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**Commission on Population and Development acting as the preparatory committee for the special session of the General Assembly for the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development**
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## Proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development

### Report of the Secretary-General

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* E/CN.9/1999/PC/1.

# Introduction

## A. Background

1. In December 1997, the General Assembly considered the question of the follow-up to the International Conference on Population and Development held in Cairo, Egypt, in 1994. The Assembly decided in resolution 52/188 of 18 December 1997 to convene a special session of the Assembly from 30 June through 2 July 1999, at the highest possible level of participation, to review and appraise the implementation of the Programme of Action of the International Conference on Population and Development.[1] It was understood that there would be no renegotiation of the principles and recommendations contained in the Programme of Action.

2. The purpose of the present report is to present the results and principal findings of a series of extensive reviews of progress made and constraints encountered in the implementation of the Programme of Action. As part of a broad range of consultations with members of the United Nations system, Governments, civil society and non-governmental organizations, the reviews of the implementation of the Programme of Action have included five United Nations regional commissions and inter-agency meetings; the operational review and appraisal carried out at The Hague Forum in the Netherlands, 8–12 February 1999; the quinquennial review and appraisal of the implementation of the Programme of Action coordinated by the Population Division, Department of Economic and Social Affairs of the United Nations Secretariat; and views and assessments received from 132 countries in response to a field inquiry conducted by the United Nations Population Fund (UNFPA) in mid-1998.

3. The report is organized into seven sections. The introductory section briefly outlines the major new focus on human well being, human rights, reproductive health and the empowerment of women embodied in the Programme of Action. Section I focuses on population and development concerns. Section II covers gender equality, equity and empowerment of women. Section III discusses reproductive rights and reproductive health. Section IV examines partnerships and collaborations. Section V focuses on the mobilization of resources. Each section outlines key future actions needed to achieve the goals and objectives agreed to at the International Conference on Population and Development and endorsed by the General Assembly. Finally, Section VI derives some conclusions from the review.

## B. The vision of the Programme of Action of the International Conference on Population and Development

4. The Programme of Action of the International Conference on Population and Development, approved by consensus by 179 countries in September 1994, marked the beginning of a new era in population and development. The landmark agreement reached at the Conference makes the well-being of human beings, rather than human numbers, the focal point of all international activities designed to address issues of economic development and balanced, sustainable population growth. The Programme of Action is strongly rooted in the view that investing in health and education, respecting a human rights-based approach to reproductive health issues, and empowering women to become full and equal members of society are key actions necessary to bring about global stability and to create improved opportunities for all people.

5. The Programme of Action recommends a set of interdependent goals and objectives for the period 1995–2015. These include universal access to comprehensive reproductive health services, including family planning and sexual health; reductions in infant, child and maternal mortality; and universal access to primary education, with special attention to closing the gender gap. The subsequent plans of action endorsed at the 1995 World Summit for Social Development in Copenhagen, at the 1995 Fourth World Conference on Women in Beijing, at the 1996 second United Nations Conference on Human Settlements (Habitat II) in Istanbul and at the 1996 World Food Summit in Rome, all reinforced and sometimes expanded upon the objectives and goals of the Programme of Action.

# I. Population and development concerns

## A. Major population trends

6. Despite impressive declines in annual population growth rates, the world's population will exceed 6 billion in 1999 and will be between 7 billion and 7.5 billion by the year 2015.[2] It is estimated that population stabilization will not be reached for another 50 years, at the earliest. The highest rates of continuing population increase are occurring in the world's poorest countries. The average number of live births per woman in 1995–2000 is 1.6 children in the more developed countries, 3.1 in the less developed countries and 5.3 in the

least developed countries. There are now over 1 billion young people between the ages of 15 and 24, constituting the largest cohort in this age group that the world has ever known; but at the same time, because of reductions in both mortality and fertility in the past 40 years, the number and proportion of people aged 60 years or over are also increasing in most parts of the world.

7. Impressive reductions in infant and child mortality, broadly consistent with the goals of the Programme of Action, continued throughout the 1990s. Progress continues to be made in the control of preventable diseases, in immunization coverage and in the control of diarrhoeal diseases, as well as in the promotion of breastfeeding. Infant mortality declined from 68 to 62 per 1,000 live births between 1990–1995 and 1995–2000.

8. However, not all mortality trends are positive. Maternal mortality remains high in sub-Saharan Africa and parts of Asia, and gains in life expectancy have slowed or actually reversed in some countries of Eastern Europe (because of increased social stress, worsening levels of nutrition and deteriorating health services) and in some parts of sub-Saharan Africa (as a result of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic).

## B. Changing age structure and ageing of the population

9. More people today are living longer and, in the near future, higher proportions of most countries' populations will be age 60 years or over than at any time in the past. In fact by 2050, older persons will account for 22 per cent of the world's population. Currently more than 60 per cent of older persons live in the less developed countries, and this figure is rising rapidly.[3] Because of their longer life expectancy, females generally greatly outnumber males at the older ages. At the same time, there are now more young people — over 1 billion today are between the ages of 15 and 24. Meanwhile, the proportion of the population made up of children under age 15 declined from 34 per cent in 1950 to 30 per cent in 1998, and will drop further, to just 20 per cent by the year 2050.

10. Changing family structures and changing living arrangements in developed and in many developing countries are significantly influencing the nature of support available in old age. As more and more adults cease to live with their elderly parents, the economic security and welfare of older persons are becoming a growing concern, especially in countries where few retirees have savings or receive pensions.

11. **Progress**. Policy makers are becoming more aware of the implications of changing age structures for the provision of basic social services. In recent years, many countries have experienced a decline in their child population and a rise in the working-age population. This proportional increase of people of working age provides an opportunity for countries to increase both savings and investment in productive assets, as well as investments in health and education that can produce a more productive labour force. Indeed, eventual economic recovery from the East Asian economic crisis will be helped by the fact that the Governments of East Asian countries made such investments over the 25-year period of declining fertility and mortality in which their rapidly changing age structures presented this opportunity.

12. **Constraints**. Most developing countries lack the health-care infrastructure to cope with the increasing numbers and proportions of elderly persons, and many also lack basic social security systems. Many countries lack policies and programmes that address the diverse needs of older persons, so that maintaining and promoting the quality of life of older persons are becoming increasingly difficult.

### Key future actions

13. Countries should:

(a) Continue to examine the economic and social implications of demographic change, and how these relate to development planning concerns and the needs of individuals;

(b) Invest more resources in research on conditions among older persons. Such research is needed to provide the basis for policies and programmes to address the needs of this age group, including strategies relating to (i) the economic and social security of the elderly; (ii) affordable, accessible and appropriate health-care services; (iii) increased recognition of the productive and useful roles that the elderly can play in society; (iv) support systems to enhance the ability of families to care for older family members.

14. Civil society, including non-governmental organizations and the private sector, should create opportunities for people over age 60 to continue contributing their skills both to the workforce and to community service in order to help foster inter-generational solidarity and enhance the stability of society.

15. The United Nations system should document the experience of policies and programmes in the area of ageing in the more advanced countries, and disseminate information about best practices.

## C. Internal and international migration

16. Vast movements of people from rural to urban areas in most developing countries have spawned megacities and huge peri-urban slums. Such movements often increase demands on already overburdened housing markets, urban infrastructures, transportation systems and basic social services. In addition, famine, civil war and ethnic disputes have created vast groups of displaced persons. The many and varied aspects of migration include the issue of documented migrants, human trafficking and refugee movements.

