How WHO and scientific research in human reproduction are instrumentalized in the service of depopulation

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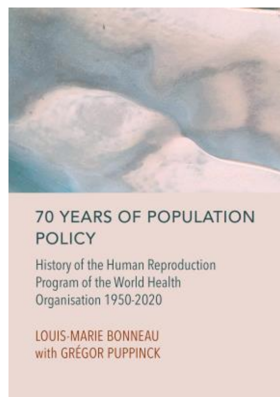
The HRP - A militant standards-setting programme

Synthetic report

This document is based on the book:

"70 Years of Population Policy"
History of the Human Reproduction Program of the World Health Organisation 1950 - 2020
Ethics Press, 2024



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February 2024
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Introduction

In March 2022, the WHO published its "abortion care guidelines". The author of this document is the *Human Reproduction Programme* (HRP). It is difficult to obtain much information about the HRP, although it presents itself as "the principal instrument in the United Nations system for research on human reproduction," and is particularly active in the promotion of abortion and contraception. The HRP is a discreet organization whose complex procedures contribute to the opaqueness of its actions. Nevertheless, a study of its funding reveals some of the world's most influential foundations are prepared to invest considerable sums in it. In 2019, for example, Warren Buffett has pledged almost $100 million to the Programme, including $25 million in 2019. The Gates Foundation is also subsidizing the programme on an ongoing basis, to the tune of $3-4 million a year over the period 2019-2022. A large proportion of these contributions are earmarked for specific projects, which has a significant impact on the Programme's activity.

It was against this backdrop that the report "**WHO and the Human Reproduction Programme**" was written. Previous documentation concerning the HRP was either written by former members of the programme, in particular former directors, or took a macro-analytical approach. Thus, there lacked any external study capable of describing the Programme micro-analytically, which could present in more detail how the WHO came to coordinate this research on human reproduction. Based mainly on WHO and UN resolutions, WHO Director General reports, and HRP reports, the aim is to understand how the programme fits into an overall UN strategy for controlling world demographics. Indeed, the WHO is a specialized UN agency[1] which began operations on April 7, 1948. Like all specialized agencies, it coordinates its work with the United Nations through negotiated agreements while remaining legally independent. Within the UN, its work is coordinated with other agencies and departments by the Economic and Social Council. The WHO and the UN share information, data and administrative and technical resources. Through their cooperation, they ensure that redundant research projects are avoided. Thus, this report also aims not only to show how the organization of the HRP is a composite of various influences and orientations, but also what impact the organization has had on scientific and policy recommendations in the field of human reproduction.

Since its creation by the WHO in the 1970s, the HRP has been conceived as a global scientific authority. The programme has produced numerous guides and guidelines to influence public policy on sexual and reproductive health, founded on evidence-based medicine. It has also contributed to the development of methods used today for contraception and abortion, such as the morning-after pill and medical abortion via mifepristone and misoprostol. The HRP has thus played a key role in the development of these contraception and abortion methods, both in terms of product and protocol development, and in terms of social acceptability.

Despite the long history of this programme within the WHO, it remains little known. This study shows how the HRP, while remaining discreet, has spearheaded the development of contraception and abortion worldwide. Broadly speaking, it appears that the WHO created the HRP in response to a request from the United Nations to improve health and prosperity by reducing the world's population, an objective that was supported in particular by a small number of countries and private actors. This report will first take a closer look at this UN vision and how the HRP fits within it. Then it will highlight the role the HRP played in the

[1] *History of the WHO*, WHO, https://www.who.int/fr/about/history (last visited July 20, 2023).

development of abortion and contraception. Finally, it will explain how certain countries and private actors used the HRP as a relay for their ideology.

I. Scientific authority as an instrument of political influence

When it was set up, the HRP's work was guided by World Health Assembly resolution WHA25.60 of 1972, which placed the programme's activities within the WHO's role of coordinating biomedical research. Nevertheless, the legal history leading up to this resolution demonstrates its orientation towards population reduction. We must therefore be cautious about the consensual vocabulary used by the HRP, and about the choice of direction for scientific research aimed at regulating human fertility (even if this research may be of the highest standard). This story shows that the HRP's objective is actually to solve "demographic problems." and not creating "safer contraception" for women.

1. Legal history: from population control to biomedical research

Very early on in their history, the United Nations (UN) and the World Health Organization (WHO) considered the role that demographic issues should play in their mission. In 1946, for example, the United Nations Population Commission was created.[2] It was quick to recommend that a survey be carried out in India on "the interdependence of economic, social and demographic changes."[3] The WHO Regional Committee for South-East Asia reported on this, explaining that the issue of "Family planning" was of great interest to India, in particular convincing the population that limiting births would bring economic and social benefits. During that time, the Indian Ministry of Health had requested WHO assistance for a pilot family planning experiment.[4] According to an article published by Giuseppe Benagiano (Director of the HRP from 1993 to 1997), the WHO began to take an interest in human reproduction after this request from the Indian government. In 1950, World Health Assembly resolution WHA3.7 invited the WHO Director-General to collaborate on a broad basis with the United Nations and specialized agencies in all matters relating to "population problems."[5] Similarly, the Executive Board stressed the need for the WHO to take concrete action on demographic issues, and to provide advice on the medical problems posed by population limitation.[6] He then invited the WHO Director-General to study these problems in conjunction with the United Nations Population Commission, with a view to defining the functions of the two organizations.[7]

In 1954, the first World Population Conference was held in Rome,[8] which discussed various demographic aspects in relation to economic and social development. In 1957, the United Nations General Assembly considered "that there is a close relationship between economic

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[2] Global Issues: Population, UN, para. 15 https://www.un.org/fr/global-issues/population (last visited July 20, 2023). Curiously, this fact is omitted on the English version of the website.

[3] WHO Reg'l Comm. for S.E. Asia, New Delhi, SEA/RC4/14, *Population Problems*, (Aug. 17, 1951), https://apps.who.int/iris/bitstream/handle/10665/128144/EB9_16_eng.pdf?sequence=1&isAllowed=y [hereinafter SEA/RC4/14].

