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Preparations for the special session of the General Assembly

International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development

Note by the Secretary-General

The Secretary-General has the honour to transmit the report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development, which was held at The Hague from 8 to 12 February 1999.

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Annex

Report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD)

Netherlands Congress Centre
The Hague, Netherlands
8-12 February 1999

I. BACKGROUND

1. The International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD) met in The Hague, the Netherlands, from 8 to 12 February 1999. The Forum is an integral part of the five-year review of the implementation of the ICPD Programme of Action that will culminate in a Special Session of the General Assembly, which will take place from 30 June to 2 July 1999.

2. That review has included: (a) three round table meetings organized by UNFPA on adolescent reproductive health (14-17 April 1998, New York); reproductive rights and implementation of reproductive health programmes, women's empowerment, male involvement and human rights (22-25 June 1998, Kampala, Uganda); and partnership with civil society to implement the Programme of Action (27-30 July 1998, Dhaka, Bangladesh); (b) four technical meetings organized by UNFPA on international migration and development (29 June-3 July, The Hague); population and ageing (6-9 October, Brussels); reproductive health services in crisis situations (3-5 November, Rennes, France); and population change and economic development (2-6 November, Bellagio, Italy); and a series of five-year regional reviews by the United Nations Regional Commissions.

3. The Hague Forum was organized by UNFPA to contribute to this review by focusing on key issues emerging from the appraisal process and by analysing achievements and challenges experienced in implementing the Programme of Action at the country level. Its aims were four-fold: (a) to examine lessons learned, success stories, and obstacles and constraints encountered, with a view to finding solutions to aid the further implementation of the Programme of Action; (b) to allow for exchanges among programme countries facing similar experiences; (c) to bring together a wide variety of partners to refocus their commitment on population and development; and (d) to provide technical inputs to the General Assembly Special Session.

4. A global inquiry conducted by UNFPA in mid-1998 provided inputs to the background document for the Forum. The inquiry elicited responses from 114 developing countries and countries with economies in transition; 18 developed countries also responded. The information collected reflects the progress that has been made at the country level in implementing the Programme of Action.

5. The General Assembly welcomed the operational review to be undertaken under the auspices of UNFPA, in cooperation with all relevant organizations of the United Nations system and other relevant organizations, and noted that the report and outcome of the international forum in 1999 will be submitted to the Commission on Population and Development at its thirty-second session and to the Executive Board of the UNDP and UNFPA (resolution 52/188 of 18 December 1997).

II. ATTENDANCE

6. Ministers and senior officials from the following 177 countries and territories participated in the Forum:

Albania, Algeria, Angola, Antigua and Barbuda, Argentina, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Belize, Benin, Bhutan, Bolivia, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Cape Verde, Central African Republic, Chad, Chile, China, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Côte d'Ivoire, Croatia, Cuba, Cyprus, Czech Republic, Democratic People's Republic of Korea, Democratic Republic of the Congo, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Guatemala, Guinea, Guyana, Haiti, Holy See, Honduras, Hungary, Iceland, India, Indonesia, Islamic Republic of Iran, Ireland, Israel, Italy, Jamaica, Japan, Jordan, Kazakstan, Kenya, Kiribati, Kuwait, Kyrgyz Republic, Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Liberia, Lithuania, Luxembourg, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mexico, Micronesia (Federated States of), Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nepal, Netherlands, Netherlands Antilles, New Zealand, Nicaragua, Niger, Nigeria, Niue, Norway, Oman, Pakistan, Palau, Palestine, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Senegal, Seychelles, Singapore, Slovakia, Slovenia, Solomon Islands, South Africa, Spain, Sri Lanka, Sudan, Suriname, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Tajikistan, Thailand, The Former Yugoslav Republic of Macedonia, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, United States of America, Uruguay, Uzbekistan, Vanuatu, Venezuela, Viet Nam, Yemen, Zambia and Zimbabwe.

7. In addition to the representatives of the United Nations Population Fund, the Forum was attended by representatives from the United Nations and its specialized agencies. Attending from the United Nations were: the Population Division, the Division for the Advancement of Women and the NGO section of the Department of Economic and Social Affairs (DESA), the Department of Public Information, the International Research and Training Institute for the Advancement of Women (INSTRAW), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Centre for Human Settlements (Habitat), the United Nations Development Programme (UNDP), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the United Nations Development Fund for Women (UNIFEM), the United Nations Environmental Programme (UNEP), the United Nations Non-Governmental

Liaison Service, the United Nations Staff College Project, and the World Food Programme (WFP).

8. Attending from the Regional Commissions of the United Nations were the Economic and Social Commission for Asia and the Pacific (ESCAP), the Economic and Social Commission for Western Asia (ESCWA), the Economic Commission for Africa (ECA), the Economic Commission for Europe (ECE) and the Economic Commission for Latin America and the Caribbean (ECLAC).

9. The United Nations specialized agencies attending the Forum were the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO), the United Nations Economic, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO). International financial institutions that participated were the International Monetary Fund and The World Bank.

