A BRIEF HISTORY OF THE ICPD+5 PROCESS

The International Conference on Population and Development (ICPD) was held in Cairo, Egypt, from 5-13 September 1994. An estimated 20,000 government delegates, UN representatives, NGOs and media attended the conference, which adopted a 16-chapter Programme of Action (POA) on population and development. The POA, adopted by 179 countries, underscores the integral and mutually reinforcing linkages between population and development and endorses a new rights-based strategy focused on meeting the needs of individual women and men rather than on achieving demographic targets. One of the primary goals of the POA is to make family planning universally available by 2015 as part of a broadened approach to reproductive health and rights. It includes other time-bound population and development goals for 1995-2015, including the reduction of infant, child and maternal mortality and provision of universal access to education, especially for girls. The POA provides estimates of the levels of national resources and international assistance required for its implementation and calls on governments to make those resources available.

SUMMARY OF THE ICPD+5 PREPCOM
24 MARCH - 1 APRIL 1999

The Commission on Population and Development acting as the Preparatory Committee (PrepCom) for the Special Session of the UN General Assembly for the review and appraisal of implementation of the Programme of Action of the International Conference on Population and Development took place from 24 March-1 April 1999 at UN headquarters in New York. The task of the PrepCom was to negotiate proposals for key actions for the further implementation of the Programme of Action in preparation for the Special Session.

The PrepCom was unable to finish its work in the time allotted and had to extend its session by an additional day. However, even with this extra meeting, the PrepCom did not complete negotiations on the proposals for key actions for further implementation of the Programme of Action and will thus resume the PrepCom for an additional four days, either in mid-May or just prior to the Special Session in June. Thus, participants left New York looking anxiously to the horizon where the Special Session looms large and the burden of unfinished business weighs heavily.

GENERAL ASSEMBLY RESOLUTION FOR A SPECIAL SESSION: In Resolution 52/188 of 18 December 1997, the UN General Assembly (GA) decided to convene a Special Session from 30 June-2 July 1999 to review and appraise implementation of the ICPD POA (ICPD+5). The GA emphasized that existing agreements contained in the POA would not be renegotiated. The GA designated the Commission on Population and Development (CPD) as the preparatory body for the Special Session and the 32nd session of the CPD in March 1999 as the PrepCom. The Population Division of the UN Department of Economic and Social Affairs (DESA) and UN Population Fund (UNFPA) were asked to collaborate and coordinate the ICPD review process leading up to the Special Session.

THE HAGUE FORUM: The International Forum for the Operational Review and Appraisal of the Implementation of the ICPD POA (The Hague Forum) took place from 8-12 February 1999 in The Hague, the Netherlands. The Hague Forum was an integral part of the ICPD+5 review process. The Forum, organized by UNFPA and hosted by the Dutch Government, was attended by approximately 2000 participants, including ministers and other high-level government officials, parliamentarians, representatives of UN specialized agencies,
international and non-governmental organizations, youth, and the media. The goals of the Hague Forum were to: examine lessons learned, success stories, obstacles and constraints to enable further implementation of the POA; allow for exchange among countries facing similar experiences; bring together a wide variety of partners to refocus commitment on population and development; and provide technical inputs to the Special Session. The Forum assessed country-level operational and programme experience in POA implementation, focusing on five substantive themes: creating an enabling environment for the further implementation of the POA; gender equality, equity and empowerment of women; reproductive health, including family planning and sexual health and reproductive rights; strengthening partnerships; and resource flows and financing for POA implementation.

The outcome of the Forum was a draft report that summarizes the findings and proposed actions of the Main Committee’s deliberations on these five themes. The report was submitted to the PrepCom and provided input to the Secretary-General’s Report for the Special Session containing proposals for key actions for the further implementation of the POA.

32ND SESSION OF THE CPD: The 32nd session of the CPD (CPD-32) met from 22-23 March 1999 to consider the following substantive agenda items: follow-up actions to the ICPD recommendations; the world population situation; the work of the CPD in the next quinquennium; programme implementation and the future work programme of the Secretariat in the field of population; and the provisional agenda for CPD-33. The thematic area for CPD-32 was population growth, structure and monitoring. CPD-32 was reconvened on Friday, 26 March, 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).