[4] *Id.* at 11-12.

[5] World Health Organization [WHO], *Resolution on Population Problems*, 5th Sess. Geneva, pt. 1 at 9 (1950), https://apps.who.int/iris/handle/10665/85604.

[6] SEA/RC4/14, *supra* note 3, at 9-10.

[7] *Id.* at 10.

[8] World Population Conf., *Proceedings of the Conference*, U.N. Doc. E/CONF 13/412, (July 1955), https://documents-dds-ny.un.org/doc/UNDOC/GEN/NL5/502/64/PDF/NL550264.pdf?OpenElement.

problems and population problems."[9] In 1962, population size was once again presented as a "problem," particularly for "developing countries,"[10] and the Secretary General was asked to produce a survey on the relationship between economic development and demography. This survey exposed "the serious concern expressed in reply to the inquiry by many governments of developing countries, about the slow rate of economic growth of their countries in relation to the high rate of their population growth."[11] The UN therefore created its own agencies to deal with the subject: notably the United Nations Population Fund (UNFPA) and the United Nations Development Programme (UNDP). With this in mind, in 1964 the Economic and Social Council asked the Secretary General to communicate the results of this survey to the WHO, so that it could take action.[12]

As the UN began to develop advisory services for governments,[13] the Second World Population Conference was held in Belgrade in 1965[14] to work on "fertility analysis as part of development planning policy."[15] It was at this time that WHO created the *Human Reproduction Unit*. As the UN reached a consensus on population control, WHO launched research and development into abortifacient and contraceptive products and methods, with the aim of making them inexpensive and culturally acceptable.[16] In 1968, Paul R. Ehrlich published his best-selling book: *The Population Bomb*.[17] The book's catastrophic thesis was that world population growth would lead to famine in the 70s and 80s, resulting in the death of hundreds of millions of people, or even the collapse of humanity in a thermonuclear war, unless drastic measures were taken to limit population growth. The great success of this idea only strengthened the resolve of the UN.

In 1970, several organizations[18] met in Geneva to discuss the creation of a worldwide research programme on human reproduction within the framework of the *Human Reproduction Unit*. After performing a feasibility study that was strongly supported by the Ford Foundation, a draft programme was drawn up in 1971. The programme was built around an action plan that sought the creation of at least four major *Research and Training Centres*. The plan also envisaged a model of cooperation with clinical centers in order to "facilitate the rapid clinical evaluation of

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[9] United Nations: G.A. Res. 1217 (XII), (Dec. 14, 1957), https://documents-dds-ny.un.org/doc/RESOLUTION/GEN/NR0/120/00/PDF/NR012000.pdf?OpenElement.

[10] G.A. Res. 1838 (XVII) (Dec. 8, 1962), https://digitallibrary.un.org/record/204294?ln=en (referring to G.A. Res. 1217 (XII) of 1957).

[11] Economic and Social Council Res. 1048 (XXXVII), *On Population Growth and Economic and Social Development, August 1964*, A/18/P&B/4, annex A (Apr. 27, 1965), https://apps.who.int/iris/handle/10665/136768?search-result=true&query=%22WHA18_PB-4%22&scope=%2F&rpp=10&sort_by=score&order=desc (referring to Res. 1838 (XVII) of 1962).

[12] *Id.*

[13] In accordance with Economic and Social Council Res. 222 (IX) (Aug. 1949) and G.A. Res. 418 (V) of (Dec. 1950).

[14] World Population Conf., *Proceedings of the Conference, Volume III: Projections measurement of Population Trends*, U.N. Doc. E/CONF.41/4, (1965), https://documents-dds-ny.un.org/doc/UNDOC/GEN/N67/191/41/PDF/N6719141.pdf?OpenElement.

[15] CONFERENCES | POPULATION, UN, https://www.un.org/en/conferences/population (last visited July 21, 2023).

[16] WHO, A/CONF.81/BP/WHO, *Science and technology for health promotion in developing countries / prepared by the World Health Organization for the United Nations Conference on Science and Technology in Development*, *Vienna, 20-31 August 1979*, (1979), https://apps.who.int/iris/handle/10665/58964?search-result=true&query=A%2FCONF.81%2FBP%2FWHO&scope=&rpp=10&sort_by=score&order=desc

[17] PAUL R. EHRLICH, THE POPULATION BOMB, (Ballantine Books, 1968), http://pinguet.free.fr/ehrlich68.pdf.

[18] According to the WHO Director-General, these included representatives of national medical research councils, bilateral aid agencies, private foundations and the International Bank for Reconstruction and Development. WHO, *The Work of WHO 1970, Annual Report of the Director-General to the World Health Assembly and to the United Nations*, 74-76 (1971) https://apps.who.int/iris/handle/10665/85828.

new fertility regulating agents."[19] The creation of *Task Forces* was another important component of the imagined Programme. Their role was to conduct research projects and increase collaboration in research and development in the field of fertility regulation. The goal was to offer a flexible mechanism by setting up groups which, through their targeted work, would aim "to accelerate the development and critical assessment of new agents affecting fertility."[20] Thus, as early as 1971, the new *Expanded Programme of Research, Development and Research Training in Human Reproduction* (HRP) was directed by an *Advisory Group* charged with advising WHO research policy, strategies, and priorities.

