



HIGHLIGHTS FROM THE ICPD+5 PREPCOM FRIDAY, 26 MARCH 1999

Delegates at the ICPD+5 PrepCom met in a morning Plenary to hear official statements on preparations for the Special Session. The Working Group completed its first read-through of the draft working paper containing proposals for action for further POA implementation. CPD-32 reconvened to adopt its resolutions and final report.

PLENARY

The following delegates delivered official statements on preparations for the Special Session: Commission on the Status of Women (CSW); Nigeria; El Salvador; Senegal; UNICEF; Fiji (on behalf of Pacific Island States); Jamaica; Ghana; ECLAC Committee on Population and Development; Uganda; Hungary; Turkey; Nepal; Belize; Tanzania; Jordan; Bolivia; the Latin American and Caribbean Women's Health Network; and the Women's Coalition for ICPD. These speeches are available on the Internet at: <http://www.undp.org/popin/unpopcom/32ndsess/state.htm>.

WORKING GROUP

POPULATION AND DEVELOPMENT CONCERNS: Population and Education: The US proposed promoting literacy and enrolment. MEXICO supported sex education at primary and secondary levels. The G-77/CHINA recommended that parents be sensitized to the value of children and stressed reducing female illiteracy and, with NORWAY, increasing retention efforts.

Data Systems, Including Indicators: CANADA supported partnership with indigenous peoples. The EU advocated harmonization of concepts in strengthening country capacity to undertake censuses and surveys. The G-77/CHINA and others proposed including age-disaggregated data. The US supported attention to environmental and demographic indicators. TURKEY stressed including quality of life as an indicator. The RUSSIAN FEDERATION proposed a substantial role for UN regional commissions in supporting censuses and surveys.

GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN: On ensuring protection of women's and girls' human rights, the EU recommended referring to adolescents' rights and urging countries to sign and ratify CEDAW and its optional protocol and remove all existing reservations. The G-77/CHINA objected to the latter and urged governments to review and amend discriminatory legislation. The REPUBLIC OF KOREA called for promotion of operational linkages between various elements of ICPD, Beijing and other relevant international instruments. On developing and strengthening the reproductive rights approach, the G-77/CHINA recommended mechanisms for women's equal participation at all policy levels and measures to enable women to meet their potential through skills development and poverty and illiteracy elimination. The US urged consultation with women's organizations and other equity-

seeking groups. On addressing all forms of violence against women and the girl-child, the G-77/CHINA recommended deletion of references to the Declaration and Agenda for Action adopted by the Congress Against Commercial Sexual Exploitation of Children and to "traditional" practices. On changing attitudes and promoting gender equality, the US said a human rights element should be included and women's community-based groups strengthened. On promoting male responsibility and partnership with women, NORWAY stressed the need for research on concepts of masculinity, with special attention to adolescents. The G-77/CHINA said parents rather than men should become involved in defining positive male role models.

REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH: Ensuring Reproductive Rights and Promoting Reproductive and Sexual Health: On ensuring that policies are based on human rights, the EU recommended special consideration of adolescents. CANADA proposed text on: developing indicators to promote and monitor women's human rights, especially sexual and reproductive health (SRH); raising awareness of international human rights instruments; and providing human rights education and information for health service providers and users. The HOLY SEE suggested adding respect for countries' sovereign rights and religious and ethical backgrounds. The REPUBLIC OF KOREA proposed making reproductive health (RH) accessible to all individuals of appropriate ages. The G-77/CHINA proposed deleting the subparagraph.

On participatory policy development processes, the G-77/CHINA proposed including all "national" stakeholders and users and calling on governments to ensure couples' and individuals' right to decide freely and responsibly the number and spacing of children. CANADA added accessibility to programmes responsive to indigenous peoples' needs and rights. The US stressed involving women in programme design and implementation. NORWAY recommended involvement of professional organizations. On strengthening community-based services and social and subsidized marketing, the EU added ensuring access to services and commodities from a range of sources. The G-77/CHINA supported partnerships with NGOs to provide high quality services. The US added ensuring that the private sector abides by ethical standards in SRH service distribution.

