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April 21, 2020

Family Watch Special Report: The World Health Organization Exposed: Abortion, Sexual Rights and CSE

While the world focuses on the controversies surrounding the World Health Organization (WHO) and their handling of the coronavirus pandemic, what is little known is the WHO's covert abortion and sexual rights agenda that has further escalated under WHO Director-General Tedros Adhanom Ghebreyesus.

Many of the facts we reveal below are little known, even by some of the governments that fund WHO. It is our hope that as this information becomes more widely known, governments will follow the U.S. example in suspending funding to WHO and further investigate the widespread misuse of funds and resources that are currently used to advance unhealthy abortion and sexual agendas.

Worldwide Webinar

“The World Health Organization Exposed: Sexual Rights vs. Sexual Health”

Date: Tuesday, April 28th

Time: 9:00 AM MST

For more information go to www.familywatch.org/webinars

8 Ways the World Health Organization Advances Harmful Agendas

1. WHO leadership has a history of promoting abortion.

The leaders of WHO are committed to legalizing abortion. For example, the current Director-General, Tedros Adhanom Ghebreyesus, led a successful effort to legalize abortion across

General, Tedros Adhanom Ghebreyesus, led a successful effort to legalize abortion across Ethiopia when he was that country's health minister from 2005 to 2012. It was [reported](#) that "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." (It should be noted that Ipas is the manufacturer of "EasyGrip," the handheld abortion suction device.)

According to the radical abortion group Women Deliver, Director Adhanom Tedros has been a "champion of gender equality" with a record of "dramatically increasing contraceptive prevalence and legalising abortion" during his tenure as Ethiopia's health minister.

2. WHO Director-General Tedros also has pushed controversial sexual rights at the expense of sexual health.

While serving as minister of foreign affairs in Ethiopia in 2012, Tedros became the highest level African government official used by European governments including Denmark, Finland, Germany and the Netherlands to advance their highly controversial [sexual and reproductive health and rights \(SRHR\) agenda](#). Tedros was touted as a member of a self-dubbed "high level" ICPD beyond 2014 task force that had the goal to amend or enact "laws and policies that respect and protect sexual and reproductive rights [SRR]" in part by:

- "revising laws and policies to make safe **abortion** accessible and legal"
- "**prohibiting** practices that violate the reproductive rights of women and adolescent girls" including "**parental consent requirements**"
- "**revoking laws and banning practices** that criminalize consensual adult sexual behaviors and relationships, including outside of marriage, **same-sex relations ... voluntary sex work**"

Tedros' devotion to the radical SRHR abortion agenda is likely what assured his ascendancy to the position of Director-General of the World Health Organization with the support of EU nations, even though he is not a medical doctor. It is doubtful the majority of the African governments that supported Tedros' candidacy were aware of his devotion to issues that run strongly against the culture and the laws of most African nations. Read more on this [here](#).

3. Under Tedros, the WHO continues aggressively pushing abortion worldwide.

The WHO advocates for abortion under the deceptive banners of "safe" abortion and as a part of "sexual and reproductive health services." WHO's [2018 fact sheet](#) on "unsafe abortion" states:

- "Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception, **provision of safe, legal induced abortion, and timely care for complications.**"
- "**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.**"
- "Unsafe abortion can be prevented through ... **comprehensive sexuality education**" and "**provision of safe, legal 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 ... **third-party authorization**” (understood to include parental consent requirements).

WHO also maintains [abortion law data](#) to help its staff monitor abortion laws worldwide. WHO publications promoting abortion include:

- [Safe abortion: technical and policy guidance for health systems](#)
- [Clinical practice handbook for safe abortion](#)
- [Health worker roles in providing safe abortion care and post-abortion contraception](#)

Moreover, WHO director Tedros was featured at the most radical annual abortion rights conference, [Women Deliver](#), where he called for “sexual and reproductive health services, going beyond maternal health” including “abortion services where legal.” In fact, shortly after he was elected to his WHO position Tedros was sent a [welcome letter](#) signed by 122 pro-abortion NGOs including International Planned Parenthood Federation (IPPF), Marie Stopes International, Ipas and ‘Catholics’ for Choice.

