



**Worldwide Webinar**

**World Health Organization  
EXPOSED:**

**Sexual Rights  
VS.  
Sexual Health**

**April 28, 2020**

**Sharon Slater  
President, Family Watch International**



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# The Family Under Attack:

- UN Agencies (WHO, UN Women, UNESCO, UNFPA, UNAIDS, UNICEF, OHCHR, etc.)
- UN Treaty Bodies
- UN Special Rapporteurs
- UN Accredited NGOs
- UN Review Mechanisms (UPRs)





**World Health  
Organization**

# WHO Webinar Topics Covered:

1. WHO Director-General history
2. WHO's abortion agenda
3. WHO's sexual agenda for children
4. WHO's transgender agenda
5. WHO's prostitution agenda
6. Good News
7. Family Action Plan



## Watch for Deceptive Words:



**Sexual and Reproductive Rights**  
**Reproductive Rights**  
**Sexual Health**  
**Sexuality**  
**Safe Abortion**  
**Stigma**  
**Dignity**  
**Discrimination**  
**Self-Care, Self-Management**  
**Medical Abortion**  
**Choices, Agency, Autonomy**  
**Human Rights**



# 1. WHO Director-General: Tedros Adhanom Ghebreyesus



## Abortion Groups Celebrate New Head of World Health Organization

By Rebecca Oas, Ph.D. | May 25, 2017



# Opinion: Tedros can draw on Ethiopia's lessons on abortion

By *Saba Kidanemariam* // 05 July 2017



*Dr. Tedros Adhanom Ghebreyesus, director-general of the World Health Organization. Photo by: Russian Ministry of Foreign Affairs / CC BY-NC-SA*

**“Efforts to introduce and scale-up safe legal abortion** were spearheaded by the Ethiopian Ministry of Health — **led by then-Minister Tedros** — with contributions from several international NGOs, including **Ipas**”



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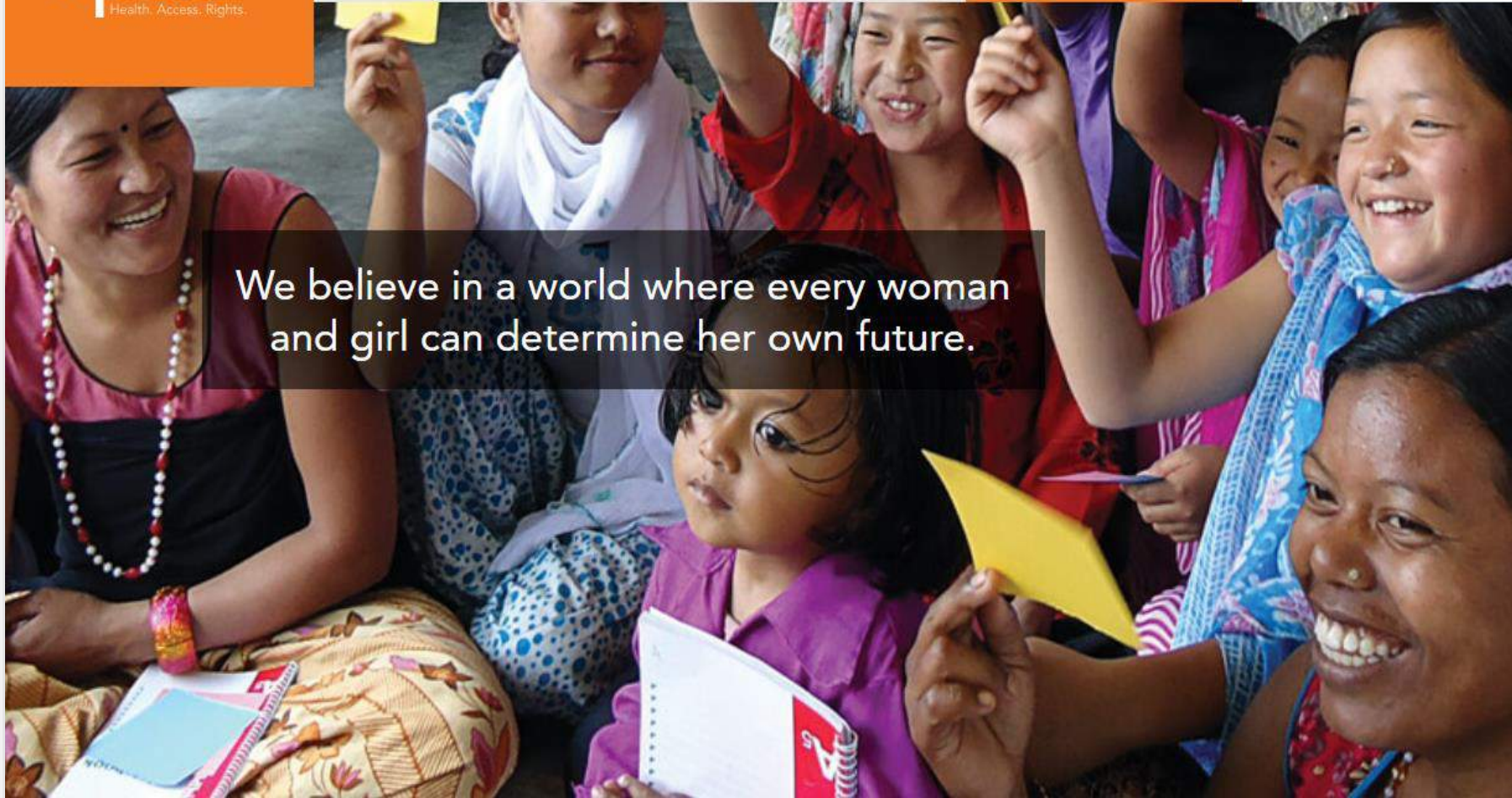
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We believe in a world where every woman and girl can determine her own future.



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We are unapologetically focused on women and girls who want contraception or abortion,



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Official Logo for Ipas, Sexual &  
Reproductive rights organisation

## Focus areas





Official Logo for Ipas, Sexual &  
Reproductive rights organisation

## ^ Areas of focus

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- Ensuring high-quality abortion care
- The Global Gag Rule
- Abortion care in humanitarian settings
- Ending abortion stigma
- Abortion care at or after 13 weeks
- Policy- and program-relevant research on abortion
- Sexuality education that includes abortion
- Self-managed medical abortion
- Making abortion legal
- Abortion care for victims of gender-based violence



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*Figure 2 – Handheld abortion device by IPAS*



## IPPF welcomes Dr Tedros Ghebreyesus as new DG of WHO

23 May 2017



IPPF has welcomed the election of Dr Tedros Adhanom Ghebreyesus as the next Director General of the World Health Organization (WHO).

# Opinion: Tedros can draw on Ethiopia's lessons on abortion

By *Saba Kidanemariam* // 05 July 2017



*Dr. Tedros Adhanom Ghebreyesus, director-general of the World Health Organization. Photo by: Russian Ministry of Foreign Affairs / CC BY-NC-SA*

**“Efforts to introduce and scale-up safe legal abortion** were spearheaded by the Ethiopian Ministry of Health — **led by then-Minister Tedros** — with contributions from several international NGOs, including **Ipas**”

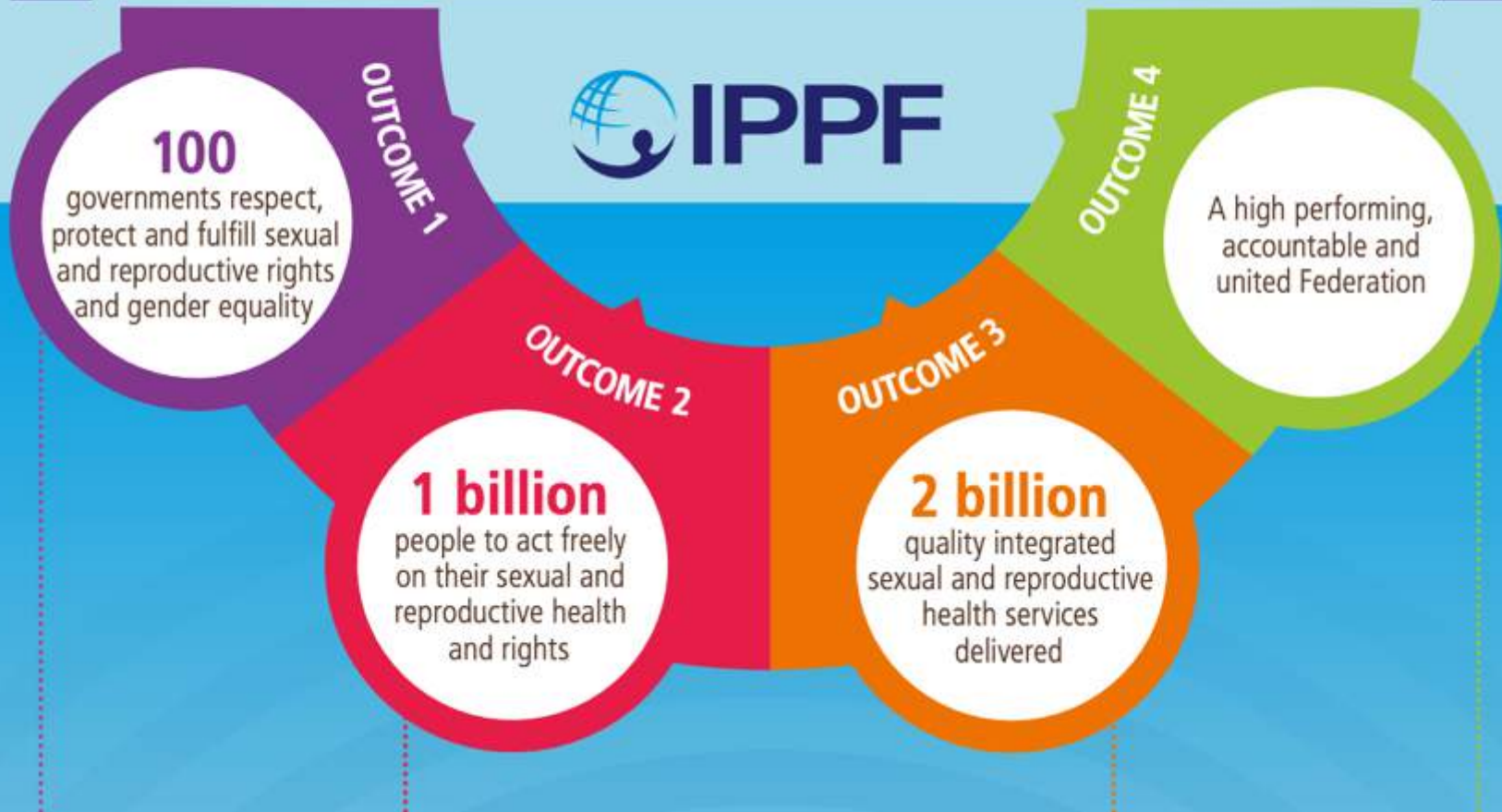






## OUR VISION

ALL PEOPLE ARE FREE TO MAKE CHOICES ABOUT THEIR SEXUALITY AND WELL-BEING, IN A WORLD WITHOUT DISCRIMINATION



**100**

governments respect, protect and fulfill sexual and reproductive rights and gender equality

OUTCOME 1

OUTCOME 2

**1 billion**

people to act freely on their sexual and reproductive health and rights

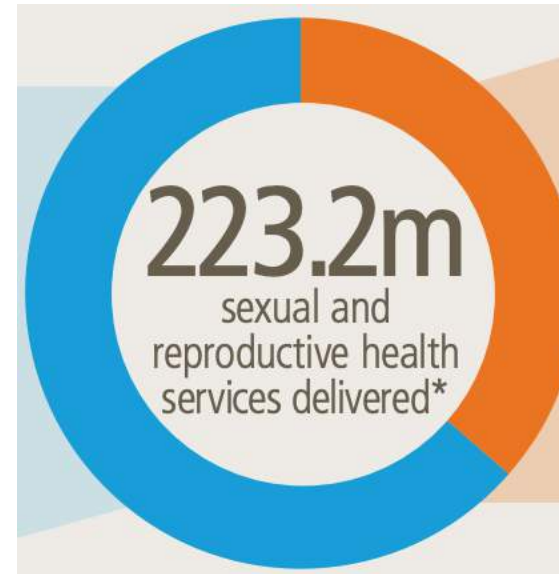
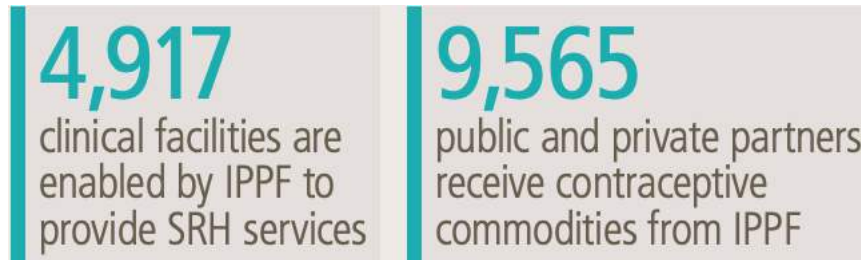
OUTCOME 3