REPORT OF THE PREPCom

CPD-32 Chair Robert Louis Cliquet (Belgium) officially opened the PrepCom on Wednesday, 24 March 1999. Delegates elected Anwarul Karim Chowdhury (Bangladesh) as Chair of the PrepCom and the following as Vice-Chairs: Elza Berqué (Brazil), Ross Hynes (Canada), Armi Heinonen (Finland), Jacob Botwe Wilmot (Ghana), Gabriella Vukovich (Hungary), Patricia Durrant (Jamaica), Ryuichiro Yamazaki (Japan), Alexandru Niculescu (Romania) and Matia Mulumba Semakula Kiwanuka (Uganda). Gabriella Vukovich was also designated as Rapporteur. Delegates then adopted the provisional agenda and organization of work (E/CN.9/1999/PC/1 and L.1).

Joseph Chamie, Director of the DESA Population Division, presented the Secretary-General’s Report on the review and appraisal of progress in achieving the goals and objectives of the ICPD POA (E/CN.9/1999/PC/2), highlighting five major conclusions. First, the current period is demographically unprecedented in the history of humanity. Second, generally speaking, things are moving in the right direction; progress has been made in a number of areas, although it has been limited in some countries and regions. Third, many challenges remain, including the HIV/AIDS epidemic, rapid ageing of populations, adolescent reproductive behavior, undocumented migration and rapid population growth. Fourth, while financial resources are necessary, government leadership, priorities and commitment are the critical variables for successful POA implementation. Finally, the review concluded that the time to act is now; delaying needed action will exacerbate problems in the future, and action taken today will largely determine the quality of life and living conditions for generations to come.

Kerstin Trone, Deputy Executive Director of UNFPA, introduced the Secretary-General’s Note on The Hague Forum (E/CN.9/1999/PC/3). She presented the outcome of the Forum on behalf of Forum President Nicolaas Biegman, highlighting youth, HIV/AIDS and financial resources as items receiving significant attention at the Forum. On youth, risks arising from youth being under-informed, under-educated and under-served in sexual and reproductive health were highlighted, and family involvement in sexual education, government responsibility, and mandatory sexual education were called for. Delegates underscored the need to confront the challenge of the AIDS epidemic. They also identified the lack of resources as the major constraint to POA implementation, and stressed reprioritization of government spending, increased core funding for UNFPA and increased private sector contributions.

UNFPA Executive Director Nafis Sadik noted key achievements since Cairo, including: a transformation in thinking about population and its relation to development; acceptance of the right to reproductive health and incorporation of a gender dimension into population policies and programmes; reduction in the incidence of abortion; and growth in partnerships between all relevant groups, including NGOs. She noted that GA Resolution 53/183 agreed not to renegotiate the POA during the ICPD+5 process. She then presented the Secretary-General’s Report containing proposals for key actions for further implementation of the POA (E/CN.9/1999/PC/4), highlighting proposals to: develop national policies to adjust to a rapid increase in the number of older people; remove gender inequality and establish women’s rights; promote adolescent reproductive health; confront HIV/AIDS; build and strengthen partnerships; and achieve the ICPD goal of US$17 billion in total resources and US$5.7 billion from the global community. On emergency contraception, she said the World Health Organization (WHO) and medical authorities agree that the “so-called morning-after pill” is not an abortifacient, and called on delegates to be guided by science and common sense. Noting that the proposals before the meeting were realistic and affordable, she called for the will and renewed commitment to turn them into reality.

During the course of the PrepCom, delegates met in Plenary from Wednesday afternoon, 24 March, through Friday morning, 26 March, to hear official statements from 45 countries and 24 international and non-governmental organizations on preparations for the Special Session. Copies of these speeches are available on the Internet at: http://www.unpop.org/popin/unpopcom/32ndess sess/state.htm. An informal Working Group met throughout the PrepCom to negotiate the proposals for key actions for further implementation of the ICPD POA. However, despite late night negotiations and the extension of the PrepCom by an additional day, delegates were unable to complete their work in the time allotted.

