, of all ages, in political, legal, social, and economic life. Country level organizing by women, which now exists in virtually all countries, has been documented at least since 1792 and has, for instance, won the right of women to vote and their right to equal opportunity in education and employment in all but a handful of countries. These movements continue today, because equality for women, and protection of their human rights, has proved elusive in real life. This is due in large part to fierce opposition inside social institutions, from families and communities to the highest levels of government. Further, women’s equality and human rights are particularly challenging to achieve because they require simultaneous actions on and investments in all aspects of girls’ and women’s lives. For instance, a woman who does not have health care cannot fully exercise her human rights to education and work, and vice versa.

Due to their biological and social roles in child bearing, as well as social factors, women also have health needs that men do not have. This means that equality of access to basic health care is necessary but not in itself adequate to ensure equal rights. Specialized services, particularly for girls’ and women’s sexual and reproductive health and rights (SRHR), along with changes in social constraints are essential for girls and women to reach their full potential. Decades of work by women’s health activists has not yet firmly established this fact as a core premise of health and population research as well as medical and public health training. Important progress has been made in some key aspects, however, including, for example, wider, more consistent disaggregation of data by sex and age, and promotion of midwifery.

Supportive policies, laws, and services have been even harder to secure, and are still far from adequate due to factors such as: continuing ignorance of the facts by those with power; severe social and religious prejudice about women’s sexuality, their human rights and their health; and the lack of national and global health leaders who are willing to address these challenges especially in the face of skilled and persistent opposition. Though SRHR are affirmed in much of the rhetoric and in a number of explicit political agreements (as indicated below), the political will to act is weak, and financial commitments by national governments, the UN, and major health-funding agencies such as the US government and the World Bank, fall far short of what is needed.

In the decades since the UN’s first international conference on women in 1975, most especially since 1990, hundreds of country-based women’s groups have coalesced into a global women’s health and rights movement. Working together with allies inside the mainstream institutions that control health policy and human rights monitoring, this global mobilization has secured tangible recognition of women’s health and rights in global and regional intergovernmental political agreements under the auspices of the United Nations. Selected international landmarks on the road to women’s health and human rights are listed in the chart below, along with a few examples from the United States to illustrate some of the issues women must continue to pursue at national levels. The global agreements below reflect, and are bolstered by, a myriad of other commitments, conventions, resolutions and treaties generated by governments in UN forums and treaty monitoring bodies, which have also been influenced significantly by feminist women leaders and the global
women’s movement. Many of these hard-won intergovernmental agreements, as well as the examples from the U.S., would not have happened at all, or would have been far weaker had it not been for the women’s rights leaders and grassroots mobilization of women themselves. The examples below represent a foundation on which global and national actions continue to build around the world to protect women’s health and human rights.

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<tr>
<th>Year</th>
<th>Milestone</th>
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<tr>
<td>1916</td>
<td>The first birth-control clinic in the U.S. was opened in Brooklyn, N.Y. While this clinic was shut down shortly, after a court battle, another reopened in 1923.</td>
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<td>1921</td>
<td>The American Birth Control League was founded, evolving to become the Planned Parenthood Federation of America in 1942.</td>
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<td>1936</td>
<td>The U.S. federal law prohibiting the dissemination of contraceptive information through the mail was modified and birth control information was no longer classified as “obscene.”</td>
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<td>1936</td>
<td>The iconic leader of the U.S. birth control movement, Margaret Sanger, visited India to encourage that government to allow women access to the contraceptive diaphragm, the only contraceptive method then available other than condoms.</td>
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<td>1940s and 1950s</td>
<td>U.S. birth control advocates successfully brought numerous legal suits for women’s rights related to their reproductive health.</td>
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<td>1945</td>
<td>The preamble to the United Nations (UN) Charter reaffirmed “the equal rights of men and women.”</td>
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<td>1946</td>
<td>The UN Commission on the Status of Women (CSW) was established with the primary goal of changing discriminatory legislation and focusing awareness on women’s issues. As of 2015, the CSW remained the primary organization of the UN through which governments review progress toward implementation of agreements on women and girls, and also can produce new norms as well as intergovernmental commitments to fill gaps in implementation.</td>
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| 1948       | The UN General Assembly adopted the Universal Declaration of Human Rights (UDHR), which states that “All human beings are born free and equal in dignity and rights (Article 1) and “Everyone is entitled to all the rights and freedoms set forth...without distinction of any kind, such as ... sex... (Article 2). Eleanor Roosevelt was a key architect
of the UDHR and pivotal to ensuring that it applied to girls and women. Countries must ratify the UDHR before they become members of the UN.