After 1970, the logic remained unchanged, and it was at the Third World Population Conference, held in Bucharest in 1974, that the *World Population Plan of Action* was adopted.[21] The UN's position is detailed as follows: "The principal aim of social, economic, and cultural development, of which population goals and policies are integral parts, is to improve levels of living and the quality of life of the people. Of all things in the world, people are the most precious. Man's knowledge and ability to master himself and his environment will continue to grow. Mankind's future can be made infinitely bright."[22] The UN thus took on an almost "messianic" role, presenting itself as the only organization that would enable humanity to enjoy a "bright" future. This is why "policies whose aim is to affect population trends must […] be[] integrated with those policies in order to facilitate the solution of certain problems facing both developing and developed countries and to promote a more balanced and rational development."[23] The plan also called for increased research into fertility regulation, including the impact of different methods on moral and cultural values; physical and mental health;[24] and education and training.[25] The HRP fits perfectly into this plan, as noted by the WHO Director-General.[26]

Following this, the Fifth Conference, held in Cairo in 1994, set a new Programme of Action for the next twenty years. "This new agenda for action has emphasized the indissoluble relationship between population and development and focuses on meeting the needs of individuals within the framework of universally recognized human rights standards rather than simply responding to demographic goals."[27] At this point a more consensual discourse began to emerge. "Abortion" and "contraception" thus became synonymous with "women's health" and "sexual and reproductive rights." Nevertheless, the fear of demographic explosion, as presupposed since the 1950s, has remained firm. As an illustration, an article published by the WHO on February 8, 2018, stated that "Family planning is key to slowing unsustainable population growth and the resulting negative impacts on the economy, environment, and national and regional

[19] WHO, HR/71.4 pt. 1, *Expanded Programme of Research, Development and Research Training in Human Reproduction: Report of a Feasibility Project*, 3 (May 1971), https://apps.who.int/iris/bitstream/handle/10665/361192/HR-71.4-Pt1-eng.pdf?sequence=1&isAllowed=y.
[20] *Id.*
[21] Rep. of the U.N. World Population Conf., Bucharest, U.N. Doc. E/CONF.60/19 (1974), https://undocs.org/Home/Mobile?FinalSymbol=E%2FCONF.60%2F19&Language=E&DeviceType=Desktop&LangRequested=False [hereinafter E/CONF.60/19].
[22] *Id.* at 7 § 14(a).
[23] *Id.* at 4 § 2.
[24] *Id.* at 21 § 78(i).
[25] *Id.* at 22-23 §§ 81-93.
[26] WHO, EB55/43, *World Population Year and Conference 1974*, *Report by the Director-General,* 3 (Dec. 5, 1974), https://apps.who.int/iris/handle/10665 /148831?search-result=true&query=EB55%2F43&scope=&rpp=10&sort_by=score&order=desc
[27] CONFERENCES | POPULATION, UN, https://www.un.org/en/conferences/population (last visited July 21, 2023).

development efforts."[28] This article was updated in 2020 and this reference has been removed. Today, the theme of population reduction is still relevant, even if the justification is now protecting the planet. An example of this is the *One Planet, One Child* campaign in Canada, which proclaimed on billboards in 2020 that "the most loving gift you can give your first child is to not have another."[29]

2. Imposing consensual standards under the guise of scientific neutrality

In 1967, Pope Paul VI published his encyclical *Populorum Progressio*,[30] in which he stated, "Finally, it is for parents to take a thorough look at the matter and decide upon the number of their children." It's a formulation that may seem clear, and the rest of the encyclical leaves no doubt as to the Pope's interpretation of this question. Moreover, the Pope explicitly warned against the temptation to curb population growth through radical measures, while recalling the just freedom of the couple and the inalienable right to marriage and procreation. However, it seems that this simple expression has not been interpreted by everyone in the same way, and that it has become the Trojan horse of an opposite ideology.

This expression was regularly used by the World Health Assembly, for example in resolution WHA18.49 of 1965, which noted "that problems of human reproduction involve the family unit as well as society as a whole, and that the size of the family should be the free choice of each individual family." Similarly, paragraph 6 of the 1974 World Population Plan of Action defends a couple's right to decide the number of children they wish to have. Immediately afterwards, however, it argues that this right cannot be realized without knowledge of birth control methods and the provision of contraceptive services. The absence of such knowledge and services would, in fact, lead couples to "have more children than they desire."[31] Generally speaking, the Plan calls for "reconciling individual reproductive behaviour and the needs and aspirations of society."[32] The "couple's right" therefore seems very relative here. The WHO Director-General, commenting on this Plan, nevertheless noted[33] the couple's right "to decide freely and responsibly the number and spacing of their children and to have the information, education, and means to do so."[34]

As early as 1971, with reference to resolution WHA21.43 of 1968, work was proposed on psychological factors relating to the health aspects of human reproduction.[35] This point was thus included among the research priorities defined by the WHO that year. The Programme was tasked with determining the acceptability of various approaches to fertility regulation under different cultural and socio-economic conditions. The main aim was to determine the conditions

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[28] Family Planning/Contraception, WHO, (Feb. 8, 2018), https://web.archive.org/web/20181004212811/http://www.who.int/en/news-room/fact-sheets/detail/family-planning-contraception (last viewed via internet archive July 21, 2023).
[29] Marija Stajić, *One Planet, One Child: A New Horrible Campaign Against Family, Children and Love*, INT'L FAM. NEWS (Sept. 28, 2020), https://ifamnews.com/en/one-planet-one-child-a-new-horrible-campaign-against-family-children-and-love.
[30] Paul VI, *Populorum Progressio*, ¶ 37 (Mar. 28, 1967), https://www.vatican.va/content/paul-vi/en/encyclicals/documents/hf_p-vi_enc_26031967_populorum.html
[31] E/CONF.60/19, *supra* note 21, at 4 § 6.
[32] *Id.* at 5 § 7.
[33] EB55/43, *supra* note 26, at 4.
[34] E/CONF.60/19, *supra* note 21, at 7 § 14(f).
[35] WHO, *The Work of WHO 1971, Annual Report of the Director-General to the World Health Assembly and to the United Nations, 1972 - Human reproduction*, § 8.51 at 135 (1972), https://apps.who.int/iris/handle/10665/85845.

under which contraception and abortion were accepted.[36] A task force was set up to carry out this study.[37] The overarching goal was to advance the practice of family planning by making available new fertility regulation methods adapted to different contexts and cultures.[38] Acceptability was thus seen as a crucial element in the success of family planning programmes, which require "continuous coverage of a substantial part of the population."[39]

The seemingly constant concern of researching the cultural and moral acceptability of contraceptive and abortifacient products and methods highlights another role played by the HRP: that of making contraception and abortion acceptable to states and populations that were initially reluctant to accept them. When the words of treaties are twisted, States find themselves forced, in the name of science, to accept societal evolutions to which they had not consented when they signed the said treaties. The Economic and Social Council, in its resolution 1991/93 on the 1994 Conference, may well have emphasized that each country has the sovereign right to formulate, adopt, and implement its own population policy, taking into account its particular situation and respecting the human rights and responsibilities of individuals, couples and families, but this did not mean that it had to subscribe, *in fine,* to a general objective of controlling human reproduction.

