

27 March 1999

Original: English

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

24-31 'March 1999

Item 3 of the provisional agenda'

Preparation for the special session of the General Assembly

Proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development

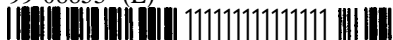
Revised working paper submitted by the Chairman

1. The 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 considered the report of the Secretary-General for the special session of the General Assembly (E/CN.9/1999/PC/4), which was submitted in response to General Assembly resolutions 52/188 and 53/183 and Economic and Social Council resolution 1998/8. The preparatory committee decided to concentrate its work on the formulation of proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, taking as the basis of its work the recommendations contained in the report of the Secretary-General.

2. The preparatory committee hereby submits to the General Assembly at its special session, for consideration and adoption, the recommendations for the further implementation of the Programme of Action of the International Conference on Population and Development set out below.

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

99-08853 (E)



Proposals for key actions for further implementation of the Programme of Action of the International Conference on Population and Development

I. Background

1. 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 the focus of all national and international activities designed to address issues of population and development with a view to achieving sustained economic growth and sustainable development. The Programme of Action is strongly rooted in the view that investing in health and education, respecting fully the rights of couples and individuals in reproductive health services 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. The Programme of Action must be seen as being closely related to the outcomes of the other major United Nations conferences held during the 1990s, and progress in its implementation should be assessed within the common framework of the follow-up to all these conferences.

2. The Programme of Action recommended a set of interdependent quantitative goals and objectives. These included 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 gap between girls and boys. The Programme also proposed a set of qualitative goals that are mutually supportive and of critical importance to achieving the quantitative goals and objectives.

3. The Programme of Action articulates a comprehensive approach to issues of population and development, identifying a range of demographic and social goals to be achieved over a 20-year period. While the Programme of Action provides no quantifiable goals for population growth, structure and distribution, it does reflect the view that an early stabilization of world population would make an important contribution to realizing the overarching objective of sustainable development.

4. According to United Nations estimates and projections, the world population will exceed 6 billion for the first time in 1999: nearly 80 per cent of which will be living in

developing countries and countries with economies in transition. Depending on the quality and magnitude of the actions taken over the next 5 to 10 years in the areas of population policy and reproductive health, including the provision of family-planning services, world population will total somewhere between 7 billion and 7.5 billion in 2015. It is estimated that population stabilization will not be reached for another 50 years at the earliest. The highest rates of population increase continue to occur in the world's poorest countries.

5. The five-year review of progress shows that the implementation of the recommendations of the Programme of Action is off to a good start. Mortality in most countries has continued to fall in the five years since the adoption of the Programme of Action. The broad-based definition of reproductive health is being accepted by an increasing number of countries, and steps are being taken to provide comprehensive services in many countries. Rising contraceptive use among couples indicates that there is greater accessibility to family planning and that more and more individuals and couples are able to choose the number and spacing of their children. Many countries, both sending and receiving, have taken important steps, particularly at the regional level, aimed at better managing international migration flows through bilateral and multinational agreements. In addition, many civil society organizations are contributing to the formulation and implementation of policies, programmes and projects on their own or in partnerships with governmental and intergovernmental organizations as well as the private sector.

6. Nonetheless, for some issues and for some countries, regions and groups, progress has been limited, and in some cases setbacks have occurred. The human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic has led to rises in mortality in many countries, in particular in sub-Saharan Africa. Economic shocks and the transition to a market economy in a number of countries in Asia and Europe have been accompanied by stagnation and rises in mortality, particularly among adult men. The impact of the financial crises in countries of East Asia and elsewhere is affecting the health and well-being of individuals and limiting progress in implementing the Programme of Action.

7. If the implementation of the Programme of Action is to be accelerated, a number of financial, institutional and

human resource constraints must be overcome. There is a need, for example, to ensure equitable access to basic **health-care services** by integrating reproductive health services, including maternal and child health and family-planning services, and by making appropriate use of community-based services, social marketing and cost-recovery schemes. There is **also a need for more effective decentralization, closer collaboration between Governments 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 formulation.** 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. Increased resources backed by effective priority-setting within each national context are also critical factors for the successful implementation of the Programme of Action. In the coming years, achieving the goals and objectives of the Programme of Action will thus require sufficient domestic and external resources, committed government action and effective partnerships.

8. The key future actions proposed in the present document will require renewed and sustained commitment to the principles, goals and objectives of the Programme of Action on the part of Governments, civil society and the international community so that they can be accomplished as soon as possible, but in any case before 2015.

