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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

24-3 1 March 1999

Agenda item 3

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.

99-10326 (E)



Note by the Chairman

The present document is an updated version of document E/CN.9/1999/CRP.1/Rev.1 (Proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development), prepared in accordance with the discussion on 1 April 1999 in the Working Group of 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. The status of different parts of the text is indicated as follows:

(a) Paragraphs set in normal type have been discussed and agreed to. They are paragraphs 1 *bis* and 9 to 52 (d), except those marked with asterisks, as noted below;

(b) Paragraphs that have been set aside are marked with an asterisk (*). They are paragraphs 13 (a), 17 *ter*, 23 (a) *bis*, 27, 43 (a), 45 (e), 51 *bis* and 52 (a);

(c) Paragraphs marked with a double asterisk (**) have been proposed **from** the floor but have not yet been discussed by the Working Group. They are paragraphs 41 *bis* and 46 *ter*, set aside for discussion;

(d) Paragraphs that have not been discussed are in *italics*. They are paragraphs 1 to 8, except 1 *bis*, and 52 (e) to 79.

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

I. Background

This section has not been discussed except for 1 bis.

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 with its implementation should be assessed within the common framework of the follow-up to all these conferences.*

1 bis. The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.

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 the United Nations estimates and projections, the world's population will exceed 6 billion for the first time in 1999, of whom nearly 80 per cent will be living in developing countries and countries with economies in transition. Depending on the quality and the magnitude of the actions taken over the next five to ten 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 market economies 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 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 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 these can be accomplished as soon as possible, but in any case, before 2015.

II. Population and development concerns

A. Population, economic development and the environment

9. Governments should:

(a) Intensify efforts to equip planners and decision makers with a better understanding of the relationships among population, poverty, gender inequity and inequality, health, education, the environment, financial and human resources, and development; and re-examine recent research

concerning the relationships among reductions in fertility and economic growth and its equitable distribution;

(b) Draw attention 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, with special attention to youth, about the need for sustainable production and consumption patterns; foster sustainable natural resource use; and work concertedly to prevent environmental degradation within their countries;

(d) Increase investments in the social sector, especially health and education, as an effective strategy for development;

(d) *bis* Develop and expand integrated community-based approaches to sustainable development.

10. Governments, in cooperation with the international community, should **reaffirm** their commitment to promoting an enabling environment to achieve sustained economic growth in the context of sustainable development and to eradicating poverty, with a special emphasis on gender, including by promoting an open, equitable, secure, non-discriminatory and predictable trading system; stimulating direct investment; reducing the debt burden; and ensuring that structural adjustment programmes are responsive to social, economic and environmental concerns.

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

12. Governments of developing countries and countries with economies in transition, with the assistance of the international community, especially donors, should:

(a) Continue to support declines in infant and child mortality rates by strengthening infant and child health programmes that emphasize improved prenatal care and nutrition, including breastfeeding, unless it is medically contraindicated, universal immunization, oral rehydration therapies, clean water sources, infectious disease prevention, reduction of exposure to toxic substances, and improvements in household sanitation; and by strengthening maternal health services, quality family-planning services to help couples time and space births, and efforts to prevent

transmission of **HIV/AIDS** and other sexually transmitted diseases;

(a) **bis** Strengthen health-care systems to respond to priority demands on them, taking into account the financial realities of countries and the need to ensure that resources are focused on the health needs of people in poverty;

(a) **ter** Determine the causes of the stagnation or increase of mortality among adult populations and develop special policies and programmes on health promotion where such stagnation or deterioration in mortality levels is observed, especially among women in reproductive age groups and males in productive age groups;

(a) **quater** Ensure that poverty eradication programmes are targeted particularly at females and that priority is given to female-headed households;

(a) **quiniens** Develop innovative ways to provide more effective assistance to strengthen families in extreme poverty, such as providing micro-credit for poor families and individuals;

(a) **sexiens** Undertake policies and programmes that seek to ensure a level of consumption that meets the basic needs of the poor and disadvantaged;

12 **bis**. Governments should promote and protect the rights of indigenous people with particular regard to their cultures, resources, belief systems, land rights and languages.