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<th>Year</th>
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<td>1952</td>
<td>The UN General Assembly adopted a convention[^1] on the political rights of women.[^2]</td>
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<td>1952</td>
<td>The International Planned Parenthood Federation, headquartered in London, was established by family planning associations from Germany, Hong Kong, India, the Netherlands, Singapore, Sweden, the United Kingdom, and the United States. As of 2015, there were 152 Member Associations working in 172 countries, including the Planned Parenthood Federation of America.</td>
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<tr>
<td>1950s and 1960s</td>
<td>Emergence of the contemporary feminist movement in the United States, encouraged by significant feminist studies and books, such as <em>The Second Sex</em> (1953) by Simone de Beauvoir and <em>The Feminine Mystique</em> (1963) by Betty Friedan.</td>
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<td>1960</td>
<td>Hormonal birth control pills were approved by the Food and Drug Administration (FDA).[^3]</td>
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<td>1961</td>
<td>President John Kennedy established the President’s Commission on the Status of Women, with Eleanor Roosevelt as chairwoman.</td>
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<tr>
<td>1963</td>
<td>The U.S. Report on the President’s Commission on the Status of Women documented substantial discrimination against women and made specific recommendations, including fair hiring practices, paid maternity leave, and affordable childcare.[^4]</td>
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<td>1964</td>
<td>Title VII of the U.S. Civil Rights Act barred discrimination in employment on the basis of race and sex and established the Equal Employment Opportunity Commission (EEOC) to investigate complaints and impose penalties. The second half of the decade saw establishment of the National Organization for Women (NOW), which pursued ratification of the U.S. Constitution to include the Equal Rights Amendment (ERA), along with legislative lobbying, litigation, and public demonstrations to end sex discrimination.[^5]</td>
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| 1965 | Landmark U.S. decision by the Supreme Court, *Griswold vs. Connecticut*, that allowed married women access to contraception by ruling that the Constitution protected a right to privacy. Previously, Connecticut’s "Comstock law," dating from 1879, prohibited a person from using "any drug, medicinal article or instrument for the

[^1]: A convention is a legally binding treaty for which signatory governments can be held accountable by UN monitoring bodies.
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<tr>
<td>Late 1960s and early 1970s</td>
<td>The United States Agency for International Development (USAID) was established and Congress, for the first time, appropriated foreign assistance funds for support of family planning services in poor countries. Other major donor countries, such as Sweden, soon followed. Research funded by USAID produced the technological innovations suited for widespread provision of early safe abortion (through a method known as menstrual regulation [&quot;M.R.&quot;]) even in countries with weak health systems. Other research financed privately and by the U.S. and other governments, produced safer and easier to use contraceptives including lower dose hormonal contraception and various intrauterine devices (IUDs).</td>
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<td>1972</td>
<td>The Equal Rights Amendment (ERA) to the U.S. constitution was passed by Congress and sent to the states for ratification. The Act stated, &quot;Equality of rights under the law shall not be denied or abridged by the United States or by any State on account of sex.&quot; Ratification of the ERA fell three states short of the 38 needed for final adoption by the June 30, 1982 deadline. Subsequent congressional efforts to reintroduce the measure have failed, although a number of states have added equal-rights clauses to their constitutions.</td>
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<td>1972</td>
<td>U.S. Title IX, Education Amendments, banned sex discrimination in publicly funded schools.</td>
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<td>1973</td>
<td>The U.S. Supreme Court decision on the Roe v. Wade case established a woman's right to safe and legal abortion based on the grounds of her right to privacy. This decision overrode the anti-abortion laws of many states, and subsequently the women’s health movement and allies made services widely available. Partly as a response to this success, the anti-abortion movement has focused on passing state-level laws aimed at restricting women’s right to abortion.</td>
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<td>1974</td>
<td>First UN global intergovernmental conference on population and development convened in Bucharest. John D. Rockefeller III, a central leader and major proponent of international and U.S. population programs, made a speech saying that the family planning and population field needed to improve the quality of contraceptive services they provided and also needed to promote and invest in women’s education and employment. The speech, drafted by his staff member, Joan Dunlop with assistance from Adrienne Germain, was widely and severely criticized by the U.S. and others in the international family planning and population community.</td>
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<tr>
<td>1975</td>
<td>UN convened the First World Conference on Women, in Mexico City. This meeting produced agreements by governments on girls’ and women’s access to education and health, political participation, etc. It also mandated that conferences...</td>
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would be convened every five years through 1995 to monitor progress, and that the entire UN system should give attention to women in their programming and staffing. Each World Conference on Women made progressively stronger agreements on women’s health and human rights as the women’s movement became more and more effective in lobbying their governments and the UN.