In addition to promoting abortion worldwide generally, the World Health Organization is using the coronavirus crisis to advance abortion in the following ways:

- In the new COVID-19 field manual [WHO actually states](#), “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.”
- In a [webinar broadcast](#) to over 5,000 people entitled “COVID-19: What Implications for Sexual and Reproductive Rights Globally?” WHO medical officer, [Dr. Antonella Lavalanet](#), [actually advocated](#) for women to be able to manage “their own safe abortions” using chemicals during the first 12 weeks.

4. WHO supports radical comprehensive sexuality education (CSE) for children that promotes abortion, masturbation, homosexuality, transgenderism and more.

In 2018, WHO co-published with other UN agencies and the help of International Planned Parenthood Federation (IPPF) the radical [“International Technical Guidance on Sexuality Education.”](#) This guide purports to set the sexual health education standards for all of the world’s children. Please note that WHO [defines “sexuality”](#) to encompass “sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction,” and thus, WHO supports such controversial topics being taught to children.

Consider the following WHO-supported learning objectives for children from the International Technical Guidance on Sexuality Education:

- **“Sexuality” encompasses “gender identity; sexual orientation; sexual intimacy; pleasure.”** (Pg. 17, 2.1—What is comprehensive sexuality education (CSE)?)

- “[D]emonstrate respect for **diverse practices related to sexuality.**” (Pg. 48, Learning objectives 9-12 years)
- “[R]ecognize 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.**” (Pg. 71, Learning objectives 12-15 years)
- “[N]on-penetrative sexual behaviours are without risk of unintended pregnancy, offer reduced risk of STIs, including HIV, and can be **pleasurable.**” (Pg. 72, Learning objectives 12-15 years)
- “[S]upport the right for everyone ... to **express their sexual feelings.**” (Pg. 78)
- “**explain how someone’s gender identity may not match their biological sex.**” (Pg. 50)
- “**analyze social norms that contribute to homophobia and transphobia and their consequences**” (Pg. 50)
- “**all people should be able to love who they want**” (Pg. 50)
- “[H]omophobic and transphobic violence is a form of school related gender-based violence.” (Pg. 23, Children’s, young people’s SHRH)
- “discrimination and harm on the **basis of their sexual orientation, gender identity or expression**” (Pg. 25)
- “[H]omophobia and transphobia ... lay the groundwork for more vindictive and violent forms of bullying.” (Pg. 25)
- “**recall examples of gender bias against men, women and people of diverse sexual orientation and gender identity**” (Pg. 50)
- “**diversity in the way young people manage their sexual expression**” (Pg. 18, Other key considerations in the evolving field of CSE)
- “[M]any boys and girls begin to masturbate during puberty or sometimes earlier...” (Pg. 71, Learning objectives 9-12 years)
- “[M]asturbation does not cause physical or emotional harm but should be done in private” (Pg. 71, Learning objectives 9-12 years)
- “**describe male and female responses to sexual stimulation**” (Pg. 71, Learning objectives 9-12 years)
- “**summarize key elements of sexual pleasure**” (Pg. 72)
- “**Because of the legal restrictions on access to safe abortion** that exist in many parts of the world, **adolescents often resort to unsafe procedures** administered by unskilled providers.” (Pg. 23)
- “[A]dolescent girls ... are **generally less knowledgeable about their rights concerning abortion** and post abortion care.” (Pg. 23)
- “**respect, acceptance, tolerance and empathy, regardless of ... sexual orientation, gender identity or expression**” (Pg. 17, 2.1—What is comprehensive sexuality education (CSE)?)
- “**identify cultural, religious or social beliefs and practices related to sexuality that have changed over time**” (Pg. 48, Learning objectives 9-12 years)
- “**question social and cultural norms that impact sexual behaviour in society**” (Pg. 48, Learning objectives 12-15 years)
- “**differentiate between values that they hold, and that their parents/guardians hold about sexuality**” (Pg. 46)
- “**acknowledge that some of their values may be different from their parents/guardians**” (Pg. 46)

The WHO’s CSE standards for European children, which are even worse, start by teaching toddlers about masturbation. They also refer 9-year-olds to IPPF to learn about their “sexual

rights,” which is further evidence of WHO’s deep partnership with IPPF.