Similarly, the 1994 Cairo Conference placed population policies within a global effort to improve individual health, by emphasizing individual quality of life.[40] However, while this may appear to be a noble objective, it was in fact another Trojan horse for abortion, by making this act part of health improvement (against the sometimes-fatal after-effects of clandestine abortions). Thus, the Cairo Conference stated the importance of providing safe abortions, while recalling that states were free to regulate or prohibit abortion; that abortion could not be considered a means of contraception; and that states should seek to reduce the number of abortions. Several years later, however, the freedom of states on this subject was relativized, then denied, in the name of a new interpretation of human rights and the right to health. Thus, in its 2022 *Abortion Care Guideline*, the HRP writes that according to the WHO, "Treaty monitoring bodies have called for the decriminalization of abortion in all circumstances."[41] This assertion clearly demonstrates that the Programme uses its scientific authority to twist the arm of States when it comes to interpreting the treaties they have signed. The HRP is therefore not a neutral authority, but a Programme which, since its inception, has directed its recommendations towards a de-populationist objective.

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[36] *See generally* WHO, HR/71.4 Add. 1, *Expanded Programme of Research, Development and Research Training in Hunan Reproduction: Report of a Feasibility Project - Supplementary Information*, 4 (Aug. 1971), https://apps.who.int/iris/handle/10665/361193.

[37] WHO, HR/72.5a, *Expanded Programme of Research, Development and Research Training in Human Reproduction: Report on Programme Implementation during the First Year, October 1972*, 20 (1972), https://apps.who.int/iris/handle/10665/361194 [hereinafter HR/72.5a].

[38] WHO, HR/73.5a, *Expanded Programme of Research, Development and Research Training in Human Reproduction: Second Annual Report, November 1973*, 23 (1973), https://apps.who.int/iris/handle/10665/361196 [hereinafter HR/73.5a].

[39] WHO, EB61/23, *Development and Coordination of Biomedical and Health Services Research: Report by the Director-General*, (Dec. 1, 1977), *in* Special Programme of Research, Development and Research Training in Human Reproduction, Annex I at 11 § 4.1 (1977), https://apps.who.int/iris/handle/10665/153639?search-result=true&query=EB61%2F23&scope=&rpp=10&sort_by=score&order=desc [hereinafter EB61/23].

[40] WHO, A48/35, *Collaboration within the United Nations System: International Conference on Population and Development, 1994: Report by the Director-General,* 2 (Mar. 14, 1995), https://apps.who.int/iris/handle/10665/177518?search-result=true&query=A48%2F35&scope=&rpp=10&sort_by=score&order=desc.

[41] WHO, ABORTION CARE GUIDELINE, 7 (Mar. 8, 2022), https://www.who.int/publications/i/item/9789240039483.

II. High-level scientific production as a tool for imposing new standards

The history of the HRP and its structure is useful for understanding how the WHO has implemented its response to population issues. The Programme has produced a number of different organizations, and its place in the WHO organization chart has changed over the years. It is therefore important to retrace its structural history to understand how scientific research has been organized under its auspices. It also enables us to understand how this research has formed the basis for imposing new standards that instrumentalize science to achieve demographic objectives.

1. A structure to support scientific production

The origins of the Programme can be traced back to the *Human Reproduction Unit*, created in 1965 to collect available documentation on human reproduction and to support research and provide technical advice on government demographic policies. The HRP was created in the framework of this Unit in the 1970s, and it set up various *Task Forces* dedicated to research, alongside a network of research, documentation, and clinical centers. In 1988, after two years of discussions and a new provisional organization, the HRP became a programme co-sponsored by WHO, UNDP, UNFPA, and the World Bank, and adopted the structure it essentially retains today.

Under this new structure, the co-sponsoring institutions are represented by a *standing committee*, which guides the programme's action and advises the Policy and Coordination Committee (PCC). The Board is the decision-making body of the programme. It is made up of 34 members, including the eleven main contributing countries, fourteen representatives of the regional committees, two members elected by the PCC, the aforementioned co-sponsors and the IPPF, which is given a seat because of its work in the field of population control. Another important body is the Scientific and technical advisory group (STAG), representing the various research disciplines, which assesses the programme's research priorities, the relevance of the *Task Forces* and the programme's overall activities. The research project review panel (RP2) ensures that research projects comply with scientific, ethical, technical and financial practices. In 1996, the Gender advisory Panel (GAP) was added, reflecting the growing importance of gender issues in the programme's concerns. After 2007, GAP became known as the Gender and rights advisory panel.

In 1998, the *Human Reproduction Unit* was merged with the Reproductive Health Division to form Reproductive Health and Research (RHR) and avoid dispersion of resources and duplication of skills. At that time, the RHR included not only the HRP but also the Programme development in reproductive health (PDRH), which was responsible for translating the HRP's findings into operational policies and actions. Finally, during a global reform of the WHO organization in 2019, RHR was placed under the responsibility of the *UHC/Life Course Division* and became Sexual and reproductive health and research (SRH).