10. The following intergovernmental organizations were represented: the African Development Bank, the Asian Development Bank, the Commonwealth Secretariat, the Council of Europe, the European Commission, the Inter-American Development Bank, the International Federation of Red Cross and Red Crescent Societies, the International Organization for Migration, the League of Arab States, the OPEC Fund for International Development, the Organization of African Unity, the Organisation of the Islamic Conference, Partners in Population and Development, and the Secretariat of the Pacific Community.

11. The following treaty bodies were represented at the Forum: Committee on the Elimination of Discrimination Against Women, the Committee on the Elimination of Racial Discrimination (CERD), the Committee on the Rights of the Child, and the Human Rights Committee.

12. Regional parliamentary groups represented at the Forum were the Asian Forum of Parliamentarians on Population and Development; the Working Group on Population, Sustainable Development and Reproductive Health of the European Parliament; the Forum of African and Arab Parliamentarians on Population and Development; the Inter-American Parliamentary Group on Population and Development; the International Medical Parliamentarians Organization; and Parliamentarians for Global Action.

13. Foundations who attended were the Ford Foundation, the Wallace Alexander Gerbode Foundation, the John D. and Catherine C. MacArthur Foundation, the Andrew W. Mellon Foundation, the Open Society Institute/Soros Foundation, the David and Lucille Packard Foundation, the Rockefeller Foundation, the Rotary International Fellowship on Population and Development, the Rutgers Foundations, the Summit Foundation, the United Nations Foundation, the United States Committee for UNFPA, the William and Flora Hewlett Foundation and the William H. Gates Foundation.

14. The International Planned Parenthood Federation (IPPF), the International Union for the Scientific Study of Population (IUSSP) and the World Population Foundation attended as non-governmental organizations (NGOs) as did numerous NGOs that had attended the associated NGO and Youth Forums prior to the convening of The Hague Forum. Their names are available from the organizers of those Forums - the World Population Foundation.

III. ELECTION OF FORUM OFFICE-BEARERS AND OTHER MATTERS

15. At the 2nd plenary meeting on 8 February 1999, Forum participants approved the rules of procedure, agenda and programme of work and elected the members of the Bureau. The members of the Bureau were as follows:

President: Ambassador Nicolaas Biegman (The Netherlands)

Chairman of the Main Committee: Ambassador Anwarul Karim Chowdhury (Bangladesh)

Rapporteur: Ms. Elsa Berquo, (Brazil)

Vice-Presidents – Ms. Rosa-Anna Weiss (Austria), Mr. Teodor Chernev (Bulgaria), Mr. Rudolph Collins (Guyana), Mr. Kiyotaka Akasaka (Japan), Ms. Datin Paduka hajah Zaleha binti Ismail (Malaysia), Mr. Rodolfo Tuiran (Mexico), Ms. Aicha Belarbi (Morocco), Mr. Jerzy Holzer (Poland), Mr. El-Hadj Ibrahima Sall (Senegal), Mr. Gerald Sendaula (Uganda), Prof. Zoreslava Shkiryav-Nyzhnyk (Ukraine), Ms. Margaret Pollack (United States).

IV. FUNCTIONING OF THE FORUM

16. The Forum met in plenary and main committee sessions. In Plenary, heads of delegations, many of them at the ministerial level, addressed their operational experiences in implementing the Programme of Action. Key points made in the Plenary provided useful inputs into the discussions on the findings and proposed actions in the Bureau.

17. The Plenary met in formal session 11 times. The opening session was addressed by W. J. Deetman, Mayor of The Hague; E. Borst-Eilers, the Netherlands' Deputy Prime Minister and Minister of Health; Louise Frechette, Deputy Secretary-General of the United Nations; Dr. Nana Konadu Agyeman Rawlings, First Lady of Ghana; Elizabeth Aguirre de Calderon Sol, First Lady of El Salvador; Dr. Nafis Sadik, Executive Director of UNFPA; the Honourable Baron Vaea, Prime Minister of Tonga; and Eveline Herfkens, the Netherlands' Minister for Development Cooperation. The following day, Hillary Rodham Clinton, First Lady of the United States, delivered the keynote address.

18. In subsequent sessions, 179 delegations took the floor: 134 Government representatives (43 from Africa, 38 from Asia and the Pacific, 22 from Latin America and the Caribbean, 17 from Western Europe and Other States, and 14 from Eastern Europe); 12 United Nations agencies and organizations; 23 non-governmental organizations (NGOs); 7 intergovernmental organizations; and 3 youth representatives.

19. The Main Committee met in formal session six times and considered five substantive themes: (a) Creating an enabling environment for further implementation of the ICPD Programme of Action; (b) Enhancing gender equality, equity and empowerment of women; (c) Promoting reproductive health, including family planning and sexual health, and reproductive rights; (d) Strengthening partnerships; and (e) Mobilizing and monitoring resources for further implementation of the ICPD Programme of Action. At the end of each session, the Chairman summarized the main points that had been brought up in the discussions. The Chairman's summaries were brought to the attention of the Bureau in its capacity as the drafting committee for the final document of the Forum for its consideration. The outcome of the Forum is contained in the findings and proposed actions that follow.