17. Widening economic disparities, poor governance, human rights violations, environmental degradation and the emergence or continuation of conflicts in several regions have contributed to increased levels of international migration. International labour migration has become the preferred option for many young people in developing countries characterized by high rates of unemployment and underemployment. An increasingly important and much more substantial flow of labour migration is between developing countries.

18. **Progress**. Many government policies have emphasized the need to create social conditions for accelerated economic growth; invest in health and education, especially for girls and women; alleviate poverty; and mobilize resources to improve settlements and services. Particular emphasis has been placed on strengthening urban management systems, promoting national development and integrating national economies into the global economy. In some countries, the integration of migrants and sanctions to combat illegal migration are being considered. Actions to address the issues surrounding involuntary migration include special assistance for refugee women and children.

19. To address international migration concerns, many sending and receiving countries are engaging in dialogue and negotiations at the bilateral and subregional levels. Several countries have signed readmission agreements, which can protect the basic human rights of migrants, while others have initiated or strengthened resettlement and rehabilitation programmes for refugees and returnees. A number of Governments have formulated policies on international migration, passed migration legislation or modified existing policies and laws governing migration. Regional and subregional consultation mechanisms have been created in a number of areas. Among these are the 1996 regional conference to address the problems of refugees, displaced persons and returnees in the Commonwealth of Independent States and the 1996 Puebla Process, which facilitates annual consultations between the countries of Northern and Central America at the ministerial level.

20. **Constraints**. Informed policy discussion is impeded by a severe lack of reliable data and analysis on migration flows, particularly for assessing the benefits of migration, addressing measures related to human rights and welfare and examining the political and environmental problems created by the often unanticipated and uncontrolled movements of people. Lack of adequate financial and human resources constrain the implementation of both internal population distribution and international migration policies and programmes. Migration issues continue to be politically sensitive, especially during times of economic recession, thereby complicating efforts to address them on the part of the Governments of both sending and receiving countries.

21. In some regions there has been a pronounced increase in levels of female migration, both within and among countries. Women, often on their own and without the support of other family members, now make up an increasing share of international labour migrants. There appears to be increased trafficking and exploitation of women and girls, as well as other practices that threaten their rights, health and safety.[4]

### Key future actions

22. Governments should:

(a) Intensify efforts to safeguard the basic human rights of migrants, irrespective of their legal status, by monitoring human rights violations and by imposing sanctions on those who refuse to comply;

(b) Work to prevent international trafficking in migrants, in particular women and children sold for the purposes of sexual exploitation;

(c) Support bilateral and multilateral initiatives, including regional and subregional consultation processes, to address the specific problems and challenges posed by international migration.

23. Governments, with the assistance of the international community, should support more intensive efforts to improve data collection and analysis in the areas of internal and international migration; encourage studies designed to assess the causes of migration and the positive contribution that migrants make to both sending and receiving countries; and improve understanding of the links between globalization, poverty and migration.[5]

## D. Poverty, economic development and the environment[6]

24. The financial and economic turmoil witnessed in East Asia, parts of Eastern Europe and Latin America, and the associated massive job losses and increases in poverty levels, have slowed and in some cases significantly reversed some of the development gains made during the previous three decades. Because of their precarious financial and economic situations and heavy debt burdens, numerous countries have reduced spending, and often disproportionately in the social sectors. Social safety nets to meet the basic needs of the poor are often non-existent or are disintegrating, with women and children being the worst affected. Furthermore, in many parts of the world, breakdowns in public administration, deteriorating infrastructures, ongoing structural adjustment programmes, reductions in the price of oil and other commodities, and social instability or subregional wars and conflicts have all served to reduced access to social services and have affected the ability of some countries to implement the Programme of Action. In addition, a series of natural disasters, prolonged drought in sub-Saharan Africa, large-scale flooding in parts of Asia and savage and destructive storms in parts of Central America and the Caribbean, have even further weakened the capacity of the affected countries to maintain or improve overall living conditions among the poor.

25. The countries most affected by the severe economic crises that started in mid-1997 usually have the weakest political and administrative structures. At the same time, they are subjected to the pressures of globalization and imperfect market conditions that perpetuate existing domestic inequities. The world's growing and highly skewed consumption of scarce resources, which supports extremely high living standards among a small proportion of the world's population, is unprecedented in human history. Juxtaposed thereto are growing gaps in consumption and in the resources that will be required to meet the basic living standards of the poorest. As access to clean water, food, habitation, transportation and jobs is denied to large numbers of the rural and urban poor, the drain on natural resources and the continued degradation of the environment continue.

26. **Progress**. Since the International Conference on Population and Development, numerous countries have taken steps to integrate population concerns into their development strategies by either establishing or strengthening institutional bodies dealing with population and development issues. Many countries have revised their population policies and several have reported explicit new policy measures which integrate population concerns into an overall development strategy. These measures include the revision of existing national population policies and programmes, with an emphasis on incorporating or giving greater prominence to issues such as education and training, gender equality, equity and women's empowerment, and population distribution and its interrelationship with poverty and the environment. Economists now have a better understanding of the linkages between population and development and of the importance of investments in the social sector. For example, recent macroeconomic studies show that reduced child-dependency ratios and declining fertility and mortality rates in developing countries contributed to economic growth over the period 1960–1995. Other studies generally conclude that in East Asia substantial declines in fertility in the last three decades were associated with a large upward swing in savings and investment, and helped set the stage for the region's rapid economic growth. Studies also indicate that fertility decline is not only a possible contributor to more rapid economic growth but also an outcome of factors associated with sound family planning programmes, economic growth, including increased education, especially of women, and women's increased participation in the salaried labour force.

27. Since the United Nations Conference on Environment and Development in 1992, the International Conference on Population and Development in 1994, and the United Nations Conference on Human Settlements (Habitat II) in 1996, awareness has increased about the interactions between population, resources and the environment, including the linkages between the size, distribution and composition of human settlements and environmental degradation. Many developing countries have produced national sustainable development plans and national conservation strategies, some of which take into account population variables. There has been an increase in the number of countries that have formulated local Agenda 21,[7] and that are in the process of implementing them.

28. **Constraints**. Countries are increasingly susceptible to the negative effects of globalization. War, ethnic rivalry and conflict, natural disasters and ineffectual government structures continue to contribute to poverty and environmental degradation. Imbalances in production and consumption patterns contribute to environmental degradation and resource depletion. Unregulated movements of toxic materials compromise people's health, particularly reproductive health. While national sustainable development plans have been formulated, there has been little progress in their implementation. Countries have cited the following constraints: (a) lack of a conceptual framework on the interrelationships between population, environment and sustainable development; (b) lack of quality data; and (c) lack

of trained human resources, which places severe limits on the range and scope of implementation measures.

**Key future actions**

29. Governments of industrialized countries should intensify efforts to promote public education about the need for reduced consumption patterns; foster sustainable resource use; and work concertedly throughout their regions to prevent environmental degradation.

30. Governments of developing countries, with the assistance of the international community and donors, should:

(a) Continue to support declines in infant and child mortality rates by strengthening infant and child health programmes that emphasize improved nutrition, universal immunization, oral rehydration therapies, clean water sources, infectious disease prevention and improvements in household sanitation;

(b) Conduct studies to demonstrate the potential benefits to be derived from the relatively modest funding level required for the implementation of the Programme of Action;

(c) Implement legislative and administrative measures to promote balanced patterns of consumption and production;

(d) Increase dialogue between planning agencies, ministries involved in social sector programmes and the ministries of finance to draw attention to and promote linkages between macroeconomic policies and social policies;

(e) Intensify efforts to equip planners and decision makers with a better understanding of the relationships between population, poverty, the environment, resources and development; and to improve the methodologies required for formulating policies, and for monitoring their implementation.