This complex and shifting structure of institutions and organizations involved in population control influenced research and program direction. Early on, work focused on female reproductive control, as it was considered easier to control because a single intervention at a given moment could interfere with the entire reproductive process at different times. All avenues were explored whether it was the development of chemical abortifacients (natural or

synthetic hormones); sterilizing products; anti-pregnancy or anti-ovulation and anti-sperm vaccines; emergency contraception or intra-uterine devices. The development of male contraceptives was not abandoned, but the few projects that did make it beyond the test phase were hampered by serious negative side-effects.[42] Additionally, several behavioral studies were conducted, with the goal of determining the most acceptable methods of advancing the practice of family planning by making available new methods of fertility regulation that are adapted to different contexts and cultures.[43] Generally speaking, the strategy was to carry out research into the reproductive mechanisms on which it is easiest to interfere. This work was also accompanied by sociological studies that were designed to assess the acceptability of the products and methods developed and to advance the thresholds of acceptability.

2. Task forces as the driver of HRP's research work

All of these HRP research projects were carried out by *Task Forces*.[44] When the programme was launched in 1972, over 250 scientists from 27 countries were involved. Results were expected within five to fifteen years for most fields, although some of the more innovative projects were granted a longer timeframe.[45] The network of clinical centers also had to conduct numerous trials, particularly in developing countries whose populations are the main target of fertility reduction policies. The variety of fields of study made the HRP one of WHO's largest research programmes. After 1989, the number of *Task Forces* was considerably reduced, and their focus shifted to improving existing methods and developing new ones.[46] This reduction is logical, given that the preceding "all-out" research not only eliminated the least relevant methods and areas of research, but also developed numerous contraception and abortion products and methods.

The development of the IUD

Since 1972, a *Task Force* has been researching methods of regulating implantation through the development of medicated *intrauterine devices* (IUDs).[47] Between 1972 and 2007, this work resulted in 63 clinical trials and studies, giving rise to 156 publications that currently make up the bulk of the worldwide body of scientific data on the safety and efficacy of IUDs. An important milestone in the Programme's work with IUDs came in 1994 with the release of registration data for the TCu380A device,[48] based on ten years' on use, by the US Food and Drug Administration. According to HRP, TCu380A acts primarily by preventing fertilization.

Another aim of this research was to develop universally acceptable, evidence-based guidelines for the provision of services.[49] This work led to the recognition of TCu380A as a highly

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[42] WHO, *HRP Highlights of 2014*, (2015), https://apps.who.int/iris/handle/10665/153841.
[43] HR/73.5a, *supra* note 38, at 23.
[44] *See generally* WHO, *The Work of WHO 1972, Annual Report of the Director-General to the World Health Assembly and to the United Nations,* 134-39 (1973), https://apps.who.int/iris/handle/10665/85854?search-result=true&query=The+work+of+WHO+1972%2C&scope=&rpp=10&sort_by=score&order=desc.
[45] HR/73.5a, *supra* note 38, at 3.
[46] WHO, *Research in Human Reproduction, Biennial Report 1988-1989,* 4 (1990), https://apps.who.int/iris/handle/10665/38601 [hereinafter *Biennial Report 1988-1989*].
[47] HR/73.5a, *supra* note 38, at 12.
[48] In 2001, studies also showed the efficacy and safety of the TCu-380A copper coil. WHO, *Research on reproductive health at WHO, Biennial Report: 2000-2001*, 14-15 (2002), https://apps.who.int/iris/bitstream/handle/10665/42505/9241562080_eng.pdf?sequence=1&isAllowed=y
[49] Examples of the guidelines that resulted from this effort include "*Medical eligibility criteria for contraceptive use (MEC)* – third edition[;] *Selected practice recommendations for contraceptive use*[;] *Decision-making tool for family planning clients and providers*[;] and "*Family planning: a global handbook for providers.*" WHO, *External Evaluation 2003-2007: Executive Summary*, 4 (2008), https://apps.who.int/iris/handle/10665/69889.

effective long-term contraceptive method. The evaluation estimates that the HRP was one of the main factors behind the increase in the number of IUD users from 70 to 160 million between 1972 and 2007.[50]

The development of chemical contraceptives and sterilization

Other *Task Force*s worked on developing injectable chemical contraceptives, to be used at intervals of three months or more, or implantable ones, for continuous efficacy. In 1990, this led to the release of the monthly injections *Cyclofem* and *Mesigyna*, as well as an implantable levonorgestrel-releasing ring.[51] In collaboration with the pharmaceutical industry, these products were brought to market in 1994, and a technology transfer via the *Concept Foundation* enabled production in Indonesia, Mexico and Thailand, and wide distribution in Latin America.[52] Between 1998 and 2014, *Norplant*, *Jadelle* and *Implanon* subcutaneous implants were tested (the tests were based on safety, efficacy and acceptability criteria) and approved.[53] Further research was carried out in partnership with the *Rockefeller Foundation* to develop a less expensive contraceptive agent; the results were presented in 2003, notably to potential partners in the pharmaceutical industry.[54] Finally, another project aimed to develop a non-surgical chemical method of occluding the fallopian tubes using quinacrine, so as to facilitate sterilization. However, this approach seems to have come to nothing to date, perhaps partly because of its bad reputation. In 1998, the Indian Supreme Court called the government to "order for turning a blind eye to the tens of thousands of quinacrine sterilizations carried out in the country over the past decade,"[55] in particular because of side effects such as cancer or an increased risk of ectopic pregnancy.

In 1972, research also focused on the development of a pill that could be taken after sexual intercourse, in particular for "emergency use": the "morning-after pill." The aim at the time was to find a method that was better tolerated and had fewer side effects than the high-dose estrogen method previously used.[56] By 2012, the HRP believed it had played a "pioneering role" in the development of emergency contraception, leading to its use in 140 countries. In particular, the Programme had conducted an extensive trial demonstrating the safety and efficacy of levonorgestrel for this purpose. Noting that one of the obstacles to its use is the fear of its abortifacient effect, the HRP had also carried out a review of the scientific literature showing that levonorgestrel disrupts ovulation and prevents fertilization.[57] In 2013, a report also claimed that levonorgestrel could prevent pregnancy if taken within 120 hours of sexual intercourse. It stated that this molecule was safe for over-the-counter use. Thus, the "HRP has promoted its distribution through social marketing."[58]

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[50] WHO, *External Evaluation 2003-2007: Long-term Safety and Effectiveness of Copper-releasing Intrauterine Devices: Case Study*, 1-2 (2008), https://apps.who.int/iris/handle/10665/69908.