II. Population and development concerns

A. Population, poverty and sustainable development

9. Governments should:

(a) Intensify efforts to equip planners and decision-makers with a better understanding of the relationships between population, poverty, gender inequality, the environment, resources and development and carefully examine recent data suggesting that reductions in fertility can accelerate economic growth and promote more equitable distribution of the benefits of that growth:

(b) Draw attention to and promote linkages among macroeconomic, environmental and social policies through increased dialogue among finance ministries and other relevant ministries;

(c) Intensify efforts to implement legislative and administrative measures as well as to promote public education about the need for sustainable production and consumption patterns, foster sustainable resource use and work concertedly to prevent environmental degradation, especially the dumping of toxic materials and the transportation of nuclear waste;

(d) Increase investments in the social sector, including health as an effective strategy for development.

10. Governments and the international community should **reaffirm their commitment to promote an enabling environment to achieve sustained economic growth in the context of sustainable development and to eradicate poverty, with a special emphasis on gender, as a means of stabilizing the global population by promoting an open and equitable trading system, by stimulating direct investment, by reducing the debt burden and by ensuring that structural adjustment programmes are responsive to social and economic concerns.**

11. **Governments of developing countries and countries with economies in transition, with the assistance of the international community and donors, should ensure that social safety networks are implemented, especially in those countries most affected by the recent global financial crisis, and should ensure that they are adequately funded, also through bilateral and multilateral financial assistance.**

12. Governments of developing countries and countries with economies in transition, 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, including breastfeeding, unless it is medically contraindicated, universal immunization, oral therapies, clean water sources, infectious disease prevention, reduction of exposure to toxic substances and improvements in household sanitation;

(b) Develop special policies and programmes on **health** promotion where stagnation or deterioration in mortality levels is observed, especially among males in productive age groups. Health-care systems need to be rebuilt and reinforced in response to the current demands on them, taking into account the financial realities of countries:

(c) Acknowledge and safeguard the rights of indigenous populations in terms of protecting their cultures, belief systems, rights and language.

B. Changing age structure and ageing of the population

13. Governments should:

(a) With the active support of non-governmental organizations and the private sector, invest **in the development and implementation of national, regional and local plans** to meet the needs of **young people**. Such plans should include **education, income-generating opportunities and vocational training**. **Young people should be fully involved in the design, evaluation and implementation of these plans. Emphasis should be placed on fostering intergenerational dialogue through better communication and mutual support;**

(b) **Support research and develop comprehensive strategies at the national, regional and local levels to meet the challenges of population ageing and invest more resources in gender-sensitive research as well as training and capacity-building in social policies and health care of older persons, paying special attention to the economic and social security of older persons, in particular older women;** increased recognition of the inherent dignity of older persons and the productive and useful roles that they can play in society; support systems to enhance the ability of families and communities to care for older family members; and generational equity with the goal of maintaining and improving social cohesion.

14. Governments and civil society, including non-governmental organizations and the private sector, should create opportunities for older women and men to contribute their skills to the family, to the workforce and to community service in order to help foster intergenerational solidarity and enhance the stability of society. This will require lifelong education and retraining opportunities.

15. The United Nations system should ensure that additional resources are made available, document the positive experience of policies and programmes in the area of ageing of men and women and disseminate information and recommendations about those practices. Developing countries should be enabled, through appropriate training and capacity-building, to evolve their own policies appropriate to their cultures, traditions and socio-economic circumstances.

C. International migration

16. Governments in both sending and receiving countries, through international cooperation, are urged:

(a) To safeguard the dignity and human rights of and to provide effective protection for migrants, refugees and displaced persons, especially women and children, by providing basic social services, including reproductive health and family-planning services, facilitating family reunification, monitoring violations of human rights and imposing punishment on those who refuse to comply with applicable laws. All States should become signatories to the United Nations Convention of 1951 and the Protocol of 1967 relating to the Status of Refugees and put in place effective asylum procedures. **They should also ensure that legislation and practices uphold the right of asylum and the principle of non-refoulement, and actively support the integration of documented migrants into the host society;**

(b) **To contribute to orderly international migration by working to prevent trafficking in migrants, in particular women and children subjected to labour, sexual or commercial exploitation; to develop clear penalties for such trafficking and migrant smuggling, backed by effective administrative procedures and laws, ensuring punishment of those who commit such crimes; and to finalize as soon as possible a protocol against trafficking in illegal migrants, which is currently being negotiated by the United Nations Commission on Crime Prevention and Criminal Justice;**

(c) To support bilateral and multilateral initiatives, such as regional and subregional consultation processes, to address the specific challenges posed by international migration, such as family disintegration;

(d) To become a party to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Family, if they have not already done so.