**2 billion**

quality integrated sexual and reproductive health services delivered

OUTCOME 4

A high performing, accountable and united Federation



# How Does Planned Parenthood Profit?

**Condoms**



**Abortions**



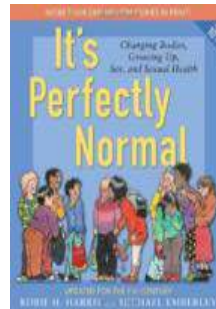
**Hormones**



**Contraceptives**



**CSE Programs**



**Sexual Counseling**





# High-Level Task Force for ICPD

RIGHTS, DIGNITY & HEALTH FOR ALL

HOME ABOUT ICPD BEYOND 2014 POST-2015 NEWS UN AGREEMENTS & REPORTS

## Meet the Task Force



**Marla Antonieta Alcalde**  
Director of Advocacy of the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)  
**Mexico**



**Renate Bähr**  
Executive Director, German Foundation for World Population  
**Germany**



**Mariela Castro Espín**  
Member of Parliament and Director of the Cuban National Center for Sex Education  
**Cuba**



**Ishita Chaudhry**  
Founder and Managing Trustee, The YP Foundation  
**India**



**Oluwafunmilola (Lola) Dare**  
CEO of the Centre for Health Sciences Training, Research and Development  
**Nigeria**



**Elena Dmitrieva**  
Director of the Health and Development Foundation  
**Russia**



**Julio Frenk**  
President of the University of Miami  
**Mexico**



**Bience Philomina Gawanas**  
Special Advisor to the Minister of Poverty Eradication and Social Welfare  
**Namibia**



**Leymah Gbowee**  
Founder and President, Gbowee Peace Foundation Africa  
**Liberia**



**Tedros Adhanom Ghebreyesus**  
Minister of Foreign Affairs  
**Ethiopia**

See [icpdtaskforce.org](http://icpdtaskforce.org)

**High-Level Task Force for ICPD**  
RIGHTS, DIGNITY & HEALTH FOR ALL

MOVING FORWARD ON SEXUAL AND REPRODUCTIVE  
HEALTH & RIGHTS BEYOND 2015

?? ? ? ? ? ? ? ?

# High-Level Task Force for ICPD

RIGHTS, DIGNITY & HEALTH FOR ALL

## ▶ Mission of the Task Force

179 governments committed to safeguarding and furthering reproductive rights— everyone's fundamental rights to make decisions about their sexuality and childbearing.

# High-Level Task Force for ICPD

R I G H T S , D I G N I T Y & H E A L T H F O R A L L

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## Policy Recommendations for the ICPD Beyond 2014: Sexual and Reproductive Health & Rights for All

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Revoking laws and banning practices that criminalize consensual adult sexual behaviors and relationships, including outside of marriage, same-sex relations and in the context of voluntary sex work;

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# High-Level Task Force for ICPD

RIGHTS, DIGNITY & HEALTH FOR ALL

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## Policy Recommendations for the ICPD Beyond 2014: Sexual and Reproductive Health & Rights for All

- 1. Respecting, protecting and fulfilling sexual and reproductive rights, by:**
- 2. Achieving universal access to quality, comprehensive and integrated sexual and reproductive health information, education and services, by:**
- 3. Ensuring universal access to comprehensive sexuality education for all young people, in and out of school, by:**



# Agenda

- 1. Sexual and Reproductive Rights**
- 2. Sexual and Reproductive Health Services**
- 3. Comprehensive Sexuality Education**

# 2. WHO's SRHR/Abortion Agenda



# Sexual health, human rights and the law



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# Sexual health, human rights and the law

## **WARNING:** Definition for “Sexual Health”

“Sexual health encompasses issues related to sexuality, sexual practices, contraception and sexually transmitted infections (STIs) ...” (pg. 16, 3.3.1—Guarantee of privacy and confidentiality)

“Sexual health today is widely understood as a state of physical, emotional, mental and social wellbeing in relation to sexuality. It encompasses ...”

- “being able to control one’s fertility through access to contraception and abortion ...” (pg. 1, Executive Summary)
- “the possibility of having pleasurable and safe sexual experiences ...” (pg. 1, Executive Summary)
- “the recognition of the diversity of sexual behaviour and expression contributes to people’s overall sense of well-being and health.” (pg. 1, Executive Summary)

# Sexual health, human rights and the law



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- “... **all countries should work toward decriminalization of sex work** and elimination of the unjust application of non-criminal laws and regulations against people engaged in sex work.” (pg. 28, 3.4.10—People engaged in sex work)



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# Sexual health, human rights and the law



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- “Various countries around the world have **legalized same-sex marriages to protect fundamental human rights, including access to health services** and social benefits (e.g. Argentina, Canada, France, the Netherlands, New Zealand, South Africa).” (pg. 21, 3.42—Marital Status)

# Sexual health, human rights and the law



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- “... for people whose deeply felt gender does not correspond to their sex assigned at birth, **access to hormonal treatment or gender reassignment surgery**, or other treatment, may be needed for the protection of their health including their sexual health.” (pg. 14, 3.1—Introduction)

# Sexual health, human rights and the law



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“In order to respect and protect human rights, states must ensure that health systems and services are able **to meet the specific sexual and reproductive health needs of adolescents, including contraception and safe abortion services**. State are required to ensure that comprehensive sexual and reproductive health services are available ...”  
(pg. 19, 3.4.1—Adolescents [under 18 years of age])

# Sexual health, human rights and the law



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**“Human rights standards** at the international, regional and national levels are well developed regarding the protection of adolescents under 18 from discrimination in accessing both information and services for sexual health. They also **require states to guarantee adolescents’ rights to privacy and confidentiality by providing sexual and reproductive health services without parental consent** on the basis of their evolving capacities.” (Excerpt from 2015 WHO publication, “Sexual Health, Human Rights and the Law”) (pg. 19-20, 3.4.1—Adolescents [under 18 years of age])

# Sexual health, human rights and the law



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4.1 “Introduction Information **and education, including comprehensive sexuality education, are crucial for sexual health.”**”

# Sexual health, human rights and the law



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The screenshot shows the WHO HRP website with a navigation bar and a 'Our Partners' section. The 'hrp' logo is circled in red. The 'Our Partners' section lists HRP Permanent Members: UNDP, UNFPA, UNICEF, WHO, and the World Bank, along with the International Planned Parenthood Federation (IPPF) and UNAIDS. Each partner has a brief description and language options. The UNICEF and IPPF descriptions are also circled in red.

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reproduction programme  
hrp  
research for impact  
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## Sexual and reproductive health

### Our Partners

#### HRP Permanent Members

Permanent Members of HRP include the cosponsors, namely UNDP, UNFPA, UNICEF, WHO and the World Bank, as well as the International Planned Parenthood Federation (IPPF) and UNAIDS

**UNDP** UNDP is the UN's global development network, an organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life.  
English French Spanish

**UNFPA** UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.  
English

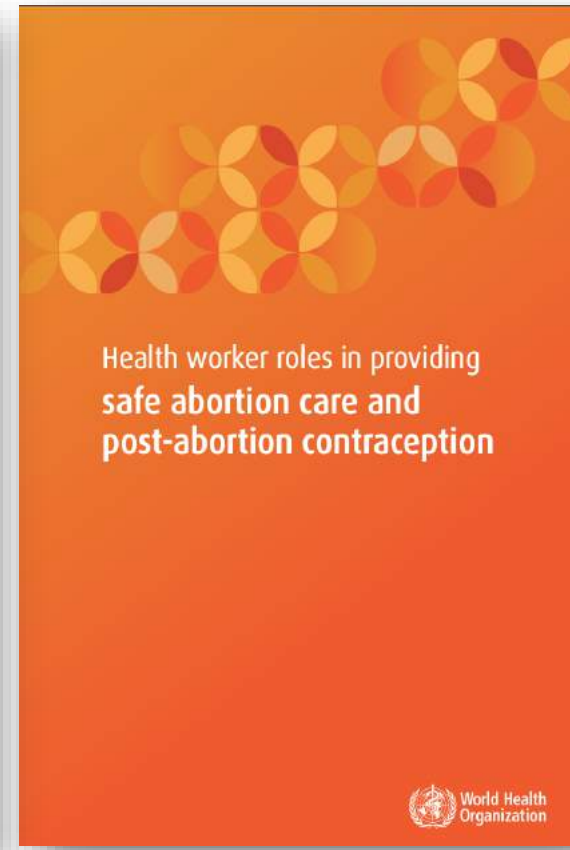
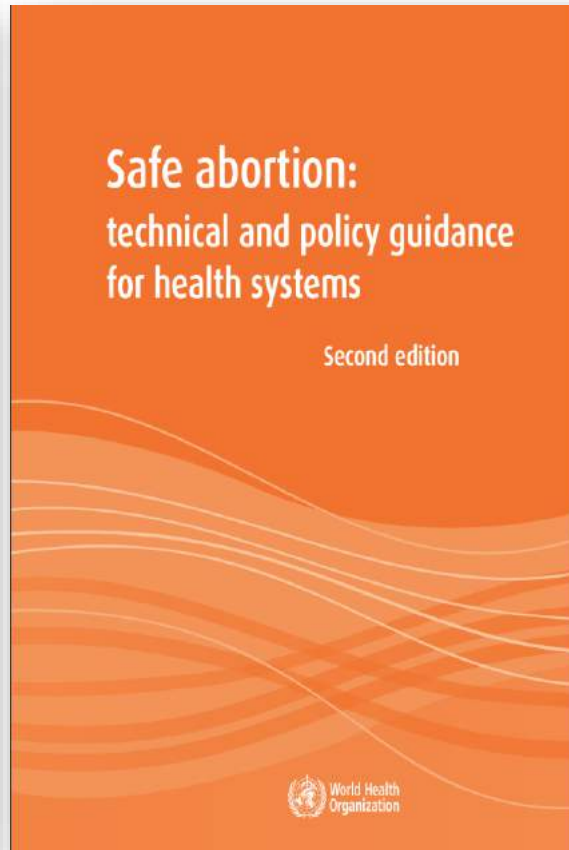
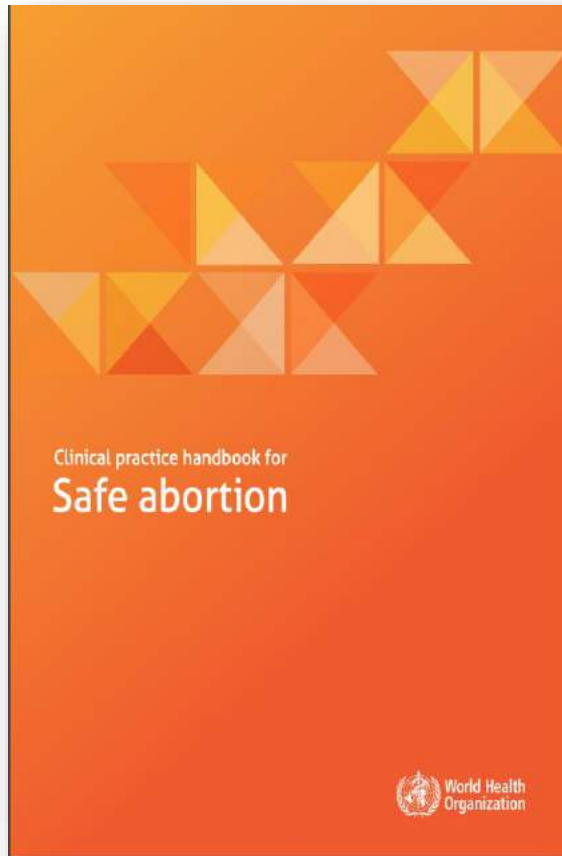
**World Bank** The World Bank is a vital source of financial and technical assistance to developing countries around the world. It helps governments in developing countries reduce poverty by providing them with money and technical expertise they need for a wide range of projects such as education, health, infrastructure, communications, government reforms and many other purposes.  
Arabic Chinese English French Russian Spanish

**unicef** UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.  
Arabic Chinese English French Spanish

**IPPF** The International Planned Parenthood Federation (IPPF) works in 172 countries to empower the most vulnerable women, men and young



# WHO Abortion Manuals





## Preventing unsafe abortion

Abortions are safe if they are done with a method recommended by WHO that is appropriate to the pregnancy duration and if the person providing or supporting the abortion is trained. Such abortions can be done using tablets (medical abortion) or a simple outpatient procedure.