[51] *Biennial Report 1988-1989, supra* note 46, at 4.

[52] WHO, *Challenges in Reproductive Health Research, Biennial Report: 1992-1993*, 18 (1994), https://apps.who.int/iris/handle/10665/39653.

[53] WHO, HRP Highlights of 2014, (2015), https://apps.who.int/iris/handle/10665/153841.

[54] WHO, *Research on Reproductive Health at WHO: Pushing the Frontiers of Knowledge: Biennial Report 2002-2003*, 17 (2004), https://apps.who.int/iris/handle/10665/42997

[55] *Stérilisations indiennes* [Indian Sterilizations], La Recherche, (June 1998) https://www.larecherche.fr/stérilisations-indiennes.

[56] HR/72.5a, *supra* note 37, at 10.

[57] WHO, *HRP at 40: What They Say: a History of Scientific Achievement to Advance Sexual and Reproductive Health*, 11 (2012), https://apps.who.int/iris/handle/10665/70911.

[58] WHO, *External Evaluation 2008-2012: Advancing Sexual and Reproductive Health: Executive Summary*, (2013), https://apps.who.int/iris/handle/10665/85332.

The development of contraceptive vaccines

The HRP also developed immunological methods of preventing pregnancy, specifically in the form of contraceptive vaccines designed to prevent fertilization or implantation. The reproductive system and placenta contain specific proteins, so it would theoretically be possible to block their action using immunological techniques.[59] A special *Task Force* was set up to evaluate five vaccines, with WHO predicting that not all avenues would be explored, and that it would take eight to fifteen years to obtain at least one usable vaccine.[60] Several vaccines reached the trial stage, mainly in Australia, Sweden, and the USA. The HRP received support in this field from the Expanded Programme on Immunization, thanks to grants from the *Rockefeller Foundation*, the UNDP, and the Netherlands.[61] However, only a prototype vaccine against human chorionic gonadotropin (hCG) reached a Phase II clinical trial (the efficacy trial following Phase I, the safety trial) in 1993, but this was halted following an undesirable side effect. Other trials for HCG vaccines took place, notably between 2000 and 2001[62] and 2012 and 2013,[63] but none made it beyond Phase II. Despite the lack of convincing results, studies on immunocontraception continue to this day.[64] This persistence is motivated by the allure of a method that would offer contraception that's not too restrictive (one or two injections a year) and easily reversible (simply ignore the booster doses).

The development of medical abortion

The HRP also researched the development of medical abortion. The rationale was that this would reduce the number of unsafe abortions compared with non-medicated methods, which were more likely to be carried out under unhygienic conditions and with a higher risk of sequelae. The aim was to determine the precise dosage for each type of molecule used, so as to achieve the highest abortive efficacy at the lowest cost. In 1977, prostaglandins were referred to as "a non-surgical and safer method of second-trimester termination of pregnancy."[65]

The development of medical abortion was also aimed at making the method more readily acceptable, while studies on the short- and long-term after-effects of induced abortion continued "as a step in improving the provision of services."[66] The possible links between hormonal contraceptives and the appearance of abnormalities in "the products of subsequent pregnancies" were also raised.[67] In the years that followed, further research and studies were carried out to perfect the method, notably by seeking alternative molecules or combining them with a

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[59] HR/72.5a, *supra* note 37, at 12.

[60] HR/73.5a, *supra* note 38, at 17-19.

[61] WHO, A42/10, *Expanded Programme on Immunization, Progress and Evaluation Report*, *in* 42d World Health Assembly, Geneva, 8-13 May 1989, Part I: Resolutions and Decisions, annex 6 at 135 (1989), https://apps.who.int/iris/handle/10665/171211?locale-attribute=fr&.

[62] . WHO, *Research on reproductive health at WHO, Biennial Report: 2000-2001*, 23 (2002), https://apps.who.int/iris/bitstream/handle/10665/42505/9241562080_eng.pdf?sequence=1&isAllowed=y.

[63] WHO, *WHO Sexual and Reproductive Health Medium-term Strategic Plan for 2010-2015 and Programme Budget for 2012-2013*, 67 (2011), https://apps.who.int/iris/handle/10665/78068.

[64] *See generally* Kiranjeet Kaur & Vijay Prabha, *Immunocontraceptives: New Approaches to Fertility Control*, 2014 BIOMED RSCH. INT'L (July 10, 2014), https://www.researchgate.net/figure/Immunocontraception-using-an-immune-response-to-zona-pellucida-ZP-The-immune-response_fig2_264676466?fbclid=IwAR1zYkZUY508JQJ6bWchkanLGV0Ai6mcwsJ-NRAr-c1IrYgIQxduxAzYEGM; *and* Search results for "Immunocontraception," PUBMED, https://pubmed.ncbi.nlm.nih.gov/?term=immunocontraception (last visited July 3, 2023).

[65] EB61/23, *supra* note 39, at 7-15.

[66] HR/72.5a, *supra* note 37, at 22.

[67] *See generally* WHO, *The Work of WHO 1972, Annual Report of the Director-General to the World Health Assembly and to the United Nations,* 137 § 9.93 (1973), https://apps.who.int/iris/handle/10665/85854?search-result=true&query=The+work+of+WHO+1972%2C&scope=&rpp=10&sort_by=score&order=desc.

prostaglandin.[68] From 2001 onwards, the Programme tested the efficacy of mifepristone and misoprostol to induce abortion up to nine weeks.

In 2007, the Programme promoted the use of Medabon® (a low-cost combination of mifepristone and misoprostol) in the hope of achieving greater global distribution, emphasizing to governments the benefits of avoiding unsafe abortions. Subsequent research research aimed to promote the use of this method through the analysis and publication of statistical data on abortion. In 2008, a report was published on the impact of HRP on research into medical abortion.[69] The Programme considered it a safe and effective alternative to surgical abortion that could play a role in reducing the number of unsafe abortions.