## E. Population and education

31. Following the World Conference on Education for All: Meeting Basic Learning Needs, held in Jomtien, Thailand, in 1990, the International Conference on Population and Development underlined the need for complete access to basic education for both girls and boys as soon as possible, and in any case, before the year 2015. It also stressed that in order to close the gender gap in primary and secondary school education by the year 2005, girls must be kept longer in school.

32. **Progress**. There is continued progress in the implementation of policies that ensure equal educational opportunity for girls and boys, especially in basic education. Many developing countries are close to achieving universal access to primary education. Since the International Conference on Population and Development, many Governments have adopted national action plans or strategies that support and encourage the education of girls. Some countries have placed greater emphasis on providing free education or scholarships, increasing the number and location of schools, and revising curricula to make them more gender-sensitive. Some have introduced legal measures to support the right of girls to education. These initiatives have contributed to an increase in the primary school enrolment ratios of girls in numerous countries. In most regions of the world, the female primary enrolment ratio as a proportion of male enrolment now exceeds 80 per cent.

33. **Constraints**. Most countries in South Asia and sub-Saharan Africa have a considerable way to go in achieving the objectives of universal access to basic education and closing the gender gap. Children living in conditions of poverty, particularly girls, have the lowest education participation rates. In most developing countries, school drop-out rates are high at all levels, particularly during the transition between primary and secondary school. Low-income families in developing countries are often unable to meet the costs of school uniforms, fees, books and transport. Retention rates, especially among girls, are often poor. Moreover, high pupil-teacher ratios, inadequate or inappropriate curricula (often discriminating against girls), insufficiently trained teachers and inadequately equipped schools all lower the quality of education in many countries.

**Key future actions**

34. Countries should, as quickly as possible, and in any case before the year 2015, meet the International Conference on Population and Development goal of achieving universal access to primary education; close the gender gap in primary and secondary school by 2005; and strive to ensure that by 2005 the net primary school enrolment rate for children of both sexes will be at least 90 per cent, as compared with an estimated 85 per cent in the year 2000.

## F. Data systems, including indicators

35. A reliable information base, including the availability of regular statistical data, is indispensable for the formulation, implementation, monitoring and evaluation of population and reproductive health policies and programmes. In particular, there is a need for robust data from which to compile indicators to track progress towards the achievement of

International Conference on Population and Development and other important development goals.

36. **Progress**. Considerable progress has been made in the identification and specification of indicators for measuring progress in the implementation of population and reproductive health programmes, as well as for the achievement of other social development goals. Notable global indicator sets include that of the basic social services for all (BSSA), the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD)/World Bank/United Nations set and the Minimum National Social Data Set (MNSDS). Some progress has also been made in establishing national information systems and other monitoring mechanisms. UNFPA is working to produce more specific benchmark indicators measuring levels of access to reproductive health care.

37. **Constraints**. Data collection is costly, and several countries are unable to give sufficient priority to building sustainable statistical capacity. Many countries still lack the capacity and resources to conduct censuses and surveys without external technical and financial assistance, and some have not been able to conduct a population census for over 10 years. Data for the improved management of quality reproductive health programmes, and indicators for monitoring progress in their attainment are not yet regularly available or uniformly collected and utilized. Data on sex differentials are frequently of low quality or unavailable.

### Key future actions

38. Countries, with the assistance of the international community and donors, should strengthen national information systems to produce reliable statistics on a broad range of development indicators in a timely manner. The indicators to be collected should include poverty rates at the community level, women's access to economic resources, overall access by populations in need to reproductive health care services and gender-sensitivity in sexual and reproductive health. All data and information systems should ensure availability of gender-disaggregated data, which is crucial to translating policy into strategies that address gender concerns and to developing appropriate gender impact indicators for monitoring progress. Countries should collect the quantitative and qualitative data needed to assess the status of adolescent reproductive health; and to design, implement, monitor and evaluate action programmes.

39. Donors should specifically be urged to strengthen the capacity of countries, particularly the least developed countries and those with economies in transition, to undertake censuses and surveys on a regular basis.

## II. Gender equality, equity and empowerment of women

40. The International Conference on Population and Development affirmed that the empowerment and autonomy of women, and the improvement of their political, social, economic and health status, constitute an important end in themselves and one that is essential for achieving sustainable development. There should be full participation and partnership of both women and men in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household.

41. **Progress**. In response to the consensus reached at the International Conference on Population and Development, and reinforced at the Fourth World Conference on Women (Beijing, 1995), many countries have revised legislation that discriminated against women and girls and have taken measures to improve the legal and socio-economic status of women and the girl child. Several Governments have put in place initiatives to increase the representation of women in policy- and decision-making processes. Gender-based violence, once a taboo and ignored subject, is now being openly acknowledged and publicly stigmatized and is punishable under the law. Several countries have enacted laws protecting women from violence and codes of family law have been revised to include issues of domestic violence. A number of countries are enforcing laws pertaining to women's property rights; where such laws do not exist, efforts are being made to pass such legislation.

42. Many countries have made progress in outlawing harmful traditional practices that compromise the well-being of the girl child. A number of countries have passed statutes outlawing female genital mutilation and have undertaken information campaigns on this and other practices injurious to the health and well-being of the girl child. Legislation prohibiting prenatal sex selection has been passed in a number of countries.

43. Efforts have been made to encourage men to take responsibility for their reproductive and sexual behaviour and health and to support women's health.

44. Civil society organizations have intensified their advocacy and information campaigns to make women aware of their basic human rights, particularly their right to reproductive sexual health. Various groups in civil society, particularly women's groups, are working on their own or in

tandem with Governments, to devise indicators to measure progress in reaching the International Conference on Population and Development and Beijing goals and to chart progress in achieving gender equality, equity and empowerment of women.

45. At the international level, there has been increased recognition of and dialogue on the need to promote and protect women's right to reproductive and sexual health. This is evidenced by the commitment of the human rights treaty bodies to applying human rights standards to secure women's health, particularly their sexual and reproductive health.

46. **Constraints**. The persistence of traditional and cultural attitudes and practices that discriminate against and subordinate women continues to obstruct the realization of the International Conference on Population and Development objectives with regard to reproductive health and rights. Awareness of systematic patterns of discrimination against women and girls has increased in many countries, but there has been insufficient political support to reverse these attitudes and practices. Even in countries where laws have been passed to guarantee and protect the rights of women, discriminatory attitudes and practices persist, including among those charged with the responsibility of interpreting and enforcing such laws.

47. The adoption and institutionalization of a gender perspective in population and development programmes entail a long-term process. They require 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. Staff in many institutions lack the requisite technical capacity to undertake gender analysis and to design, implement and monitor programmes from a gender perspective.

48. In many countries, women are still unable to exercise their human rights. Even where legal reform has been undertaken, women still lack protection for exercising their rights, including their right to reproductive health. Legal mechanisms to monitor gender equality and equity are still weak. Women continue to face intolerable levels of violence at all stages of their life cycle, and in both their private and their public lives. The feminization of poverty has increased new forms of violence, such as trafficking and forced prostitution. Women are often also the major victims of wars and civil conflict.

49. The nutritional deficiencies faced by females and their unequal access to health care in many countries continue to contribute to sex-based disparities in child survival rates and to high levels of maternal mortality and morbidity. In some settings experiencing rapid declines in economic security, girls and women are frequently more disadvantaged than men. Among the ways that increasing poverty manifests itself is in intensified inter-generational violence (including rape and incest) within families, as well as increases in prostitution and the trafficking of girls and women.