17. Governments, with the assistance of the international community, should intensify their efforts to improve data collection and analysis in the areas of international migration, and in this context promote the implementation of the United Nations recommendations on statistics of international migration; encourage studies designed to assess the causes of international migration and displacement and the positive contribution that migrants and refugees make to both sending and receiving countries; and improve understanding of the links between globalization, demographic and environmental change, poverty, and migration and displacement.

D. Internal migration, population distribution and urban agglomerations

18. Governments should carry out research to strengthen the understanding of the factors, trends and characteristics of internal migration and the geographical distribution of the population in order to provide grounds for the formulation of human settlements policy.

19. Governments should strongly reaffirm the call in the Programme of Action that population distribution policies should be consistent with such international instruments as the 1949 Geneva Convention relative to the Protection of Civilian Persons in Time of War, including article 49.

20. Governments should strongly reaffirm the call in the Programme of Action that countries should address the causes of internal migration and internal displacement, including environmental degradation, natural disasters, armed conflict and forced resettlement, and establish the necessary mechanisms to protect and assist displaced persons, including, where possible, compensation for damages, especially for those who are not able to return to their normal place of residence in the short term.

21. Governments should improve the management and delivery of services for the growing urban agglomerations and put in place enabling legislative and administrative instruments and adequate financial resources to meet the needs of all citizens, including the urban poor, older persons and the disabled.

E. Population, development and education

22. Governments, including civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 2015, meet the Conference's goal of achieving universal access to primary education; should close the gender gap in primary education by 2002 and in secondary education by 2005; and should 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 2000. Special efforts should be made to increase the retention rates of girls in primary and secondary school. Parents should be sensitized to the value of education of children, in particular of girls.

23. Governments and the international community should:

(a) Expand youth, adult education and lifelong gender-sensitive learning policies and programmes, with

particular attention to migrants, indigenous people and people with disabilities;

(b) Reduce the rate of illiteracy among women by 2005, at least halving it compared with the rate in 1990;

(c) Promote the achievement of functional literacy for adults as well as children where schooling remains unavailable;

(d) Continue to give high priority to investments in education and training in development budgets.

24. Bold and innovative initiatives using modern information communication technology should be studied and appropriate action taken in order to surmount the enduring poverty barrier to education in developing countries. Communication through satellite transmission should be explored, particularly in developing and less developed countries.

F. Data systems, including indicators

25. Countries, with the assistance of the international community and donors, should strengthen national information systems to produce reliable statistics on a broad range of population, environment and development indicators in a timely manner. The indicators to be collected should include poverty rates at the community level, women's access to social and economic resources, overall access by populations in need, especially indigenous peoples, to reproductive health-care services and the level of gender sensitivity in reproductive health services, including family planning and sexual health. All data systems should ensure the availability of age- and sex-disaggregated data, which are crucial for translating policy into strategies that address age and gender concerns and for developing gender-impact indicators for monitoring progress. Countries should also collect the quantitative and qualitative data needed to assess the status of male and female reproductive health at all ages and to design, implement, monitor and evaluate action programmes. Health and reproductive health data should be disaggregated by income and poverty status to identify the specific health profile and needs of poor people and as a basis for focusing public and donor resources and subsidies to those who need them most.

'6. The United Nations system and multilateral and bilateral donors should be specifically urged to strengthen the capacity of countries, particularly the less developed countries and those with economies in transition, to undertake censuses and surveys on a regular basis and to

develop innovative and cost-effective solutions for meeting data requirements, especially for regular monitoring of the implementation of the goals of the Conference.

III. Gender equality, equity and empowerment of women

A. Promotion and protection of women's human rights

27. Governments should ensure that the human rights of women, including economic, social and reproductive rights, are respected and protected through the development and effective enforcement of gender-sensitive policies and legislation. All Governments are encouraged to sign, ratify and implement the Convention on the Elimination of All Forms of Discrimination against Women, promote adoption by the General Assembly of the Optional Protocol and work towards removing all existing reservations. Operational linkages should be promoted between the goals of the Programme of Action and those of other international conferences and instruments, in order to achieve gender equality and equity systematically and comprehensively.

