



THE GENEVA CONSENSUS DECLARATION IN ACTION

Why Advocates and Policymakers Should
Be Concerned, and What Can Be Done





THE GENEVA CONSENSUS DECLARATION IN ACTION: WHY ADVOCATES AND POLICYMAKERS SHOULD BE CONCERNED, AND WHAT CAN BE DONE

The GCD is expanding and gaining traction.

On September 9, 2024, the first lady of Burundi, Angeline Ndayishimiye, landed in Washington, DC, to attend the fourth annual commemoration of the [Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family](#) (GCD). She was [greeted](#) at the airport by former Trump official, anti-abortion advocate, and Project 2025 contributor [Valerie Huber](#). The event, where Ndayishimiye was a [featured speaker](#), was held on September 10 at the US Capitol and hosted by Huber's organization, the Institute for Women's Health (IWH). There were [over 130 attendees](#), including diplomats, congresspeople, and anti-abortion civil society groups.

The GCD is a non-binding anti-abortion manifesto designed by Huber during her tenure in the US Department of Health and Human Services and [launched](#) at the end of 2020; it was initially signed by 32 countries. The GCD brings together a global coalition of states that [oppose](#) sexual and reproductive health and rights (SRHR) and LGBTQI+ rights. The initiative has been [denounced](#) as “an example of the harmful mobilization of States with conservative and anti-women's rights agendas to undermine the well-established and globally recognized human rights of women and girls.” Under Huber's stewardship, the GCD continues to gain adherents, including the two most recent signatories, Burundi and [Chad](#), bringing the number of GCD member countries to 42.

IWH was incorporated at the end of the Trump administration, and it functions as the mechanism for ensuring the GCD's relevance and lifespan. To this end, Huber and the IWH created its “Protego strategy” in 2023 to operationalize the GCD to supplant science-based, rights-respecting education, health, and foreign policy. A new “Women's Optimal Health Framework” under Protego provides suggested interventions in health and education for GCD country partners. Given the goals of the GCD—prioritizing national sovereignty and hetero-centric families while rejecting abortion—the expansion of GCD signatories and countries willing to implement IWH programs should concern human rights activists, policymakers, and public health practitioners.

Any policy or program based on the GCD is catastrophic for bodily autonomy and reproductive rights. Below, we answer key questions that address how Huber's work remains a concern for women's health, bodily autonomy, multilateralism and democracy, and what can be done.

***Any policy or program based on the GCD is catastrophic
for bodily autonomy and reproductive rights.***

1. Why is Valerie Huber’s work and the GCD a concern for human rights?

➤ Huber is an anti-abortion, abstinence-only advocate with high-level, global reach.

[Huber](#) is not a public health professional yet she presents her work and organization as experts in the field of women’s health. Through [her tenure](#) in the Trump administration, her domestic connections, and her international allies, Huber has access to exclusive spaces where she interacts and promotes her ideology with foreign diplomats, national first ladies, and other high-level decision-makers.

➤ The GCD aims to restrict reproductive rights and bodily autonomy.

Huber, IWH, and their allies present the GCD as being in the interest of women, children, and the collective good of the society. Yet the GCD commits its members to advancing “[pillars](#)” that are in opposition to improving the health of women and girls in all their diversity: “protecting human life,” “strengthening the family,” and privileging national sovereignty over international rights—opposing LGBTQI+ rights and denying all access to abortion.

➤ There continues to be active and successful recruitment of new GCD signatories.

While several countries have withdrawn from the GCD since 2020, including Brazil and Colombia and the US under President Joe Biden, the steady expansion of the GCD reflects Huber’s determination to keep the coalition viable. Hungary currently holds the GCD Secretariat, though it is Huber who [is recruiting new signatories](#), traveling extensively and meeting decisionmakers in Washington, DC, at UN global events, and in their home countries. Huber has said she aims to grow the GCD to [72](#) member states.

➤ The GCD is embedded in the US Christian nationalist *Project 2025*.

Huber and her IWH colleague Alma Golden are contributors to [Project 2025](#), which is a policy blueprint for a conservative US presidential administration developed by the right-wing Heritage Foundation. IWH is also a member of Project 2025’s advisory board. The GCD is referenced several times in Project 2025 as a guiding document for [decision making on foreign policy, development assistance, and abortion](#).

2. How is the GCD implemented in practice?

➤ IWH created a “health framework” for countries to implement through their ministries.

The GCD has no enforcement power and no mechanisms for accountability. That is why IWH created the “[Women’s Optimal Health Framework](#)” as part of its Protego strategy to guide interventions in the public health and education sectors. The IWH framework is geared to policymakers and practitioners including government ministries, health system administrators, public health leaders, health workers, policy officials, and community leaders.

➤ Guatemala piloted IWH’s framework in July 2023.

[Huber built](#) a [strong relationship](#) with the 2020-2024 ultra-conservative government of former Guatemalan president Alejandro Giammattei. In 2023 IWH established a [memorandum of understanding](#) with [Guatemalan government](#) ministries to “create, test, and implement a prototype of Protego,” as well as partnerships with nongovernmental organizations and faith and business leaders. Two IWH guides were also introduced and launched in Guatemala—more below.