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<td>1979</td>
<td>Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) was adopted by the UN General Assembly. It has often been described as an “international bill of rights for women” as it defined what constitutes discrimination against women and sets up an agenda for national action to end such discrimination. The UN Commission on CEDAW also regularly reviews country reports on progress and recommends further actions each country should take.</td>
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<td>1984</td>
<td>The second UN conference on population and development follow-up in Mexico City produced an agreement that radically differed from and apparently reversed the outcome of the first conference in 1974. Due to the U.S. government delegation appointed and instructed by the Reagan Administration, a few other conservative countries, and the Holy See, this agreement reversed the core premise that population growth is a problem, indicating instead that it is beneficial for economic growth. Much of the 1984 agreement is also negative about family planning and against safe abortion.</td>
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<td>1985</td>
<td>The UN convened the Third World Conference on Women, in Nairobi. Forward-looking agreements were reached on many issues, but “family planning” and maternal health were the only aspects of SRHR that were significantly addressed. The international NGO “right to life” (anti-abortion and anti-contraception) movement made its global debut, and international women’s rights advocates mobilized against them for the first time.</td>
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<td>1990</td>
<td>The Human Reproduction Programme (HRP) at WHO asked the International Women’s Health Coalition (IWHC) to assist them to design a women’s lens for their contraceptive research, guidelines for national family planning programs, and national and global policy. They also asked IWHC to design and co-convene the first meeting between contraceptive researchers and policy makers and women’s health advocates to find common ground. The work ultimately resulted in staff changes in HRP and the establishment of the Gender Advisory Panel, a significant structural innovation, to guide the Programme.</td>
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<tr>
<td>1987-1997</td>
<td>The UN established the “International Decade for Safe Motherhood, in 1987, to hasten and improve progress toward reduction of maternal and neonatal deaths. A 1997 conference of experts recognized that the decade strategy had failed; simply giving pregnant women cheap “birthing kits” (e.g., a piece of plastic to lie on, string, and a clean...</td>
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razor blade), along with rudimentary training of “traditional birth attendants” must be augmented by “skilled” birth attendants (midwives and nurses) and access to emergency obstetric care if maternal deaths and injury were to be significantly reduced.

1992

The UN Earth Summit was held in Rio de Janeiro. Bella Abzug, an American lawyer, U.S. Representative, and social activist, mobilized feminist activists worldwide and also persuaded the UN to reduce restrictions on NGO access to intergovernmental negotiations, paving the way for continuing and expanding access in the following decades. Various parts of the women’s agenda were included in the conference outcome document, but population control was emphasized as a key means of protecting the environment. Women’s health advocates were accused of being against family planning and in league with the Vatican because they demanded better quality in contraceptive services and protection of the right to fully informed and free choice whether to use contraception. Several women’s health and rights leaders from the global South asked IWHC to help mobilize women for the UN’s 1994 International Conference on Population and Development (ICPD) in Cairo.

1993

The UN Conference on Human Rights was held in Vienna. Women’s rights advocates from dozens of countries, facilitated by U.S. women, persuaded the U.S. delegation and others to lead a successful effort to include the statement, “women’s rights are human rights” in the conference outcome document. IWHC and their international allies conducted intensive preparatory work to influence the outcome of the ICPD (as detailed in the case study).

1994

The UN International Conference on Population and Development (ICPD), including women’s health and rights advocates, was held in Cairo. A key outcome, as indicated in the case study, was changing the paradigm from control of population growth to securing sexual and reproductive health and rights (SRHR).

1995

The UN’s Fourth World Conference on Women (FWCW) was held in Beijing. Unprecedented progress was made in strengthening commitments on multiple dimensions of women’s empowerment, equality and human rights, including, for the first time, the urgent actions to improve the lives and prospects of the “girl child.” The ICPD commitments on SRHR were reaffirmed and strengthened in some respects (see case study).

2000

The UN Security Council Resolution 1325 required “parties to conflicts” (those in countries affected by war and civic conflict) to protect women and girls from sexual and gender-based violence and to include them in peace negotiations and post-conflict reconstruction. This was the first of a total of seven resolutions, through 2015, that established governments’ obligations to protect women and girls against violence, and particularly sexual violence including rape, in conflict situations, and to include women in peace-making processes. Resolution 2122 (in 2013) alluded to the right of women to
terminate pregnancies from conflict-related rape and noted the SRH services needed by women in these circumstances.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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| 2000 | The eight Millennium Development Goals (MDGs), for 2000-2015, were adopted by the UN General Assembly as a global framework for work by all countries, the UN system, and other international organizations, in order to meet the global needs to:

1. Eradicating extreme poverty and hunger
2. Achieving universal primary education
3. Promoting gender equality and empowering women
4. Reducing child mortality
5. Improving maternal health
6. Combating HIV/AIDS, malaria and other diseases
7. Ensuring environmental sustainability
8. Developing a global partnership for development