V. FINDINGS AND PROPOSED ACTIONS

Background

20. The Hague Forum was convened during 8-12 February 1999 to conduct an operational review of the implementation of the Programme of Action of the ICPD. The Hague Forum was immediately preceded by three other international gatherings on ICPD also held in The Hague: the Parliamentarians' Forum, the NGO Forum and the Youth Forum. These meetings have included many stakeholders - government officials, parliamentarians, non-governmental organisations, youth and private foundations - and have led to a sharing of the lessons learned during nearly five years of experience in implementing the ICPD Programme of Action. As the Programme of Action defined objectives and goals and a strategy for achieving these ends for the twenty-year period following its adoption in 1994, and since the Programme is being implemented in a dynamic environment, it is necessary to take stock periodically in order to adapt activities to evolving circumstances.

21. Considerable progress has been made in policy, programme redesign, increased partnership and collaboration directed toward implementation of the ICPD. Many countries had made policy, legislative and/or institutional changes in the areas of population and development and reproductive health and rights. In the countries with economies in transition there has been particular progress in the area of reproductive health and rights. In addition, in many settings, democratization and improved transparency in governance, expanded activity of voluntary associations, improvements in communications and legal and policy modifications have advanced the prospects for the participatory approach which is at the centre of successful implementation of the Programme of Action.

22. A review of progress over the last five years on the scope of collaborative efforts with civil society provides a basis for optimism. The devolution of public responsibilities, decentralization of public administrations and other institutional changes have also greatly accelerated and have created new opportunities and challenges for development activities. In addition, major strides have been taken in procedural areas, such as positive changes in the concept of participation and the processes for consultation; recognition of the enhanced role of civil society; increasing acceptance of innovative development approaches; and improved partnership among United Nations organizations and bodies.

23. Since 1994, however, the world has also faced a series of adverse occurrences and developments that have had major impacts on the implementation of the Programme of Action. These have included: the severe financial crises in many countries that began in Asia in mid-1997 and now affects many other areas including the Russian Federation and other countries with economies in transition and Latin America; a series of natural disasters, including prolonged drought in sub-Saharan Africa, devastating storms in Central America and the Caribbean and large-scale floods in Asia; continued economic stagnation and financial crises in many poor countries, including several with on-going structural adjustment programmes; a steep drop in the prices of oil and other commodities; and social instability and civil and sub-regional wars and conflicts in all regions. All of these have had major consequences for health and development, in particular women's health.

24. Global population has doubled since 1960 and 97 per cent of future projected growth will occur in developing countries where the exercise of reproductive rights is in many places far more precarious. As people have been given greater choice, rates of population growth have continued to decline. However, the world is still growing by 77 million people a year and population stabilization will not be reached for fifty years at the earliest. Later this year, on 12 October, the world population will reach 6 billion people.

25. At the approach of the new millennium there are over 1 billion young people between the ages of 15 and 24, the largest cohort at these ages ever. The sexual and reproductive health needs of these young people are not yet adequately addressed. Many do not have access to information and services to protect their health and make choices freely and responsibly. Young women are particularly vulnerable to unwanted pregnancy, sexual violence and susceptible to infection with sexually transmitted diseases (STDs), including HIV/AIDS. Young women, especially those under age 18, are at the highest risk of maternal mortality and morbidity. The choices the young make about the timing and spacing of their children will determine the pace of future population growth. The education and opportunities they are given from a young age will determine the quality of their lives.

26. The number and proportion of older persons throughout the world is increasing because of mortality and fertility reductions in the past four decades. Yet in many countries policies and programmes to provide the services they need or reinforce family and community support do not exist. Women make up the highest proportion of older people, particularly the very old, and many

carry the burden of a history of poverty, illiteracy, ill health, gender violence, and discriminatory treatment.

27. Mortality decline has been uneven. In some countries there have been reversals of gains in life expectancy. In countries with economies in transition in Eastern Europe, life expectancy has particularly declined in the context of increased social stress, poor nutrition and deteriorating health services. Countries most severely affected by the HIV/AIDS pandemic, such as in parts of sub-Saharan Africa, face significant decreases in life expectancy and severe losses among young adults in their peak productive years. Maternal mortality is also a critical area for attention and action. It takes the lives of almost 600,000 women each year.

28. As the demand for smaller families has increased and the access to safe and accessible contraception has improved, fertility level have declined. Over 150 million couples still have an unmet need for contraception. Other unmet needs for reproductive health, including family planning and sexual health, services remain extremely high, including the need for infertility services. In countries where significant increases in contraceptive access and acceptance have been effected, recourse to abortion has declined dramatically. However, recourse to unsafe abortion still remains a serious problem.

29. International migration and its impact on society have taken on greater importance and are drawing increased attention from the international community. The multi-faceted aspects of migration, which include issues related to the integration of documented migrants, trafficking of people, and refugee movements, have prompted Governments to undertake a series of actions to address the phenomenon. Among actions designed to address the situation of migrants are assistance to refugee women and children, promotion of the integration of migrants and specific sanctions to combat illegal migration. The remaining challenge is to understand the root causes of migration in order to fully address the linkages between migration and development.

