



## HIGHLIGHTS FROM THE ICPD+5 PREPCOM WEDNESDAY, 31 MARCH 1999

Delegates at the ICPD+5 PrepCom met in the Working Group all day and night on Wednesday to continue negotiating proposals for key actions for further implementation of the POA. Delegates completed negotiations up to the section on adolescent sexual and reproductive health but stopped negotiations at 12:00 midnight due to loss of interpretation services and were unable to complete their work on the remainder of the text. They decided to extend the PrepCom by reconvening in an additional Plenary session today.

### WORKING GROUP

**GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN: Promotion and Protection of Women's Human Rights:** On developing and enforcing gender-sensitive policies and legislation, the G-77/CHINA included a reference to relevant POA paragraphs and recommended deleting the call to remove all existing reservations to CEDAW. The EU said the paragraph should apply to women "and girls." ARGENTINA and GUATEMALA called for a reference to POA language stating that the ICPD does not create new international human rights. The paragraph was bracketed. On incorporating reproductive rights in population and development policy implementation, the G-77/CHINA, supported by the HOLY SEE, added reference to paragraphs in the POA that: confirm that the ICPD does not create any new international human rights; and state the ICPD position on reproductive rights and abortion. CANADA added reference to establishing relevant indicators through UN bodies, and the EU included adolescents.

On advocating for the human rights of women, the G-77/CHINA inserted new text, including a reference to the girl child. The WOMEN'S AND YOUTH COALITIONS urged governments to build mechanisms for NGO participation. On the human rights of the girl child, the EU added reference to young women and CANADA preferred to "promote and protect" rather than "safeguard" their rights.

**Empowerment of Women:** On women's participation at all levels of the political process and public life, the US added that government mechanisms should "ensure the full and equal participation of women in decision-making processes in all spheres of life." On promoting the fulfillment of women's and girls' potential through education, skills development and illiteracy eradication, the RUSSIAN FEDERATION added that government measures should be "without discrimination of any kind." TURKEY appended a call for governments, in collaboration with civil society, to take necessary measures to ensure universal

access on the basis of equality to appropriate, affordable and quality health care for women throughout their life-cycle. On removing gender gaps and inequalities pertaining to women's livelihoods and participation in the labor market, the US amended the text to call on governments to implement legislation ensuring "equal pay for equal work."

**Gender Perspective in Programmes and Policies:** Regarding the call to develop gender-disaggregated data and indicators, the G-77/CHINA specified "at the national level." On zero tolerance for discrimination against the girl child and for all forms of violence against women, the US emphasized the need for governments to take action on attitudes such as son preference. The EU added that family members should protect the girl child's "health" as well as well-being.

**Advocacy Against Negative Attitudes and Practices:** On the role of many groups in promoting gender equality and changing negative attitudes and practices, delegates disagreed on whether these groups should include reference to "the family" (ARGENTINA and others) or "families" (the EU and others). Delegates accepted the Chair's proposal of "family members." The US added a subparagraph calling on governments, donors and the UN system to support women's grassroots community and advocacy groups.

**REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH: Reproductive Health, Including Family Planning and Sexual Health:** The EU preferred entitling the section "ensuring reproductive rights and promoting sexual and reproductive health" (SRH). Delegates amended a proposal to: prioritize SRH in the context of strengthening basic health systems "from which particularly people living in poverty can benefit" (EU); ensure that SRH "services" (NORWAY) "respect all" human rights (US), "including the right to development" (ALGERIA), "meet the health needs over the life-cycle," (US and HOLY SEE), address inequalities due to gender, "poverty" (EU) "and other factors" (CANADA); and ensure equity of access to information and services, "including in relation to the needs of adolescents" (EU). CANADA added a subparagraph on developing comprehensive and accessible health services and programmes, including SRH, for indigenous communities.

On increasing investments to improve SRH quality, the US added improving "availability." The HOLY SEE preferred ensuring free and informed "consent" rather than "choices." Delegates accepted the G-77/CHINA's formulation of "free, voluntary and informed choices." The HOLY SEE proposed deleting "ensuring effective referral mechanisms," or adding that health care providers' rights of conscience should be respected. The US and EU objected. Delegates accepted

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US-proposed text from the POA to take care that services are offered in conformity with human rights and ethical and professional standards. Delegates amended a proposal to ensure training and supervision of health care providers, “free of any coercion” (NICARAGUA), to provide accurate information about “prevention and” symptoms of reproductive tract diseases (US and G-77/CHINA). Delegates amended a proposal to promote men’s understanding of their roles and responsibilities in respecting “the human rights of women” (CANADA), “protecting” women’s health (EU), “ensuring that women and girls are free from coercion and violence” (US), and “promoting elimination of” harmful practices (CANADA). On strengthening community-based services, the EU added “social marketing.” The RUSSIAN FEDERATION stipulated providing subsidies, “as appropriate,” to ensure availability and access to services.

Delegates amended a proposal for governments to: “develop and use indicators that” (US) measure access to and choice of family planning and contraceptive methods and indicators “that measure trends in” (US) maternal mortality “and morbidity” (G-77/CHINA) and HIV/AIDS; use them to “monitor” (US) progress towards the ICPD goal of universal access to RH care; and strive to ensure that by 2015 all primary health care and family planning facilities provide, directly or through referral, “the widest achievable range of safe and effective contraceptive” (US) and “family planning” (ARGENTINA) methods, “essential obstetric care” (US) and “prevention and” (US) management of reproductive tract infections including STDs. The US, EU and G-77/CHINA objected to the HOLY SEE’s proposal to delete “directly or through referral.” Delegates bracketed NORWAY’s proposed paragraph inviting WHO to lead efforts to agree on key SRH indicators due to opposition by SUDAN and the G-77/CHINA.