50. The persistence of social and cultural attitudes constrains men from sharing in family responsibilities. Men are generally not engaged in the discourse on gender equality and empowerment of women, either at the community or at the policy level; and they still do not take sufficient responsibility for their sexual and reproductive behaviour.

### Key future actions

51. Countries should ensure that the human rights of women and girls, including economic, social and reproductive rights, are protected through the development and effective enforcement of gender-sensitive policies and legislation. All countries should sign and ratify the Convention on the Elimination of All Forms of Discrimination against Women (General Assembly resolution 34/180, annex) and remove all existing reservations.

52. The International Conference on Population and Development 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, including reproductive rights, should be incorporated into both formal and informal education processes.

53. A gender perspective must be adopted in all processes of policy formulation and implementation and in the delivery of services. Specifically, the gender-differentiated impact of globalization of the economy and of the privatization of basic social services, particularly reproductive health, should be closely monitored. Specific mitigating measures should be adopted, especially for poor women. Special programmes and institutional mechanisms must be put in place to safeguard the health and well-being of older women. Their reproductive health needs throughout the life cycle must be addressed.

54. The institutional capacity and technical expertise of staff in Government, and civil society, especially non-governmental organizations, should be strengthened in order to promote gender mainstreaming.

55. Governments, civil society and the United Nations system should advocate for the human rights of women and

girls; for the full participation of women in decision-making processes; and for the eradication of all forms of violence against women, including female genital mutilation, rape and sexual violence.

56. There should be zero-tolerance for all forms of violence, including rape, incest, sexual violence and sex trafficking, against women and children. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. The Declaration and Agenda for Action (A/51/385, annex) adopted by the Congress against Commercial Sexual Exploitation of Children, held at Stockholm in August 1996, should be implemented. 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.

57. Governments should strengthen policies to promote changes in attitudes and beliefs that discriminate against and subordinate women and girls. Parliamentarians, the media and other similar groups have an important role to play in promoting gender equality and equity. These groups should adopt and strengthen their strategies to tackle negative attitudes about women and assist in enhancing the value placed on women by society. All leaders, especially men at the highest levels of policy- and decision-making, should speak out in support of gender equality, empowerment of women and protection of the girl child.

58. Men should become involved in defining positive male role models that enable them to play a more proactive role in supporting and safeguarding women's reproductive health, and that facilitate the socialization of boys to become gender-sensitive adults. Services should be set up to meet men's own needs for reproductive and sexual health, and men should be supported in taking responsibility for their own sexual behaviour and reproductive health. This should be done without diminishing reproductive health services for women.

# III. Reproductive rights and reproductive health

## A. Ensuring reproductive rights and promoting reproductive and sexual health

59. Within the International Conference on Population and Development definition of integrated and comprehensive reproductive health, three central objectives are generally recognized: meeting the large unmet need for family planning; reducing maternal mortality; and preventing and treating reproductive tract infections and sexually transmitted diseases (STDs), including HIV/AIDS. There is increasing recognition of the need to integrate these services into primary health care, and to ensure that priority is maintained for reproductive and sexual health and reproductive rights as programmes become decentralized. The Programme of Action of the International Conference on Population and Development also recognizes that gender relations significantly affect sexual and reproductive health and that men need to take responsibility for their own sexual behaviour as well as respect and support the reproductive rights of their partners. For individual women and men to be able to make voluntary decisions about their reproductive lives and protect their reproductive and sexual health, they need access to a range of information and services. It is the primary responsibility of Governments, in collaboration with civil society, to ensure that these are universally available and accessible.

60. **Progress**. There is increasing acceptance of the fact that the right to health, including reproductive health, is a basic human right, and that it includes women's right, free from coercion, discrimination and violence, to have control over and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health. Almost all countries have now begun to make reproductive health programmes operational. Many countries are adopting an approach based on human rights, equity and needs, and are seeking both the greater participation of civil society in determining priorities and more decentralization of the responsibility for providing the information and services required to meet the needs. Countries that previously had a top-down, target-driven approach are changing to a needs-based approach.

61. Since the International Conference on Population and Development, many countries have made both specific policy and/or institutional changes in reproductive health care and significant progress in expanding the range of reproductive health services provided, particularly at the primary health care level. This has been achieved by strengthening or adding to pre-existing maternal and child health or family planning services components related to maternal health; reproductive tract infections, STDs and HIV/AIDS; and adolescent reproductive health. There are also increased efforts to promote a holistic reproductive health mentality among service providers. Progress has also been made in terms of improved referral systems; better training of service providers; and measures to promote and broaden men's responsibility in sexual and reproductive health. The United Nations system has also adopted a more coordinated and

collaborative approach to supporting countries in these efforts.

62. The growing need for reproductive health care in emergency situations has been clearly acknowledged, and several United Nations agencies and international non-governmental organizations are now working together to meet these needs.

63. **Constraints**. The integrated and comprehensive reproductive health approach is still not fully understood, and its importance is not always sufficiently appreciated.[8] The terms "reproductive health" and "sexual health" are not easily translatable into a number of languages. Even where the reproductive health approach is well understood, there is not always a clear understanding of how to prioritize its various elements. As a consequence, reproductive health does not always receive sufficient priority and adequate funding from Governments and international donors. In addition, the fundamental relationship between the traditional roles and empowerment of women and girls, and the attainment of reproductive health is still not widely recognized, especially at policy-making levels. Finally, health, including reproductive health, policies do not yet consistently reflect a human rights approach,[9] and many institutional structures still lag behind policy commitments.

64. There is still insufficient commitment to improving the quality of reproductive health care, as perceived by clients. Studies reveal that improvements in the quality of service provision can be made at reasonable cost and that some of these costs will be offset by more effective use of services and by reductions in reproductive ill health. Reproductive tract infections, which continue to pose grave threats both to women's lives and to their well-being, are still not widely acknowledged, nor adequately addressed.

65. The determinants of reproductive and sexual health go far beyond the health sector itself. There is a continuing need to include social, cultural, economic and behavioural dimensions in the planning and implementation of reproductive health policies and programmes. This requires the involvement of many other sectors in a partnership to remove barriers to access and create a more enabling environment.

66. Health sector reforms and sector-wide approaches do not always give sufficient priority to sexual and reproductive health.

67. Although the capacity and mechanisms to respond to reproductive health needs in emergency situations have begun to improve, health personnel skilled in offering high-quality reproductive health information and services are not always available in these situations.

**Key future actions**

68. Governments should:

(a) Ensure that policies, strategic plans, and all aspects of the implementation of reproductive health programmes are based on human rights, and that such programmes cover the full life cycle;

(b) Facilitate policy development processes that are participatory and that include all stakeholders;

(c) Engage all relevant sectors in the development, implementation, monitoring and evaluation of reproductive health policies;

(d) Establish long-term strategic partnerships with all civil society partners, including non-governmental organizations, to strengthen the planning, implementation, monitoring and evaluation of reproductive health programmes;

(e) Strengthen community-based services and social and subsidized marketing, which are vital extensions of reproductive health care services; and explore new partnerships with the private sector;

(f) Increase investments designed to improve the quality of reproductive health care. This might be achieved, for example, by establishing and monitoring standards of care; ensuring the competence — particularly the technical and communication skills — of service providers; providing a full range of safe and effective contraceptive methods, including the female condom and emergency contraception; establishing user-friendly (particularly women- and adolescent-friendly) services; ensuring respect, privacy and client comfort in all service contacts; and ensuring that logistics systems are fully functional;

(g) Ensure that reproductive health programmes address the causes of reproductive tract infections, including unhygienic menstrual practices; unhygienic service delivery, such as unhygienic post-abortion care; traditional practices such as female genital mutilation; sexual violence; and early initiation of sexual activity, in order to minimize their adverse health consequences, such as pelvic inflammatory disease; infertility; ectopic pregnancy; and pelvic pain;

(h) Give high priority to reproductive and sexual health, and ensure equity of access to information and services when implementing health sector reform and sector-wide approaches;

(i) Promote men's understanding of their roles and responsibilities for respecting women's rights; protecting women's health; preventing unwanted pregnancy, maternal mortality, and transmission of STDs and HIV/AIDS, particularly by inflicting sexual violence on girls and women both in and outside of marriage; supporting their partner's access to reproductive health care; and sharing domestic duties.