## Prevention and control

Unsafe abortion can be prevented through:

- comprehensive sexuality education;
- prevention of unintended pregnancy through use of effective contraception, including emergency contraception;
- and
- provision of safe, legal abortion.



## Complications of unsafe abortion requiring emergency care

Following unsafe abortion, women may experience a range of harms that affect their quality of life and well-being, with some women experiencing life-threatening complications. The major life-threatening complications resulting from the least safe abortions are haemorrhage, infection, and injury to the genital tract and internal organs. Unsafe abortions when performed under least safe conditions can lead to complications such as:

- incomplete abortion (failure to remove or expel all of the pregnancy tissue from the uterus)
- haemorrhage (heavy bleeding)
- infection
- uterine perforation (caused when the uterus is pierced by a sharp object)
- damage to the genital tract and internal organs by inserting dangerous objects such as sticks, knitting needles, or broken glass into the vagina or anus.



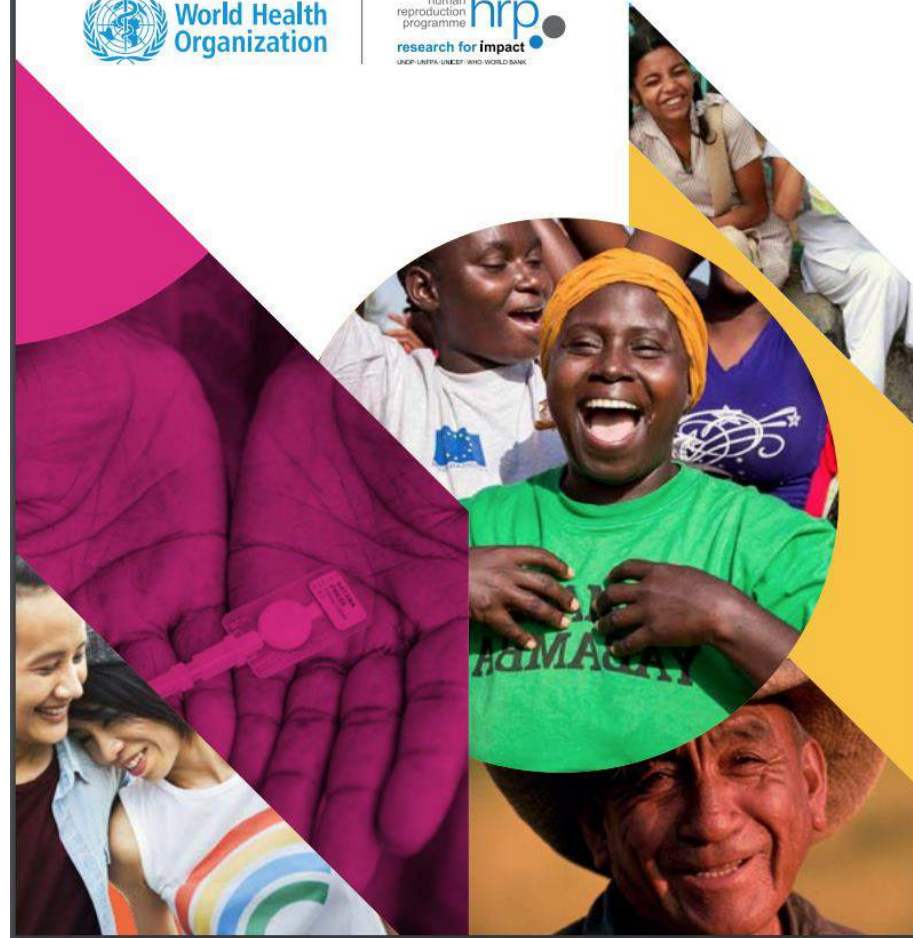
[Home](#) / [Newsroom](#) / [Fact sheets](#) / [Detail](#) / Preventing unsafe abortion

Women, including adolescents, with unwanted pregnancies often resort to unsafe abortion when they cannot access safe abortion. Barriers to accessing safe abortion include:

- restrictive laws
- poor availability of services
- high cost
- stigma
- conscientious objection of health-care providers and
- unnecessary requirements, such as mandatory waiting periods, mandatory counselling, provision of misleading information, third-party authorization, and medically unnecessary tests that delay care.

# WHO Consolidated Guideline on Self-Care Interventions for Health

Sexual and Reproductive Health and Rights



*“Achieving health for all means empowering and educating people to become active decision-makers in their own health. That’s what self-care is all about”.*

Dr Tedros Adhanom Ghebreyesus, WHO Director-General

A video message from Dr Tedros:  
<https://youtu.be/1POaCZ1VwYA>



# WHO Consolidated Guideline on Self-care for Health

Sexual and Reproductive Health



## PREFACE

I am driven by the conviction that everyone should be able to realize their right to health. But today, at the world's people have no access to essential health services, including 214 million women of reproductive age in developing countries who want to avoid pregnancy but do not use or cannot access modern contraceptive methods. On top of that, an estimated 22 million unintended abortions occur worldwide each year, more than 1 sexually transmitted infections are acquired every day worldwide, the number of new HIV infections among people is not declining.

People have been practising self-care for millennia. As products, information and technologies are changing, health services are delivered. People can access services for a range of health needs – if they want them, when they want them and how they want them. We cannot continue to promote vertical approaches that do not benefit those who need health care the most. Fragmented services for individual diseases or health issues is not the way forward as we have seen that quality interventions sometimes do not reach people who cannot access formal health systems.

A clear solution is to work together towards universal health coverage (UHC), which not only improves health but can help to reduce poverty, promote gender equality and protect the most vulnerable populations. UHC is a people-centred approach to health that views people as active decision-makers in their own health, not passive recipients of health services.

The provider-to-receiver model that is at the heart of many health systems must be complemented with a self-care model through which people can be empowered to prevent, test for and treat disease themselves. Many health issues can already be dealt with through self-care and the list continues to grow.

A people-centred approach supports health literacy so that people can take charge of their own health with evidence-based self-care interventions. When people have agency and autonomy, they can make and enact decisions in all aspects of their lives, including in relation to sexuality and reproduction.

Self-care interventions also offer exciting new opportunities to reach WHO's "triple billion" goals. These interventions

A people-centred approach supports health literacy so that people can take charge of their own health with evidence-based self-care interventions. When people have agency and autonomy, they can make and enact decisions in all aspects of their lives, including in relation to sexuality and reproduction.



Dr Tedros Adhanom Ghebreyesus  
Director-General



# SELF-CARE INTERVENTIONS FOR HEALTH: SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS Communications Toolkit

01 Introduction to this toolkit

02 Overview: Background to self-care interventions and key messages

03 Technical resources on self-care interventions

04 Communications resources on self-care interventions



Click to  
view the  
toolkit



# Existing: self-management of medical abortion process in first trimester



## REC 16:

Self-assessing eligibility [for medical abortion] is recommended in the context of rigorous research.

## REC 17:

Managing the mifepristone and misoprostol medication without direct supervision of a health-care provider is recommended in specific circumstances.

## REC 18:

Self-assessing completeness of the abortion process using pregnancy tests and checklists is recommended in specific circumstances.

*Self-management and self-assessment approaches can be empowering and also represent a way of optimizing available health workforce resources and sharing of tasks.*



## Sexual and reproductive health

### Self-management of medical abortion

Medical management of abortion generally involves either a combination regimen of mifepristone and misoprostol or a misoprostol-only regimen. Medical abortion care plays a crucial role in providing access to safe, effective and acceptable abortion care. In both high- and low-resource settings, the use of medical methods of abortion have contributed to task shifting and sharing and more efficient use of resources. Moreover, many interventions in



Ipas



IPPF Global @ippf · Oct 7, 2019

Ever wondered how a safe medical abortion (aka the 'abortion pill') works? Watch to find out... 🎥



# What is m e d i c a l a b o r t i o n ?



1.6K views

What is medical abortion?

0:00 / 1:03



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+ Mifepristone



Misoprostol

**Mifepristone and Misoprostol**

How does medical abortion aka the abortion pill wo... Watch later Share



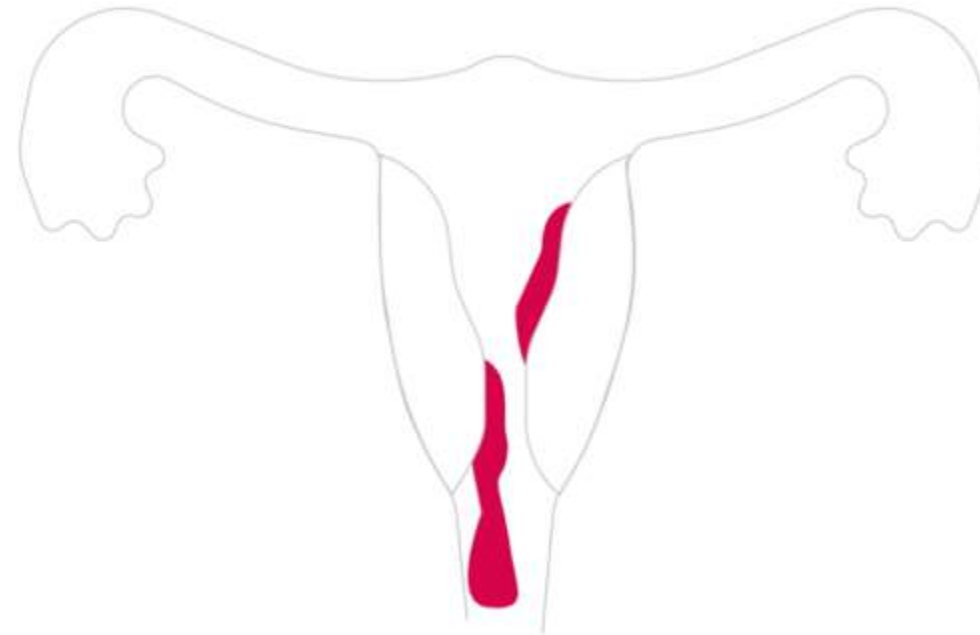
**abortion pill**

MORE VIDEOS

is a safe and effective way of ending a pregnancy

0:12 / 3:27 Settings YouTube Fullscreen

- safe
- effective



**While Misoprostol works by causing the uterus to contract and empty**





How does medical abortion aka the abortion pill wo...



Watch later



Share



diarrhea

vomiting

tiredness

mild fever or chills

headaches

dizziness



Pause (k)

dizziness



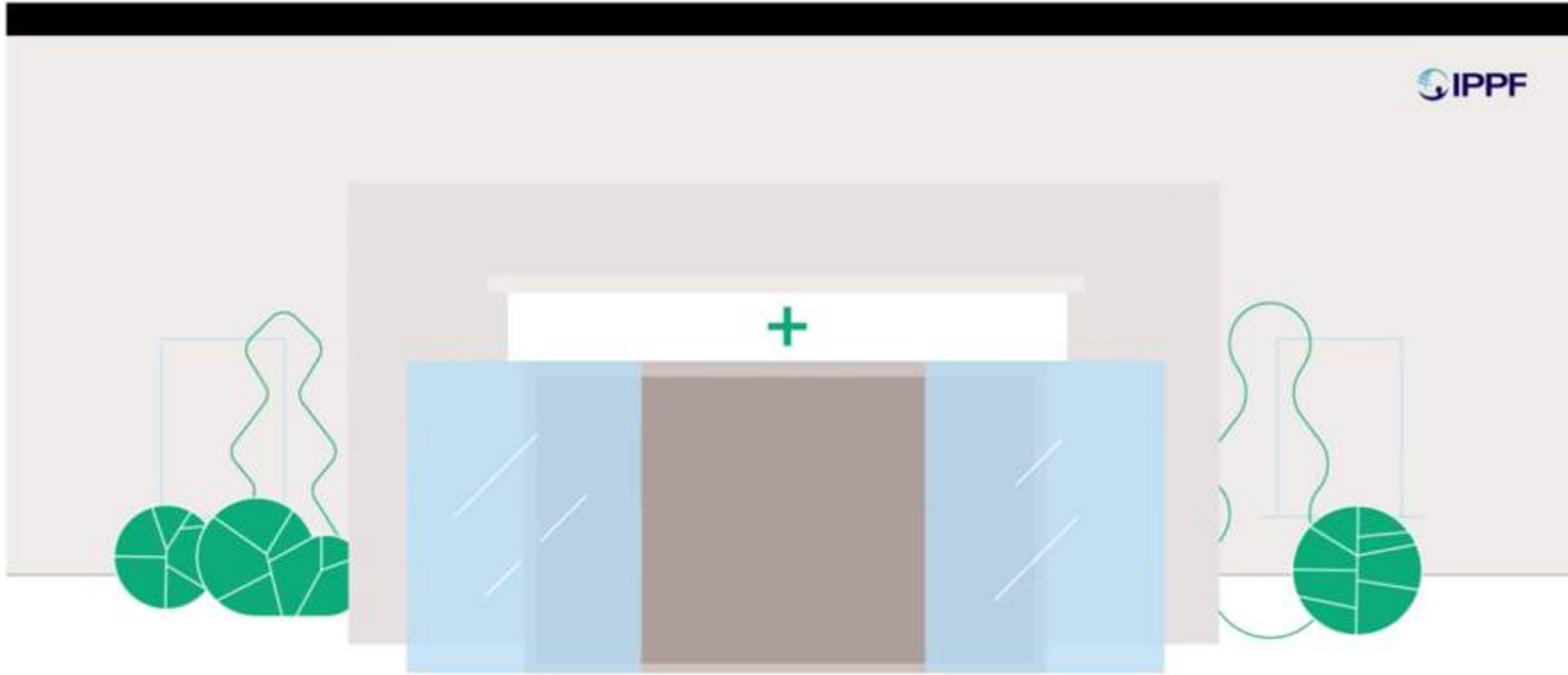
1:33 / 3:27



YouTube



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**having an emergency plan in place for any potential complications**