30. The contexts for implementation of population and development programmes are varied. The Programme of Action recognises the need to take fully into account the economic, social, religious, cultural and environmental diversity of conditions in each country, as well as the shared but differentiated responsibilities of all people to forge a better common future. The discussions at the Forum reaffirmed both the common threads and the variety of national experiences and provided an opportunity for information exchange and the rediscovery and reaffirmation of shared perspectives.

31. The discussions and conclusions of the Hague Forum resoundingly reaffirmed the ICPD Programme of Action:

Human rights and reproductive health

32. In the past five years there has been a growing acceptance of a human rights-based perspective. This approach has served to enhance the quality and accessibility of reproductive

health services, based upon the human rights of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. The international human rights treaty bodies, national human rights offices and non-governmental organizations have increasingly taken note of reproductive health, including family planning and sexual health, in policy and programme documents, decisions and recommendations. Rights in the area of sexual and reproductive health have received increasing recognition, including the rights of migrants, refugees, displaced persons and people living with HIV/AIDS.

The reproductive health approach

33. Policy changes in many countries demonstrate a clear commitment to move from a preponderance of vertical family planning programmes to a comprehensive sexual and reproductive health approach with an emphasis on quality of care. As a start to reform, many countries have adjusted their policies, terminology and institutional structures. Other countries have gone even further, and have started implementing the paradigm shift by integrating and linking services. The challenge now is how to implement broad strategies of sexual and reproductive health which emphasise comprehensive services without losing the specialised skills that are provided in successful vertical programmes, and how to achieve this in the context of weak health service infrastructure and health sector reform.

Women's empowerment

34. The ICPD and the subsequent Fourth World Conference on Women have enhanced national attention and debate on the centrality of gender equity, equality and the empowerment of women in sustainable development. Governments have made important strides toward implementing international conventions such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Many countries have enacted gender action plans aimed at promoting and protecting the rights of women as fundamental human rights. Legislation on gender-based violence and the integration of gender in sustainable development policies have reinforced the primacy of gender issues. The heightened public awareness of women's rights issues is increasing pressure to convert policy statements and legislation into effective action.

Partnerships

35. Over the past five years there has been an increase in the number and variety of partnerships that are being established. There has been a clear movement toward partnerships in which NGOs, in particular women's groups, share responsibility with government institutions for implementing the ICPD Programme of Action. National coordination mechanisms have been set up that involve different sectors of civil society in shared responsibility for programme development, implementation and accountability. In this process, the importance of transparency and good governance is increasingly recognised. Where communities have been involved in policy development and implementation, dramatic progress has been made in furthering the ICPD

Programme of Action. Parliamentarian groups have been taking an increasingly active role. There has also been a growing recognition of the need to fully involve youth.

36. While touching on all parts of the ICPD Programme of Action, The Hague Forum focussed particularly on the operational review of the following major issues for its further implementation:

a. Creating an enabling environment;
b. Enhancing gender equality, equity and the empowerment of women;
c. Promoting reproductive health, including family planning and sexual health, and reproductive rights;
d. Strengthening partnerships; and
e. Mobilizing and monitoring resources.

VI. CREATING AN ENABLING ENVIRONMENT

Background

37. The ICPD Programme of Action underscored that good governance, transparency, accountability, and the promotion of democracy are essential to achieving sustainable development. It emphasized that the interrelationships between population, resources, environment and development must be recognized, managed and brought into balance. It called upon States to reduce and eliminate unsustainable patterns of production and consumption and to adopt population and development policies that would meet current needs without compromising the prospects of future generations. Country development strategies should take into account, at both the national and local levels, the linkages between population, resources and environment and the need to bring patterns of production and consumption into balance.

Progress made

38. The five-year review of experience in implementing the Programme of Action indicates that considerable progress has been made in transforming the words of the Programme of Action into concrete realities. Selected examples of progress are:

39. There is a strong political commitment in all regions to create the enabling environment for the achievement of the ICPD goals.

40. Several countries have articulated and are implementing broad-based population policies, grounded in a human rights framework, which encompass the linkages between population trends and socio-economic development.

41. More women are benefiting from legislation protecting their human rights and outlawing gender-based violence, including harmful traditional practices.

42. Civil society groups are increasingly recognized as effective entities for the further implementation of the Programme of Action.

Constraints and issues

43. The ICPD+5 review has brought to the fore a number of constraints and issues that need to be addressed:

a. *Global economic trends.* Recent economic crises in several regions have had an adverse effect on the pace of implementing the Programme of Action. Globalization, unrestricted flows of capital and structural adjustment programmes have led to real cuts in social sector spending and have had a negative impact on vulnerable groups.