69. Countries should measure access to and choice of family planning methods, and use this together with the indicators for maternal mortality and HIV/AIDS (as given below in paras. 84 and 96) as evidence of progress towards the International Conference on Population and Development goal of universal access to reproductive health care. Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005. The United Nations system, in consultation with countries, should, before 2005 and as soon as possible, develop benchmark indicators for access to reproductive health care, and support countries in their efforts to collect the necessary data.

70. The United Nations system and donor countries should:

(a) Support the building of national capacity to plan, manage, implement, monitor and evaluate reproductive health programmes;

(b) Strengthen national efforts to ensure that all persons in emergency situations, particularly women and adolescents, receive appropriate health care, including reproductive health care, and greater protection from sexual and gender-based violence;

(c) Ensure that all health workers in relief and emergency situations are given basic training in reproductive health care information and services.

## B. Ensuring access to quality family planning services

71. The objectives of family planning, as stated in the Programme of Action, are to "... help couples and individuals meet their reproductive health goals in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their rights to choose the number, spacing and timing of the birth of their children (para. 7.14 (a))."

72. **Progress**. Over the past five years, there have been increases in contraceptive prevalence rates in all regions of the world. The total contraceptive prevalence rate is currently 57 per cent worldwide; for modern methods, it is 49 per cent. A wider range of contraceptive choices has become available, including once-a-month injectables and the female condom.

73. Health ministries and family planning agencies in some countries have begun to pay increased attention to the quality of the services they provide and to improved counselling strategies that are responsive to the expectations of clients beginning or continuing to use contraceptive methods. Programmes are also starting to offer users a wider choice of methods adaptable to people's widely varying fertility choices, health status, age and life circumstances. Social or subsidized marketing strategies have been successful in increasing access to contraceptives, including male and female condoms. Advocacy campaigns targeting men have been helpful in increasing the use of condoms and vasectomy.

74. **Constraints**. Logistical, social, cultural, financial and behavioural obstacles still prevent more than 150 million women from having access to high-quality family planning information and services.

### Key future actions

75. Countries should:

(a) Allocate resources to meet the growing demand for access to information, counselling, services and follow-up on the full range of safe and effective contraceptive choices, including new options such as the female condom and emergency contraception, and underutilized methods such as vasectomy and condoms;

(b) Ensure quality counselling services, and technical standards of care, as well as informed and free consent in a context of confidentiality and respect;

(c) Strengthen logistics systems and management capacity to ensure the availability and security of all family planning and reproductive health commodities;

(d) Provide subsidies, from public resources and donor funds, to ensure availability and access to contraceptives for poor people.

76. The United Nations system, international non-governmental organizations and the private sector are urged to pursue the research and development of new, safe, low-cost and effective contraceptive methods, especially for men, and to assist countries in ensuring contraceptive security.

## C. Reducing maternal mortality

77. The International Conference on Population and Development goal is for countries to reduce maternal mortality levels to one half of the 1990 levels by the year 2000. Although current global figures for maternal mortality are not known, it is estimated that, in 1990, there were 585,000 maternal deaths, the vast majority in developing countries.[10] For every woman who dies, it is estimated that many more suffer severe injury or ill health. The World Health Organization (WHO) estimates that currently some 20 million unsafe abortions take place in developing countries each year and that 80,000 women die as a result, accounting for approximately 14 per cent of all maternal deaths.[11] The International Conference on Population and Development goal of reducing maternal mortality by one half by the year 2000 will not be achieved. Levels of maternal mortality remain high, and particularly so in sub-Saharan Africa and parts of South Asia, particularly because of the low economic status of women. Women in developing countries face a risk of death in pregnancy and childbirth that often continues to be 200 or 300 times greater than that of women in developed countries.

78. **Progress**. The International Conference on Population and Development established that safe motherhood is both a development issue and a human rights imperative and since then, there has been a far greater awareness of the issue of maternal mortality and morbidity. A number of countries have begun to strengthen the maternal health components of their reproductive health programmes, but it has not yet been possible to document their impact.

79. Most countries are strengthening efforts to prevent unwanted pregnancies, and some are working more systematically to reduce the health impact of unsafe abortion. In recent years, substantial declines in levels of abortion have been documented in a number of countries in Central and Eastern Europe/newly independent States and in the Central Asian republics, as a result of increased availability and use of modern contraceptives. Some progress has been made in training health-care providers and equipping hospitals in the management of complications arising from abortion, and several developing countries have developed special approaches to improving post-abortion services and care.

80. **Constraints**. In many developing countries, the major and persistent factors contributing to high levels of maternal mortality and morbidity are the poor overall condition of women, including their nutritional status (often beginning in infancy and childhood) and high levels of anaemia; lack of access to assisted delivery and emergency obstetric services; early pregnancy and childbearing; cultural obstacles to women's decision-making; and insufficient access to reproductive health and family planning services. Life-threatening complications of pregnancy and childbirth are not always predictable, and risks are substantially increased by lack of detection, of early referral and of transportation of women who require emergency obstetric care from a skilled and properly equipped service provider.

81. Reducing maternal mortality is not constrained so much by lack of technology as by insufficient political commitment and resources, and by the failure to prioritize effective interventions.

82. Almost all countries allow abortion to save the lives of pregnant women. Only a few, however, have made progress in ensuring that, in all circumstances where it is not against the law, there are sufficient trained and skilled personnel and facilities to ensure that the procedure is safe and accessible. Services to treat women suffering from life- and health-threatening complications of unsafe abortion are often not available.

### Key future actions

83. Countries should:

(a) Recognize and promote the reduction of maternal mortality as a human rights issue;

(b) Ensure that maternal health services always include the key set of interventions (particularly assisted delivery and emergency obstetric care) that will have an impact in reducing maternal mortality and morbidity;

(c) Develop appropriate interventions, beginning in early infancy, to improve the nutritional, health and educational status of the girl child and young women so that they are better able to make informed choices about childbearing, and obtain access to services;

(d) Recognize and deal with the health impact of unsafe abortion as a major public-health concern by reducing the number of unwanted pregnancies through the provision of family planning counselling, information and services; by ensuring that health services are able to manage the complications of unsafe abortion; and by following the recommendations of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development. Where it is legal, abortion should be safe and accessible. Laws containing punitive measures against women who have undergone illegal abortions should be reviewed.

84. In order to monitor progress towards the achievement of the International Conference on Population and Development goals for maternal mortality, countries should use the proportion of births attended by skilled attendants as a benchmark indicator. By 2005, 78 per cent of all births should be attended by skilled attendants.

85. The United Nations system, donors and international non-governmental organizations should continue to advocate for the recognition of maternal mortality as a public-health and human rights issue; to promote effective interventions; and to support countries in their efforts to reduce maternal deaths.