28. The implementation of population and development policies should continue to incorporate reproductive rights in accordance with paragraph 7.3 of the Programme of Action. Governments should take strong measures to promote the human rights of women. The reproductive rights approach to population and development policies and programmes needs to be further developed and strengthened. Countries should establish mechanisms for consultation with all relevant groups, including women's organizations. In this context, Governments are urged to incorporate human rights into both formal and informal educational processes.

29. Governments, in reporting to the human rights treaty bodies, should consult with civil society in the development of reports to ensure the broadest representation in the area of reproductive rights. Civil society, especially non-governmental organizations, should strengthen their advocacy efforts for the utilization of international documents and conventions, in particular, the Convention on the Elimination of Discrimination against Women.

30. Governments should especially safeguard the human rights of the girl child, which include economic and social rights as well as protection against violence, including harmful practices and sexual exploitation. Governments should review all legislation and amend and revoke those that discriminate against the girl child.

B. The empowerment of women

31. Governments should establish mechanisms to accelerate women's equal participation and equitable representation at all levels of the political process and public life in each community and society and enable women to articulate their concerns and needs. Governments and civil society should take action to eliminate attitudes and practices that subjugate women and reinforce gender inequality.

32. Governments should take measures to promote the fulfilment of women's potential through education, skills development and eradication of illiteracy for all women regardless of age, social status, race or ethnic group, giving paramount importance to the elimination of poverty and ill health.

33. Governments should take every possible action to remove all gender gaps and inequalities pertaining to women's livelihoods and participation in the labour market through the creation of employment with secure incomes, which has been shown to advance women's empowerment and enhance their reproductive health. Legislation ensuring equal pay for work of equal value must be instituted and enforced.

C. Gender perspective in programmes and policies

34. A gender perspective must be adopted in all processes of policy formulation and implementation and in the delivery of services, especially in reproductive health, including family planning and sexual health. In this regard, the institutional capacity and expertise of staff in Governments, civil society, including non-governmental organizations and the United Nations system should be strengthened in order to promote gender mainstreaming. This should be done by sharing tools, methodologies and lessons learned in order to develop capacity and institutionalize effective strategies for gender-based analysis and gender mainstreaming. This includes the development and availability of gender-disaggregated data and appropriate indicators for monitoring progress.

35. The differential impact on women and men of the globalization of the economy and the privatization of basic social services, particularly reproductive health services, should be monitored closely. Special programmes and institutional mechanisms must be put in place to safeguard the health and well-being of young girls and older women. Women's and men's reproductive and sexual health needs

must be addressed throughout their life cycle. The provision of services to meet men's reproductive and sexual health needs should not prejudice reproductive and sexual health services for women.

36. Governments should give priority to developing programmes and policies that foster norms and attitudes of zero tolerance for discrimination against the girl child and son preference, and for all forms of violence against women, including prenatal sex selection, female genital mutilation, rape, incest, trafficking, sexual violence and exploitation. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. The girl child's access to health, nutrition, education and life opportunities should be protected and promoted. The role of family members, especially parents and other legal guardians, in strengthening the self-image, self-esteem and status of girls and in protecting their well-being, should be enhanced and supported.

D. Advocacy against negative attitudes and practices

37. Governments, parliamentarians, community and religious leaders, the family, the media, educators and other relevant groups should actively promote gender equality and equity. These groups should develop and strengthen their strategies to change negative and discriminatory attitudes and practices towards women and girls in order to enhance the value and dignity of women in society. All leaders at the highest levels of policy- and decision-making should speak out in support of gender equality and equity, including the empowerment of women and protection of the girl child.

38. All leaders at all levels, as well as parents and educators, should promote positive male role models that help boys to become gender-sensitive adults and enable men to support, promote and respect women's sexual and reproductive health and rights, as well as their dignity. Men should be responsible for their own reproductive and sexual behaviour and health. Research should be undertaken on men's sexuality, concepts of masculinity and their reproductive behaviour.