Falling gross domestic products, rapid to improve people's quality of life, implement social protection programmes and promote a human rights agenda.

b. *Environment.* The need to respond to economic crises has deflected government attention from addressing environmental concerns. Unbalanced production and consumption patterns persist and contribute to environmental degradation. Unregulated movement of toxic materials compromises people's health, particularly women's reproductive health.

While some progress has been made, population issues have not been integrated sufficiently into environmental policy and planning. Insufficient attention is being paid to the relationship between population, environment and poverty, especially as they affect the most vulnerable groups. Analysis of these linkages has been limited by the use of traditional static and linear models that are unable to take into account the dynamics of these factors

c. *Countries emerging from conflicts and crises.* The impact of natural disasters, serious instability and armed conflict has affected the ability of Governments to implement the ICPD Programme of Action. A breakdown in governance, inadequate infrastructure, and competing financial priorities have reduced access to a range of basic social services, particularly quality health care and reproductive health services.

d. *Resources.* While a number of countries have increased their financial commitment to population, considerable efforts are still needed to mobilize the resources required to fund the integrated population and reproductive health package as set out in the ICPD Programme of Action.

e. *Migration.* Migrants, both internal and international, encounter numerous problems that have not been adequately addressed. They are generally faced with cultural and family disruption and often lack adequate access to basic social services and health care.

Involuntary migrants, displaced persons and refugees, particularly women, are especially vulnerable to exploitation and human rights abuses.

f. *Changes in population age structure.* The largest-ever cohort of young people has put enormous pressure on the education infrastructure and job-creation ability of countries world-wide. At the same time, the number of people surviving to older ages is increasing dramatically. Inadequate attention has been paid to their health, economic and social needs.

Proposed actions

44. Over the past five years, many countries have made impressive progress in putting in place policies and programmes designed to achieve the ICPD goals. Nevertheless, much remains to be done. Successes to date and lessons learned thus far provide a foundation on which to build. In order to respond to the constraints and issues identified above, action needs to be taken in the following areas:

Global economic trends

45. Some of the proposed actions to be taken on the issue of global economic trends are:

a. The international community and Governments need to promote a supportive economic environment to enable developing countries to achieve sustained economic growth in the context of sustainable development and to establish mechanisms for the management and regulation of capital flows.

b. Efforts should be made to support countries in their quest to eradicate poverty by promoting an open, equitable international trading system; by stimulating direct investment; by reducing the debt burden; and by ensuring that structural adjustment programmes are responsive to social and environmental concerns.

c. Gender equity, equality and the empowerment of women must be an integral part of policy initiatives for sustainable development.

d. Health sector reform and sector wide approaches must give priority to gender-sensitive reproductive health services that ensure universal access to quality care.

e. Planners and decision makers at national and local levels need to be trained to better understand population, environmental and macro-economic linkages.

Environment

46. Proposed actions to be taken on the issue of the environment are:

a. Governments need to initiate legislative and administrative measures designed to promote balanced patterns of consumption and production, foster sustainable resource use and prevent environmental degradation.

b. Demographic factors should be integrated into environmental impact assessments and other planning processes. There is a need for better frameworks to analyse population, environment and poverty linkages.

c. Additional research is needed on the impact of environmental degradation on health, especially. women's reproductive health.

Countries emerging from conflicts and crises

47. Actions proposed on the issue of countries emerging from conflict and crises include:

a. Special attention needs to be paid to strengthening the capacity to deal with population and development issues in countries in crisis situations and those beginning to recover from the effects of war, civil strive, climatic disasters and economic setbacks. Countries emerging from crises should receive special financial and technical assistance.

Financial resources

48. In order to achieve the ICPD goals, countries need to redouble their efforts to mobilize the resources needed to implement the costed package of an integrated population and reproductive health programme defined in the Programme of Action and to use existing resources effectively and efficiently. Better methodologies should be developed to track the flow of resources; cooperation between the World Bank, the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD), bilateral donors and UNFPA in this endeavour should be strengthened.

Migration

49. Actions proposed on the issue of migration include:

a. In view of the increasing migration at the global, regional and national levels, the root causes of migration and the conditions of migrants should be documented.

b. There is a critical need to promote dialogue between sending, transient and receiving countries in order to ensure that the human rights of migrants are protected and to guarantee their access to basic social services, including health services.

c. Concerted attention should be paid to ensuring the rights of migrants, particularly migrant women. To improve the situation of migrant workers, States should become a party to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

d. Attention should be paid to ensuring the fair treatment and rights of migrants, refugees and displaced persons, including providing for their reproductive health needs.

Population age structure

50. On the issue of population age structures, the following actions were proposed:

a. Governments need to invest in education and skills training for young people and provide programmes to meet their sexual and reproductive health needs taking into account the Convention on the Rights of the Child.

b. With respect to older persons, provisions should be made for their economic and social security and for their health care, particularly for ageing women.

c. Emphasis should be placed on fostering inter-generational solidarity through better communication and mutual support.