## D. Preventing and treating human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and sexually transmitted diseases (STDs)

86. HIV infection continues to be a major public-health issue throughout the world. The Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (UNAIDS) estimates that 33.4 million people were living with HIV/AIDS in 1998 and this number is expected to increase to about 40 million in 2000. Two thirds of the people infected by HIV/AIDS worldwide are in sub-Saharan Africa. Life expectancy has begun to decline in some countries with severe HIV/AIDS epidemic. Since the beginning of the HIV/AIDS epidemic, an estimated 10.7 million adults (of whom 4.7 million were women) and 3.2 million children have died from the disease.[12] While women currently account for 43 per cent of all adults living with HIV/AIDS, young women are disproportionately affected. For example, in a number of countries in Africa the rate of infection among girls aged 15–19 has been documented as being up to six times higher than among boys in the same age group.[13] Many infants acquire HIV infection from their HIV-infected mothers.

87. Anti-retroviral drugs and drugs for the treatment of opportunistic infections are now available, but these are costly. Manufacturers are beginning to donate anti-retroviral drugs in some developing countries, but the number of sufferers benefiting is still minimal. There is general consensus that the best way of reducing HIV transmission is by reducing the spread of new infections through behaviour change promoted by mass media and through education programmes aimed especially at young people.

88. At least 330 million new cases of curable STDs occur every year. STDs greatly increase the risk of HIV transmission, and also cause infertility and cervical cancer, from which, it is estimated, 300,000 women die each year.

89. **Progress**. There is broad agreement that the prevention and control of HIV/AIDS and STDs should be an integral component of reproductive health programmes. Since the International Conference on Population and Development, various efforts have been made to develop and test strategies to integrate HIV prevention and STD management into existing programmes. In addition, some countries are beginning to provide the female condom, and research continues on microbicides in recognition of the fact that women need protective methods over which they have control.

90. Evidence shows that efforts to prevent HIV/AIDS through behavioural change and condom distribution are cost-effective and can work well. In some countries of Asia and Africa, which have demonstrated strong leadership, commitment, allocation of resources and a willingness to work with civil society partners, the rate of HIV infection has begun to decline, particularly among younger age groups, army conscripts and commercial sex workers.[14]

91. **Constraints**. In many countries, there is still a reluctance to acknowledge the gravity and breadth of the HIV/AIDS pandemic, to acknowledge its likely impact on the quality of life and to provide the required commitment and resources.

92. Despite awareness that reducing the spread of HIV/AIDS and STDs requires changes in intimate aspects of human relationships and human behaviour, values and norms regarding relationships, and power imbalances between women and men, there is often a reluctance to address these issues at the programme level. Sexual violence against women in marriage, and against younger women by older men is also a major cause of HIV infection.

93. There is a lack of affordable, simple and effective technologies for the prevention and management of HIV/AIDS and STDs, particularly microbicides and simple diagnostic tests.

### Key future actions

94. Governments, at the highest political levels, should commit themselves to taking urgent action to prevent HIV transmission, improving care for HIV-infected persons and taking steps to mitigate the impact of the AIDS epidemic, through mobilization of the health, education, social welfare and other sectors, and all segments of civil society.

95. Countries should ensure that prevention of and services for HIV/AIDS and STDs are an integral component of reproductive health programmes at the primary health care level. They should ensure wide provision of and access to female and male condoms, including through social marketing. Advocacy and information, education and communication campaigns, supported from the highest levels of Government, should promote responsible and safer sexual

behaviour; mutual respect; and gender equity in sexual relationships. They should also scale up, where appropriate, pilot projects aimed at preventing mother-to-child transmission of HIV.

96. Countries, with the assistance from the United Nations system and donors, should, by the year 2005, ensure that at least 90 per cent of young men and women aged 15–24 have access to the information and the skills required to reduce their vulnerability to HIV infection. Countries should use, as a benchmark indicator HIV infection rates in persons 15–24 years of age, with the goal of ensuring that, by the year 2005, transmission of HIV in this age group is reduced (a) globally and (b) by 25 per cent in the 25 most affected countries.

97. Private and public sector investments should be increased in research on microbicides, simpler and inexpensive diagnostic tests, single-dose treatments for STDs and vaccine development. There should be negotiation of special prices for HIV drugs for developing countries.

## E. Promoting adolescent sexual and reproductive health

98. There are currently over 1 billion young people aged 15–24, the largest number ever in this age group. Close to 17 million girls under the age 20 give birth each year, some as young as 10–14 years of age. Most of these pregnancies are unplanned, and it is estimated by WHO that as many as 4.4 million abortions are sought by adolescent girls each year. Many adolescents face serious risks of STDs. More than 50 per cent of all new HIV infections occur among persons 15–24 years of age. Young girls are at particular risk from older men. Many adolescents lack formal education, work and beneficial recreation; many live in extreme poverty; and many are not sufficiently aware of the dangers they face and are ill equipped to protect themselves from taking potentially life-threatening risks. Many adolescents are married and therefore require access to a broad range of reproductive health information and services. Measures to prevent unwanted pregnancy, unsafe abortion and STDs, including HIV/AIDS, are essential to the health of adolescents as well as the future health of nations.

99. **Progress**. Adolescent reproductive health issues are now clearly part of the public-health agenda in a number of countries that have adopted policies, standards and mechanisms to address the needs of adolescents. Some countries have incorporated adolescent reproductive health components into youth programmes and national health plans, or have established youth offices within ministries. A number of countries have also made significant progress in providing information and services for adolescents. Early marriage and some harmful practices against girls are on the decline. The need to listen to and consult young people themselves is being increasingly regarded as a vital input to the planning and implementation of programmes offering information and services to adolescents.

100. Countries that provide sex education to young people at all levels of the school curriculum, and in which services also exist, have observed delays in the onset of sexual activity and reductions in unwanted pregnancy, unsafe abortion and STDs, including HIV/AIDS.

101. **Constraints**. Although there is growing acceptance of the importance of addressing adolescent reproductive health care needs, such awareness is not being translated consistently into operational action at the country level. In many developing and developed countries, adolescent sexuality and the reproductive health service needs of young people are still sensitive issues among policy makers, parents and teachers. In many countries, restrictive laws and regulations impede implementation of the Programme of Action in areas such as sexuality education and adolescent access to reproductive health services. Adolescent reproductive health programmes, where they exist, often lack wide coverage, especially in rural areas; are sometimes too narrowly focused; and often do not engage young people in their design or implementation. Where information, education and communication programmes for young people do exist, they are often not linked to reproductive health services.[15]

### Key future actions

102. Countries, with the increased participation of civil society, including non-governmental organizations, donors and the international community, should:

(a) Continue to advocate for the protection of adolescent reproductive health and to assist countries in identifying effective and appropriate strategies to achieve this goal;

(b) Develop national plans for youth that cover education, professional and vocational training, income-generating opportunities and sexual and reproductive health information services. Young people themselves should be involved in the design and implementation of such plans;

(c) Promote the central role of the family in educating children and shaping their attitudes, while still recognizing the rights of adolescents to take responsibility for their own behaviour and lives; and ensure that parents are educated about, and involved in, providing information to adolescents,

so that they can fulfil their rights and responsibilities in the sexual and reproductive health education of young people;

(d) Promote the responsibility of fathers to be positive role models and mentors for their adolescent children, particularly their daughters, in order for them to develop their self-esteem and to enable them to take responsibility for their own lives;

(e) Ensure that adolescents, both in and out of school, receive the necessary information and education to enable them to make informed choices and decisions regarding their sexual and reproductive health. Teachers should receive adequate training in this area;

(f) Review and modify existing laws, regulations and practices that may prevent the access of adolescents to the information and services they need.