IV. Reproductive rights and reproductive health

A. Reproductive health, including family planning and sexual health

39. Governments, in collaboration with civil society, including non-governmental organizations, donors and the United Nations, should:

(a) In the broader context of strengthening basic health systems, including health sector reform, give high priority to sexual and reproductive health and ensure that policies, strategic plans, and all aspects of the implementation of sexual and reproductive health programmes are based on human rights and that such programmes cover the full lifespan; address inequities and inequalities due to gender; and ensure equity of access to information and services;

(b) Engage all relevant sectors, including non-governmental organizations, especially women's and youth organizations and professional associations, through ongoing participatory processes in the design, implementation, quality assurance, monitoring and evaluation of policies and programmes, in ensuring that sexual and reproductive health information and services meet people's needs and respect their rights, including their right to access to good-quality care;

(c) Increase investments designed to improve the quality of sexual and reproductive health services, including establishing and monitoring clear standards of care; ensuring the competence, particularly the technical and communication skills, of service providers; ensuring free and informed choices, respect, privacy, confidentiality and client comfort; establishing fully functioning logistical systems, including efficient procurement of necessary commodities; and ensuring effective referral mechanisms across services and levels of care;

(d) Ensure that sexual and reproductive health programmes provide pre-service and in-service training and supervision for all levels of health-care providers to ensure that they maintain high technical standards, including for hygiene; respect the human rights of the people they serve: are knowledgeable and trained to serve clients who have been subjected to harmful practices, such as female genital mutilation and sexual violence; and are able to provide accurate information about the symptoms of reproductive tract infection as well as about personal hygiene and other factors in reproductive tract infections in order to minimize

adverse physical and psychological consequences such as pelvic inflammatory disease, infertility, ectopic pregnancy and pelvic pain;

(e) **Promote men's understanding of their** roles and responsibilities **for respecting** women's rights, promoting **women's health, preventing unwanted pregnancy, reducing maternal mortality and morbidity, reducing transmission of sexually transmitted diseases and HIV/AIDS**, supporting their **partner's** access to sexual and reproductive health care, sharing household and child-rearing responsibilities and supporting **work to eliminate harmful practices, such as female genital mutilation and sexual and other gender-based violence**;

(f) **Strengthen community-based services and new partnerships with the private sector while working to ensure that safety, ethical and other standards are met; and provide subsidies from public resources and donor funds to ensure availability and access for those otherwise unable to gain access to services.**

40. Governments should measure the degree of access to and the choice of family-planning and contraceptive methods and indicators for maternal mortality and HIV/ AIDS and use them to indicate progress towards the Conference's goal of universal access to reproductive health care. Governments should strive to ensure that by **20 15** all primary health-care and family-planning facilities are able to provide, directly or through referral, a choice of at least three methods of family planning, management of reproductive tract and sexually transmitted infections, and barrier methods (such as male and female condoms and microbicides if available) to prevent infection. By **2005, 60** per cent of such facilities should be able to offer this range of services, and by **20 10** 80 per cent of them should be able to offer such services.

4 I. The United Nations system and donors should support the building of national capacity to plan, manage, implement, monitor and evaluate sexual and reproductive health programmes, including ensuring that refugees and all other persons in emergency humanitarian situations receive appropriate health care, including sexual and reproductive health care and information, and greater protection from sexual and gender-based violence. They should also ensure that all health workers in relief and emergency situations are given basic training in sexual and reproductive health care information and services.

B. Access to quality family-planning services

42. Governments, in accordance with the Programme of Action, should take effective action to ensure the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children.

43. Governments, with support from the United Nations system and donors, should:

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

(b) **Provide quality counselling services and ensure an ethical and professional standard of care, as well as free and informed choices** in an atmosphere of privacy, confidentiality, respect and sensitivity to gender, age, race, **ethnicity**, disability, culture and other diversities;

(c) Strengthen logistical systems, including programme management capacity, to make services safer, more affordable and more convenient and accessible to clients and to ensure the availability and continuous supply of essential high-quality contraceptives and sexual and reproductive health commodities and of the raw materials for them:

(d) Adequately strengthen social safety nets using public resources and donor funds, and, in the context of primary health care, ensure the availability of and access to comprehensive reproductive health services, including family planning, particularly for **people most** affected by poverty, economic reforms and crisis.

44. 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 family-planning methods, for both men and women, including female-controlled methods that protect against sexually transmitted diseases, HIV/AIDS and pregnancy. All countries must abide by internationally accepted ethical standards in all research and development **as well** as in quality control and product design, production and distribution. The international community should take the necessary measures, in particular the transfer of technology, to enable developing countries to produce, store and distribute high-quality contraceptives and other commodities essential for reproductive health services **in order to strengthen the self-reliance of those countries. The**

United Nations Population Fund (UNFPA) is urged to continue to strengthen its leadership role within the United Nations system in assisting countries to take the strategic action necessary to ensure availability and choice of reproductive health commodities.