The MDGs focused on low- and middle-income countries, included targets these countries could and should achieve, and also indicated the contributions that rich (donor) countries and the UN agencies should make. The MDGs fell far short of the commitments made by governments in the ICPD. MDG 5 included not only mortality reduction but also morbidity, and was politically significant because it elevated this aspect of women’s health to a global priority. However, political opposition from certain countries and the Holy See, and lack of leadership from the UN system blocked formulation of MDG 5 as the “universal access to sexual and reproductive health services” agreed in the ICPD. The weakness of the UN agencies involved, as well as opposition from countries, also prevented inclusion of targets on the components of the SRH service package (with the exception of contraception), sexuality education and rights. Further, the gender equality goal did not include SRHR, and adolescents were addressed only in the education goal. |
<p>| 2008 | UN Resolution 1820 recognized rape and other forms of sexual violence in conflict situations as a war crime and crime against humanity. |
| 2010 | The UN Secretary-General, concerned that MDG 5 was among the worst performing of the MDGs, launched a global strategy for “Women’s and Children’s Health: Every Woman Every Child” to intensify action. |
| 2010 | UN Women was established by unifying three related UN structures (UNIFEM, UN-INSTRAW, and DAW - Division on the Advancement of Women), and was given higher status than the original three structures. UN Women serves as the Secretariat for the Commission on the Status of Women, and is the apex structure for promoting and monitoring women’s equality in the UN system. |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>2015</td>
<td>UN agrees on 17 global Sustainable Development Goals (SDGs). Adopted by 193 member states, and based on three years of technical work and intergovernmental negotiations, the SDGs include:</td>
</tr>
</tbody>
</table>
| | 1. No Poverty  
| | 2. Zero Hunger  
| | 3. Good Health and Well Being  
| | 4. Quality Education  
| | 5. Gender Equality  
| | 6. Clean Water and Sanitation  
| | 7. Affordable and Clean Energy  
| | 8. Decent Work and Economic Growth  
| | 9. Industry Innovation and Infrastructure  
| | 10. Reduced Inequalities  
| | 11. Sustainable Cities and Communities  
| | 12. Responsible Consumption and Production  
| | 13. Climate Action  
| | 14. Life Below Water  
| | 15. Life on Land  
| | 16. Peace, Justice and Strong Institutions  
| | 17. Partnerships for the Goals  
| | The plan of action, “Transforming our world: The 2030 agenda for sustainable development,” reaffirmed both the ICPD Programme of Action and the FWCW Platform for Action. Unlike the MDGs, the 17 SDGs and their 169 targets are aimed at ending poverty in all countries, not just low- and middle-income countries. The priority is to reach and go beyond the MDGs. Strong lobbying by civil society, including women’s groups, helped to ensure that Goal 3, on health, includes a target for reduction of maternal mortality and another for universal access to SRH services, thus filling a significant omission in the MDGs. Goal 5, on women’s empowerment and equality, not only protected the MDGs’ earlier commitment, but also greatly strengthened the targets. The new targets included ending various forms of discrimination and violence against girls and women, eliminating harmful practices such as child, early and forced marriage, and ensuring access to SRHR, further reinforcing the SDGs’ commitment to address this major omission in the MDGs. While explicit inclusion of sexuality education was not politically possible, Goal 4, on education, includes a target to ensure education on human rights and gender equality. Feminist advocates are lobbying for an indicator on comprehensive sexuality education under this target. |

Source: Compiled by case writer from a variety of public sources.
## Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>DAW</td>
<td>Division for the Advancement of Women</td>
</tr>
<tr>
<td>DAWN</td>
<td>Development Alternatives with Women for a New Era</td>
</tr>
<tr>
<td>FWCW</td>
<td>Fourth World Conference on Women</td>
</tr>
<tr>
<td>HERA</td>
<td>Health, Empowerment, Rights and Accountability</td>
</tr>
<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
</tr>
<tr>
<td>IWHC</td>
<td>International Women’s Health Coalition</td>
</tr>
<tr>
<td>M.R.</td>
<td>Menstrual Regulation</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>NGOs</td>
<td>non-governmental organizations</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>STIs</td>
<td>sexually transmitted infections</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UN -INSTRAW</td>
<td>United Nations International Research and Training Institute for the Advancement of Women</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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Endnotes

2 Unless otherwise noted, all quotations by Adrienne Germain are based on a series of interviews and other forms of communication that transpired from May through October 2015.
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Adrienne Germain


39 Personal Interview with case writer, July 1, 2015.


49 Women’s Rights Movement in the U.S.: History and Timeline of Events (1848-1920) http://www.infoplease.com/spot/womenstimeline1.html#ixzz3V1pD9NYo

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http://www.un.org/millenniumgoals/