103. All countries concerned about providing adolescent reproductive health services should examine the experience of countries that have addressed these issues in order to find suitable models for their own settings.

# IV. Partnerships and collaborations

104. The Programme of Action of the International Conference on Population and Development recognizes that broad and effective partnerships between Governments and non-governmental organizations, comprising not-for-profit groups and organizations at the local, national and international levels, are essential to implementing the consensus reached at Cairo. It also acknowledges that the experience, capabilities and expertise of many non-governmental organizations and local community groups can contribute towards successful implementation of population and development policies. The Programme of Action states that the private, profit-oriented sector plays an important role in social and economic development, including the production and delivery of reproductive health care services and commodities and the provision of appropriate education and information relevant to population and development issues.

105. **Progress**. Since the International Conference on Population and Development, the roles, responsibilities and supportive participation of civil society in the population and reproductive health arena have dramatically increased. Many Governments now recognize and support the involvement of civil society in the implementation of the Programme of Action and include civil society organizations in the formulation, implementation, monitoring and/or assessment of population policies, plans and programmes.

106. In some countries, Governments have taken significant measures to strengthen the institutional capacity of civil society, including the provision of funding and the removal of cumbersome legal restrictions.

107. In several countries, non-governmental organizations have established a national coordinating group for International Conference on Population and Development advocacy and implementation. Some non-governmental organizations have made progress in strengthening their institutions and in building coalitions. There is evidence of increased involvement of such partners as women's groups, advocacy organizations, youth groups, religious leaders and communities and private sector associations.

108. Many Governments and international organizations are exploring and facilitating new types of partnerships between Governments and the private sector. The private sector is also developing new, improved and affordable reproductive health technologies for STD/reproductive tract infection prevention and control.

109. Coordination among United Nations organizations has intensified. Since 1995, 18 United Nations organizations and the Bretton Woods institutions have worked together as part of the Administrative Committee on Coordination (ACC) Task Force on Basic Social Services for All. Enhanced system-wide coordination for follow-up to all United Nations conferences and summits is an essential feature of the United Nations reform process. In response to the HIV/AIDS pandemic, a new entity, the Joint and Co-sponsored United Nations Programme on HIV/AIDS, has been formed so that the system can respond more effectively to this crisis. In addition, the WHO/United Nations Children's Fund (UNICEF)/UNFPA Coordinating Committee on Health (CCH) has been established in acknowledgment of the importance of reproductive health in the entire health sector.

110. The importance of South-South cooperation has been recognized. There are several examples of exchanges between Asia, Latin America and Africa, as well as among Muslim countries. Such exchanges build capacity for implementing the outcome of the International Conference on Population and Development through training and policy advice and have the added advantage of taking place in common cultural and development settings.

111. Parliamentarian networks have been strengthened and expanded at all levels. Parliamentarians have been instrumental in ensuring provision of national budgetary allocations for population and development programmes.

112. **Constraints**. Despite some progress, much more has to be done to strengthen the human resource, institutional and

managerial capacities and financial sustainability of civil society organizations. non-governmental organizations are good advocates, but their capacity to implement programmes must be strengthened.

113. There is a lack of mechanisms for dialogue between civil society organizations and Governments. Also, networking among civil society organizations remains weak, particularly at the national level.

114. A lack of transparency, accountability and responsiveness to constituencies may be obstacles preventing civil society groups from mobilizing additional public and financial support.

115. Dependence on external funding often leads to increased competition for limited funds between Governments and non-governmental organizations, as well as among non-governmental organizations themselves. At times, the dependence on external funding has hindered strategic planning on the part of non-governmental organizations. A major constraint faced by both civil society and Governments is the lack of mechanisms for coordination, funding and accountability at the national level.

116. Resource constraints and an inadequate dossier of available skills and opportunities for exchanges have limited the use of South-South cooperation. The extension and further strengthening of the South-South modality have also been acutely affected by current financial and economic crises in many regions of the world.

**Key future actions**

117. Clear legal frameworks, regulations and guidelines need to be developed and adopted. Governments should ensure the legitimacy and autonomy of civil society organizations by adopting policy measures and removing legal and bureaucratic obstacles so as to facilitate their involvement in policy discussions and in the formulation, implementation, monitoring and evaluation of programmes.

118. Governments and civil society should work together to create an enabling environment for partnership by formulating underlying conceptual principles, an operational framework and goals and objectives, so that the respective roles and responsibilities of each are clearly defined and understood.

119. Civil society organizations should design innovative approaches and establish mechanisms to promote and strengthen their human resources, institutional capacities and sustainability. They should reach out to religious leaders and communities. Partnerships should be built with media groups, which can serve as effective advocates for disseminating the International Conference on Population and Development messages.

120. Governments and the international community should broaden the scope of their financial and technical assistance to building and strengthening the human resource, institutional, managerial and accounting capacity and sustainability of civil society institutions, particularly women's and youth groups.

121. The private sector should strengthen its engagement with civil society organizations and Governments in the implementation of the International Conference on Population and Development.

122. Parliamentarians should promote legislative reform necessary for implementing the Cairo consensus. They should mobilize the funding necessary for their countries to meet International Conference on Population and Development commitments and should be advocates for the Programme of Action. There should be regular exchanges of experiences among various regional and interregional networks.

123. For the full potential of South-South activities to be realized, external funding will continue to be necessary. It is also important to compile a "roster" of institutional and human resources available in developing countries, so that the need for and the availability of skills can be matched.

# V. Mobilizing resources

124. The International Conference on Population and Development specified the magnitude of the financial resources, both domestic and external, necessary to implement the Programme of Action. It estimated that in the developing countries and in countries with economies in transition, implementation of the population and reproductive health programmes (the "costed package") will require $17 billion a year by the year 2000 and $21.7 billion a year by 2015. Approximately two thirds of these resources are projected to come from domestic sources, and one third from the international donor community.

125. **Progress**. Following the International Conference on Population and Development, international assistance for population and reproductive health programmes increased to $2.0 billion a year in 1996. Two countries reached or exceeded an allocation of 4 per cent of their official development assistance (ODA) to population. In 1997, however, there was a decrease of $100 million in the external flow of resources. If this trend persists and the volume of international population assistance continues to decline, there

will be a shortfall of $3.8 billion in meeting the commitment made in Cairo for external resources in the year 2000.

126. Estimates of domestic financial resource flows based on a survey of government and non-governmental organization expenditures for population and reproductive health programmes yielded a figure of approximately $7 billion annually during the period 1996–1997. The flows from a third major source of domestic expenditure, individuals and households, were estimated at a further $1 billion, thus bringing the estimated total financial flows generated from domestic sources to about $8 billion annually. This amount will have to increase by $3.3 billion in the year 2000 to fulfil the resource goals agreed at Cairo.[16]

127. **Constraints**. Despite the commendable efforts by developing countries to increase domestic spending, most domestic resource flows in recent years have originated in a few large countries. However, many developing countries, in particular the least developed countries (most of which are situated in sub-Saharan Africa), are simply unable to generate even one quarter of the resources required to cover the cost of their national population and reproductive health programmes. Countries with economies in transition are also facing serious difficulties, at least in the short run, in financing their reproductive health programmes. For at least the next 10–15 years, many of these countries, especially those going through painful structural adjustment processes, will continue to require significant external assistance to fully implement the Programme of Action of the International Conference on Population and Development.

128. The HIV/AIDS epidemic has progressed faster than previously projected; additional resources for advocacy, preventive campaigns and commodities are thus required to deal with this epidemic.