III. HRP, a tool of influence for certain foundations and governments

Since its creation, the HRP has been financed mainly by voluntary contributions from a small number of States and private foundations. This mode of financing has opened the door to the WHO being instrumentalized by these funders. By way of illustration, even if it is not possible today to prove a strict correlation, it appears that the "Abortion care guideline" published in 2022, was written after a $100 million grant was promised by Warren Buffett's foundation.

1. A programme financed by a limited number of actors

Between 1970 and 1972, the Programme began its activities with financial support from the *Swedish International Development Authority* (SIDA), the *International Development Research Centre* (IDRC - Canada), the *Ford Foundation* and the *Norwegian Agency for International Development* (NORAD), to the tune of nearly $4.45 million. In 1973, the expansion of the Expanded Programme was accompanied by the creation of new posts and additional costs for WHO. To ensure funding, several agencies offered grants, as in the case of IDRC ($1,000,000), NORAD ($666,000) and SIDA ($4,000,000). A Danish government agency also supported the programme ($364,000), as did the *Ford Foundation* ($200,000). This amounted to $6,230,000 that year.[70] In 1977, the Director-General noted that the Programme represented WHO's most important research activity, while being almost exclusively financed by voluntary contributions.[71] That same year, the Programme was mainly financed by contributions to the WHO Voluntary Fund for Health Promotion from Canada, Denmark, Finland, India, Mexico, Norway, and the United Kingdom.[72] Between 1970 and 1977, voluntary contributions to the HRP came mainly from Scandinavian countries, Canada and the UK. To these were added contributions from private organizations, notably the *Ford* and *Rockefeller* Foundations.

When the Programme reorganized under its co-sponsorship model in 1988, resources donated by member organizations ensured stable funding. Voluntary contributions continued, however. Between 1988 and 1989, the Programme was still financed by voluntary contributions from

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[68] *Biennial Report 1988-1989, supra* note 46, at 4.
[69] World Health Organization [WHO], *External Evaluation 2003-2007: Impact of HRP Research in Medical (Non-surgical) Induced Abortion: a Case Study*, (2008), https://apps.who.int/iris/handle/10665/69907.
[70] HR/73.5a, *supra* note 38, at 42.
[71] WHO, A30/9, *Development and Coordination of Biomedical and Health Services Research: Report by the Director-General*, 20 (May 1977), https://apps.who.int/iris/handle/10665/149098?search-result=true&query=A30%2F9&scope=&rpp=10&sort_by=score&order=desc.
[72] EB61/23, *supra* note 39, at 14 §6.1.

member states and other organizations to the tune of $43.4 million. Between 1970 and 1999, the Programme had received contributions from states, co-sponsors, and private foundations totaling almost $447 million.[73] The twenty biggest contributors to the HRP were, in order of importance: Sweden, the UK, UNFPA, Norway, Denmark, the World Bank, the USA, Germany, WHO, Canada, the Netherlands, Australia, the *Rockefeller Foundation*, Finland, Switzerland, the *Bill and Melinda Gates Foundation*, UNDP, and the *Ford Foundation*. A total of 50 contributors had made donations ranging from $96 million to $1,000.

In 2000, the programme's financial report showed that the *Bill & Melinda Gates Foundation* ($2,000,000), the *William and Flora Hewlett Foundation* ($150,000) and the *MacArthur Foundation* ($15,000) began contributing to the programme between 1998 and 1999.[74] Notably, twelve grants were awarded to specific projects. Examples of these specific grants include a payment of $47,500 from the *Rockefeller Foundation* to jointly fund mission-oriented research in the field of male fertility; $18,000 from the *Ford Foundation* to support Indonesian participants at the International Conference on Reproductive Health in Mumbai; and $15,000 from the *MacArthur Foundation* to support speakers from developing countries at that same conference.[75] The possibility for the Programme to accept designated contributions (earmarked for a specific project) was conditionally accepted by the PCC at its June 1997 meeting.[76]

2. HRP funding: an open door to WHO instrumentalization

This involvement of certain countries and private actors demonstrates the WHO's instrumental role in spreading contraception and abortion throughout the world in the name of human rights. At the beginning of the 2000s, the Programme started to run into financial difficulties, but the involvement of new private actors and increased contributions from several donor countries have kept it afloat. Contributing to the programme also gives it political weight. Indeed, eleven of the members of the PCC (the HRP's governing body) are representatives of the governments of the states that are the main contributors. The positioning of the eleven countries that contribute most to the HRP, and the prominence given to the I*nternational Planned Parenthood Federation* (IPPF),[77] testify to the orientation of the programme. This orientation is that of a social neo-Malthusianism promoted by the countries of the Global North, which encourages greater regulation of the poorest populations in the countries of the Global South. Additionally, the economic fragility of the Programme has left it dependent on external donors. At the same time, funding from co-sponsors is steadily declining, with the exception of regular contributions from the WHO.

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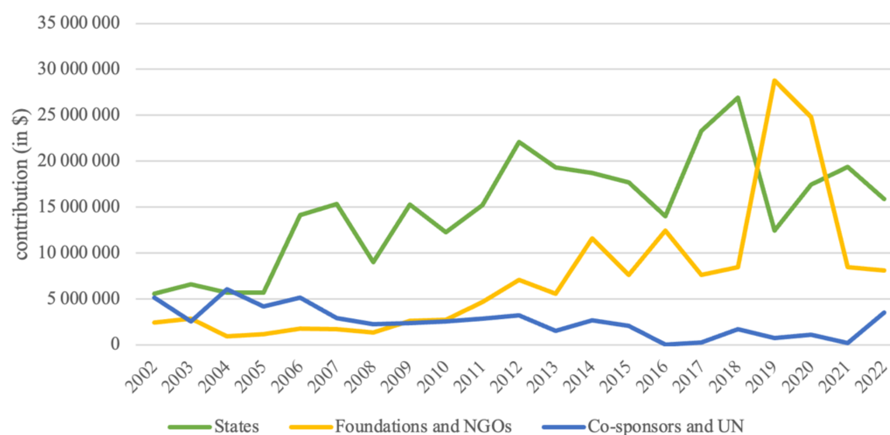
[73] WHO, *Reproductive Health Research in WHO: a New Beginning HRP Financial Report 1998-1999,* 11 (2000), https://apps.who.int/iris/handle/10665/66327.
[74] *Id.* at 7.
[75] *Id.* at 12-13.
[76] *Id.* at 3.
[77] Which also has a seat on the PCC for its global work on human reproduction.



