



HIGHLIGHTS FROM THE HAGUE FORUM TUESDAY, 9 FEBRUARY 1999

On Tuesday, 9 February delegates met in the Main Committee to consider the thematic area of "Gender Equality, Equity and Empowerment of Women" in the morning and "Reproductive Health, Including Family Planning and Sexual Health, and Reproductive Rights" in the afternoon. US First Lady Hillary Rodham Clinton delivered the keynote address of the Forum, and governments and international organizations delivered statements on the operational review and assessment of POA implementation at the country level in Plenary throughout the day.

MAIN COMMITTEE

GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN: Maria Isabel Plata, Executive Director of PROFAMILIA, set out the ICPD goals for this area, which include: advancing gender equality, equity and empowerment of women; strengthening women's reproductive rights; supporting men to take responsibility for their behavior and attitudes; and eradicating violence against women.

Several speakers emphasized the importance of incorporating a gender perspective in the development of policies. The UK emphasized constant attention to mainstreaming of gender concerns, consultation of women in programme design and agenda prioritization of gender equity. MEXICO stressed an integrated and holistic approach to incorporating gender perspectives, sectoral collaboration and training of specialist staff on gender perspectives. Numerous delegations emphasized the need for: policies and actions aimed at empowering women and girls; indicators to monitor progress; and gender-disaggregated data.

The need to change negative attitudes and stereotypes towards women was emphasized. MOROCCO noted the role of the media in this regard. CUBA advocated sensitization of officials and the media to the need for gender equality and equity. NAMIBIA highlighted national efforts to sensitize traditional leaders on women's rights. PAKISTAN and LIBERIA stressed breaking customs and traditions that prohibit women from exercising their rights.

Regarding changes that disproportionately impact on women, FRANCE emphasized the need to ensure that increasing privatization does not cause poor women to be excluded from health care. GUYANA called for attention to the effects of globalization on women's employment and, with BELIZE, proposed examining different forms of the family, particularly single female-headed households. BRAZIL, with ITALY and PERU, supported increased attention to the needs of aged women. SENEGAL called for more attention to women in rural areas. ARGENTINA highlighted consideration of migration, privacy, the family and impacts of developed country consumption on environmental deterioration. ITALY recommended creating networks of special committees for equal gender opportunities in Muslim countries.

The need to eliminate discrimination and violence against women was emphasized by several speakers. CANADA said eradicating violence against women is central to achieving equality and requires integrated, holistic and multi-disciplinary approaches, legal, social and economic reforms and involvement of institutions, NGOs and civil society. LATIN AMERICAN NGOs called for legislative changes to deter sexual abuse of girls. A PHILIPPINE NGO emphasized that violence against women must be recognized as a rights violation and recommended amending laws punishing

women seeking safe abortion. NAMIBIA recommended examining and amending existing laws and emphasized enforcement of laws protecting women's rights. EL SALVADOR noted a need for comprehensive multi-disciplinary programmes to prevent violence, and reforms to eliminate sexism and discrimination against women in running for public office.

Delegates advocated increasing the number of women in decision making positions. The US, supported by BELIZE and BANGLADESH, called for expanded participation of women at the highest political levels. HONDURAS, UGANDA and others highlighted increasing numbers of women in parliaments but stressed the need for greater integration of women in politics. BELGIUM recommended compensation for women's disadvantaged position through measures such as quotas for women in political and advisory roles. LESOTHO noted the absence of women in public office despite high educational attainment and stressed the need to break cultural barriers to women's empowerment. BANGLADESH identified financial constraints, lack of training and lack of political nominations as obstacles.

Participants spoke of the need to strengthen institutions. CANADA recommended establishing internal women's agencies within government that advise specific ministries on mainstreaming gender perspectives. UNIFEM supported capacity-building in policy-making bodies and the need for gender mainstreaming in all areas, not just in those with gender implications.

CANADA, supported by MALAYSIA and others, stressed the need for a human rights-based approach to POA implementation and the importance of drawing on other commitments, such as the Beijing Platform of Action, to strengthen ICPD implementation. ST. KITTS AND NEVIS added CEDAW, stressing that all human rights conventions speak to the same issue, and, with the ARAB NGO GROUP, called for removal of reservations on religious, cultural and traditional policies. LESOTHO, BOLIVIA, URUGUAY and SYRIA underlined the need to raise women's awareness of their rights.