C. Reducing maternal mortality and morbidity

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

(a) Recognize the linkages between high levels of maternal mortality and poverty and promote the reduction of maternal mortality and morbidity as a public health priority and human rights issue;

(b) Ensure that the reduction of maternal morbidity and mortality is a health sector priority and that women have ready access to well-equipped and adequately staffed maternal health-care services, in particular skilled attendance at delivery, including essential and emergency obstetric care, effective referral and transport to higher levels of care when necessary and post-partum care. In health sector reform, the reduction of maternal mortality and morbidity should be prominent and used as an indicator for the success of such reform;

(c) Support public health education to create awareness of the hazards of pregnancy, labour and delivery and to increase the understanding of the respective roles and responsibilities of family members, including men, as well as of civil society and Governments, in promoting and protecting maternal health;

(d) Develop appropriate interventions, beginning at birth, to improve the nutritional, health and educational status of girls and young women so that they are better able to make informed choices about childbearing and to obtain access to health information and services;

(e) 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. Any measures or changes related to abortion within the health-care system can be determined only at the national or local level in accordance with the national legislative process. In circumstances where it is not against the law,

abortion should be safe. In no case should abortion be promoted as a method of family planning.

46. In order to monitor progress towards the achievement of the Conference's goals for maternal mortality, countries should use the proportion of births attended by skilled health personnel as a benchmark indicator. By 2005, where the maternal mortality rate is very high, at least 40 per cent of all births should be attended by skilled health personnel; by 2010, the figure should be at least 50 per cent and by 2015, at least 60 per cent. All countries should continue their efforts so that globally, by 2005, 80 per cent of all births should be attended by skilled health personnel, by 2010, 85 per cent, and by 2015, 90 per cent.

D. Prevention and treatment of human immunodeficiency virus/acquired immunodeficiency syndrome and sexually transmitted diseases

47. Governments, at the highest political levels, should take urgent action to prevent the transmission of sexually transmitted diseases and HIV and, with the assistance of the Joint United Nations Programme on HIV/AIDS (UNAIDS), develop national HIV/AIDS policies and action plans, ensure and promote respect for the human rights and dignity of persons living with HIV/AIDS, improve care and support to people living with HIV/AIDS, including support services for home-based care, and take steps to mitigate the impact of the AIDS epidemic by mobilizing of all sectors and segments of society to address the social and economic factors contributing to HIV risk and vulnerability. Governments should enact legislation and adopt measures to ensure non-discrimination against people living with HIV/AIDS so that they are not denied the information needed to prevent further transmission and are able to access treatment and care services without fear of stigmatization, discrimination or violence.

48. Governments should ensure that prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of sexual and reproductive health programmes at the primary health-care level. Gender, age-based and other differences in vulnerability to HIV infection, should be addressed in prevention and education programmes and services. Governments should develop national guidelines for HIV treatment and care and for voluntary HIV testing and counselling services and ensure widespread provision of and access to female and male condoms, including through social marketing. Advocacy and information, education and communication campaigns

developed with communities and supported from the highest levels of Government should promote informed, responsible and safer sexual behaviour and practices, mutual respect and gender equity in sexual relationships. Given the enhanced susceptibility to HIV/AIDS of individuals infected by conventional and treatable sexually transmitted diseases and the high prevalence of such diseases among young people, priority must be given to the detection, diagnosis and treatment of such infections.

49. While the most important intervention to reduce HIV infection in infants is prevention of infection in adolescents and women, Governments should also scale up, where appropriate, education and treatment projects aimed at preventing mother-to-child transmission of HIV.

50. Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally and by 25 per cent in the 25 most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

51. The private and public sectors should increase investments in research on the development of microbicides and other female-controlled methods, simpler and less expensive diagnostic tests, single-dose treatments for sexually transmitted diseases and vaccines. The international community should negotiate affordable prices for developing countries for existing and new HIV drugs, effective treatments and technologies for prevention and testing.