B. Changing age structure and ageing of the population

13. Governments should:

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

* (a) With due respect to the rights, duties and responsibilities of parents and consistent with the evolving capacities of young people as well as 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, especially young women. Such plans should include education, income-generating opportunities, vocational training, and health services, including sexual and reproductive health. Young people should be fully involved in the design, evaluation and implementation of these plans.

* Set aside.

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, where appropriate, the challenges of population ageing. Invest more resources in gender-sensitive research as well as in training and capacity-building in social policies and health care of older persons, especially the elderly poor, paying special attention to the economic and social security of older persons, in particular older women; affordable, accessible and appropriate health-care services; the human rights and 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; the ability of the elderly to care for family members and community victims of HIV/AIDS; and generational solidarity 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 and remove barriers that hinder elderly women and men from continuing to contribute their skills to their families, to the workforce and to their communities in order to help foster intergenerational solidarity and enhance the well-being of society. This will require life-long education and opportunities for retraining.

15. The United Nations system should, provided 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. Countries should be enabled, through adequate 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 countries of origin and countries of destination, including through international cooperation, are urged:

(a) To intensify efforts to protect the human rights and dignity of migrants irrespective of their legal status; provide effective protection for migrants; provide basic health and social services, including sexual and reproductive health and family-planning services; facilitate family **reunification** of documented migrants; monitor violations of the human rights of migrants; effectively enforce the laws applicable to the protection of human rights; and ensure the

social and economic integration of documented migrants, especially of those who have acquired the right to long-term residence in the country of destination, and their equal treatment before the law. Non-governmental organizations should play a valuable role in meeting the needs of migrants;

(b) To prevent trafficking in migrants, in particular women and children subjected to forced **labour** or 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 trafficking and smuggling protocols which are currently being negotiated by the United Nations Commission on Crime Prevention and Criminal Justice;

(c) To support and ensure effective follow-up of bilateral and multilateral initiatives, including regional and subregional consultation processes, where appropriate, to develop national policies and cooperative strategies to maximize the benefits and manage the challenges posed by international migration;

(c) **bis** To conduct public information campaigns on migration in both countries of origin and countries of destination so that racist and **xenophobic** attitudes in countries of destination are combated and so that potential migrants fully understand the implications of the decisions to move;

(d) To consider ratifying/acceding to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, if they have not already done so;

16 **bis**. The international community should extend assistance and support to programmes in developing countries who host the majority of refugees and displaced persons. Assistance should also be extended to programmes in countries lacking the capacity to manage large flows of migrants and displaced persons.

16 **ter**. All States are encouraged to become parties 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.

17. Governments, with the assistance of the international community, should intensify their efforts to improve data collection and analysis, including gender-based 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 migration makes to both countries of origin and countries of destination; and improve understanding of the links between relevant factors that have an impact on international migration.

17 **bis**. The international community should channel adequate support to effective programmes to address the causes of movement of refugees and displaced persons.

* 17 **ter**. In planning and implementing refugee assistance activities, special attention should be given to the specific needs of refugee women and refugee children. Refugees should be provided with access to adequate accommodation, education, health services, including family planning, and other necessary social services.

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 geographical distribution of the population in order to provide grounds for the formulation of effective population distribution policy.

19. 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, especially the urban poor, internal migrants, older persons and the disabled.

20. Governments should strongly reaffirm the call in the Programme of Action that population distribution policies should be consistent with such international instruments as **the** Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949, including article 49 thereof.

21. Governments should strongly reaffirm the call in the Programme of Action that countries should address the causes of 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 and, where appropriate, facilitate their return and reintegration, with special attention to the needs of women and children.

* Set aside.