Partnerships

51. Actions proposed to be taken on the issue of partnerships include:

a. Efforts should be made to establish, maintain and nurture partnerships with a full range of civil society organizations, including NGOs, youth groups, and grassroots groups. Partnerships between public and private sector groups for the further implementation of the ICPD Programme of Action should be intensified.

b. Assistance should be provided to NGOs to enhance their managerial, technical and administrative capacities so that they can fully carry out their responsibilities in

monitoring the implementation of the commitments made at the ICPD and other global conferences.

Advocacy

52. On the issue of advocacy, the proposed actions included:

a. Use of mass media and information technology, including Internet technology, should be expanded to increase awareness and understanding of population and sustainable development linkages and to promote gender equality, women's empowerment, and the reproductive health approach.

b. National networks and advocacy coalitions need to be strengthened to target audiences at all levels.

c. Advocacy campaigns should be utilized to build and sustain political commitment for the implementation of the ICPD Programme of Action. They should convey messages about population and development in popular, easy-to-understand language.

Data and indicators

53. Proposed actions to be taken on the issues of data and indicators include:

a. Efforts should be made to strengthen national data systems to produce reliable statistics in a timely manner, including information on poverty status. Data should be disaggregated by gender.

b. Indicators, both quantitative and qualitative, should be identified to monitor progress in achieving the goals agreed to at the ICPD. These should focus on identifiable measures of women's access to and control of economic and social resources and poverty rates at household and aggregate levels (including in female- and male-headed households). Benchmarks and milestones are needed to track intermediate progress in achieving overall goals.

c. Support should be given to least developed countries and countries with economies in transition for censuses and surveys so as to build a solid database for multisectoral development planning and monitoring of progress.

VII. ENHANCING GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN

Findings and Conclusions

Background

54. Principle four of the ICPD Programme of Action establishes the essential linkage between the advancement of gender equality, equity and empowerment of women and the elimination of all forms of violence against women, and women's ability to control their own fertility as cornerstones of population and development programmes. In this respect, the Programme of Action provides strong linkages to many human rights instruments, such as CEDAW and the Vienna Conference on Human Rights, and also creates a practical basis for operational integration of the critical concerns stated in the Beijing Platform for Action. The continued validity, relevance and increasing importance of these premises reaffirm the fundamental role that the ICPD Programme of Action plays in transforming population and development programmes and particularly in changing the quality of women's lives. While much progress has been made, the five-year review of the implementation of the Programme of Action has identified several areas that need strengthening.

Progress made

55. The five-year review has found that progress has been made in the following areas:

a. The momentum created by the Cairo Conference has been used to establish or reinforce initiatives that promote the integration of a gender perspective into policies, programmes and activities.

b. Many countries have reviewed their legal systems and instituted reforms in accordance with international mandates to remove laws that discriminate against women and girls and enact those that protect them.

c. Initiatives have been taken to promote the participation of women at policy- and decision-making levels.

d. Institutions, both governmental and non-governmental, have taken measures for institution-building and strengthening, including capacity-building for staff, that are compatible with gender equality.

e. Much work has been undertaken to eradicate violence against women, including the enactment of laws, legal awareness creation, and advocacy.

f. Progress has been made in advocating for the protection of the girl child and the promotion of her well-being.

g. Efforts have been made to encourage men to take responsibility for their reproductive and sexual behaviour and health and to support women's health and promote gender equality and equity in general.

Constraints and issues

56. Some of the constraints and issues are:

a. *Incorporation of a gender perspective*. The adoption and institutionalization of a gender perspective in population and development programmes is a long-term process. It requires the application of gender analysis in the formulation of policies and in the development and implementation of programmes as well as in international cooperation. The adoption of this approach has been hampered by the absence of a proper understanding of how to interpret concepts related to gender issues in different social and cultural contexts. Globalization of the economy has contributed to deepening the feminization of poverty, while privatization of social and health sectors has increased the proportion of women without access to adequate social services and health care. In many countries, gender inequity is compounded by race and ethnic discrimination.

b. *Legal context*. In many countries women are still unable to exercise their rights because of legal provisions, such as those that deny them access to land and credit. Even where legal reform has been undertaken, women often continue to suffer from the lack of legal protection for exercising their human rights. Legal mechanisms to monitor gender equality and equity are still weak.

c. *Violence against women*. Women continue to face intolerable levels of violence at all stages of their life cycle, and in both their private and public lives. Feminization of poverty has increased new forms of violence, such as trafficking and forced prostitution. Women are also the major victims of wars and civil conflict.

d. *Women in leadership, and policy and decision-making levels*. Women continue to be grossly under-represented in positions of power and decision-making, because of obstacles such as poverty, illiteracy, limited access to education, inadequate financial resources, patriarchal mentality and the dual burden of domestic tasks and occupational obligations. Women are also deterred from decision-making positions such as electoral politics by a non-supportive and discriminatory environment.

e. *Women's participation in the labour market*. Regardless of their occupations, women with the same qualifications normally earn less than men for work of equal value. Their disproportionately higher share of social and family responsibilities impacts negatively on their opportunities for training and promotion.