PROPOSALS FOR KEY ACTIONS FOR FURTHER IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION

On Wednesday, 24 March, Chair Chowdhury introduced the draft working paper containing draft proposals for key actions (E/CN.9/1999/PC/CRP.1), noting that these were drawn from the Secretary-General’s report and would serve as the basis for negotiations at the PrepCom. Delegates conducted an initial exchange of views on this draft on Wednesday afternoon, 24 March, and on Friday, 26 March. Chowdhury synthesized these comments into a revised draft (E/CN.9/1999/PC/CRP.1/Rev.1), which was circulated over the weekend and served as the basis for negotiations for the remainder of the PrepCom. Delegates completed negotiations on the sections on population and development concerns, gender equality, equity and empowerment of women, and most of the section on reproductive rights and reproductive health, although some of the more contentious paragraphs are in
brackets due to lack of consensus. Delegates had insufficient time to negotiate the background section and the sections on partnerships and collaboration and mobilizing resources. The following is a summary of the final draft, in its current form, containing proposals for key actions for further implementation of the POA.

I. BACKGROUND: This section was not negotiated by the PrepCom due to lack of time. In fact, this section was not in the original Chair’s draft working paper, and in delegates’ initial exchange of views, several commented that the proposals for further implementation lacked background and context. In introducing his revised draft on Tuesday, 30 March, the Chair noted that he had added a background section, which drew from the Secretary-General’s report and from the POA. As negotiations proceeded during the PrepCom, delegates repeatedly emphasized the need to respect national sovereignty and cultural and religious values, which was an important element of the Cairo consensus. As a result, delegates agreed to reiterate this in the background section of the document.

This section states that the ICPD POA marked the beginning of a new era in population and development, by making human well-being the focus of national and international activities designed to address population and development issues, with a view to achieving sustained economic growth and sustainable development. The POA must be seen as closely related to the outcomes of the other major UN conferences of the 1990s, and progress in its implementation should be assessed within the common framework of follow-up to all of these conferences.

The background section reiterates that implementation of the POA recommendations is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people and in conformity with universally recognized international human rights. It notes that the POA recommended a set of interdependent quantitative goals and objectives, including universal access to comprehensive reproductive health services, including family planning and sexual health, reductions in infant, child and maternal mortality, and universal access to primary education. It articulates a comprehensive approach to issues of population and development, identifying a range of demographic and social goals to be achieved over a 20-year period.

According to UN estimates and projections, world population will exceed six billion for the first time in 1999, nearly 80% of which will be living in developing countries and countries with economies in transition. Depending on action taken in the next five to ten years, world population will reach between 7 and 7.5 billion in 2015, and it is estimated that population stabilization will not be reached for another 50 years at the earliest.

The text states that the five-year review of progress shows that implementation of the POA recommendations is off to a good start. Mortality in most countries has continued to fall, and the broad-based definition of reproductive health is being accepted with steps being taken to provide comprehensive services in many countries. Rising contraceptive use indicates greater accessibility to family planning. Many countries have taken important steps aimed at better managing international migration flows through bilateral and multilateral agreements. In addition, many civil society organizations are contributing to the formulation and implementation of policies, programmes and projects on their own or in partnerships with governmental and intergovernmental organizations and the private sector.

Nonetheless, for some issues and some countries, regions and groups, progress has been limited, and in some cases setbacks have occurred. The HIV/AIDS pandemic has led to rises in mortality in many countries; economic shocks and transition to a market economy have been accompanied by stagnation and rises in mortality, particularly among adult men; and the impact of the financial crises is affecting the health and well-being of individuals and limiting progress in POA implementation.

The background section emphasizes that if POA implementation is to be accelerated, several financial, institutional and human resource constraints must be overcome. There is a need, for example, to ensure equitable access to basic health care services by integrating reproductive health services and making appropriate use of community-based services, social marketing and cost-recovery schemes. There is also a need for more effective decentralization, closer collaboration between governments and civil society, greater participation by women in policy- and decision-making and improvements in data quality and use for policy implementation. Implementation requires greater political will and development of national capacities, as well as increased resources backed by effective priority-setting in each national context.

The text emphasizes that the key future actions proposed in the following document will require renewed and sustained commitment to the principles, goals and objectives of the POA by governments, civil society and the international community so that they can be accomplished as soon as possible, but in any case before 2015.