E. Population, development and education

22. Governments and civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 20 15, meet the Conference's goal of achieving universal access to primary education; eliminate the gender gap in primary and secondary education by 2005; and strive to ensure that by 20 10 the net primary school enrolment ratio 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, particularly of girls so that the girls do achieve their full potential.

23. Governments, in particular of developing countries, with the assistance of the international community, should:

(a) Expand youth and adult education and lifelong **culture-** and gender-sensitive learning policies and programmes, with particular attention to migrants, indigenous people and people with disabilities;

*(a) **bis** Include sex education in school curricula in order to further implement the Programme of Action in terms of promoting responsible sexual behaviour and protecting adolescents from early pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS;

(b) Reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, 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;

(d) **bis** Provide adequately equipped facilities by rehabilitating existing schools and building new ones.

24. The Programme of Action recognized that greater public knowledge, understanding and commitment at all levels, from the individual to the international, are vital to the achievement of the goals and objectives of the Programme of Action. To this end, ensuring access to and use of modern communication technology, including satellite transmission and other communication mechanisms, should be studied and appropriate action taken as a **means** to address the barriers to education in developing countries, **in**

particular, the least developed countries, with assistance from the international community.

F. Data systems, including indicators

25. Governments, in collaboration with research institutions and non-governmental organizations, as well as with the assistance of the international community, including 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 should include, *inter alia*, poverty rates at the community level; women's access to social and economic resources; enrolment and retention of girls and boys in schools; access to sexual and reproductive health services disaggregated by population sub-groups, including indigenous people; and gender sensitivity in sexual and reproductive health services, including family planning. In addition, in consultation with indigenous people, Governments should establish and strengthen national statistics and data collection concerning the health of indigenous people, including sexual and reproductive health and their determinants. All data systems should ensure availability of age- and sex-disaggregated data, which are crucial for translating policy into strategies that address age and gender concerns and for developing appropriate age- and gender-impact indicators for monitoring progress. Governments should also collect and disseminate the quantitative and qualitative data needed to assess the status of male and female reproductive health, including in urban areas, and to design, implement, monitor and evaluate action programmes. Special attention should be given to maternal mortality and morbidity, as this database remains inadequate. Health and reproductive health data should be disaggregated by income and poverty status to identify the specific health profile and needs of people living in poverty and as a basis for focusing resources and subsidies on those who need them most.

26. The United Nations system and donors should be specifically urged to strengthen the capacity of developing countries, particularly the least developed countries, and those with economies in transition, to undertake **censuses** and surveys on a regular basis so as to improve vital registration systems, 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, including improved estimates of maternal mortality.

• Set aside.

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 and girls, including economic, social and reproductive rights, bearing in mind the definitions set in paragraphs 7.2 and 7.3 of the Programme of Action, 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 and promote adoption by the Economic and Social Council and General Assembly of the Optional Protocol, and interested countries are encouraged to work towards removing all existing reservations **that** are incompatible with the object and purpose of the Convention. Operational linkages should be promoted between the goals of the Programme of Action and those of other international conferences in order to achieve gender equality and equity systematically and comprehensively.

28. The implementation of population and development policies by Governments should continue to incorporate reproductive rights in accordance with paragraphs 1.15, 7.3 and 8.25 of the Programme of Action. Governments should take strong measures to promote the human rights of women. Governments are encouraged to strengthen, as appropriate, the reproductive and sexual health as well as the reproductive rights focus on population and development policies and programmes. The work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women should incorporate issues related to sexual and reproductive health. Governments should ensure the protection and promotion of the rights of adolescents, including married adolescent girls, to reproductive health education, information and care. 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 education processes.

29. Governments, civil society and the United Nations system should advocate for the human rights of women and the girl child. Governments, in reporting to the human rights treaty bodies, are encouraged to, as appropriate, consult with

civil society on and promote civil society awareness of the reporting process to ensure the broadest representation in the area of human rights, including reproductive rights.

