



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" in the morning and "Building Partnerships" in the afternoon. Governments and international organizations delivered statements on the operational review and assessment of POA implementation at the country level in Plenary throughout the day and evening.

MAIN COMMITTEE

REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING AND SEXUAL HEALTH, AND REPRODUCTIVE RIGHTS: Dr. Raj Adul Karim, National Population and Family Development Board, introduced the components of 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 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 socioeconomic factors and stressed intersectoral and integrated approaches to RH. MEXICO called for training of service providers to include gender perspectives, emphasize quality of services and guarantee 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 societies. BHUTAN highlighted resource constraints. CHAD called for greater focus on budgetary aspects of RH and targeting resources toward awareness on RH and family planning activities. MOROCCO recommended that governments offer as broad a range of contraceptives as possible and proposed development of standards for quality and costs of services. SRI LANKA noted difficulties in developing countries with making family planning services available, acceptable and accessible to all. CHAD, HONDURAS, URUGUAY and others underscored women's right to free and informed choice from all available contraception. PANAMA stressed breast-feeding where official family planning services are not accessible. A BANGLADESH NGO drew attention to ongoing use of chemical sterilization and government incentives and disincentives in family planning.

Several speakers advocated extending networks of RH services to under-supplied groups. BURUNDI supported packages of complementary services for vulnerable groups. A representative of WEST AFRICAN NGOs noted difficulties with service provision

to rural areas. The UK supported subsidies to ensure poor peoples' access to family planning and indicators to monitor access. GERMANY stressed the private sector's role in ensuring wider coverage by distributing subsidized contraceptives through social marketing programmes. IRELAND highlighted the need to ensure that services are available and sensitive to the needs of people with disabilities. The RADIN INSTITUTE FOR FAMILY HEALTH EDUCATION AND PROMOTION (RIFHEP) supported programmes for older women not reached by services. MADAGASCAR advocated effective strategies to involve men in RH.

On promoting women's health and safe motherhood, the NETHERLANDS stressed the need for a broad approach to maternal mortality and for up-to-date, accurate data. SWEDEN expressed concern about the lack of quality emergency obstetric care and post-abortion care. The UK stressed women's need for access to safe abortion services where possible and post-abortion care, and proposed developing standards for care and intermediate milestones for 2005, 2010 and 2015 for maternal mortality. BANGLADESH suggested that one standard index for measuring maternal mortality be adopted internationally. NORWAY advocated strengthening midwifery.

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 RH FORUM FOR ICPD+5 stated that despite ICPD commitments, unsafe abortion is not being adequately addressed and women lack access to information, counselling and quality services for complications from abortion. She called for renewed commitment to minimizing maternal mortality and morbidity. The IPPF suggested that ICPD+5 endorse the Beijing recommendation urging review of laws containing punitive measures against women to accelerate implementation of Paragraph 8.25. MADAGASCAR invited countries to institute a legal instrument to govern pregnancy following rape.

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 reduced 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 was rejected 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 and prevention initiatives and further research into 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. UNAIDS called for government prioritization, 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 better consideration 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 Manguyu, 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 CONFERENCE OF NGOS highlighted partnership as a serious collaborative and multi-level relationship and called for creativity and improvements in transparency, accountability and inclusiveness. The US recommended civil society involvement in design, implementation and evaluation of RH programmes and strengthened civil society partnership to increase the 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 stressed partnerships at the regional level. She said NGOs 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 devoting a set amount to NGOs. The WORLD BANK stated that while its charter prevents it from giving direct assistance, 40% of funds to governments end up with NGOs. NAMIBIA said governments should recognize the importance of civil society and create fora for dialogue when developing national policies and programmes. Regular interaction with partners and stakeholders, including jointly developing, implementing and monitoring programmes, would create communal ownership. MALAYSIA pointed out that greater cooperation would result in more effective implementation of the POA at less cost.

On creating an enabling environment for partnerships, JAPAN proposed comprehensive approaches based on a concept of "human security" that integrates all threats to human survival and stresses comprehensive responses to problems of socially vulnerable people. He announced Japan's contribution of US\$4.5 million for the establishment of a Human Security fund within the UN to enable international organizations to provide support in a flexible and timely manner. CUBA stressed regional partnerships in promoting efficient resource use. UGANDA, highlighting national HIV/AIDS reduction as attributable to partnerships, stressed the primacy of government-created enabling environments.

Several delegates intervened on means to facilitate partnerships. The US called for elimination of legal barriers that discourage civil society participation and noted the need to encourage civil society to prioritize human capital investments. SWEDEN said political will is a prerequisite for advancing the ICPD agenda and, with 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.

Regarding partnerships with youth, the US stated that establishment of youth councils could serve as a vehicle for involving a wide spectrum of youth in policy and programme development. The YOUTH FORUM advocated strong partnership between government and youth.

Several delegates, including NORWAY, AUSTRALIA, IPPF, the NETHERLANDS and the UK highlighted the role of and 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. MUJERAHORA 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.

Partnerships with other groups were elaborated. CATHOLICS FOR A FREE CHOICE said the involvement of religious communities, women and youth in consultations on the POA would improve the quality of discourse and POA implementation. The US and the NETHERLANDS supported engaging religious groups in creating a people-centered and enabling environment. The UK advocated involving communities as active stakeholders in policy design and implementation. The NETHERLANDS, PERU and BELGIUM called for greater utilization of research communities. PALAU called for stronger partnerships with society's elderly. The ASIA-PACIFIC RESOURCE AND RESEARCH CENTER FOR WOMEN noted that governments tend to consult with service-oriented traditional health NGOs rather than women's and advocacy groups. SWEDEN highlighted the role of civil society and the media in changing attitudes. MEXICO, SENEGAL, UGANDA and the US underscored the private sector's role and called for its enhanced cooperation. GUYANA said private sector service is crucial, although much remains to be done to fully involve the sector in POA implementation.

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 development; the impacts of debt servicing on population 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 or 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

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

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.