On increasing investment to improve quality of RH care, the US recommended identifying steps to improve SRH care and service quality and including affordable services and confidentiality. MEXICO urged acknowledgement that emergency contraception's goal is prevention of abortion and maternal mortality. The HOLY SEE noted lack of clarity and agreement on whether emergency contraception is a contraceptive or an abortifacient. On equity of access to information and services, the US emphasized sector-wide approaches to health policies and programmes, involving women and other stakeholders, and ensuring free and informed choices. NORWAY advocated prioritizing SRH in health sector development and reform and reviewing user fees that deter the neediest from seeking care.

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On men's role and responsibilities, CANADA called for eliminating sexual violence against women and girls. NORWAY recommended protecting them from sexual violence through enforcement of women's and children's human rights. The US supported ensuring that they are free from sexual coercion and violence, meeting men's SRH needs without diverting attention from women, and providing subsidies to ensure availability and access to RH services. On measuring access to and choice of family planning methods, the EU delineated specific milestones for percentages of family planning facilities that offer choice of three or more methods. The G-77/CHINA supported development of national benchmark indices to measure access to quality RH. NORWAY urged the UN to develop global benchmarks and support data collection. On proposed actions by the UN system and donor countries, the EU added multilateral and bilateral donors. The G-77/CHINA added providing support and assistance to host countries to provide basic health care for refugees, especially women and children. On ensuring appropriate health care for persons in emergency situations, the G-77/CHINA recommended deleting "particularly women and adolescents" and specifying emergency "humanitarian" situations. The HOLY SEE preferred ensuring "access to basic social services including, *inter alia*, appropriate health care."

Ensuring Access to Quality Family Planning Services: Several delegates highlighted UNFPA's role in ensuring access. On subsidies to ensure availability of services, the EU suggested including social marketing. NORWAY and the G-77/CHINA underscored use of social safety nets. Regarding resource allocation, the US stressed that demographic targets should not be imposed on family planning providers. On research on new contraceptives, the US and CANADA called for attention to female-controlled methods. NORWAY highlighted the need for more specific RH benchmarks. On counseling, SWITZERLAND stressed the need for quality and professional services that are sensitive to gender, age and ethnicity. The G-77/CHINA and the HOLY SEE stressed ethical, professional and well-informed counseling. The EU underscored confidentiality and, with others, access by adolescents. The HOLY SEE emphasized education as a basis for well-informed choices.

Reducing Maternal Mortality: The G-77/CHINA added maternal morbidity to the title and throughout the text. On promoting maternal mortality (MM) reduction as a human rights issue, the EU recognized interlinkages between high MM and poverty and added ensuring that health systems prioritize care for pregnant women and include standards for care. The G-77/CHINA replaced the subparagraph with intensifying action to reduce MM and morbidity. NORWAY supported recognizing MM as a health sector priority. On interventions to reduce MM, CANADA, NORWAY and the G-77/CHINA specified "by adequately trained and skilled birth attendants." Proposed additions included: highlighting post-delivery care and communicating signs of complications (EU); calculating the societal cost of maternal deaths (NORWAY); and expanding community education campaigns on early warning signs of complications (US). On improving the status of the girl-child to enable informed choices about childbearing, the G-77/CHINA stipulated "at maturity." CANADA added informed choices about marriage and family planning. The HOLY SEE opposed enabling them to obtain access to services. On unsafe abortion, the G-77/CHINA, with the HOLY SEE, replaced text recommending that abortion be safe and accessible where legal and that laws containing punitive measures be reviewed with text stressing that measures or changes related to abortion can only be determined at national or local levels and in no case should abortion be promoted as a family planning method. The US underscored managing the consequences of unsafe abortion safely and effectively and training providers. On monitoring progress, the EU and the US specified benchmarks for percentages of births to be attended by skilled health personnel. TURKEY recommended other indices such as the proportion of women receiving pre-natal care.