30. Governments should promote and protect the human rights of the girl child and young women, which include economic and social rights as well as **freedom from** coercion, discrimination and violence, including harmful practices and sexual exploitation. Governments should review all legislation and amend and revoke that which discriminates against the girl child and young women.

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 and ensure the full and equal participation of women in decision-making processes in all spheres of life. Governments and civil society should take actions to eliminate attitudes and practices that discriminate against and subordinate girls and women and that reinforce gender inequality.

32. Governments should take measures to promote the **fulfilment** of girls' and women's potential through education, skills development and the eradication of illiteracy for all girls and women without discrimination of any kind, giving paramount importance to the elimination of poverty and ill-health. Governments, in collaboration with civil society, should take the necessary measures to ensure universal access, on the basis of equality between women and men, to appropriate, affordable and quality health care for women throughout their life cycle.

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 equal work should be instituted and enforced.

C. Gender perspective in programmes and policies

34. A gender perspective should be adopted in all processes of policy formulation and implementation and in the delivery of services, especially in sexual and

* Set aside.

reproductive health, including family planning. In this regard, the institutional capacity and expertise of staff in government, 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 and strengthen their 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 at the national level.

35. The differential impact on women and men of globalization of the economy and the privatization of basic social services, particularly reproductive health services, should be monitored closely. Special programmes and institutional mechanisms should be put in place to promote and protect the health and well-being of young girls, older women and other vulnerable groups. 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 **harmful** and discriminatory attitudes including son preference, which can result in harmful and unethical practices such as prenatal sex selection, discrimination and violence against the girl child, and all forms of violence against women, including 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 and in protecting the health and well-being of girls should be enhanced and supported.

D. Advocacy for gender equality and equity

37. Governments, parliamentarians, community and religious leaders, family members, media representatives, 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 the girl child. All leaders at the highest levels of policy- and

decision-making, should speak out in support of gender equality and equity, including empowerment of women and protection of the girl child and young women.

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

38 *bis*. Governments, donors and the United Nations system should encourage and support expansion and strengthening of women's grass-roots, community-based and advocacy groups.

IV. Reproductive rights and reproductive health

[new para.] This section is especially guided by the principles of the Programme of Action.

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 system, should:

(a) Give high priority to reproductive and sexual health in the broader context of health-sector reform, including strengthening basic health systems, from which people living in poverty in particular can benefit;

(a) *bis* Ensure that policies, strategic plans, and all aspects of the implementation of reproductive and sexual health services respect all human rights, including the right to development, and that such services meet health needs over the life cycle, including the needs of adolescents, address inequities and inequalities due to poverty, gender and other factors, 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 human rights, including their right to access to **good-quality** services;

(b) *bis* Develop comprehensive and accessible health services and programmes, including sexual and reproductive health, for indigenous communities with their full participation that respond to the needs and reflect the rights of indigenous people;

(c) Increase investments designed to improve the quality and availability 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, voluntary 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, **taking** care that services are offered in conformity with human rights and with ethical and professional standards;

(d) Ensure that sexual and reproductive health programmes, free of any coercion, 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 prevention and symptoms of reproductive tract diseases, as well as about personal hygiene and other factors in reproductive tract infections in order to minimize adverse physical consequences such as pelvic inflammatory disease, infertility and ectopic pregnancy as well as psychological consequences;

(e) Promote men's understanding of their roles and responsibilities with regard to respecting the human rights of women; protecting women's health, including supporting their partners' access to sexual and reproductive health services; preventing unwanted pregnancy; reducing maternal mortality and morbidity; reducing transmission of sexually transmitted diseases, including HIV/AIDS; sharing household and child-rearing responsibilities; and promoting the elimination of harmful practices, such as female genital mutilation, and sexual and other gender-based violence, ensuring that girls and women are **free** from coercion and violence;

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

40. Governments, with assistance **from** the international community, should develop and use indicators that measure access to and choice of family-planning and contraceptive methods and indicators that measure trends in maternal mortality and morbidity and HIV/AIDS and use them to monitor progress towards the Conference's goal of universal access to reproductive health care. Governments should strive to ensure that by 2015 all primary health-care and family-planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family-planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases, 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 2010 80 per cent of them should be able to offer such services.

