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Commission on Population and Development acting as the preparatory committee for the special session of the General Assembly for the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

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Item 3 of the provisional agenda¹

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

Draft working paper

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 International Conference on Population and Development set out below.

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



Proposals for key actions for the further implementation of the Programme of Action of International Conference on Population and Development, as contained in document E/CN.9/1999/PC/4

I. Population and development concerns

B. Changing age structure and ageing of the population

13. Countries should:

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

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

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

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

C. Internal and international migration

22. Governments should:

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

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

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

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

D. Poverty, economic development and the environment

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

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

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

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

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

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

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

E. Population and education

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

F. Data systems, including indicators

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

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

II. Gender equality, equity and empowerment of women

51. Countries should ensure that the human rights of women and girls, including economic, social and reproductive rights, are protected through the development

and effective enforcement of gender-sensitive policies and legislation. All countries should sign and ratify the Convention on the Elimination of All Forms of Discrimination against Women (General Assembly resolution 34/180, annex) and remove all existing reservations.

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

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

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

55. Governments, civil society and the United Nations system should advocate for the human rights of women and girls; for the full participation of women in decision-making processes; and for the eradication of all forms of violence against women, including female genital mutilation, rape and sexual violence.

56. There should be zero-tolerance for all forms of violence, including rape, incest, sexual violence and sex trafficking, against women and children. This entails developing an integrated approach that addresses the need for widespread social, cultural and economic change, in addition to legal reforms. The Declaration and Agenda for Action (A/51/385, annex) adopted by the Congress against Commercial Sexual Exploitation of Children, held at Stockholm in August 1996, should be implemented. The girl child should be protected, particularly from harmful traditional practices, and her access to health, education and life opportunities should be promoted. The role of the family, and especially of fathers, in safeguarding the well-being of girls should be enhanced and supported.

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

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

III. Reproductive rights and reproductive health

A. Ensuring reproductive rights and promoting reproductive and sexual health

68. Governments should:

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

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

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

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

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

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

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

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

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

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

70. The United Nations system and donor countries should:

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

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

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

B. Ensuring access to quality family planning services

75. Countries should:

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

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

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

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

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

C. Reducing maternal mortality

83. Countries should:

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

(b) Ensure that maternal health services always include the key set of interventions (particularly assisted

delivery and emergency obstetric care) that will have an impact in reducing maternal mortality and morbidity;

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

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

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

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

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

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

95. Countries should ensure that prevention of and services for HIV/AIDS and **STDs** are an integral component of reproductive health programmes at the primary health care level. They should ensure wide provision of and access to

female and male condoms, including through social marketing. Advocacy and information, education and communication campaigns, supported from the highest levels of Government, should promote responsible and safer sexual behaviour; mutual respect; and gender equity in sexual relationships. They should also scale up, where appropriate, pilot projects aimed at preventing mother-to-child transmission of HIV.

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

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

E. Promoting adolescent sexual and reproductive health

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

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

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

(c) Promote the central role of the family in educating children and shaping their attitudes, while still recognizing the rights of adolescents to take responsibility for their own behaviour and lives; and ensure that parents are educated about, and involved in, providing information to adolescents, so that they can fulfil their rights and responsibilities in the sexual and reproductive health education of young people;

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

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

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

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

IV. Partnerships and collaborations

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

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

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

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

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

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

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

V. Mobilizing resources

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

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

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

133. Advocacy efforts should be increased between and within countries to ensure that the necessary resource goals

are met. Parliamentarians should undertake measures to increase support for population and reproductive health programmes through legislation, advocacy and expanded awareness-raising and resource mobilization, as noted in The Hague Declaration of Parliamentarians on the Review of the International Conference on Population and Development.

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

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

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

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

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

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

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