**Access to Quality Family Planning Services:** The G-77/CHINA proposed that the UN system and donors support governments, “upon request,” to provide resources, services, systems and safety nets. The EU preferred calling on governments, with UN system and donor support. On allocating sufficient resources to provide access to information, counseling and follow-up services on the full range of safe and effective contraceptive methods, ARGENTINA, the HOLY SEE, the G-77/CHINA and others supported deleting “including female-controlled methods such as female condoms and emergency contraception and under-utilized methods such as vasectomy and male condoms.” The US, EU and MEXICO objected. Some delegations said they did not understand emergency contraception and thus objected to its inclusion. The G-77/CHINA and others advocated referring to the full range of safe and effective “family planning methods and contraceptive choices, including new options and under-utilized methods.” The text was bracketed. The EU added benchmark goals for closing the gap between contraceptive use and the proportion of individuals wanting to space or limit their families, and extended the call for research and development to encompass governments, the UN system, civil society, donors and the private sector. TURKEY amplified the call for UNFPA to assist countries with provision of RH services as well as commodities.

**Reducing Maternal Mortality and Morbidity:** On promoting the reduction of maternal mortality and morbidity as a public health priority, the G-77/CHINA preferred deleting promoting it “as a human rights issue,” but the US and EU objected. Delegates accepted NORWAY’s proposal to promote it as a reproductive rights concern. On interventions to improve girls’ and young women’s status to enable informed choices regarding childbearing, the G-77/CHINA specified informed choices “at maturity.”

On unsafe abortion, the US proposed: managing complications of unsafe abortion “in the safest and most effective way;” adding “where abortion is not against the law, health systems should train and equip health service providers and take other measures to seek to ensure that abortion is safe and accessible;” and adding “laws containing punitive

measures against women who have undergone illegal abortion should be reviewed.” The G-77/CHINA, ARGENTINA, NICARAGUA, EL SALVADOR, SUDAN, GUATEMALA, SYRIA and the HOLY SEE preferred the existing text. The paragraph was bracketed. Proposed paragraphs by NORWAY on calculating the societal costs of maternal deaths, and by the EU urging WHO to fulfill its leadership role in assisting countries to implement standards for care and health facilities, were bracketed due to lack of support from the G-77/CHINA, LIBYA and SUDAN.

**Prevention and Treatment of HIV/AIDS and STDs:** The G-77/CHINA amended the title to “STDs including HIV/AIDS.” On actions to be undertaken by governments, delegates specified provision of education and service and non-discrimination of vulnerable populations, including women and young people. Delegates amended text to include “all forms of STDs” and “special attention to sexual exploitation of young women and children” and added text advocating governments to develop, in full partnership with youth, parents, families, educators and health-providers, youth-specific HIV education and treatment projects. On interventions to reduce HIV infection in infants, delegates deleted reference to “adolescents and women” and added text urging access to anti-retroviral drugs by women living with HIV/AIDS during and after pregnancy and to infant feeding counseling to enable free and informed decisions.

On investment in research, delegates introduced text urging governments, with support of the international community, to strengthen measures to improve the quality, availability and affordability of care for people living with HIV/AIDS. Delegates bracketed a reference to UNAIDS’ role in coordinating UN actions on HIV/AIDS and in supporting national programmes.

**Adolescent Sexual and Reproductive Health:** Delegates amended the chapeau, calling on governments, with “full involvement of young people” (US) and international support, to, “as a priority, make every effort” (EU) to implement the POA in regard to adolescent SRH. NORWAY and the US proposed adding SRH “and reproductive rights” but the G-77/CHINA objected. On adolescents’ rights to RH education, information and care, MEXICO offered an alternative formulation to fully promote adolescents’ rights to health and provide specific and user-friendly SRH services, including information and counseling, which should safeguard their rights to privacy, confidentiality and informed consent. The G-77/CHINA supported this with the inclusion of “respecting cultural values and religious beliefs.” The HOLY SEE advocated adding respecting parents’ rights, duties and responsibilities. CANADA said the chapeau’s reference to POA paragraph 7.45 obviated the need to mention parents. The paragraph was bracketed.

On action plans for adolescents and youth, delegates agreed to “develop action plans at national and other levels as appropriate.” CANADA and the YOUTH COALITION added special attention to vulnerable and disadvantaged youth. The US proposed an alternative formulation on parents’ involvement in providing SRH information. The G-77/CHINA, ARGENTINA, NICARAGUA, GUATEMALA and MOROCCO preferred “acknowledging and promoting” the central role of families, and EU and CANADA preferred “given” their role. The US specified that SRH information be provided “in a manner consistent with the evolving capacities of adolescents.” The YOUTH COALITION proposed adding recognizing adolescents’ rights to determine their own behavior and lives, in conformity with the Convention on the Rights of the Child.

## THINGS TO LOOK FOR TODAY

**PLENARY:** The PrepCom will convene for an additional session in Plenary in Conference Room 1 at 3:00 pm to decide when to complete its work and to adopt procedural decisions on the Special Session.