41. The United Nations system and donors should support Governments in the building of national capacity to plan, manage, implement, monitor and evaluate reproductive and sexual health services, including ensuring that all refugees and all other persons in emergency humanitarian situations, particularly women and adolescents, 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.

****41 bis. Increased efforts are needed by the United Nations system to agree on key indicators on sexual and reproductive health. The World Health Organization (WHO) is invited to take the lead role, in coordination with other organizations in the field of health, primarily the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), and the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS). Indicators on maternal mortality and morbidity should be**

** Text proposed but not yet discussed.

given a prominent place, in order to effectively monitor the priority given to reproductive health care in the provision of general health services.

B. Ensuring voluntary 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 and to have the information, education and means to do so.

43. The United Nations system and donors should, upon request, support Governments in:

^{*}(a) Allocating sufficient resources to meet the growing demand for access to information, counselling services and follow-up on the full range of safe and effective family-planning and contraceptive methods, including new options and underutilized methods;

(b) Providing quality counselling services and ensuring ethical, professional and technical standards of care, as well as voluntary, **free** and informed choices in an atmosphere of privacy, confidentiality and respect;

(c) Strengthening programme management capacity, including logistical systems, to make services safer, more affordable and more convenient and accessible to clients and to ensure the availability and continuous supply of safe and effective contraceptives and other sexual and reproductive health supplies and, as appropriate, the raw material for them;

(d) Adequately strengthening social safety nets using resources and funds and, in the context of primary health care, ensuring the availability of and access to reproductive health services, including family planning, particularly for people most affected by poverty, the adverse impact of structural adjustment policies and financial crises, or otherwise unable to access services.

43 *bis*. 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, 75 per cent by 2010 and 100 per cent by 2050. In attempting to reach this benchmark, demographic goals, while legitimately the subject of government development strategies, should not be imposed

on family planning providers in the form of targets or quotas for the recruitment of clients.

44. Governments, with the increased participation of the United Nations system, civil society, donors, and the private sector are urged to pursue the research and development of new, safe, low-cost and effective family-planning and contraceptive methods, for both men and women, including female-controlled methods that both protect against sexually transmitted diseases, including HIV/AIDS, and prevent unwanted pregnancy. All actors must abide by internationally accepted ethical, technical and safety standards in all research and development as well as, where appropriate, by applicable standards in manufacturing practices, quality control and product design, production and distribution.

44 *bis*. The international community and the private sector should also take the necessary measures, particularly in the transfer of technology, as appropriate, to enable countries, in particular developing countries, to produce, store and distribute safe and effective contraceptives and other supplies essential for reproductive health services in order to strengthen the self-reliance of those countries.

44 *ter*. 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 of reproductive health services and choice of reproductive health products, including contraceptives.

C. Reducing maternal mortality and morbidity

45. Governments, with the increased participation of the United Nations system, 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 reproductive rights concern;

(b) Ensure that the reduction of maternal morbidity and mortality is a health sector priority and that women have ready access to essential obstetric care, well-equipped and adequately staffed maternal health-care services, skilled attendance at delivery, emergency obstetric care, effective referral and transport to higher levels of care when necessary, post-partum care and family planning. In health sector reform, the reduction of maternal mortality and

^{*} Set aside.

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 risks 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 at maturity about childbearing and obtain access to health information and services;

(d) *bis* Implement programmes to address the negative impact of environmental degradation, in some regions, on the high levels of maternal mortality and morbidity;

^{*}(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 assisted by skilled attendants as a benchmark indicator. By 2005, where the maternal mortality rate is very high, at least 40 per cent of all births should be assisted by skilled attendants; by 20 10 this figure should be at least 50 per cent and by 20 15, at least 60 per cent. All countries should continue their efforts so that globally, by 2005, 80 per cent of all births should be assisted by skilled attendants, by 20 10, 85 per cent, and by 20 15, 90 per cent.