E. Adolescent sexual and reproductive health

52. Governments, with the support of the international community, should make additional efforts to implement the Programme of Action in regard to adolescent sexual and reproductive health, as per paragraph 7.45 of the Programme of Action, and should:

(a) Protect and promote the rights of adolescents to reproductive health education, information and care and safeguard the rights of adolescents to privacy.

confidentiality, respect and informed consent, respecting cultural values and religious beliefs;

(b) Continue to advocate adolescent health, including sexual and reproductive health, identify effective and appropriate strategies to achieve this goal and develop gender- and age-based indicators and data systems to monitor progress;

(c) Develop national action plans for adolescents and youth, based on gender equity and equality, that cover education, professional and vocational training and income-generating opportunities. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention (Programme of Action, para. 7.47). Adolescents and youth themselves should be fully involved in the design and implementation of such information and services, with proper regard for parental guidance and responsibilities;

(d) Acknowledge and promote the central role of families, parents and other legal guardians in educating their children and shaping their attitudes, and ensure that parents and persons with legal responsibilities are educated about and involved in providing sexual and reproductive health information so that they can fulfil their rights and responsibilities towards adolescents;

(e) With due respect for the rights, duties and responsibilities of parents, ensure that adolescents, both in and out of school, receive the necessary information, education, counselling and health services to enable them to make informed choices and decisions regarding their sexual and reproductive health. Sexually active adolescents will require special family-planning information, counselling and services, and those who become pregnant will require special support from their families and communities during pregnancy and early child care (Programme of Action, para. 7.47). Teachers, parents, peer educators and health-care providers should receive adequate information and training in this area;

(f) Where appropriate, remove legal, regulatory and social barriers to sexual and reproductive health information and services for adolescents and ensure that the attitudes of health-care and other service providers do not restrict the access of young people to needed services and information, including for the prevention and treatment of sexually transmitted diseases and HIV.

53. On request from Governments, the United Nations system and donor countries should give higher priority to and increase resource allocation for the promotion and protection of adolescent health, including sexual and reproductive health.

54. United Nations agencies, in collaboration with non-governmental organizations and the donor' community, should document and evaluate programmes to determine best practices, develop indicators and data-collection systems to monitor progress, widely disseminate information about the design and functioning of programmes and their impact on young people's sexual and reproductive health and support international mechanisms for sharing experiences, especially among developing countries, in order for countries to find suitable models to adapt in their own settings.

55. At least 20 per cent of resources for reproductive health programmes should be earmarked to provide the information needs of and services for adolescents.

V. Partnerships and collaboration

56. Governments should adopt policy measures and guidelines and remove legal and bureaucratic obstacles so as to facilitate the involvement of civil society organizations in policy discussions, health sector planning and the formulation, implementation, monitoring and evaluation of strategies and programmes to achieve Programme of Action objectives.

57. Governments should include representatives of non-governmental organizations, including women's, youth and indigenous organizations, in country delegations to regional and international forums where issues related to population and development are discussed.

58. Governments, civil society and the United Nations system should work towards enhancing and strengthening their collaboration and cooperation with a view to fostering an enabling environment for partnership. Governments and civil society organizations should develop systems for greater transparency so as to improve their accountability to their respective constituencies as well as to each other.

59. Governments and international organizations should create and support mechanisms to build and sustain partnerships with community-based organizations and non-governmental organizations committed to women's health and rights, the research community and professional organizations. Governments, civil society and the international community should together focus on

strengthening the national capacity to implement sustainable population and reproductive health programmes.

60. Civil society organizations, where appropriate, are encouraged to design innovative approaches and build partnerships with the media, the commercial sector, religious leaders and local community groups and leaders as well as young people, which can serve as effective advocates for the achievement of the goals and objectives of the Programme of Action.

61. If feasible, Governments, international organizations and financial institutions are encouraged, upon request, to provide adequate financial and technical resources and information necessary for the effective participation of national civil society, particularly local women's and youth groups, in the research, design, implementation, monitoring and evaluation of population and development policies, programmes and activities. Transparency and accountability mechanisms must be put in place to ensure that the majority of funds so allocated are applied directly to targeted population and development programmes.

62. Governments should encourage partnerships with the private as well as informal sector to strengthen its engagement with civil society organizations and Governments in the implementation of the Programme of Action. The private sector may assist or supplement the efforts of Governments but it cannot substitute for the Governments' responsibility to provide full, safe, accessible and affordable reproductive and sexual health services. Governments should review and revise relevant laws and regulations to ensure that all reproductive health products and services meet acceptable standards.

63. Parliamentarians should promote the legislative reform necessary for implementing the Programme of Action. They should mobilize the funding necessary for their countries to meet the Conference commitments and should be advocates for the Programme of Action. There should be regular exchanges of experiences among parliamentarians at the regional, interregional and international levels.