How does medical abortion aka the abortion pill wo... Watch later Share 



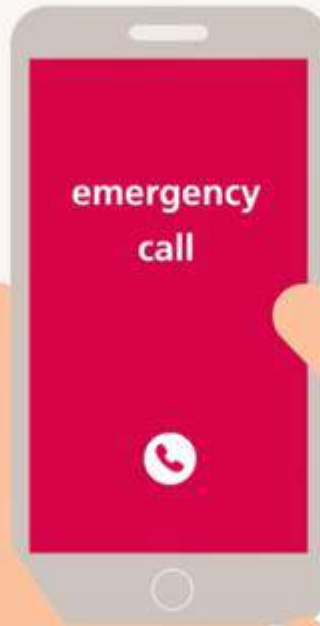
**abortion pill**

MORE VIDEOS

is a safe and effective way of ending a pregnancy

0:12 / 3:27 Settings YouTube Fullscreen

- safe**
- effective**



**Urgent medical advice will need to be sought if you experience:**



How does medical abortion aka the abortion pill wo...



Watch later



Share



Pause (k)

excess heavy bleeding - if more than two pads are filled per hour for 2 hours



2:03 / 3:27



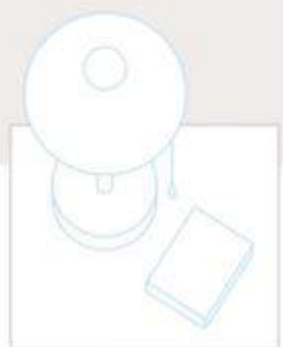
YouTube



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intense pain



**continuous vomiting**



**a fever of higher than 38 degrees celsius that persists for longer than 12 hours**



## What to do if your pregnancy continues after taking abortion pills

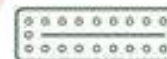
Thursday, April 18, 2019 [blog](#)

[Share](#)

What happens if your pregnancy continues after you take the pills?



get abortion pills



get  
contraceptives



donate



**access**  
reproductive  
health services

## Kenya: How Self-Care Interventions are Advancing Sexual and Reproductive Health in Kenya

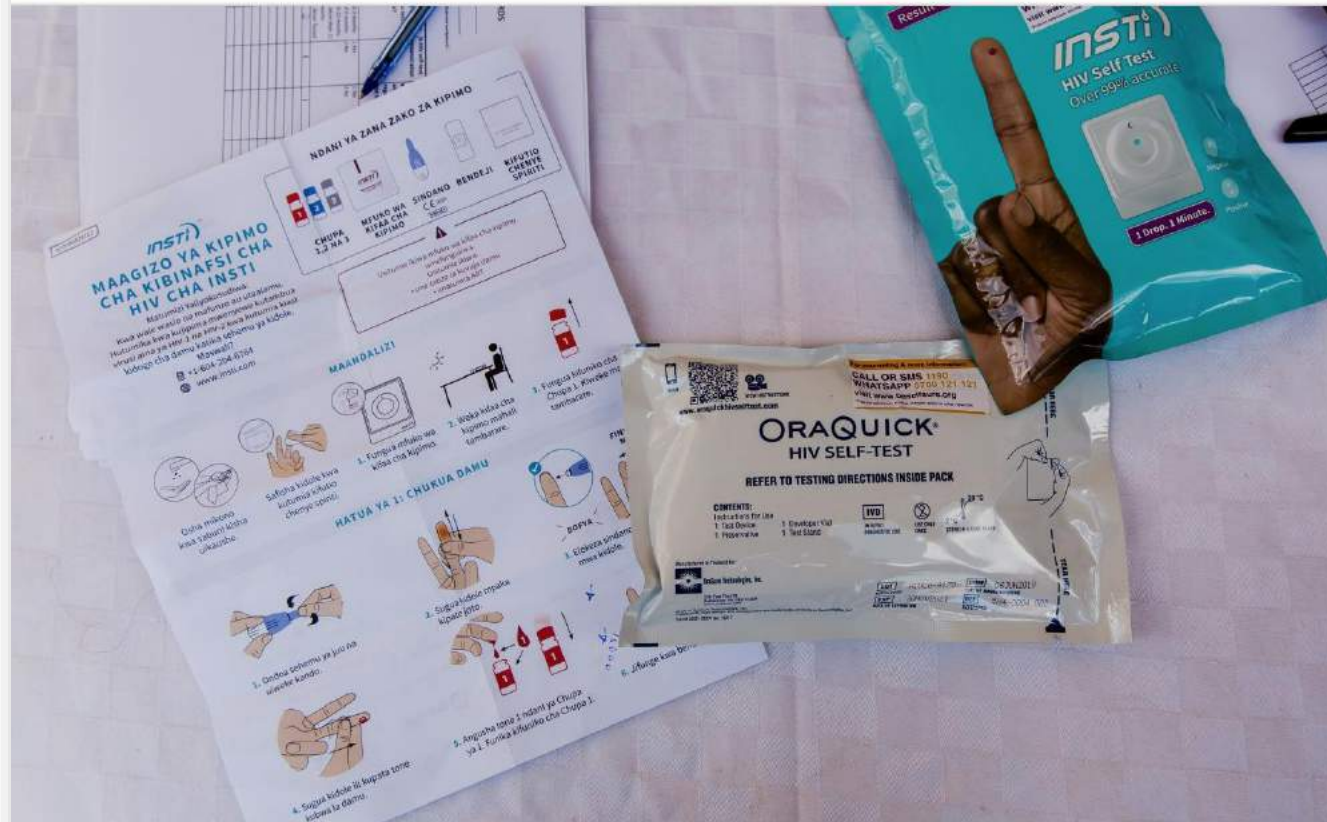


Photo: Natasha Sweeney/PSI



NEWS | FRIDAY, NOVEMBER 22, 2019

## Health intermediaries in Kenya support women in abortion self-care

NEWS | FRIDAY, NOVEMBER 22, 2019

## Health intermediaries in Kenya support women in abortion self-care

### Reaching women where they are

As part of her studies at a Kenyan university, Joyce has a license that enables her to buy prescription drugs. For two years—motivated by a desire to help women take control of their reproductive lives—Joyce has run a small business selling abortion pills to those trying to end a pregnancy, and contraceptive pills to those trying to prevent one.

NEWS | FRIDAY, NOVEMBER 22, 2019

## Health intermediaries in Kenya support women in abortion self-care

### Meeting women's needs

Health intermediaries can help meet women's reproductive health needs by breaking down barriers and enabling women to self-manage their medical abortions. "It's very safe, it's more comfortable, and it's cheaper," Joyce says.

NEWS | FRIDAY, NOVEMBER 22, 2019

## Health intermediaries in Kenya support women in abortion self-care

Walter\* is also a university student and health intermediary. He gets abortion pills from friends in the medical field or pharmacists. He receives dosing instructions from them, which he shares with the people who purchase from him. Like Joyce, Walter follows up with women, and answers any questions they may have throughout

NEWS | FRIDAY, NOVEMBER 22, 2019

## Health intermediaries in Kenya support women in abortion self-care

Ipas already works with health intermediaries like Joyce and Walter and will continue to do so to ensure that they and others have accurate information to share with women. The World Health Organization's recommendations (2019) recognize the importance of self-care, including medical abortion self-care and the expansion of the involvement of community providers.

NEWS | FRIDAY, NOVEMBER 22, 2019

## Health intermediaries in Kenya support women in abortion self-care

“We are in the process of redefining what is a provider in the context of medical abortion self-care,” says Nyamato. In addition to traditional health-care providers, the definition “also includes informed individuals—like intermediaries—or the girl or woman herself.”





IPAS

February 20, 2019 · 🌐

The World Health Organization (WHO) has released a short, animated video with a clear, simple explanation of how we can improve access to safe abortion by expanding the types of health-care workers and facilities that provide abortion services.

## World Health Organization Video: Expanding Safe Abortion





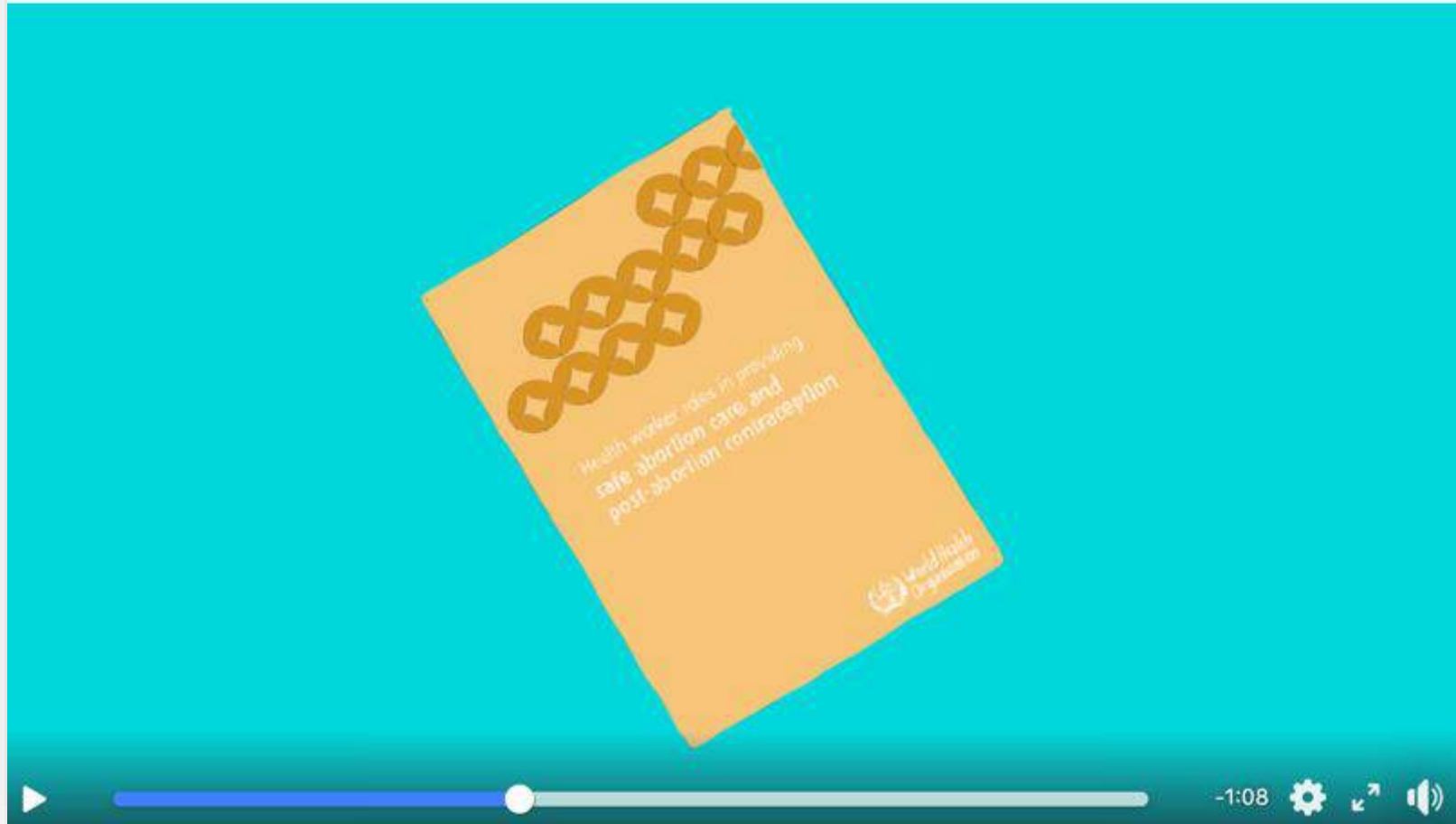
IPAS · Follow

September 28, 2018 · 🌐



### Expanding safe abortion access with more types of providers

The World Health Organization (WHO) has released a short, animated video with a clear... See More





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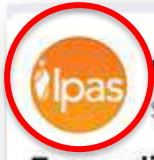
September 28, 2018 · 🌐



### Expanding safe abortion access with more types of providers

The World Health Organization (WHO) has released a short, animated video with a clear... See More





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September 28, 2018 · 🌐



### Expanding safe abortion access with more types of providers

The World Health Organization (WHO) has released a short, animated video with a clear... See More

A video player interface with a teal background. The video content shows a stylized illustration of a man with glasses, wearing a pink shirt and a blue tie, sitting at a desk and reading a document. The video player includes a play button on the left, a progress bar in the center, and a timestamp of -0:28, a settings gear icon, a full-screen icon, and a volume icon on the right.



