Party Poopers—Trump-Pence Administration Political Appointees at Nairobi Summit Celebrating Cairo Population and Development Conference’s Silver Anniversary

Representatives of national governments, international nongovernmental organizations, and civil society gathered in Nairobi this week for a summit to commemorate the 25th anniversary of the landmark 1994 International Conference on Population and Development in Cairo. Political appointees from the Trump-Pence administration, representing the United States government, behaved as feared by inserting themselves in the proceedings in unconstructive ways. Fortunately, the U.S. delegates were unsuccessful in interfering with the making of most financial and policy commitments to advance sexual and reproductive health and rights (SRHR) around the world, including ensuring access to contraceptives, ending female genital mutilation, and guaranteeing health care services to key and vulnerable populations.

It is disconcerting that the delegation representing the U.S. government—the largest bilateral donor to global health programs—would seek to undermine its own longstanding efforts to advance global health and attempt to rewrite history by calling for the dilution of the rights of women, girls and marginalized groups. Universal access to sexual and reproductive health and rights were, in fact, enshrined in the 1994 Cairo Program of Action, which acknowledged comprehensive access to health information and quality services as critical to sustainable development. The progress made in the past 25 years is attributable to investments in rights-based interventions including comprehensive sexuality education, contraceptive method choice and the liberalization of abortion laws, and the inequities that persist will never be remedied without full recognition of these rights.

The U.S. delegation at the Nairobi Summit was composed of a veritable rogues gallery, who in their private capacities, before they joined the Trump-Pence administration as political appointees at the Department of Health and Human Services and the U.S. Agency for International Development, were some of the most extreme anti-choice, anti-contraception, abstinence-only activists including, most notably:

- **Valerie Huber**, Senior Policy Advisor, Office of Global Affairs, HHS—former President of Ascend (previously known as the National Abstinence Education Association) for ten years until 2017 and manager of the abstinence education program of the Ohio Department of Health before that, who has sought in her latest government position to take her failed abstinence-only policy prescription global after rebranding it as “sexual risk avoidance education”;

- **Diane Foley**, Deputy Assistant Secretary for Population Affairs, HHS—prior to being put in charge of Title X, the nation’s domestic family planning program serving 4 million low-income women annually, served as president of Life Network which ran two “crisis pregnancy centers” (a.k.a. ‘fake clinics’) in Colorado and has presided at HHS in the roll out of the domestic Gag Rule earlier this year that placed onerous new restrictions on eligibility for federal family planning funds;

- **Bethany Kozma**, Senior Adviser for Office of Gender Equality and Women’s Empowerment at USAID—anti-transgender rights advocate who famously declared the United States to be a “pro-life nation” while serving as a U.S. delegate to the UN Commission on the Status of Women meeting in March 2018; and
Monique Wubbenhorst—Deputy Assistant Administrator, Bureau for Global Health, USAID—previously a practicing ob-gyn on the faculty of Duke University School of Medicine who raised the question “Should Evangelical Christian Organizations Support International Family Planning?” in an article in the *Christian Journal of Global Health* with her theologian husband and seemed to answer “maybe,” but with a lot of caveats including avoiding embracing the dreaded “contraceptive mentality,” an old anti-choice bugaboo.

Heaven forbid that the representatives of the U.S. government at the summit would actually support the family planning and reproductive health programs they run—and that the career technical staff who do the day-in, day-out work of administering the programs would be essential members of the delegation to the summit.

While at the summit, delegation members occupied their time trying to round up country endorsements for a U.S.-drafted and led “Joint Statement for the Nairobi Summit on ICPD25” and in participating in a series of “prolife and family friendly” side events organized and sponsored by Kenyan and U.S. anti-SRHR opposition groups.

The joint statement was issued on the concluding day of the summit by the U.S. delegation on behalf of 10 other nations—Brazil, Belarus, Egypt, Haiti, Hungary, Libya, Poland, Senegal, St. Lucia, and Uganda. The final text of the statement criticizes the summit for being “centered only certain aspects of the ICPD [Program] of Action” and for not giving more attention to discussion of topics with which signatories agree with the language of the Cairo outcome document.