Against this backdrop of HRP dependence on external funding, the *Susan Thompson Buffett Foundation* has pledged over $100 million in funding to HRP in 2019.[78] Others opt for more discreet but ongoing funding, such as the *Bill and Melinda Gates Foundation*, which has contributed between $3 and $4 million a year over the period 2019-2022[79] (bearing in mind that Warren Buffett also provides substantial funding for the *Gates Foundation*[80]). The particular involvement of Scandinavian and Anglo-Saxon countries, as well as the *Ford*, *Rockefeller*, *MacArthur*, *Packard*, *Hewlett*, *Buffet,* and *Gates* foundations, is not neutral. The leaders of these large foundations have on several occasions stated their desire to control demographics in order to stabilize or reduce the human population, for example within the "Good Club."[81]

Following this transition in source of funding, the HRP gradually abandoned its more scientific activities in favor of more political ones. The HRP's existence can thus be divided into three phases. The first phase, lasting from the Programme's inception to the end of the 1980s, was fundamentally research-oriented, primarily in the biomedical field, and focused on developing all kinds of contraceptive and abortifacient methods. The second phase, lasting from the late 1980s until the end of the 2000s, saw biomedical research slow down and sociological research become more important as focus shifted to the acceptance of the products through the use of human rights language. The third phase, lasting from 2010 to the present day, has seen an increase in topics related to sexual freedom, such as free access to contraception and abortion for teenagers without parental consent, coinciding with the growth of private funding.

All this emphasizes the relative opacity of the HRP. It is difficult to obtain clear information on its structure and history: the original report is based on documents that are certainly available to the public, but whose complexity make finding information laborious. On top of this, the HRP is part of a structure that regularly changes name and form. This makes it easy to rely on the succinct information available on the WHO website, trusting the authority of the latter,

[78] WHO, A73/INF./3, *Voluntary Contributions by Fund and by Contributor*, *2019*, at 10, 18 (June 29, 2020), https://www.who.int/publications/i/item/10665339657.

[79] *See Id.* at 6, 16; WHO, A75/INF./5, *Voluntary Contributions by Fund and by Contributor, 2021*, at 6, 17 (Apr. 25, 2022), https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_INF5-en.pdf; WHO, A76/INF./2, *Voluntary Contributions by Fund and by Contributor, 2022*, at 7, 20 (Apr. 24, 2023), https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_INF2-en.pdf.

[80] Mark Suzman, *Thank you Warren, for your generosity*, BILL & MELINDA GATES FOUND., (last updated June 14, 2021), https://www.gatesfoundation.org/ideas/articles/warren-buffett-philanthropy.

[81] John Harlow, *Billionaire club in bid to curb overpopulation*, TIMES (May 24, 2009 1:00 am BST), https://www.thetimes.co.uk/article/billionaire-club-in-bid-to-curb-overpopulation-d2fl22qhl02.

without knowing the real influence and scope of this Programme. This element of opacity adds to the influence that funders can have on the demographic policies of states through this Programme.

Conclusion

The UN has been committed to a strategy of population control since the 1950s. This stemmed from the fear that population growth would be detrimental to the economic development of mankind. The WHO, from a health perspective, was fully committed to this population control mission, believing that a smaller population would lead to greater prosperity and better health. The HRP spearheaded this strategy by enabling the development of most modern contraception and abortion methods and products, while simultaneously ensuring their dissemination and acceptance. Despite initial reluctance from many states and populations, contraception has now become completely commonplace, and abortion and sterilization have become "altruistic" acts ensuring the future of mankind. More recently, as biomedical research within the HRP was running out of steam, a form of privatization occurred, whereby neo-liberal foundations took over the influence initially exerted by a small number of states and directed the Programme towards the promotion of their ideology through sociological work. However, the HRP has not lost its importance, and continues to make recommendations to States, which listen to them in the light of the WHO's scientific authority.

The aim of population control was to prevent the explosion of the so-called "P-Bomb", leading to world famine. Now that this has been prevented, we might think that the objectives of demographic control have been achieved. If we are to believe the forecasts made by the UN in 1974, humanity is now entering a "bright" future. Even the less attentive observer will see that this was never the case. The author of the *Population Bomb* predicted world famine in the 1970s-1980s, wherein hundreds of millions of people would die every year until the human race would collapse. Today, humanity is far more populous than it would have been at that time, even without population control. The question is whether demographics were and are the real problem, when, for example, the Food and Agriculture Organization of the United Nations (FAO) estimated in 2021 that 17% of total food production is wasted.[82] Similarly, the aging of the world's population, due in part to a falling birth rate, is threatening the global economy,[83] contradicting the stated aims of population control. Is the UN's aim really the prosperity of mankind, or rather the emergence of a new human nature? Whatever the case, it is essential to raise awareness of the HRP and its work, so as to remove its disguise of neutrality and reduce its influence along with that of its funders.

[82] *Food loss and waste: a scourge to be tackled urgently if the world is to meet its 2030 targets*, FAO (Sept. 29, 2021), https://www.fao.org/news/story/en/item/1441673/icode/.

[83] Int'l Lab. Org. [ILO], ILC.110/Proceedings No. 6B(Rev.1), *Fifth item on the agenda: A recurrent discussion on the strategic objective of employment under the follow-up to the ILO Declaration on Social Justice for a Fair Globalization, 2008,* at 6 § 18 (July 25, 2022), https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_848817.pdf.