Preventing and Treating HIV/AIDS and STDs: Regarding government action on the transmission and effects of HIV/AIDS, CANADA called for recognition of gender- and age-based factors that affect vulnerability. The EU suggested adopting wording from a recent CSW resolution calling for long-term integrated policies targeting the needs of women and girls. On HIV/AIDS and STD-related services and programmes, MEXICO and VENEZUELA supported including information about HIV infection in education programmes. The

HOLY SEE objected to recommending access to male and female condoms. The INTERNATIONAL COUNCIL ON AIDS urged guaranteed access for adolescents and adults to preventive measures. On investment in research, CANADA supported reference to female-controlled methods of prevention. The HOLY SEE preferred omitting reference to research on microbicides. The RUSSIAN FEDERATION called for negotiation of special prices for HIV drugs for countries lacking adequate resources to fight AIDS.

Promoting Adolescent SRH: On protection of adolescent RH, the US recommended increasing resource allocation in accordance with youth's needs and removing barriers to providing SRH to youth. On developing national plans for youth, proposed additions included: sexual education (EU); plans based on gender equality (US); health personnel training on providing youth-friendly, confidential SRH services (NORWAY); and particular attention to marginalized youth (CANADA). On promoting the family's central role in educating children, the US and NORWAY stressed ensuring parents' education in SRH and training teachers and peer counselors to provide information in a non-judgmental manner. On information and education to enable informed choices regarding SRH, the HOLY SEE added "with proper regard for the rights, duties and responsibilities of parents." NORWAY recommended developing programmes in consultation with youth. The RUSSIAN FEDERATION urged consideration of country-specific values. CANADA stressed gender-sensitive information and education through innovative programmes including peer education and counseling. The EU added providing accessible, affordable and high quality services and ensuring confidentiality. On reviewing laws and practices that may prevent access to information and services, the RUSSIAN FEDERATION preferred stipulating "as appropriate." MEXICO and VENEZUELA advocated ensuring SRH service provision to adolescents while respecting their right to privacy, confidentiality and informed consent. The HOLY SEE proposed deleting the subparagraph.

PARTNERSHIPS AND COLLABORATIONS: NORWAY proposed reflecting transparency to constituencies, private sector involvement and enhanced roles for international organizations. The US recommended addressing accessibility to information, increased transparency and accountability to civil society, broader participation, government responsibility in strengthening private sector engagement, information-sharing among parliamentarians, and, with others, greater youth involvement. The EU and the RUSSIAN FEDERATION highlighted improving coordination of UN agencies. CANADA stressed inclusion of indigenous people and international agencies. MEXICO urged more support for developing countries.

MOBILIZING RESOURCES: On the international community's efforts to meet the resource shortfall, JAPAN and CANADA recommended that donor countries endeavor to reach 0.7% of GNP. NORWAY suggested the goals refer to the 20/20 Initiative. On promoting additional mechanisms to provide and fund RH services, CANADA said methods to increase funding should include various forms of cost recovery and stress an increased private sector role. MEXICO emphasized strategic partnerships with the private sector and NGOs and the pressures of external debt. The GLOBAL CAUCUS FOR WOMEN called for investment in SRH services and, with the US, emphasized greater transparency in resource use. On contributions to UNFPA, several delegates called for an inclusive reference to UNFPA and all relevant UN entities.

CPD-32

The CPD reconvened its 32nd session in the afternoon to adopt its report, the provisional agenda for CPD-33 and draft resolutions on population growth, structure and distribution and on special themes for the CPD for 2000-2004 (E/CN.9/1999/L.2-5).

THINGS TO LOOK FOR TODAY

WORKING GROUP: The Working Group will meet in morning, afternoon and night sessions in Conference Room 1 to negotiate the Chair's synthesis text of proposals for action for further POA implementation.