Ipas · Follow

September 28, 2018 · 🌐



## Expanding safe abortion access with more types of providers

The World Health Organization (WHO) has released a short, animated video with a clear... See More



-0:10





**USAID**  
FROM THE AMERICAN PEOPLE



**World Health  
Organization**



**MARIE STOPES  
INTERNATIONAL**

## Long-term contraceptive protection, discontinuation and switching behaviour

Intrauterine device (IUD) use dynamics in 14 developing countries



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## Bulletin of the World Health Organization

### **Comparative effectiveness, safety and acceptability of medical abortion at home and in a clinic: a systematic review**

Thoai D Ngo <sup>a</sup>, Min Hae Park <sup>b</sup>, Haleema Shakur <sup>a</sup> & Caroline Free <sup>a</sup>

a. Department of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, 50 Keppel Street, London, WC1E 7HT, England.

b. Health System Department, Marie Stopes International, London, England.



The Secretary of the 17th Expert Committee on the Selection and Use of Essential Medicines  
Medicine Access and Rational Use (MAR)  
Department of Essential Medicines and Pharmaceutical Policies (EMP)  
World Health Organization  
20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

27 November 2008

Dear Committee Members:

I am writing this letter in support of the application for misoprostol to be added to WHO's Essential Medicines List (EML) for the prevention of post-partum haemorrhage submitted by Gynuity Health Projects and Venture Strategies for Health and Development. As is well-evidenced in the international literature on maternal mortality and morbidity, postpartum haemorrhage (PPH) remains one of the largest contributors to maternal morbidity and mortality in low-resource settings and accounts for nearly one quarter of all maternal deaths worldwide. The addition of misoprostol to the EML as means of preventing PPH could help tackle the large



## NEWS

## World Health Organization: Abortion 'essential' during coronavirus pandemic

*Women should be allowed to abort their children at home, and abortions should continue even if antibiotics aren't available, said a WHO medical officer.*

Wed Apr 1, 2020 - 7:37 pm EST





## Clinical management of severe acute respiratory infection when COVID-19 is suspected

Interim guidance

13 March 2020 | Publicati

“Women’s **choices and rights** to sexual and reproductive health care should be respected irrespective of COVID-19 status, **including access** to contraception and safe **abortion** to the full extent of the law.”



# Global Abortion Policies Database

A tool to expand knowledge, encourage transparency, and promote accountability.

World View

Country Comparison

See Individual Country



# 3. WHO's Sexual Agenda for Children





World Health  
Organization

## **Sexuality Encompasses:**

**“gender identities”**

**“attitudes”**

**“pleasure”**

**“desires”**

**“fantasies”**

**“behaviours”**

**“eroticism”**

**“roles and relationships”**

**“sexual orientation”**

**(WHO, 2006)**



BZgA

Federal Centre  
for  
Health  
Education

## WHO Regional Office for Europe and BZgA

### Standards for Sexuality Education in Europe

*A framework  
for policy makers,  
educational and health authorities  
and specialists*





BZgA  
Federal Centre  
for  
Health  
Education

0-4

## Information

Give information about

## Skills

Enable children to

Sexuality

- enjoyment and pleasure when touching one's own body, early childhood masturbation
- discovery of own body and own genitals
- the fact that enjoyment of physical closeness is a normal part of everyone's life
- tenderness and physical closeness as an expression of love and affection

- gain an awareness of gender identity
- talk about (un)pleasurable feelings in one's own body
- express own needs, wishes and boundaries, for example in the context of "playing doctor"

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4-6

## Information

Give information about

## Skills

Enable children to

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Sexuality

- enjoyment and pleasure when touching one's own body; early childhood masturbation
- discovery of one's own body and genitals
- *the meaning and expression of sexuality (for example, expressing feelings of love)*

- talk about sexual matters (communication skills)
- consolidate their gender identity
- *use sexual language in a nonoffensive way*

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15 and up

## Attitudes

Help teenagers to develop

## Sexuality

- a positive attitude towards sexuality and pleasure
- acceptance of different sexual orientations and identities
- *acceptance that sexuality in different forms is present in all age groups*
- *a change from possible negative feelings, disgust and hatred towards homosexuality to acceptance and celebration of sexual differences*

## Skills

Enable teenagers to

- discuss the forms relationships take and the reasons to have sex, or not to
- “come out” to others (admit to homosexual or bisexual feelings)
- develop skills in intimate communication and negotiation
- *handle difficulties in making contact; handle conflicting desires*

9-12

Information

Give information about

Skills

Enable children to

Attitudes

Help children to develop

Sexuality and  
rights

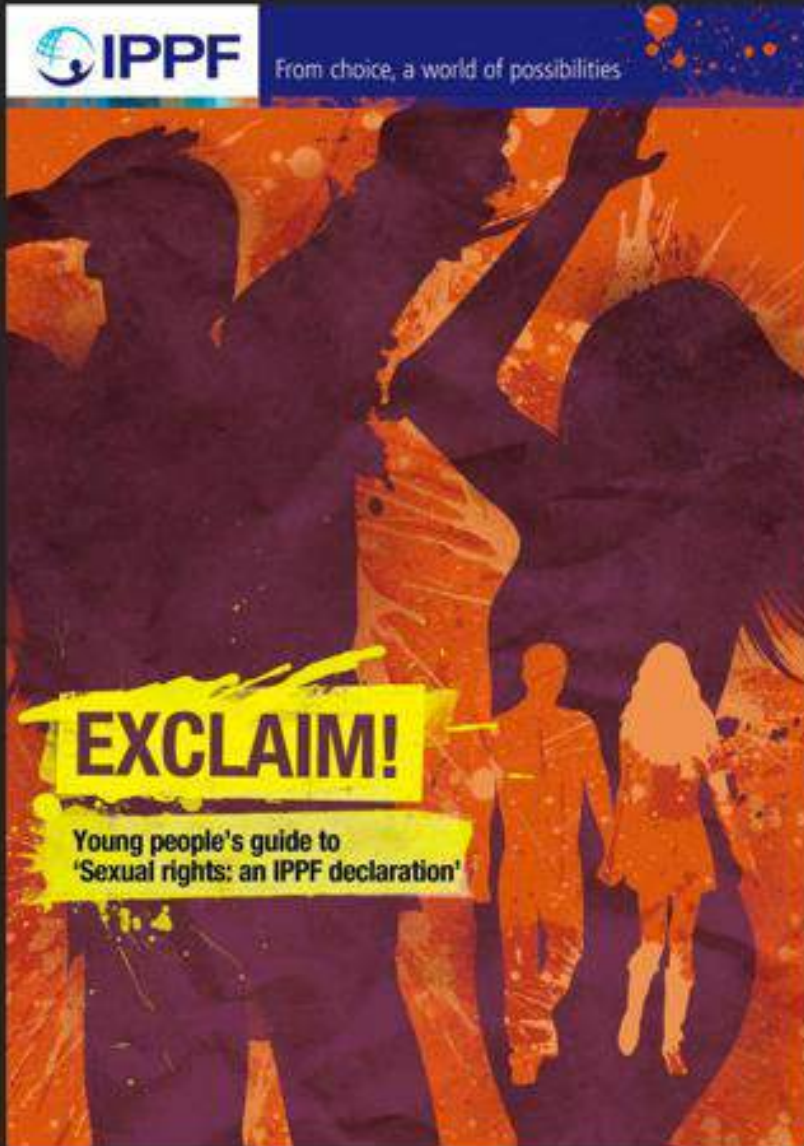
- sexual rights,  
*as defined by IPPF and by WAS* \*
- *national laws and regulations  
(age of consent)*

- **act within these rights and responsibilities**
- *ask for help and information*

- an awareness of rights and choices
- an acceptance of sexual rights  
*for oneself and others*

\* International Planned Parenthood Federation (IPPF): Sexual Rights: an IPPF declaration. London 2008 and World Association for Sexual Health (WAS): Declaration of Sexual Rights. Hongkong 1999





## IPPF's "Exclaim!" Distributed at the UN:

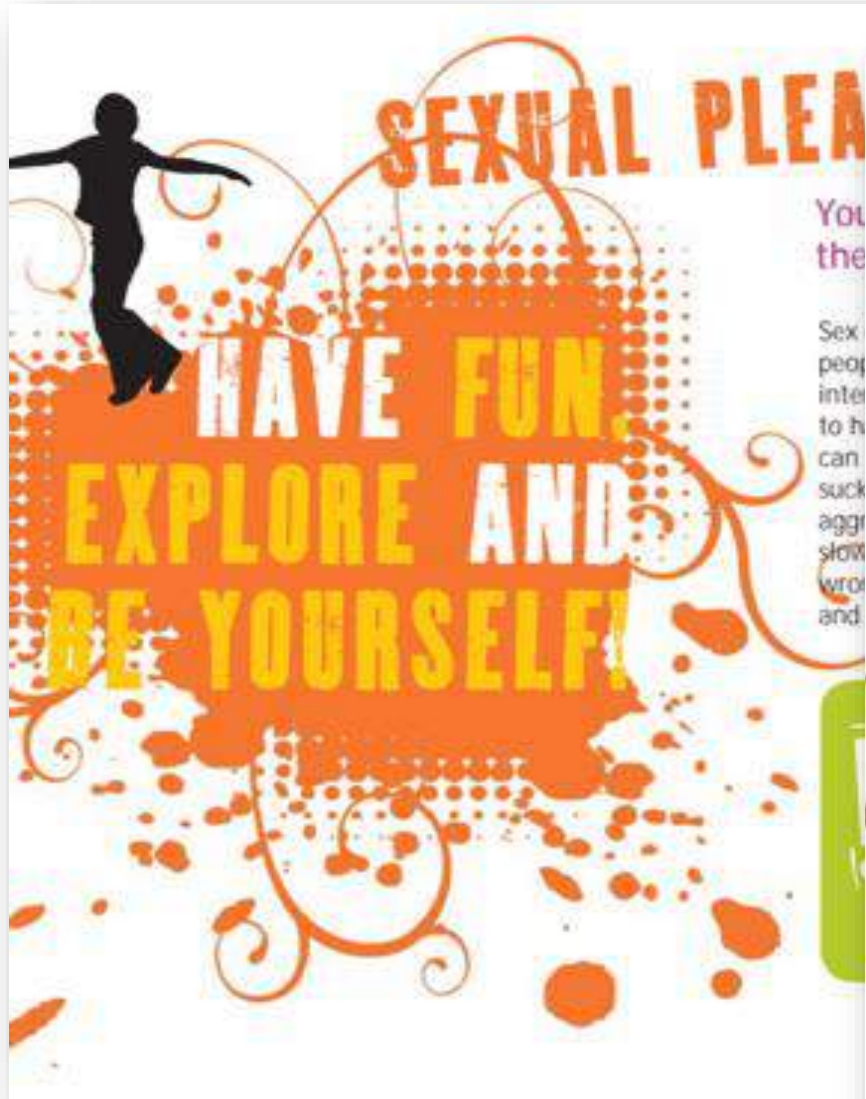
"young people . . . **are entitled to sexual pleasure** and [information on] how to experience different forms of sexual pleasure is important for their health and well-being."