64. External funding and support, from donor countries as well as the private sector, are necessary to promote and sustain the full potential of the South-South initiative and in order to bolster the sharing of relevant experiences and the mobilization of technical expertise and other resources among developing countries. A roster should be compiled of institutions and expertise available within developing countries in the areas of population and reproductive health.

65. The United Nations agencies should continue to strengthen their efforts to promote system-wide coordination

and collaboration, especially at the country level. The intergovernmental work of the Commission on Population and Development should be reinforced, as should the inter-agency coordination role of UNFPA, in the field of population and reproductive health.

VI. Mobilizing resources

66. Increased political will and the mobilization of the international assistance agreed to at Cairo are urgently needed to accelerate the implementation of the Programme of Action, which in turn will contribute to the advancement of the broad population and development agenda.

67. All Governments and the international community are encouraged to recommit themselves at the highest political level to making every effort to mobilize the financial resources required for full implementation of the Programme of Action.

68. All developing countries must continue to make efforts to mobilize domestic resources from all sources and to promote international cooperation, including South-South cooperation, in order to fully implement the Programme of Action.

69. The external resources committed at Cairo have not been forthcoming, and there is therefore an urgent need for the international community to take steps to meet the resource shortfall. The international donor community should endeavour to reach the agreed target of 0.7 per cent of the gross national product for official development assistance as soon as possible and commit itself to the target of a minimum of 5 per cent of official development assistance for population activities. An increased proportion of public sector expenditures, as well as an increased proportion of official development assistance, should be devoted to population and reproductive health programmes aimed at ensuring that the Conference-costed package is fully implemented.

70. Advocacy efforts should be increased at the national and international levels to ensure that the necessary resource goals are met. Legislators are encouraged to undertake measures to increase support for achieving the goals and objectives of the Programme of Action through legislation, advocacy and expanded awareness-raising and resource mobilization.

71. Since the HIV/AIDS epidemic is having a more severe impact 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 2000, and the higher estimated amounts in subsequent years. Particular attention should be given to young populations. All developing countries and countries with economies in transition affected by the pandemic must continue to make efforts to mobilize domestic resources from all sources in order to combat it, while the international community is called upon to assist them in their efforts. Additionally, Governments and the donor community should intensify efforts to provide resources for the care and support of those affected by HIV/AIDS and for specialized prevention needs not included in the costed package of the Programme of Action, as noted in paragraphs 13.14 (b) and 13.17.

72. Many developing countries that have made a political commitment to implementing the goals of the Conference and have developed comprehensive 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. In this connection, particular efforts should be taken by the international community to mitigate the consequences of the recent financial crises in various regions of the world.

73. Governments and the international community should encourage and promote additional ways and mechanisms to increase funding for population and sexual and reproductive health programmes. These could include: (a) selective use of user fees, social marketing, cost-sharing and other forms of cost recovery; (b) advocacy for increased funding for population and reproductive health from international financial institutions; (c) an increased role for the private sector; and (d) more efficient mechanisms to reduce the burden of external debt. These modalities must not impede access to services and should be accompanied by an adequate safety net.

74. Governments should further ensure that public resources, subsidies and assistance received from donors are invested to maximize the benefits that those who suffer from disproportionate reproductive ill health, particularly the poor, receive from public sector health systems.

75. Donor agencies and developing countries should continue to strengthen their efforts and their collaboration to reduce redundancies, identify funding gaps and ensure that resources are used as effectively and efficiently as possible.

76. UNFPA, in cooperation with the Governments of developed and developing countries and non-governmental organizations, should seek to ensure full and regular

monitoring of resource flows, paying particular attention to transparency and accountability for the costed population and reproductive health package included in the Programme of Action.

77. Countries, especially developed countries, are urged to substantially increase their voluntary contribution to UNFPA so that it will be in a better position to assist countries to further implement the goals and objectives of the Programme of Action, including reproductive health programmes. Support will also be needed for other relevant United Nations programmes and specialized agencies **for the implementation** of the Programme of Action.

78. Governments of developed and developing countries **should give serious consideration to the implementation of the 20/20 initiative, a voluntary compact between interested donor and recipient countries, which can provide increased resources for broader population and social sector objectives.**

79. **Governments should implement policies that facilitate greater private sector involvement** in providing reproductive health care; promote effective interventions and support services, including private sector services as appropriate, shifting those who can pay to private sector services; and ensure that tax and tariff policies and the regulatory environment do not act as barriers to commercial sector enterprises that seek to provide reproductive health commodities or services.