The joint statement steadfastly opposes updating the document to reflect the evolution of the SRHR field since the Cairo conference while at the same time acknowledging that “our world has undergone remarkable demographic, social, economic, environmental, and political change over the past 25 years.” However, the statement erroneously claims that the demographic projections in the ICPD Program of Action have “not come to pass” and fertility is falling around the world. In fact, the Population Reference Bureau's 2019 World Population Data Sheet recently estimated that the global population will increase by 28 percent from 7.7 billion people today to over 9.8 billion by 2050. And while tremendous progress has been made in reducing unwanted fertility, there are still 214 million women of reproductive age in developing regions that want to avoid pregnancy but are not using a modern contraceptive method. So the task of addressing the unmet need for modern contraception is far from accomplished, and the progress since Cairo is a direct result of the financial and programmatic investments that have been made to increase access and voluntary use of safe and effective contraceptives.

There is a certain irony that staunch critics of the consensus reached in Cairo back in 1994 like Representative Chris Smith (R-NJ), the leader of anti-choice forces in Congress for decades, now embrace the ICPD Program of Action as a “solid foundation,” in the words of the joint statement, upon which to build to address remaining challenges in sustainable development and decry what Congressman Smith called in a *Wall Street Journal* op-ed is the Nairobi Summit organizers’ attempt “to exploit Cairo’s name and reputation” in order to “promote a pro-abortion agenda.”

The signatories of the joint statement also go to great lengths to declare that “no ICPD follow-on document has consensual weight or standing amongst governments” whether produced at the Nairobi Summit or subsequently. Because of the well-founded concern that a U.S. delegation composed of Trump-Pence administration political appointees would seek to re-open and weaken settled international-consensus language on hard-fought paragraphs in the ICPD Program of Action, summit organizers made a strategic, conscious, and deliberate decision not to have negotiated outcome documents. Their instincts proved wise.

The joint statement also expresses process concerns, specifically disappointment in the lack of “transparency and inclusiveness in the preparations of the Conference, including regarding criteria for civil society participation.” In an earlier draft of the statement, unused text charged that “pro-life and pro-family groups have not been approved to attend and some were even barred from attending.” Suffice it to say that even pro-SRHR organizations were unsure how to participate in the summit.
When not rounding up endorsements for the joint statement, U.S. delegation members occupied their time participating in the anti-SRHR opposition’s side session series sponsored in part by extremist U.S. organizations, including Family Watch International and C-FAM, both designated as anti-LGBT hate groups by the Southern Poverty Law Center, and CitizenGO, which doxed the Kenyan diplomat who was leading negotiations at the UN Commission on the Status of Women earlier this year by deluging her with thousands of hostile text messages. In particular, U.S. delegation members were featured at three sessions:

• a session billed as a “high-level intergovernmental panel” on the topic of “Protecting Life in Global Health Policies,” a title mimicking the official name of the Trump-Pence administration’s expanded Global Gag Rule, with “statements by ministers and high-level officials” from the U.S., Brazil, Hungary, and Senegal;

• a workshop by USAID and HHS officials on “Applying for a Grant with USAID,” presumably to help faith-based organizations to obtain funding from a “new partnership initiative,” which is being bankrolled in large part by the reprogramming of about $20 million of the congressionally earmarked FY 2018 contribution to the UN Population Fund, withheld as a result of the imposition of the Kemp-Kasten amendment; and


Lest you fear the entire U.S. government has abandoned the United States’ historic leadership role, rest assured that family planning and reproductive health champions in the House of Representatives advanced a more progressive vision to celebrate the 25th anniversary of ICPD and beyond. On Tuesday, Rep. Lois Frankel (D-FL) and Rep. Barbara Lee (D-CA) introduced a resolution recognizing ICPD+25 by highlighting the successes advancing comprehensive SRHR and calling attention to the gaps that remain. The resolution recognizes that sexual and reproductive health and rights are “key to achieving gender equity, universal health coverage, sustainable development and economic empowerment” and calls on the U.S. to reinstate funding to UNFPA and eliminate harmful policies like the Global Gag Rule that undermine access to health services.

To enact the unfinished agenda, common sense will need to prevail. Let us hope that the decade ahead will see the return of a U.S. government that honors its role as a global leader on health.