- **Uganda became the second GCD signatory to adopt the IWH framework in May 2024.** Huber has worked closely with Uganda’s First Lady and Minister of Education and Sports Janet Museveni. A [memorandum of understanding](#) was signed between IWH and Uganda in May 2024, and an inter-ministerial taskforce was created to implement the IWH framework. IWH is partnering with the [local organization Uganda Women’s Effort to Save Orphans](#)—founded by the first lady. Additionally, Museveni has made introductions for Huber to [other African first ladies](#).
- **Huber negotiates through diplomats and first ladies to expand GCD implementation.** Huber is working on two parallel planes: recruiting new GCD signatories and identifying existing GCD member states to implement Protego and the IWH framework. In Washington, DC, during the summer and fall of 2023, Huber met with embassy staff from at least [six countries](#). She also traveled to [Chad](#) in late 2023 and [Burundi](#) in early 2024, both of whom signed the GCD in September 2024. In Burundi, in addition to the first lady, Huber also met with the [prime minister](#), after [hosting an event](#) at the 2024 Commission on the Status of Women with anti-LGBTQI+ hate groups Family Watch International and the Center for Family and Human Rights, along with the Permanent Mission of the Republic of Burundi.

The IWH presents the anti-SRHR, anti-LGBTQI+, and anti-CSE GCD as a solution to “international debates and agendas” by addressing the “pressing need for real advocacy for women around the world.”



3. Why is the GCD bad for women’s, girls’, and children’s health, and human rights?

- **Any framework, policy, program, or practice founded on the GCD is inconsistent with the best interests of women, girls, and marginalized people.** The 70-page [IWH framework](#) is meant to be “an evidence-based resource promoting high-value, low-cost health promotion” for governments to help “women and their families.” However, the GCD reflects the anti-SRHR, anti-LGBTQI+ worldview of the IWH team and their allies who want to supplant the work of organizations, including the United Nations agencies, in the areas of health, education, among others.
- **Protego is designed to equip government partners to discredit and work against multilateral systems that promote the human rights of women, girls, and LGBTQI+ people.** This is evident in the [Protego strategy’s](#) advocacy and policy components, which include “strengthening laws, policies, and protections for women and families, and *building diplomatic skills to limit the space for ideologies considered inconsistent, intrusive, or harmful to the nation,*” code for anti-gender, anti-SRHR, and anti-LGBTQI+.
- **The IWH framework is superficial, spreads disinformation, and omits scientifically accurate health information and human rights-based approaches to healthcare.** The document cherry-picks what the authors consider to be “women’s health” issues. While it references some legitimate sources, it purposefully omits scientifically accurate, and human-rights based

approaches to healthcare while perpetuating disinformation aligned with the GCD worldview. The framework references abortion only as an unacceptable method of contraception while only cursorily mentions contraception without referencing modern contraceptive methods or access.

➤ **The IWH framework excludes sexual and reproductive health realities; only procreating hetero-centric individuals and relationships exist for the GCD and IWH.**

For example, in the section “Healthy Marriage and Family Relationships,” there is no mention of sexual health, reproductive health, or reproductive choice. Throughout the framework, pregnancies later in life are stigmatized and it ignores assisted reproduction. The framework entirely erases LGBTQI+ people, as well as people with disabilities and the needs of people experiencing intersecting forms of discrimination.

➤ **The IWH framework prioritizes parental control over children’s rights.**

While the document superficially addresses different topics—community health care workers; water, sanitation, and hygiene; and conflict and displacement—its detail is placed on adolescent health. A clear example of IWH’s approach to adolescent health is found in two programs piloted in Guatemala: 1) “The Parent/Child Communication Guide”; and 2) “The Three Generation Strategy for Adolescent Health”. These programs emphasize, and the wider framework, prioritize parental control over children’s rights. They are designed to help parents prepare young people for marriage; advising sexual risk avoidance—code for abstinence-only—outside of monogamous relationships; and promoting tracking fertility patterns as a form of contraception. No mention is made of comprehensive sexuality education (CSE), or even sexuality, sexual diversity, or the rights of children.

4. What can be done to counter the GCD?

✓ **Raise awareness about the dangers of the GCD and IWH’s efforts to implement Protego.**

In both multilateral and national spaces, human rights champions, advocates, and policymakers should educate colleagues and contacts engaged in health policy and programming, particularly at the national ministerial level, to understand that the GCD continues to be a threat. Civil society in key countries should be made aware of the risks inherent in the GCD and the IWH health framework and supported to coordinate and implement multi-pronged advocacy responses.

✓ **Use shared messaging to counter GCD implementation.**

Any mention of the Protego strategy, the “Women’s Optimal Health Framework”, the GCD, and IWH’s incursion should be met with common messaging; these activities harm women’s health, promote authoritarian and colonial efforts to impose US Christian nationalist values, and omit human-rights best practices to health policy and programming, particularly for children, adolescents, and young people, as well as marginalized populations.

✓ **Consistently respond to the addition of new GCD signatories.**

Diplomatic efforts should be undertaken accordingly to address the addition of Burundi and Chad to the GCD. Understanding the perspective of civil society is essential for developing tactics to approach leadership and decision-makers based on the evolving political and human rights contexts.

✓ **Advocate to persuade governments to renounce the GCD.**

As was the case with Brazil, Colombia, and the US, diplomatic overtures should be made to countries who may reconsider their membership in the GCD. Benin, Guatemala, and the Democratic Republic of Congo, given their advances on SRHR, could be open to reevaluating their participation.

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