HIGHLIGHTS FROM THE HAGUE FORUM
WEDNESDAY, 10 FEBRUARY 1999

On Wednesday, 10 February, delegates met in the Main Committee to continue consideration of "Reproductive Health, Including Family Planning and Sexual Health, and Reproductive Rights." The theme of the day was "Family Development, Gender and Reproductive Health (RH)" outlined in the background document: quality family planning services; maternal health and safe motherhood; prevention and management of unsafe abortion; prevention of HIV/AIDS; and adolescent RH and sexuality.

Several delegates emphasized the integration of RH into primary health services. CANADA stressed a holistic and coordinated approach, comprehensive services and gender equity in programmes. The US emphasized universal access to RH, awareness, and advocacy and collaborative and comprehensive services. BURUNDI supported a global approach to RH. IRAN and PAKISTAN said sexual and reproductive issues should be promoted within the context of marriage between men and women.

SENEGAL recommended reviewing strategies relating to fertility taking account of cultural and socio-economic factors. PANAMA stressed the need for training of personnel in counselling and emphasized quality of services and guarantees confidentiality. Many speakers stressed the need for training of personnel in counselling and reproductive rights.

MALI said developing countries need international assistance to improve quality of services and proposed addressing the negative effect of debt servicing on service provision. INDIA drew attention to challenges in service provision faced by heterogeneous populations. MEXICO called for improving quality of services and proposed addressing the negative effect of debt servicing on service provision.

On preventing and managing unsafe abortion, several speakers, including IRELAND, the NETHERLANDS, SOUTH AFRICA and IPPF, reaffirmed POA Paragraph 8.25, which states that abortion should be safe where it is legal and calls for access to treatment of complications from abortion. The POLISH FEDERATION FOR WOMEN AND FAMILY PLANNING supported the right to legal and safe abortion regardless of age. The UK NGO SEXUAL AND REPRODUCTIVE RIGHTS advocated strengthening midwifery.

ITALY reaffirmed that reproductive rights include the right of couples to decide the number and timing of their children. MEXICO said abortion is a public health problem that should be addressed by improving quality of family planning services and counselling. She proposed providing information on emergency contraception, which is intended to prevent induced abortion. The WHO observed that provision of emergency contraception often provides a first point-of-contact with sexual and RH services and that these opportunities should not be wasted.

ARGENTINA rejected the inclusion of abortion within RH, stating that voluntary interruption of pregnancy or abortion is an attack on the right to life of the unborn. INTERNATIONAL RIGHT TO LIFE FEDERATION stated that abortion should be recognized as a fundamental right or as a family planning method by ICPD and that national sovereignty in this regard must be respected. She said legalizing abortion in developing countries would increase rather than decrease maternal mortality. The HOLY SEE proposed reaffirming that in no case should abortion be promoted as a family planning method. He said the practice referred to as emergency contraception cannot be considered an application of family planning nor the exercise of an alleged reproductive right.

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On HIV/AIDS, a number of delegates, including the NETHERLANDS and ESTONIA, called for increased attention to treatment and counselling for those infected with HIV. IRELAND supported awareness raising and prevention initiatives to reduce vulnerability to clinical prevention. The UK recommended establishing a global goal for reduction of HIV/AIDS and intermediate targets. A Norwegian NGO stressed treatment of conventional STDs as a step toward HIV prevention. CHAD recommended that governments prioritize increased research, stakeholder coordination and user-friendly services. SWEDEN noted the need to formulate new legal frameworks, particularly related to HIV/AIDS. HONDURAS supported strategies for HIV/AIDS directed at adolescents. CHAD recommended developing better understanding of young people’s RH needs and inclusion of sexual health and HIV prevention in school curricula. MOZAMBIQUE proposed efforts to ensure access to RH services appropriate to young people’s needs. JAMAICA called for proactive, innovative and comprehensive approaches to adolescent RH. RIFHEP recommended promoting young people’s understanding of sexual and reproductive health without appearing to promote sexual activity. The NETHERLANDS called for mechanisms to include adolescents in policy and programme development.

