

Sustainable Development White Paper Addendum: 2020 Update

Sustainable development was defined by the World Commission on Environment and Development as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs.”¹ However, as the Sustainable Development White Paper points out, many initiatives undertaken in the name of development have a strong focus on fertility reduction, sometimes linked to troubling population control policies.

Sustainable development has been the principal topic of multiple conferences that have taken place in order to set international aid and development policies.² Two major outcomes of these discussions have been the Millennium Development Goals (MDGs) and the Sustainable Development Goals (SDGs). The MDGs, discussed in greater depth in the white paper, were adopted in 2000 and ran for 15 years.³ In the years leading up to their expiration, the United Nations discussed and negotiated the development agenda that would follow the goals that were agreed in 2000. As a result, the SDGs were adopted in September 2015 and came into effect on January 1st, 2016.⁴

The SDGs were adopted with a much broader vision and agenda than the MDGs, which focused mainly on ending extreme poverty in developing countries. The SDGs comprise seventeen goals with 169 targets (compared to the eight MDGs and seventeen targets).⁵ The declaration stresses a commitment to the end of poverty, improved standards of living, universal food security, equitable education, physical and mental health, while caring for the environment.⁶ The 2030 Agenda is a non-binding document that recognizes that sustainable development efforts must take into account national circumstances and priorities.⁷

Targets 3.7 and 5.6 commit to ensuring universal access to sexual and reproductive health, health-care services, family planning, and reproductive rights.⁸ Reproductive rights can include abortion, which is not agreed in international law. The 2030 Agenda also reaffirms the outcomes of all major United Nations conferences and summits, including the International Conference on Population and Development (ICPD), the first major (although non-binding) agreement to define reproductive rights, as well as review conferences revisiting those agreements.

As discussed in the white paper, the ICPD recognized that abortion policy could only be set at the national level. However, review conferences often exceed the more intensely negotiated major conference agreements, and are used to promote abortion in development policy. Their inclusion in this document undermines the carefully negotiated consensus and encroaches on areas properly regulated by Member States.

Outcomes of previous conferences also reflect an assumption that sustainable development can only be achieved with population control policies, framed as reproductive health but

¹ See *Report of the World Commission on Environment and Development*, Annex, U.N. Doc. A/42/427 (Aug. 4, 1987) Ch.2, ¶1.

² MEGHAN GRIZZLE, SUSTAINABLE DEVELOPMENT WHITE PAPER 2-3 (2012).

³ See UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS, THE MILLENNIUM DEVELOPMENT GOALS REPORT 4 - 5 (2015), available at

<https://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2015/English2015.pdf>.

⁴ *Unanimously Adopting Historic Sustainable Development Goals, General Assembly Shapes Global Outlook for Prosperity, Peace*, UNITED NATIONS (Sept. 25, 2015), <https://www.un.org/press/en/2015/ga11688.doc.htm>.

⁵ See generally *Transforming Our World: the 2030 Agenda for Sustainable Development*, G.A. Res. 70/1, U.N. Doc. A/Res/70/1 (Sept. 25, 2015).

⁶ *Id.* ¶¶ 7-9.

⁷ *Id.* at ¶ 55.

⁸ *Id.* SDGs 3.7, 5.6 (following ¶ 59).

emphasizing reducing fertility rates. For instance, the resolution of the forty fourth session of the Commission on Population and Development focuses on the relation between fertility and poverty eradication, viewing the reduction of fertility as an means to facilitate demographic transition.⁹ From the point of view of this document, stabilizing population is essential to change unsustainable patterns of production and consumption and protect the earth. As the white paper notes, this is at its core a belief that population control is necessary for development.

And as noted in WYA’s white papers on reproductive health and family planning, this comes not only through the promotion of controversial policies like abortion. The natural conclusion of this mindset, when combined with language related to reproductive health and rights, is a heavy emphasis on contraceptives as the best method of family planning—despite international agreement that the method of family planning must be the choice of the couple.

This is most clear in the indicators adopted, through a separate process, following the SDG adoption. The indicators are the data points used to measure the success of the SDGs. The indicators for both SDG 3.7 and SDG 5.6 include contraception. Indicator 3.7.1 defines progress based on the “[p]roportion of women of reproductive age... who have their need for family planning satisfied with modern methods.”¹⁰ Indicator 5.6.1 assesses universal access to sexual and reproductive health and reproductive rights in light of the “[p]roportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, *contraceptive use*, and reproductive health care” (emphasis added).¹¹ Women’s health and empowerment are linked to their use not simply of a family planning method of their choice, but specifically contraceptive methods—which many may not choose for various reasons.

The UN Department of Economic and Social Affairs (DESA) also reflects this approach in their work. A booklet on family planning and the SDGs, defines women who need family planning as either currently using “modern contraceptives” or having an unmet need, suggesting that the way to meet that need is through modern contraceptives.¹² This is often framed as a lack of access to family planning methods. However, research shows that many women, including in developing countries, cite other reasons much more than lack of access, such as infrequency of sexual activity, ethical objections and concerns about side effects.¹³ In areas where education and healthcare are lacking, pushing contraceptive use as a sign of success raises serious ethical concerns about respect for women’s right to choose their own preferred method, in line with their values, free from pressure.

The SDGs include a wide-ranging set of goals and targets which speak to many serious needs in the world today. However, like other agreements before them, they overlook the most important resource: human beings. They continue to ignore the history of already-developed countries, which saw natural fertility declines as education and health systems improved, and promote a population control mindset linked to directly and indirectly coercive policies in numerous countries. This is at odds with a truly person-centered approach.

⁹See, e.g., Commission on Population Development, Report of the Forty Fourth Session, U.N. Doc. E/CN.9/2011/8 (assuming that the “demographic transition” from higher fertility to lower fertility is inevitable and positive).

¹⁰G.A. Res. 71/313 Annex 3.7.1, U.N. Doc. A/Res/71/313 (Jul. 6, 2017).

¹¹*Id.* at Annex 5.6.1.

¹²See UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS, POPULATION DIVISION, FAMILY PLANNING AND THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT: DATA BOOKLET 2 (2019).

¹³GILDA SEDGH ET AL., UNMET NEED FOR CONTRACEPTION IN DEVELOPING COUNTRIES: EXAMINING WOMEN’S REASON FOR NOT USING A METHOD 31-31 (Guttmacher Inst. 2016), *available at* https://www.guttmacher.org/sites/default/files/report_pdf/unmet-need-for-contraception-in-developing-countries-report.pdf.