A young person's  
guide to their  
**RIGHTS,**  
**SEXUALITY AND**  
**LIVING WITH HIV**

# HEALTHY, HAPPY AND HOT

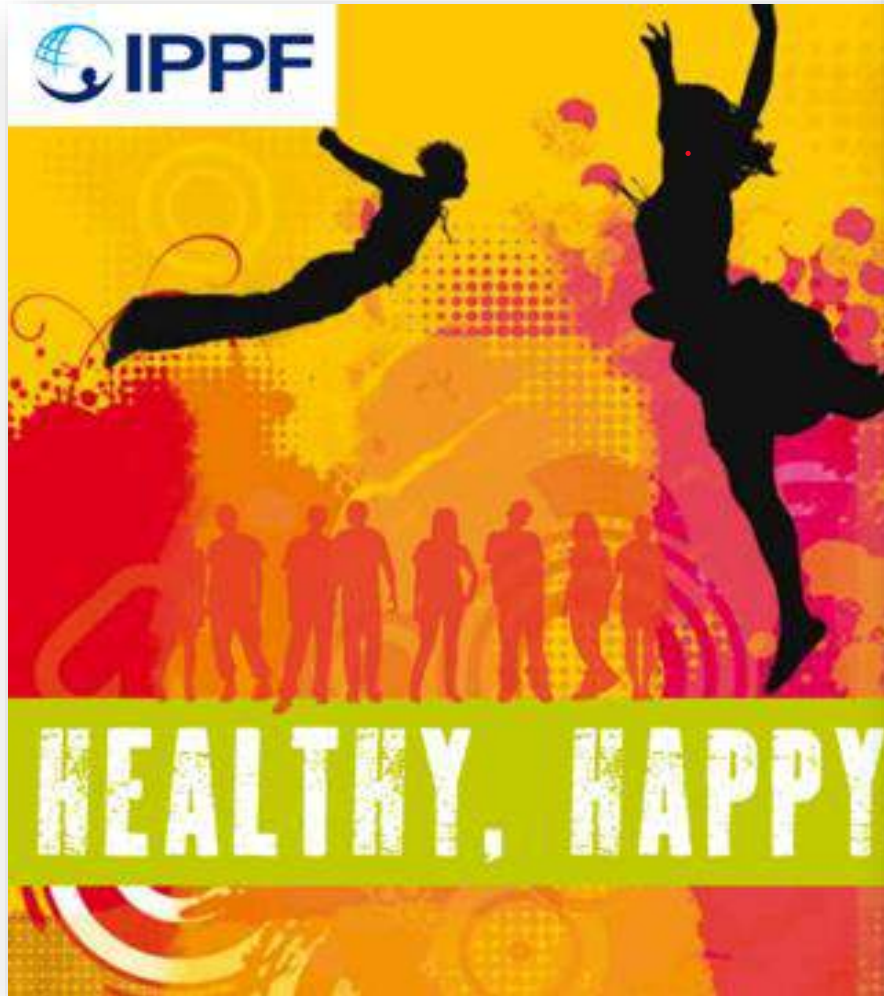
*access=life*



## Young people living with HIV have the right to sexual pleasure

Sex can feel great and can be really fun! Many people think sex is just about vaginal or anal intercourse... But, there are lots of different ways to have sex and lots of different types of sex. Sex can include kissing, touching, licking, tickling, sucking, and cuddling. Some people like to have aggressive sex, while others like to have soft and slow sex with their partners. There is no right or wrong way to have sex. Just have fun, explore and be yourself!





Some countries have laws that say people living with HIV must tell their sexual partner(s) about their status before having sex, even if they use condoms or only engage in sexual activity with a low risk of giving HIV to someone else. These laws violate the rights of people living with HIV by forcing them to disclose or face the possibility of criminal charges.

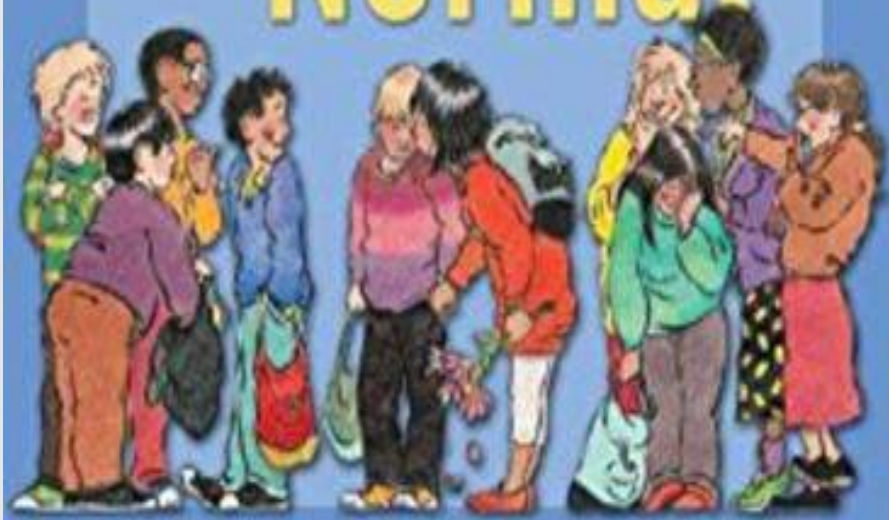


MORE THAN ONE MILLION COPIES IN PRINT!

10th

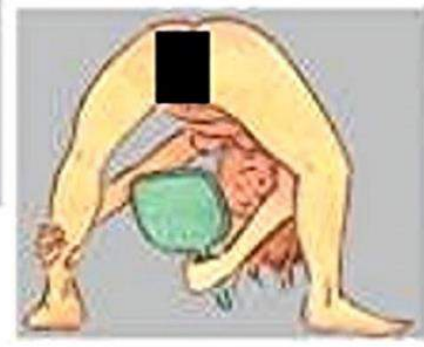
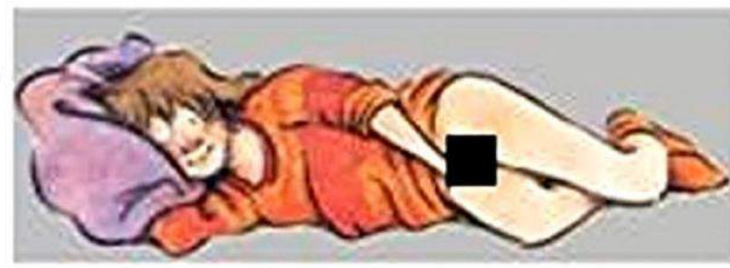
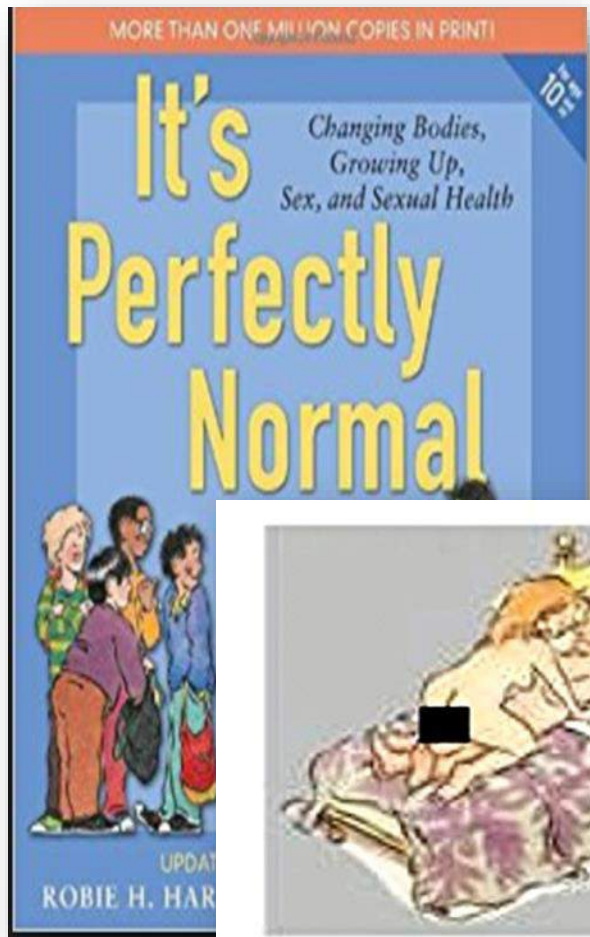
# It's Perfectly Normal

*Changing Bodies,  
Growing Up,  
Sex, and Sexual Health*



UPDATED FOR THE 21st CENTURY  
ROBIE H. HARRIS with MICHAEL EMBERLEY







DELIVER+ENABLE  
**TOOLKIT:**

Scaling-up comprehensive  
sexuality education (CSE)





## DELIVER+ENABLE TOOLKIT:

Scaling-up comprehensive  
sexuality education (CSE)

### Sex positivity

CSE based on sex positivity acknowledges that human beings, including adolescents and young people, are autonomous sexual beings with the right to have control and agency over their bodies and the right to experience desire, pleasure and happiness in their lives, independently of whether they are sexually active. As a result, sex-positive approaches strive to achieve ideal experiences, rather than solely working to prevent negative experiences.

- Sexual activity may be part of different types of relationships, including dating, marriage or commercial sex work, among others.





## DELIVER+ENABLE TOOLKIT:

Scaling-up comprehensive  
sexuality education (CSE)

## GLOSSARY

**Adolescents/Young People/Youth/Children:**  
In IPPF we use the following definitions based on recommendations from the World Health Organization (WHO):

- Youth is defined as 15-24 years old
- Adolescence is defined as 10-19 years old
- Young People is defined as 10-24 years old (also used in the IPPF Policy 4.7 - Meeting the needs of young people)
- Children are under 18 years old (a legal definition as per the Convention of the Right of the Child)



DELIVER+  
**TOOL**

Scaling-up com  
sexuality educa

## Key learnings: Abortion

**Under 10**

- Not all pregnancies are wanted or planned.
- Young people have the right to decide about continuing or ending a pregnancy they don't want.



## Under 10



### DELIVER+EN TOOLK

Scaling-up comprehensive  
sexuality education

- Touching your body can feel great; so can touching your genitals, but privacy is recommended. Nobody should touch you when you don't want them to.
- Having sex with someone is one of the ways to express a person's feelings.
- Having sex can mean many different things, including touching, kissing and caressing. Any sexual practice should be agreed to (consented to) by those involved.



FAMILY  
WATCH  
INTERNATIONAL



## DELIVER+ENABLE **TOOLKIT:**

Scaling-up comprehensive  
sexuality education (CSE)

**Under 10**

- Sexual activity may be part of different types of relationships, including dating, marriage or commercial sex work, among others.







Learners will be able to:

- ▶ state that people show love and care for other people in different ways, including kissing, hugging, touching, and sometimes through sexual behaviours (knowledge).

**Key idea:** Children should understand what is and what is not appropriate to teach

Learners will be able to:

- ▶ describe male and female responses to sexual stimulation (knowledge);
- ▶ state that during puberty boys and girls become more aware of their responses to sexual attraction and stimulation (knowledge);

**“understand that abstinence means choosing not to have sex, or deciding when to start having sex and with whom”**

**Learning objectives (12-15 years)**

**Key idea:** The sexual response cycle is about how the body reacts physically to sexual stimulation

Learners will be able to:

- ▶ understand that sexual stimulation involves physical and psychological aspects, and people respond in different ways, at different times (knowledge);
- ▶ recognize that sexual response can be impacted by issues such as illness, stress, sexual abuse, medication, substance use and trauma (attitudinal).

**Key idea:** Every society, culture and generation

including whether to delay sex or become sexually active

Learners will be able to:

- ▶ compare and contrast advantages and disadvantages of choosing to delay sex or to become sexually active (knowledge);
- ▶ understand that abstinence means choosing not to have sex, or deciding when to start having sex and with whom, and is the safest way to prevent pregnancy and STIs, including HIV (knowledge);
- ▶ reflect on how plans for their future can be impacted by the decisions they take in relation to sex and relationships (attitudinal).

## 7.2 Sexual Behaviour and Sexual Response (contd.)

“summarize key elements of sexual pleasure and responsibility”

Learners will be able to:

- ▶ explain possible choices that people can make to minimize risks associated with sexual behaviour and support their life plans (knowledge);
- ▶ explain that condoms and other contraceptives reduce the risk of unintended consequences of sexual behaviours (e.g. HIV, STIs or pregnancy) (knowledge);
- ▶ recall that non-penetrative sexual behaviours are without risk of unintended pregnancy, offer reduced risk of STIs, including HIV, and can be pleasurable (knowledge);
- ▶ recognize that there are options for minimizing risks associated with sexual behaviour and realizing life plans (attitudinal);
- ▶ make well-informed choices about their sexual behaviour (skill).

Learners should be able to:

- ▶ summarize key elements of sexual pleasure and responsibility (knowledge);
- ▶ recall that many people have periods in their lives without sexual contact with others (knowledge);
- ▶ justify why good communication can enhance a sexual relationship (knowledge);
- ▶ reflect on how gender norms and stereotypes influence people's expectations and experience of sexual pleasure (knowledge);
- ▶ recognize that understanding their body's sexual response can help them understand their body, and can help identify when things are not functioning properly so they can seek help (knowledge);
- ▶ acknowledge that both sexual partners are responsible for preventing unintended pregnancy and STIs, including HIV (attitudinal);

are different (knowledge);

- ▶ reflect on how they feel about their biological sex and gender (skill).

**Key idea: Families, individuals, peers and communities are sources of information about sex and gender**

- ▶ define gender roles (knowledge);
- ▶ identify examples of how social norms, cultural norms, and religious beliefs can influence gender roles (knowledge);
- ▶ acknowledge that many factors impact gender roles (attitudinal);
- ▶ reflect on social, cultural and religious beliefs that impact on how they view gender roles (skill).