Numerous interventions underscored protection of the girl child. MALAYSIA stressed the need for early education of girls and boys on gender equality and recommended examining the role of the family and parental responsibility to incorporate this into socialization. She noted negative effects of financial crises on girls' education and called for social safety nets to address them. GREECE advocated prioritization of education and vocational training for girls as well as sexual education. PERU and LIBERIA said improving female literacy is crucial to women's empowerment. CUBA stressed education and training of women in technical professional fields.

The YOUTH FORUM recommended including instruction on democracy, sexual and reproductive health and rights and gender equality in schools. NAMIBIA stated that discriminatory attitudes regarding girls' access to education must change. The US said the gender gap in education must be closed by overcoming cultural and social obstacles to girls' school attendance. The HOLY SEE called for a broad understanding of education with emphasis on complete education of the girl child and highlighted the centrality of the family. LAOS emphasized the need for studies, research and investment in education. ALGERIA recommended support for young women seeking their first job. The US and others stressed reducing sex trafficking and female genital mutilation (FGM).

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UGANDA said banning FGM is important but must be approached in a culturally sensitive manner. Many delegates addressed the need to emphasize male responsibility and partnership.

REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING AND SEXUAL HEALTH AND REPRODUCTIVE RIGHTS: Dr. Mahmoud Fathalla, Rockefeller Foundation Senior Advisor, introduced the topic, underscoring: the comprehensive and broad nature of reproductive health; reproductive health as a human rights-based approach; impacts on reproductive health of factors outside the health sector; consideration of reproductive health as an integrated and interdependent package requiring a pragmatic approach; participatory and pragmatic prioritization; and the challenge of addressing emerging needs and new constituencies.

On policy formulation and law, NAMIBIA stressed the need to improve legal frameworks to protect the rights of women and girls and ensure equal access to reproductive health and health care for women and men. BRAZIL called on international agencies involved in reproductive health and HIV/AIDS prevention to better coordinate their efforts to avoid overlap. JAPAN called for innovative reproductive health projects and legal reform as necessary. The CENTRE FOR REPRODUCTIVE LAW AND POLICY said the rights to reproductive health care and reproductive self-determination are fundamental and enshrine human rights protected under international law. EL SALVADOR called for health sector reform.

On implementing quality sexual and reproductive health, BRAZIL proposed establishing regulatory mechanisms to control quality and costs of private services. PERU recommended developing mechanisms to record complaints of poor quality services. NORWAY advocated promoting reproductive rights as human rights and noted the need for better indicators to measure reproductive health. NAMIBIA supported promoting gender training of health workers. The NETHERLANDS highlighted the need to address coercive practices such as forced sterilization and called for increased attention to sexual rights. The COMMONWEALTH MEDICAL ASSOCIATION stressed proper training of health professionals advising adolescents and underscored protection of privacy, informed and free consent and confidentiality. GHANA called for resources to advance programmes on adolescent reproductive health. IRAN said adolescent and sexual health education and training under parental guidance is fundamental for the social development of youth. MEXICO stressed training of professional human resources and quality services for women's reproductive ailments. BOLIVIA called for resources for training of reproductive health service providers. PALAU advocated paid paternal leave and more research on herbs for use in reproductive health. MOROCCO supported coordinated strategies to deal with nutrition problems, especially among women and children, and IRAN emphasized nutrition during childhood as a fundamental prerequisite for girls to develop healthy reproductive processes.

On increasing access to reproductive health services, a YOUTH FORUM representative highlighted the impact of HIV/AIDS on youth and called for allocation of 20% of public health spending to prevention programmes that include comprehensive sexuality education in schools. He said comprehensive sexuality education should include sexual pleasure, confidence-building and freedom of sexual expression and orientation, and reproductive health services should be confidential, accessible and affordable for young people. TRINIDAD AND TOBAGO highlighted the findings of the recent Caribbean Youth Summit, including calls for construction of reproductive health services for youth and adolescents along ICPD lines and inclusion of sexual and reproductive health education in schools and communities. AUSTRIA supported including sex education in school curricula and programmes addressing AIDS that not only promote condom use but also focus on responsible sexual behavior, with special emphasis on male involvement. NAMIBIA supported introducing family planning education in primary schools. LATVIA stressed the need for reproductive health in countries with low birth rates. FINLAND noted that appropriate information dissemination to adolescents leads to responsible choices and emphasized extending sex education to parents and the media. INDIA advocated decentralization of reproductive health services. GHANA stressed adequacy of infrastructure in rural areas for service provision and quality of care.