f. *Vulnerable groups*. The continued economic, social and health vulnerability of certain groups of women, such as those who are older, widowed, displaced, indigenous, rural poor, migrant, adolescent, refugee, or slum-dweller makes them susceptible to

marginalization in policy and programme efforts. Often such groups are not consulted or engaged in dialogue to develop strategies that meet their needs.

g. *Protection of the girl child.* The prevalence of cultural attitudes that promote the low value of girls, harmful traditional practices such as female genital mutilation (FGM), use of sex-selection technologies and sexual servitude endanger the sexual and reproductive health of girls and women.

h. *Gender-disaggregated data.* Many national information and data systems do not yet collect gender-disaggregated data or include such data for a limited number of variables.

i. *Institutional strengthening and capacity building.* Staff in many institutions lack the requisite technical capacity to undertake gender analysis and to design, implement and monitor programmes from a gender perspective.

j. *Promoting male responsibility and partnership between men and women.* The persistence of social and cultural attitudes constrains men from sharing in family responsibilities. Men are also not well engaged in the discourse on gender equality and empowerment of women, both at the community and at the policy levels. Various initiatives have already been taken to address the sexual and reproductive health needs of men, and promote greater responsibility for their sexual and reproductive behaviour. These should continue without sacrificing the reproductive health services for women.

Proposed actions

57. Over the last five years many countries have successfully implemented various elements of the ICPD Programme of Action to promote the advancement of women. Important lessons have been learnt and good practices have been documented. Gender equality is increasingly being used as a fundamental guiding principle in population and development programmes, not withstanding different social, cultural, economic and political contexts. Nonetheless, there is need to reinforce action in the areas listed in the section that follows.

Incorporating a gender perspective into policy, programmes and activities

58. Some of the actions proposed to incorporate a gender perspective into policy, programmes and activities are:

a. The ICPD reproductive rights approach to population and development policies and programmes needs to be further developed and strengthened, and it should include mechanisms for consultations with women's organizations and other equity seeking groups. Human rights education should be incorporated into both formal and informal education processes.

b. It is essential to make operational linkages between the various elements of the ICPD Programme of Action, the Beijing Platform for Action and other international instruments in order to promote gender equality systematically and comprehensively.

c. Action should be taken to eliminate existing negative traditional, religious and cultural attitudes and practices that subjugate women and reinforce gender inequalities.

d. A gender perspective must be adopted in all policy formulation and implementation processes and in the delivery of services. Specifically, the gender-differentiated impact of globalization of the economy and of the privatization of social and health sectors must be closely monitored and specific mitigating measures adopted, especially for the poor.

e. All data and information systems should ensure availability of gender-disaggregated data, which is crucial to translate policy into strategies that address gender concerns and to develop appropriate gender impact indicators for monitoring progress.

f. Changes in the age structure have increased the proportion of ageing women. It is therefore essential to address their needs through the development of special programmes, services and institutional mechanisms to safeguard their health and well-being. The needs of other vulnerable groups should also be carefully monitored and addressed, including their full participation and the articulation of their special needs.

g. Every action should be taken to remove all gender gaps and inequalities pertaining to women's participation in the labour market both by Governments and the private sector. Policies or legislation for equal pay for work of equal value must be instituted and enforced.

Promoting gender equality

59. Some of the actions proposed to promote gender equality are:

a. The institutional capacity and technical expertise of staff in Government, and civil society, especially NGOs, should be strengthened in order to promote gender mainstreaming.

b. Education of children in gender awareness should be promoted as a crucial step in eliminating discrimination against women. Enrollment in school for girls must be enforced to ensure empowerment of women in future generations.

c. The participation of women at political and at all policy and decision-making levels, including those for financial reforms and conflict prevention and resolution, should be accelerated.

d. The family is a powerful force in shaping women's lives. Strategies must be developed to promote gender equality at family level. It is also important to focus on the family as a unit of analysis to monitor progress.

e. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) should be ratified by all countries and reservations should be removed where they exist. Legal frameworks need to be established to protect the human rights of women. Implementation of laws should be enforced and widespread advocacy needs to be undertaken to enable women to claim their rights.

f. The media, parliamentarians and other similar groups have an important role to play in promoting gender equality. These groups should adopt and strengthen their strategies to tackle negative attitudes about women and assist in enhancing the value that society places on women.

Addressing violence against women

60. Actions proposed to address violence against women include:

a. Zero-tolerance for all forms of violence, including rape, incest, sexual violence, sex trafficking, against women and children should be promoted. This entails developing an integrated holistic and multi-disciplinary approach from a life-cycle perspective, which includes social, cultural and economic change in addition to legal reforms. The Stockholm Inter-governmental agreement against trafficking should be implemented.

b. The girl-child should be protected, particularly from harmful traditional practices, and her access to health, education and life opportunities should be promoted. The role of the family, and especially of fathers, in safeguarding the well-being of girls should be enhanced and supported.

c. Action should be taken to promote a positive self-image and self-esteem among girls and women through information, education and communication strategies. Curricula reform should be undertaken to ensure that gender stereotypes are removed from all educational and training materials.