“explain how someone’s gender identity may not match their biological sex”

3

**Learning objectives (12-15 years)**

**Key idea: Gender roles and gender norms influence people’s lives**

Learners will be able to:

- ▶ identify how gender norms shape identity, desires, practices and behaviour (knowledge);
- ▶ Examine how gender norms can be harmful and can negatively influence people’s choices and behaviour (knowledge);
- ▶ recognize that beliefs about gender norms are created by societies (attitudinal);
- ▶ acknowledge that gender roles and expectations can be changed (attitudinal);
- ▶ practise everyday actions to influence more positive

- ▶ define gender identity (knowledge);
- ▶ explain how someone’s gender identity may not match their biological sex (knowledge);
- ▶ acknowledge that everyone has a gender identity (attitudinal);
- ▶ appreciate their own gender identity and demonstrate respect for the gender identity of others (skill).

**Learning objectives (15-18+ years)**

**Key idea: It is important to challenge one’s own and others’ gender biases**

Learners will be able to:

- ▶ recall examples of gender bias against men, women and people of diverse sexual orientation and gender

aspects, such as love and relationships based on mutual respect and equality.

In addition, it is important that CSE includes ongoing discussions about social and cultural factors relating to broader aspects of relationships and vulnerability, such as

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the effectiveness of CSE. For example, failure to discuss menstruation can contribute to the persistence of negative social and cultural attitudes towards it. This may negatively impact the lives of girls, contributing to lifelong discomfort about their bodies and leading to reticence in seeking help when problems arise. Other examples include: sexual intercourse; scientific information about prevention of pregnancy; the SRH needs of young people living with disabilities or HIV; unsafe abortion and harmful practices such as CEFM and FGM/C; or discrimination based on sexual orientation or gender identity. Silencing or omitting these topics can contribute to stigma, shame and ignorance, may

sexuality and relationship education may leave children and young people vulnerable to harmful sexual behaviours and sexual exploitation. Excluding complex issues from CSE renders young people vulnerable and limits their agency in their own sexual practices and relationships.

“Abstinence-only programmes have been found to be ineffective and potentially harmful to young people’s sexual and reproductive health and rights.”

pregnancy, STIs and HIV, CSE recognizes that abstinence is not a permanent condition in the lives of many young people, and that there is diversity in the way young people manage their sexual expression at various ages. Abstinence-only programmes have been found to be ineffective and potentially harmful to young people’s sexual and reproductive health and rights (SRHR) (Kirby, 2007; Santelli et al., 2017; Underhill et al., 2007).

CSE addresses safer sex, preparing young people – after careful decision-making – for intimate relationships that may include sexual intercourse or other sexual activity.

Numerous studies have shown that learners, regardless of

approach is required to effectively engage them in the learning process and respond to the full range of their needs. As well as content on reproduction, sexual behaviours, risks and prevention of ill health, CSE provides an opportunity to present sexuality in a way that also includes its positive aspects, such as love and relationships based on mutual respect.

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CSE covers a wide range of topics, some of which may be culturally sensitive, depending on the context. In many settings, CSE curricula omit or avoid key topics, and/or place too much emphasis on the 'mechanics' of reproduction without also focusing on responsible sexual behaviours and the importance of healthy and equitable relationships (UNESCO 2015a). The omission of key topics will lessen the effectiveness of CSE. For example, failure to discuss menstruation can contribute to the persistence of negative social and cultural attitudes towards it. This may negatively impact the lives of girls, contributing to lifelong discomfort about their bodies and leading to reticence in seeking help when problems arise. Other examples include: sexual intercourse; scientific information about prevention of

programmes with the high fidelity and quality that is associated with positive impact on health behaviours (Stead et al., 2007).

A lack of high-quality, age- and developmentally-appropriate sexuality and relationship education may leave children

**"CSE promotes the right to choose when and with whom a person will have any form of intimate or sexual relationship ...."**

*preventing pregnancy, STIs and HIV*

CSE promotes the right to choose when and with whom a person will have any form of intimate or sexual relationship; the responsibility of these choices; and respecting the choices of others in this regard. This choice includes the right to abstain, to delay, or to engage in sexual relationships. While abstinence is an important method of preventing pregnancy, STIs and HIV, CSE recognizes that abstinence is not a permanent condition in the lives of many young people, and that there is diversity in the way young people manage their sexual expression at various ages. Abstinence-only programmes have been found to be ineffective and potentially harmful to young people's sexual and reproductive health and rights (SRHR) (Kirby, 2007; Santelli et al., 2017;

## 7.2 Sexual Behaviour and Sexual Response

“describe male and female responses to sexual stimulation.”

- ▶ state that people show love and care for other people in different ways, including kissing, hugging, touching, and sometimes through sexual behaviours (knowledge).

**Key idea:** Children should understand what is and what is not appropriate touching

Learners will be able to:

- ▶ define ‘good touch’ and ‘bad touch’ (knowledge);
- ▶ recognize that there are some ways of touching children that are bad (attitudinal);
- ▶ demonstrate what to do if someone is touching them in a bad way (skill).

Learning objectives (12-15 years)

Learners will be able to:

- ▶ describe male and female responses to sexual stimulation (knowledge);
- ▶ state that during puberty boys and girls become more aware of their responses to sexual attraction and stimulation (knowledge);
- ▶ explain that many boys and girls begin to masturbate during puberty or sometimes earlier (knowledge);
- ▶ acknowledge that masturbation does not cause physical or emotional harm but should be done in private (knowledge).

**Key idea:** It is important to be able to make informed decisions about sexual behaviour, including whether to delay sex or become sexually active

Learners will be able to:

has its own myths about sexual behaviours and it's important to know the facts

Learners will be able to:

- ▶ differentiate myths from facts when it comes to information about sexual behaviour (knowledge);
- ▶ appreciate the importance of knowing the facts about sexuality (attitudinal);

“recognize that each person’s decision to be sexually active ... should be respected at all times”

important to their health and well-being (attitudinal);

- ▶ recognize that each person’s decision to be sexually active is a personal one, which can change over time and should be respected at all times (attitudinal);
- ▶ make responsible decisions about their sexual behaviour (skill).





information on condom use as a method of dual protection against unintended pregnancy and HIV/STIs.

**Unsafe abortion:** globally, every year, some 3 million girls

married or in union before age 15. Latin America and the Caribbean (LAC) follows sub-Saharan Africa, where 24 per cent of women between the ages of 20 and 24 were married in childhood; and the Middle East and North Africa, where (2014a).

“adolescent girls ... are generally less knowledgeable about their rights concerning abortion and post-abortion care.”

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end their pregnancy consequently have abortions later in the gestational period. In some cases, because of stigma and discrimination or other factors, adolescent girls are also more likely than older women to self-induce an abortion or seek abortion services from untrained providers, and are generally less knowledgeable about their rights concerning abortion and post-abortion care (Gutmacher Institute, 2015a).

**Violence, including gender-based violence:** global estimates indicate that about 1 in 3 (35 per cent) women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner violence in their lifetime. Violence is a violation of a person’s rights and also puts women, girls and already vulnerable populations at

- Students who are perceived not to conform to prevailing sexual and gender norms, including those who are lesbian, gay, bisexual or transgender are more vulnerable to violence in schools. **Violence based on sexual orientation and gender identity/expression**, also referred to as homophobic and transphobic violence, is a form of school-related gender-based violence (UNESCO, 2016b).
- Early and unintended pregnancy can also be the result of sexual violence from teachers and fellow students. **Pregnancy-related GBV** in schools includes bullying and teasing, perpetrated by classmates and teachers, towards pregnant girls and adolescent mothers (UNESCO, 2017).

# NGO CSW62 Forum Schedule

Please register for NGO CSW62 Forum and receive an alert when the Handbook is released.

[Register](#)

[View the Full Schedule](#)

CSW62 Online Handbook Schedule : Sheet1

Hadassah, The Women's Zionist Organization Of America, Inc.	World ORT	Empowering Rural Women through Education, Training and Health Care
World Young Women's Christian Association (YWCA)	Monash University - Gender, Peace and Security Depart	Raising Pacific Young Women's Voices through Transformative Feminist Leadership
Ipas	Youth Coalition for Sexual and Reproductive Rights	Without Abortion it's Not Comprehensive. Sexuality Education for Rural Youth
FOKUS Forum For Women and Development	AWID, APWLD	Women's Human rights Defenders Under Attack
Centre For Non-Violence	Annie North Women's Refuge	Feminist Services Empowering Rural Women: Responses to Violence Against Women
International Action Network For Gender Equity and Law (IANGEL)		Using Volunteer Lawyers to Improve the Lives of Rural Women
International Federation Of		Challenging Impunity and GBV against

2

- ▶ acknowledge that the values and beliefs we learn from families and communities guide our understanding of ourselves, our feelings and our bodies (attitudinal);
- ▶ identify a trusted adult and demonstrate how they would ask questions they may have about their feelings and their body (skill).

#### Learning objectives (12-15 years)

**Key idea:** Social, cultural and religious factors influence what is considered acceptable and unacceptable sexual behaviour in society, and these factors evolve over time

- ▶ identify cultural, religious or social beliefs and practices related to sexuality that have changed over time (knowledge);
- ▶ acknowledge that there are diverse beliefs regarding sexuality (attitudinal);
- ▶ demonstrate respect for diverse practices related to sexuality and all people's human rights (skill).

#### Learning objectives (15-18+ years)

**Key idea:** It is important to be aware of how social and cultural norms impact sexual behaviour while developing one's own point of view

Learners will be able to:

**“question social and cultural norms that impact sexual behaviour in society”**

- ▶ question social and cultural norms that impact sexual behaviour in society (skill).

and how these influence their personal beliefs and feelings about sexuality and sexual behaviour (skill).

- ▶ reflect on a value that they have learned from their family (skill).

### Learning objectives (12-15 years)

**Key idea:** It is important to know one's own values, beliefs and attitudes, how they impact on the rights of others and how to stand up for them

Learners will be able to:

- ▶ describe their own personal values in relation to a range of sexuality and reproductive health issues (knowledge);

### Learning objectives (15-18+ years)

**Key idea:** It is important to know one's own values, beliefs and attitudes, in order to adopt sexual behaviours that are consistent with them

Learners will be able to:

- ▶ compare and contrast behaviours that are and are not consistent with their own values related to sexuality and reproductive health (knowledge);

**“differentiate between values that they hold, and that their parents/guardians hold about sexuality”**

Learners will be able to:

- ▶ differentiate between values that they hold, and that their parents/guardians hold about sexuality (knowledge);
- ▶ acknowledge that some of their values may be different from their parents/guardians (attitudinal);

# 4. WHO's Transgender Agenda





World Health  
Organization

## Gender, Equity & Human Rights (GER)

## FAQ on Health and Sexual Diversity

An Introduction to Key Concepts



## Gender, Equity & Human Rights (GER)

### What do the terms heteronormativity, homophobia and transphobia mean?

- **Heteronormativity** is the assumption that everyone is heterosexual, and that heterosexuality is “the norm”. Among both individuals and institutions, this can lead to invisibility and stigmatization of other sexualities and gender identities. Often included in this concept is a level of gender normativity and gender roles, the assumption that individuals should identify as men and women, and be masculine men and feminine women.
- **Homophobia** is the term often used to describe discrimination on the basis of sexual orientation or gender identity and may include verbal and physical abuse.

However, some use the more inclusive term, heterosexism, to describe all forms of discrimination against people who encompass lesbian, gay, or bisexual sexual orientations.

- **Transphobia** is the negative devaluing and discriminatory treatment of individuals who do not conform in presentation and or identity to conventional conceptions of gender and/or those who do not identify with, or express their assigned sex.
- **Transphobia** and **homophobia** are closely linked and interdependent. As with any form of discrimination, transphobia can be personal or systemic, intentional or unintentional.



## Gender, Equity & Human Rights (GER)

Human sexuality includes many different forms of behaviour and expression. It is increasingly acknowledged that recognition of the diversity of sexual behaviour and expression contributes to people's overall sense of well-being and health (13). Understanding the related risks and vulnerabilities associated with the way sexual behaviour and expression are perceived in society is also key to understanding barriers to health and how to address these.





World Health  
Organization

**“WHO no longer classifies gender incongruence as a mental health disorder in the International Classification of Diseases (ICD).”**



## Gender, equity and human rights

### Gender

Factsheet N° 403

Gender refers to the socially constructed characteristics of women and men – such as the norms, roles and relationships that exist between them. Gender expectations vary between cultures and can change over time. It is also important to recognize identities that do not fit into the binary male or female sex categories. Gender norms, relations and roles also impact the health outcomes of people with transgender or intersex identities.