BUILDING PARTNERSHIPS: Florence Mangyu, Medical Women International Association, introduced this topic, noting the POA’s calls for involvement of all beneficiaries. She said the elements of partnerships include sharing and caring, respect and mutual trust, interaction, accountability and transparency. She stressed partnerships between men and women based on mutual respect and responsibility.

Several delegates addressed partnership between governments and civil society. TURKEY urged governments to: redefine their relationships with NGOs; contribute financial support; and, with BRAZIL and LIBERIA, establish transparent systems. The UN CONFERENCES OF NGOs highlighted partnerships as a serious component of global level strategies, and called for increased creativity and improvements in transparency, accountability and inclusiveness. The US recommended civil society involvement in design, implementation and evaluation of RH programmes and strengthening civil society partnership to increase capacity and accountability of NGOs. FRANCE said NGOs and civil society should be allowed to express themselves in official dialogue and stressed their involvement in the Copenhagen+5 and Beijing+5 processes.

LATIN AMERICAN AND HISPANIC CARIBBEAN NGOs said partners should agree on indicators for monitoring achievement, gaps and obstacles to POA implementation and called on governments to guarantee the involvement of grass-roots organizations and youth in local decision-making and POA implementation. ALGERIA recommended that NGOs be associated in all phases of programme development. The AFRICAN WOMEN’S HEALTH NETWORK stated that partnerships should not rely on government for funding and called for transparency and accountability in all partnerships. The YOUTH FORUM urged donor countries to make assistance conditional on donation, designation of partners, POA implementation and POA accountability. IRELAND noted that governments tend to consult with service providers and NGOs should not rely on government for funding and called for transparency and accountability in all partnerships. SWEDEN said political will is a prerequisite for advancing the POA. TURKEY stressed the involvement of parliaments and political parties in promoting ICPD goals through legislation and influencing public opinion. The UK stressed the need for clarity in understanding which policy, sector and systems changes will best improve the health of poor people.

Several delegates, including NORWAY, AUSTRALIA, IPPF, the NETHERLANDS and the UK highlighted the role of partnerships with UN agencies. SWEDEN called for better coordination between UN agencies. NORWAY stressed the role of the World Bank and called for closer partnerships between the UN and the development banks. The UK said international action must be coherent and stressed the need for strong and strategic multilateral leadership in POA implementation. MÜJERAHÖRA called for clear UN recommendations to governments on sharing resources with NGOs. The WORLD BANK stressed its commitment to the POA, noting its provision of US$2 billion in loans since Cairo.

PLENARY: Representatives of governments, NGOs and international organizations delivered statements on the operational review and assessment of POA implementation in morning, afternoon and evening plenary sessions. Statements highlighted national programmes to create awareness and prevent STDs including HIV/AIDS, provide integrated and well-functioning health services for women, children and adolescents, and support women’s empowerment. Other issues addressed included: migration and its impacts on health and development; the need to strengthen the application of the POA; and development increases in HIV/AIDS incidence among adolescents; and the need for comprehensive education and health services. Some countries reported decreases in population growth rates, increases in women’s literacy and enhanced engagement of women in decision-making. Calls for financial support and sustained commitment to POA implementation were repeated.

IN THE CORRIDORS: After a pro-life NGO’s intervention on abortion elicited boos and hisses in the Main Committee deliberations Wednesday, there were rumblings in the corridors regarding how the Bureau would incorporate the polarized positions voiced on the abortion issue into the final Forum report, particularly those on emergency contraception and endorsing Beijing recommendations to accelerate Cairo implementation. While some expressed concern that Wednesday’s debate foreshadowed an unraveling in New York of the fragile but impressive consensus reached in Cairo, many delegates anticipated that the Forum report would simply reiterate the Cairo language.

THINGS TO LOOK FOR TODAY: The Main Committee will convene in the Van Gogh Room at 10:00 am to consider Mobilization of Required Resources for Implementing the POA. MAIN COMMITTEE: The Main Committee will convene in the Van Gogh Room at 10:00 am to consider Mobilization of Required Resources for Implementing the POA.