5. WHO partners with the **discredited IPPF**.

IPPF, one of the largest abortion organizations in the world, is the World Health Organization’s only NGO partner in their Human Reproduction Program (HRP) with UNDP, UNFPA, UNICEF and the World Bank. Therefore, it shouldn’t be surprising that the HRP works to promote abortion worldwide under the guise of “preventing unsafe abortion” and monitoring “the global burden of unsafe abortion and its consequences.”

Possibly the most radical document that WHO has ever published is “[Sexual Health, Human Rights and the Law](#),” which aggressively promotes abortion, CSE, prostitution, and LGBT political agendas as health agendas including cross-sex hormone treatment and surgeries and the legalization of same-sex marriage as “rights” related to sexual health.

It is no wonder, therefore, that the IPPF Director-General [celebrated the election](#) of Tedros to the position of WHO Director-General and praised him for the work he did in furthering sexual and reproductive health care while he served as Ethiopia’s Health Minister, likely referring to his work in legalizing abortion.

Further, [according to National Right to Life](#), “While Minister of Health in Ethiopia, Tedros served as the ‘patron’ of an International Planned Parenthood Federation conference, which touted an entire agenda of sexual and reproductive rights starting with legalized abortion. The conference, held in Addis Ababa in 2010, was led by various pro-abortion groups including the Center for Reproductive Rights.”

It is quite apparent that IPPF is playing a major role in writing and producing WHO’s multiple controversial publications advancing abortion, CSE and sexual rights policies. This is a serious conflict of interest because IPPF benefits financially from abortions and other sexual services.

6. WHO is promoting the legalization and destigmatization of prostitution under the guise of preventing HIV.

Calling prostitution “sex work,” [WHO promotes the legalization of prostitution](#) claiming that “decriminalising sex work could lead to a 46% reduction in new HIV infections in sex workers over 10 years.” However, even if that were true, prostitutes still have one of the highest HIV prevalence rates (even where prostitution is legal) along with men who have sex with men and IV drug users. Further, contracting HIV is just one of the serious health risks associated with prostitution. Where prostitution is legal, women still face higher rates of abuse, violence and trafficking. A 2013 study of 150 countries from the London School of Economics found that wherever prostitution was legal, sex-trafficking tended to increase, not decrease.” See research posted [here](#).

7. As WHO’s Director-General, Tedros has been advancing initiatives to normalize, destigmatize and legalize transgender behaviors and identification.

For example, Tedros oversaw the declassification of gender dysphoria as a mental health condition. He renamed the condition “gender incongruence” while making sure that it still remained in the 11th edition of the International Statistical Classification of Disease so that transgender persons could still demand insurance coverage for “gender affirming” health care – a euphemism for

persons could claim insurance coverage for gender-affirming health care, a supplement for expensive cross-sex hormones and genital mutilating surgeries. Tedros also approved WHO's entry into the legal debate asserting also that "legal gender recognition, represented through documents reflecting a person's gender identity, is important for protection, dignity and health." See more [here](#).

Further, WHO continues "to work towards a more enabling environment, including the adoption of protective laws and policies, the decriminalization of consensual same-sex behaviour and legal recognition of transgender identities."

Tedros also has worked "toward the [decriminalization of cross-dressing, same-sex behaviour, sex work and drug use](#)." See also WHO's "[Values and Preferences of Transgender People](#)" study. [AWHO fact sheet](#) reveals that the organization has bought into unscientific transgender ideology, stating it is "important to recognize identities that do not fit into the binary male or female sex categories."

8. WHO promotes legal recognition of diverse sexual behaviors and expressions as important to health, when in fact they lead to more (not less) disease.

WHO [claims](#), "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." WHO also explains what they consider a negative aspect of heterosexuality: "Hetero-normative describes a world view that promotes heterosexuality as the normal or preferred sexual orientation."

Family Watch hopes you are sufficiently alarmed by what we have documented here regarding the sexual agendas WHO has been advancing and continues to advance under its current leader Tedros Adhanom Ghebreyesus.

Surely the entire WHO institution needs to be reformed, beginning with top WHO officials who have been complicit in advancing harmful sexual agendas under the guise of public health.

We invite you to join our worldwide webinar where we will further expose this agenda. This will be the first of a series of presentations that will expose the extent of the harmful abortion and sexual advocacy of various parts of the UN.

Please sign up [here](#) to receive more information on our webinar series:

Sincerely,



Sharon Slater
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Family Watch International
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the family, and family values by making a generous contribution.**

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