# Sexual health, human rights and the law



World Health  
Organization



human  
reproduction  
programme

research for impact

- “... for people whose deeply felt gender does not correspond to their sex assigned at birth, **access to hormonal treatment or gender reassignment surgery**, or other treatment, may be needed for the protection of their health including their sexual health.” (pg. 14, 3.1—Introduction)



FAMILY  
WATCH  
INTERNATIONAL

## What is transgender and what are the main health concerns of transgender people?

Transgender people share many of the same health needs as the general population, but may have other specialist health-care needs, such as gender-affirming hormone therapy and surgery. However, evidence suggests that transgender people often experience a disproportionately high burden of disease, including in the domains of mental, sexual and reproductive health. Some transgender people seek medical or surgical transition, others do not.

Legal gender recognition, represented through documents reflecting a person's gender identity, is important for protection, dignity and health. Many countries in the WHO European Region impose a number of conditions on changing documents, including the requirement to undergo sterilization. Human rights bodies conclude that these sterilization requirements run counter to respect for bodily integrity, self-determination and human dignity, and can cause and perpetuate discrimination against transgender people.

## What is gender-affirmative health care?

Gender-affirmative health care can include any single or combination of a number of social, psychological, behavioural or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity.

# HIV AND YOUNG TRANSGENDER PEOPLE



## 4) Address the additional needs and rights of young transgender people, including:

- Work toward the decriminalization of cross-dressing, same-sex behaviour,<sup>1</sup> sex work and drug use.



# 5. WHO's Prostitution Agenda





## Sex workers



Globally, female sex workers are 13.5% more likely to be living with HIV than other women of reproductive age; in Asia, female sex workers are almost 30% more likely to be living with HIV.

Modelling studies indicate that decriminalising sex work could lead to a 46% reduction in new HIV infections in sex workers over 10 years; eliminating sexual violence against sex workers could lead to a 20% reduction in new HIV infections.

and ensure sex workers' human rights as well as implementing a comprehensive package of HIV and health services for sex workers through community lead approaches.





## Sex workers



## Structural interventions

- Supportive legislation, policy and funding
- Addressing stigma and discrimination
- Community empowerment
- Addressing violence



## WHO and Global Citizen announce: 'One World: Together at home' Global Special to support

[العربية](#) [中文](#) [Français](#) [Русский](#) [Español](#)





# Families Around the World are Rising Up!



# Family Protection Plan

1. Become more informed
2. Raise awareness
3. Investigate WHO, IPAS, IPPF and Marie Stopes activities in your country
4. Pass parental rights, child and life protection laws
5. Work to get UN entities and foreign governments and NGOs out of your nation's sex education and health policies!

# StopCSE.org

35-Minute Film | 10-Minute Film

## THE WAR ON CHILDREN



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Subtitles available in the following languages:

Arabic (10 minute film)	Bulgarian (10 minute film)	Chinese (10 minute film)	English (10 minute film)	English (35 minute film)	French (10 minute film)
German (10 minute film)	Hungarian (10 minute film)	Lithuanian (35 minute film)	Polish (35 minute film)	Romarian (35 minute film)	Russian (10 minute film)
Spanish (10 minute film)	Spanish (35 minute film)				

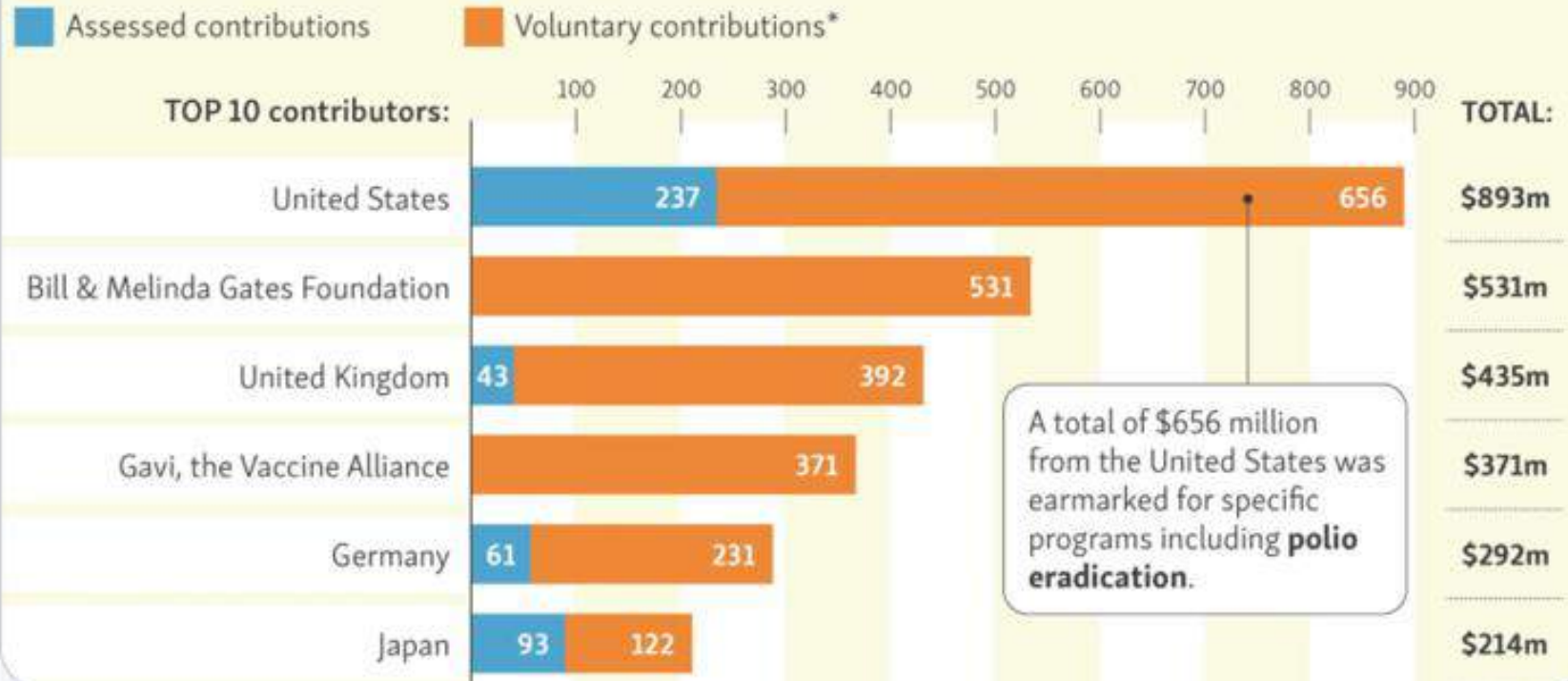


Radio Free Europe/Radio Liberty  @RFERL · 5h

## Who pays for the WHO?

These are the countries and institutions that gave the most money to the World Health Organization (WHO) during 2018-2019.

**Funds contributed during the two-year budget cycle of 2018-2019** (in millions of USD):



THE FAMILY DEFENSE HANDBOOK  
4TH EDITION WITH IMPORTANT UPDATES



# STAND *for the* FAMILY

Alarming evidence and firsthand accounts  
from the front lines of the battle

**A call to responsible  
citizens everywhere**

by Sharon Slater  
President, Family Watch International



## FWI Online Learning Course

# “International Family Law & Global Health Policies”

**Unit 1:** The Status of the Family in International Law: Overview of how 5 binding UN treaties and many other UN consensus documents call for the protection of the family

**Unit 2:** United Nations 101: Overview of how UN entities are undermining life, family and parental rights (WHO, UNFPA, UN Women, UNICEF, UNAIDS, Treaty Body Monitoring Committees, UN Special Rapporteurs, Universal Periodic Reviews, the OHCHR, UN Geneva)

**Unit 3:** Family and Life Issues in the Context of the UN Sustainable Development Goals

**Unit 4:** The Family as a Protective Factor in Preventing Violence Against Women & Girls: What the research shows

**Unit 5:** Global Youth Policies and Trends

**Unit 6:** Global Sexual and Reproductive Health and Rights Policies

**Unit 7:** Protecting Children in Sex Education Policies and Programs

**Unit 8:** Protecting Children in Sex Education Policies and Programs in the African Region

**Unit 9:** Population and Family Planning Policies and Impacts on Life and Family

**Unit 10:** UN Convention on the Rights of the Child: Children’s rights vs. parents’ rights

**Unit 11:** Human Sexuality and Gender Identity Policies

**Unit 12:** The Disparate Role of Super NGOs in Shaping International Children and Youth Policies and Programs (Exposés on IPPF, Marie Stopes, Rutgers, RFSU, etc.)

**Unit 13:** The Disparate Role of Super NGOs on the African Union

**Unit 14:** Cultural Imperialism: The sexual rights agenda

**Unit 15:** The Human Rights Agenda and National Human Rights Institutions

**Unit 16:** Family and Life Advocacy at the International, National, and Local Levels

**Unit 17:** Pro-life and Pro-family Coalition Building

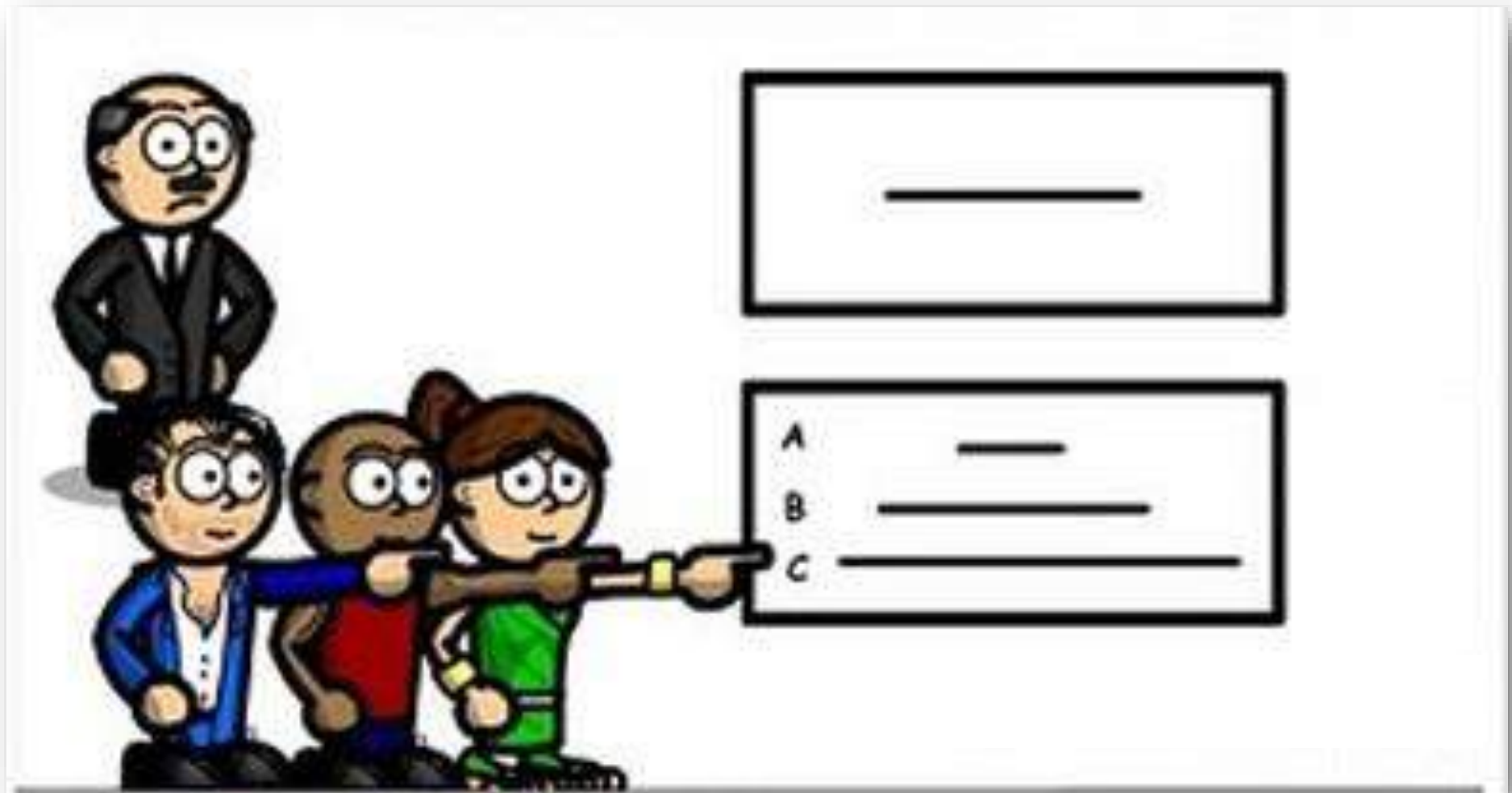
**Unit 18:** The Art of Negotiation





# Effects of Group Pressure Upon the Modification and Distortion of Judgements

by Solomon Asch, Harvard





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*Worldwide Webinar*

*World Health Organization Exposed:  
Sexual Rights*

*vs.*

*Sexual Health*  
April 28, 2020

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