46 *bis*. In order to have a basis for cost-benefit analysis for interventions aimed at reducing maternal mortality, the societal costs of maternal deaths should be calculated. This should be done in cooperation among Governments, United Nations agencies and development banks, and the research community.

^{*} Set aside.

“46 ter. WHO is urged to fulfil its leadership role within the United Nations system in assisting countries put in place standards for the care that women should expect and on the functions that health facilities should perform to help guide the development of health systems that reduce the risks associated with pregnancy. At the same time, United Nations agencies, including UNFPA and UNICEF, and multilateral development banks, such as the World Bank, should intensify their role in promoting, supporting, advocating for and investing in action to improve maternal health.”

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

47. Governments, from the highest political levels, should take urgent action to provide education and services to prevent the transmission of all forms of sexually transmitted diseases and HIV and, with the assistance, where appropriate, of the Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS), develop and implement 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 for 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 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 and vulnerable populations, including women and young people, 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 reproductive and sexual 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 guidelines for HIV treatment and care, emphasizing equitable access, and for wide provision of and access to voluntary HIV testing and counselling services, and should

^{**} Text proposed but not yet discussed.

ensure wide 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. Special attention needs to be given to preventing sexual exploitation of young women and children. 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 prevention, detection, diagnosis and treatment of such infections. Governments should immediately develop, in full partnership with youth, parents, families, educators and health-care providers, youth-specific HIV education and treatment projects, with special emphasis on developing peer-education programmes.

49. While one of the most important interventions to reduce HIV infections in infants is primary prevention of infection, Governments should also scale up, where appropriate, education and treatment projects aimed at preventing mother-to-child transmission of HIV. Anti-retroviral drugs, where feasible, should be made available to women living with HIV/AIDS during and after pregnancy as part of their ongoing treatment of HIV/AIDS and provide infant-feeding counselling for mothers living with HIV/AIDS so that they can make free and informed decisions.

50. Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by the year 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 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. Governments, in particular of developing countries, with the support of the international community, should strengthen measures to

generally improve the quality, availability and affordability of care of people living with HIV/AIDS.

*51 bis. UNAIDS should be urged to do the utmost to ensure a well-coordinated response from the United Nations system to the HIV/AIDS pandemic and to provide support to national programmes, as appropriate.

E. Promoting adolescent sexual and reproductive health [and reproductive rights]

52. Governments, with the full involvement of young people and with the support of the international community, should, as a priority, make every effort to implement the Programme of Action in regard to adolescent sexual and reproductive health, in accordance with paragraphs 7.45 and 7.46 of the Programme of Action, and should:

*(a) In order to promote to the fullest extent the right of adolescents to health, provide specific and user-friendly reproductive and sexual services, including information and counselling. These services should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting cultural values and religious beliefs;

(b) Continue to advocate for the protection and promotion of and support for programmes for 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 at national and other levels, as appropriate, 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. Special attention should be devoted to vulnerable and disadvantaged youth;

* Set aside.

(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, in a manner consistent **with** the evolving capacities of adolescents, so that they can **fulfil** their rights and responsibilities towards adolescents;

The following paragraphs, 52 (e) to 79, have not yet been discussed:

(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) *Governments, should, 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 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 the 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 collaborations

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 in 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 the 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, 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. *Where 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 the efforts of Governments but it cannot substitute for the Government's 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 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, 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 area 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 country level. The intergovernmental work of the Commission on Population and Development should be reinforced, as should also the inter-agency coordination role of UNFPA, in the field of population and reproductive health.*

VI. Mobilizing resources

66. *Increased political will and 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 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 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 adequate safety net measures.

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 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.