129. The early encouraging momentum generated by the International Conference on Population and Development process stalled in 1997 and 1998, largely because of a sharp reduction in ODA on the donor side, coupled with the continuing adverse fallout in large parts of the developing world from severe economic and financial crises.

### Key future actions

130. Governments of developing countries and countries with economies in transition and the international community must recommit themselves to making every effort to mobilize the financial resources required to reach the agreed funding levels for full implementation of the Programme of Action.

131. There is an urgent need for the international community to take steps to meet the resource shortfall. The international donor community should reach the agreed target of 0.7 per cent of the gross national product (GNP) for ODA, and commit itself to the target of a minimum of 4 per cent of ODA for population activities. Because of the definition of the population sector contained in the Programme of Action (considerably broadened to include reproductive health, HIV/AIDS prevention and so on), it should further consider increasing this target to a minimum of 5 per cent. An increased proportion of public sector expenditures, as well as an increased proportion of ODA using both the bilateral and multilateral modalities, should be devoted to population and reproductive health programmes in order to ensure that the International Conference on Population and Development costed package is fully implemented.

132. All developing countries must continue to make efforts to mobilize domestic resources from all sources in order to fully implement the Programme of Action.

133. Advocacy efforts should be increased between and within countries to ensure that the necessary resource goals are met. Parliamentarians should undertake measures to increase support for population and reproductive health programmes through legislation, advocacy and expanded awareness-raising and resource mobilization, as noted in The Hague Declaration of Parliamentarians on the Review of the International Conference on Population and Development.

134. Since the HIV/AIDS epidemic has made deeper inroads than was originally projected, special attention should be given to providing promptly, at a minimum and as called for in the Programme of Action, the estimated amount of $1.3 billion for HIV/AIDS prevention in the year 2000.

135. Countries that have made a political commitment to implementing International Conference on Population and Development goals and have developed consistent population policies and programmes need special attention from the international community in meeting their resource needs. Countries currently in emergency situations and/or economic crisis need substantial external resources if they are to implement their population and reproductive health programmes.

136. Governments and the international community should encourage and promote additional ways and mechanisms to provide reproductive health services, such as increased involvement of the private sector, debt swap, selective use of user fees, social marketing, cost-sharing and other forms of cost recovery.

137. In view of the limited resources, there is a need for both donors and developing countries to ensure that resources are used as effectively and efficiently as possible.

138. There is a need to improve monitoring of resource flows for the costed population and reproductive health package included in the Programme of Action, including agreement on a common definition by all parties.

139. Countries should be urged to substantially increase their voluntary contributions to UNFPA so that the Fund will be in a better position to help countries meet their population and reproductive health challenges, including many countries in which UNFPA is the only source of population assistance.

140. Countries and the international community should give serious consideration to the 20/20 initiative, which can provide increased resources for broader population and social sector objectives.

# VI. Conclusion

141. The implementation of the recommendations of the 20-year Programme of Action adopted by consensus at the International Conference on Population and Development in Cairo in September 1994, and the realistic meeting of its objectives and goals, are off to a good start. Particularly good progress was made on many population and reproductive health fronts between mid-1994 and mid-1997; however, financial crises in many developing countries, coupled with declines in ODA and a levelling-off of international population assistance, have slowed the rate of progress.

142. The five-year review points to the need for renewed political commitment to the principles and goals of the Programme of Action. It also highlights the fact that considerable progress has been made with only modest investments. This has been possible because of the growing support for the Programme of Action in both developed and developing countries and increased partnerships between Governments, civil society, including non-governmental organizations, and the international community. However, if implementation of the Programme of Action is to be accelerated, a number of financial, institutional and human resource constraints must be overcome.

143. To achieve this, there is first a need for wide-ranging institutional reforms. These include, *inter alia*, increased service integration; more effective decentralization; even closer collaboration between government and civil society; greater participation of women in policy- and decision-making; and improvements in the quality of data and their effective use for policy-making. Implementing these actions, and addressing the full range of recommendations of the Programme of Action will require greater political commitment and development of national capacity, since both governmental and non-governmental institutions in many developing countries are hampered by severe human resource constraints.

144. The world population will exceed 6 billion by the year 2000. Reducing poverty among large numbers of this population and ensuring basic living standards and health for all are the most important policy goals of the United Nations system and of the many global conferences on economic and social development matters that it sponsored during the 1990s. Increased political will and mobilization of the resources agreed to at Cairo will accelerate the implementation of the Programme of Action of the International Conference on Population and Development, which in turn, will contribute to the advancement of the broader development agenda.

*Notes*

[1] *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.13), chap. I, resolution 1, annex.

[2] Population Division, Department of Economic and Social Affairs (DESA), *World Population Prospects: The 1998 Revision* (United Nations publication, forthcoming).

[3] United Nations Population Division, Department of Economic and Social Affairs, *1998 World Population Estimates and Projections*, briefing packet, October 1998, p. 26.

[4] Economic and Social Commission for Asia and the Pacific (ESCAP) and United Nations Population Fund (UNFPA), "Report of the High-Level Meeting to Review the Implementation of the Programme of Action of the International Conference on Population and Development and the Bali Declaration on Population and Sustainable Development and to Make Recommendations for Further Action", Bangkok, 24–27 March 1998, pp. 8–9.

[5] Administrative Committee on Coordination (ACC) Task Force on Basic Social Services for All, Working Group on International Migration, report of the Technical Symposium on International Migration and Development, The Hague, 29 June–3 July 1998.

[6] Progress in the areas of the environment and poverty was considered in detail at the nineteenth special session of the General Assembly, held in June 1997, to review progress over the five years since the United Nations Conference on Environment and Development; and will be considered at the forthcoming special sessions of the Assembly, to be held in the year 2000, on the implementation of the outcome of the World Summit of Social Development and further initiatives.

[7] See report of the Secretary-General to the Commission on Sustainable Development at its fifth session, 7–25 April 1997, on overall progress achieved since the United Nations

Conference on Environment and Development (E/CN.17/1997/2 and addenda).

[8] According to various country-level case studies carried out by (a) the Futures Group, (b) the Centre on International Cooperation, New York University, and (c) the Population Reference Bureau.

[9] UNFPA, *Report of the Round Table on Ensuring Reproductive Rights and Implementing Sexual and Reproductive Health Programmes including Women's Empowerment, Male Involvement and Human Rights, Kampala, 22–25 June 1998* (New York, UNFPA, 1998). ISBN 0–89714–521–6.

[10] World Health Organization (WHO), United Nations Children's Fund (UNICEF), *Revised 1990 Estimates of Maternal Mortality* (Geneva, 1996) (WHO/FRH/MSM/96.11 and UNICEF/PLN/96.1).

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[12] Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (UNAIDS) and World Health Organization (WHO), *AIDS Epidemic Update: December 1998.*

[13] UNAIDS, *AIDS Five Years since ICPD*, 1999.

[14] World Bank, *Confronting AIDS: Public Priorities in a Global Epidemic* (New York, Oxford University Press, 1997).

[15] UNFPA, *Report of the Round Table on Adolescent Sexual and Reproductive Health; Key Future Actions, New York, 14–17 April 1998* (New York, UNFPA, 1998). ISBN 0–89714–515–1.

[16] See the report of the Secretary-General on the flows of financial resources for assisting in the Programme of Action of the International Conference on Population and Development (E/CN.9/1999/4), prepared for the thirty-first session of the Commission on Population and Development (1999). The database for estimating domestic expenditure does not include all developing countries and is not always defined consistently. The data therefore needs to be treated with some caution.