Several speakers called for recognition that family forms vary across cultures. EL SALVADOR stressed the need to concentrate on family unity with parental involvement in children's activities. IRAN emphasized establishment of the family under man-woman marriage as the cornerstone of community development.

AUSTRIA supported provision of information on and access to family planning and contraceptives. BRAZIL and NORWAY supported provision of reproductive health services to refugee

women, including emergency contraceptives for rape victims. MOROCCO stressed better access to high quality emergency measures to reduce maternal mortality. NAMIBIA recommended lobbying to legalize abortion. A LATIN AMERICAN NGO NETWORK highlighted the lack of integrated reproductive health services for poor women and the consequences of unsafe illegal abortion. She recommended: educating service providers on specific laws governing abortion and eliminating restrictions to safe abortion; ensuring that women suffering complications from unsafe abortions be treated humanely; and fighting laws that punish abortions performed in line with medical rules.

On HIV/AIDS, BRAZIL and TRINIDAD AND TOBAGO called for greater emphasis on prevention and treatment, particularly for adolescents and women. UNAIDS stressed the need to integrate prevention into general health programmes and supported respect for the reproductive rights of those living with HIV. FRANCE endorsed the adoption of an indicator on HIV/AIDS and supported amplifying preventive measures, particularly through contraception. GHANA called for affordable access to testing and life-prolonging drugs in developing countries.

KEYNOTE ADDRESS

US First Lady Hillary Rodham Clinton delivered the keynote address of the Forum. She reaffirmed the US government's commitment to implementing the ICPD goals and announced its proposal to commit US\$25 million in voluntary funding to UNFPA for the year 2000. She highlighted efforts to make abortion safe, legal and rare and outlined activities aimed at reducing teenage pregnancy. She said governments have no place in the personal decisions women make on whether or not to bear children, emphasizing that this is a decision that should be made freely and responsibly without government coercion. She underscored the need to invest in human resources and give equal access to reproductive health services to all women.

PLENARY

Statements by governments and international organizations on operational review and assessment of POA implementation at the country level highlighted: reproductive health and services; awareness creation among adolescents; women's empowerment; the HIV/AIDS epidemic; migration; partnerships; and creation of enabling environments through application of holistic approaches, appropriate policies and legislative frameworks. A number of countries noted legal reforms to protect women's rights, eradicate discrimination and violence against women and children and outlaw FGM. Women's status has been improved through better access to education, integration of population activities with economic incentives and improved reproductive health facilities. Several countries observed a marked increase in the numbers of women in decision-making positions and reported the establishment of national population commissions and safe motherhood programmes. They stressed that the ability to effectively implement the POA depends on overcoming social, political and cultural barriers, enhancing human and institutional capacities and making resources available. They urged donor countries to fulfill their financial commitments. International organizations highlighted activities in cooperation with governments, local communities and civil societies and reiterated their commitment to the ICPD goals.

IN THE CORRIDORS

A sense of energy and excitement pervaded the corridors Tuesday following Hillary Rodham Clinton's keynote address. Delegates indicated that they were refreshed by her forthright and bold articulation of women's right to choose freely and responsibly without governmental coercion. Some expressed hope that her announcement of commitment to increased funding by a government criticized for poorly timed budget cuts would inspire other donors. Delegates said her speech consolidated the position of women and engendered a sense of impetus for the week ahead.

THINGS TO LOOK FOR TODAY

PLENARY: Plenary will convene at 10:00 am in Prins Willem-Alexander Hall. Governments and international organizations will deliver statements on operational review and assessment of POA implementation at the country level throughout the day and into the night.

MAIN COMMITTEE: The Main Committee will convene in the Van Gogh Room at 10:00 am to continue deliberations on Reproductive Health, Including Family Planning and Sexual Health, and Reproductive Rights. Consideration of the substantive theme of Building Partnerships will begin at 3:00 pm.