Promoting male responsibility and partnership with women

61. Actions proposed to promote male responsibility and partnership with women include:

a. Men should become involved in defining positive male role models that enable them to play a more pro-active role in supporting and safeguarding women's reproductive health and rights, and to facilitate the socialization of boys to become gender-sensitive adults.

b. Men's own needs for reproductive and sexual health should be addressed, and they should be supported in taking responsibility for their own sexual behaviour.

c. Capacity-building strategies that enable men and other stakeholders to understand all concepts related to gender in their work and in their homes should be developed and implemented.

d. All leaders, especially men at the highest levels of policy and decision-making, should speak out in support of gender equality, the empowerment of women and the protection of the girl child.

VIII. PROMOTING REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING AND SEXUAL HEALTH, AND REPRODUCTIVE RIGHTS

Background

62. At the International Conference on Population and Development, countries endorsed the principle that all couples and individuals should be enabled to make voluntary reproductive choices free of coercion. Ensuring that couples and individuals have the ability to carry out these choices was recognized as a basic right.

63. Reproductive health, including family planning and sexual health, encompasses the full range of components pertaining to the reproductive and sexual health of women and men, throughout the life cycle. The reproductive health approach not only requires an expansion of the components of service provision, but recognizes women as subjects rather than objects; upholds their dignity; respects their free and informed choices; and responds in a comprehensive manner to the totality of their health needs.

Progress made

64. Since 1994, there has been a noticeable momentum in policy and programme development in reproductive rights and health, with significant progress in the understanding of a human rights-based approach to reproductive health, including family planning and sexual health; in moving away from vertical service provision, demographic targets and quotas; and in promoting adolescent reproductive health.

a. Many countries have developed specific policies and/or legislative or institutional changes in reproductive health and rights.

b. Some countries have adopted a participatory approach involving stakeholders in identifying priorities and making choices about available services.

c. Many countries are experimenting with the integration of reproductive health services into their health delivery systems; some progress has occurred in reproductive health services at the primary health care level, and in the establishment of referral systems.

d. Reproductive health is increasingly considered a priority in health services in emergency situations.

e. The provision of high-quality, client-responsive services ensuring free and informed choice has received increased attention.

f. Some countries have taken measures to address the health needs, especially the sexual and reproductive health needs, of adolescents. NGOs have been involved in providing life-skills training in making choices and decisions; building self-esteem and addressing sexuality and gender equality. Efforts have been made to promote education for girls.

g. It is recognized that work with men and particularly with boys is essential. Some concrete measures have been taken to broaden and promote male involvement in sexual and reproductive health through advocacy campaigns.

h. There has been some progress in providing universal access to a full range of safe and reliable family planning methods. A wider range of contraceptive choices has become available, including the female condom and emergency contraception. Some countries are moving away from an emphasis on one or two contraceptive methods.

i. There is greater awareness of the risks of maternal mortality and morbidity, and recognition at the international level that maternal mortality and morbidity is both a developmental and a human rights issue.

j. A growing number of countries have acknowledged unsafe abortion as a serious public health concern. A few countries have advanced in establishing services where abortion is legal.

k. Evidence is showing that efforts to prevent STDs including HIV/AIDS through behavioural change and condom distribution and social marketing are cost-effective and becoming more effective. Where strong national programmes have been initiated, the rate of HIV infection has begun to decline especially among younger age groups, and among army conscripts and commercial sex workers.

Issues and constraints

Reproductive rights

65. Although there is general support and increasing understanding of reproductive rights as described in the ICPD Programme of Action, policies do not yet consistently reflect human rights approaches nor is there always sufficient political commitment for developing and implementing such policies. In many countries, existing laws and regulations also impede the implementation of the ICPD Programme of Action in specific areas such as sexuality education and the access of adolescents to reproductive health information and services.

66. At present, 54 countries have entered reservations to various articles of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

67. In the development of reproductive health programmes, insufficient understanding of how best to implement the reproductive health approach among some policymakers and health professionals remains a constraint to the implementation of the Programme of Action.

68. The advent of health sector reform and sector-wide approaches requires measures to safeguard reproductive health as a high priority. Decentralization of programme implementation has also placed an increased responsibility on programme managers.

69. Reproductive health policies and programmes have also tended to be shaped primarily by the health sector to the exclusion of other sectors which have an important role to play in this area.

Quality of care

70. Improving the quality of reproductive health care is often seen as too costly. Many studies reveal, however, that existing resources are often under-utilized, and improvements can be made at reasonable costs. Standards of quality have not always been developed and applied. Lack of service providers trained in all aspects of reproductive health care also represents a constraint.

Access to reproductive health information and services for adolescents

71. Lack of information and increasing unprotected sexual relations place adolescent girls and boys at risk of STDs, including HIV/AIDS, and young girls at risk of unwanted pregnancy. Early pregnancies constitute an increased risk of mortality and morbidity, including unsafe abortion, to the young girl, and also greatly limit her life opportunities in many countries. Harmful traditional practices, such as FGM and early marriage, or family formation (as described in paragraph 5.1 of the Programme of Action) also puts girls at increased risk.