II. POPULATION AND DEVELOPMENT CONCERNS: This section of the Chair’s draft report outlines key actions related to population, economic development and the environment, changing age structures and ageing of the population, international migration, internal displacement and migration, population development and education, and data systems, including indicators. Delegates gave general comments on this section on Wednesday, 24 March, and Friday, 26 March, and conducted negotiations on Tuesday, 30 March.

A. Population, Economic Development and the Environment: This sub-section calls on governments to:

- re-examine recent research concerning relationships among reduced fertility, economic growth and more equitable distribution of its benefits;
- draw attention to and promote linkages among macroeconomic, environmental and social policies;
- intensify efforts to implement legislative and administrative measures with special attention to youth;
- increase investments in the social sector, especially health and education; and
- develop and expand integrated community-based approaches to sustainable development.

It calls on governments and the international community to:

- promote enabling environments to achieve sustained economic growth in the context of sustainable development and eradicate poverty;
- promote an open, equitable, secure, non-discriminatory and predictable trading system;
- stimulate direct investment;
- reduce the debt burden; and
- ensure that structural adjustment programmes respond to social, economic and environmental concerns.

It recommends that governments of developing countries and those with economies in transition, with assistance of the international community:

- ensure that social safety nets are implemented, especially in countries most affected by recent global financial crises;
- continue to support declines in infant and child mortality;
- strengthen health care systems to respond to priority demands;
- determine the causes of stagnation or increase of mortality among...
adult populations;
• ensure that poverty eradication programmes are targeted at females and female-headed households;
• develop innovative ways to provide more effective assistance to strengthen families in extreme poverty; and
• undertake policies that seek to ensure a level of consumption that meets the basic needs of the poor and disadvantaged.

Governments are urged to promote and protect the rights of indigenous people with particular regard to their cultures, resources, belief systems, land rights and languages.

B. Changing Age Structure and Ageing of the Population: In this sub-section, governments are urged to: continue examining economic and social implications of demographic change and their relation to development planning concerns; support research and develop strategies at national, regional and local levels to meet the challenges of population ageing; and, with civil society, create opportunities and remove barriers that hinder the elderly from contributing to their families and societies. The UN system is called on to provide additional resources and document and disseminate positive experiences of policies and programmes in the area of ageing.

The final draft urges governments to invest in the development and implementation of national, regional and local plans to meet the needs of young people, including education, income-generating opportunities, vocational training and health services, consistent with the evolving capacities of young people. This sub-paragraph was bracketed after the G-77/CHINA objected to a US proposal to specify "health services including sexual and reproductive health."

C. International Migration: This sub-section calls on governments in countries of origin and destination to, inter alia: intensify efforts to protect the human rights and dignity of migrants irrespective of their legal status, including providing them with effective protection and basic health and social services; prevent trafficking in migrants, particularly women and children, for forced labor, sexual or commercial exploitation; and consider ratifying/acceding to the International Convention on the Protection of the Rights of all Migrant Workers and Members of Their Families, if they have not done so. The international community is encouraged to extend assistance to support programmes in developing countries hosting the majority of refugees and displaced people.

Governments are urged to: intensify efforts in the collection and analysis of data on international migration; encourage studies designed to assess the causes of international migration and displacement and the positive contribution that migration makes to both countries of origin and destination; and improve understanding of the links between relevant factors that impact on international migration. Regarding refugees, the international community is called on to support effective programmes to address the causes of movements of refugees and displaced persons, and governments are encouraged to put into place effective asylum procedures.

A call for special attention to the specific needs of refugee women and children and for provision of access to adequate accommodation, education, health services, including family planning and other necessary social services, was debated at length. The EU, JAPAN, NORWAY and the RUSSIAN FEDERATION objected to its inclusion, stating that it was already addressed in Paragraph 10.22 of the POA. The HOLY SEE urged its inclusion in the text, since more attention had been given to migrants in general and very little to refugees. Delegates agreed to bracket the sub-paragraph.

D. Internal Migration, Population Distribution and Urban Agglomerations: In this sub-section, delegates agreed to distinguish between actions on internal displacement, which is involuntary, and internal migration, which is voluntary. The final draft calls on governments to:
• carry out research to strengthen understanding of the factors, trends and characteristics of internal migration;
• improve the management and delivery of services for growing urban agglomerations and put in place enabling legislative and administrative instruments and adequate financial resources to meet the needs of all citizens; and
• affirm the call in the POA that population distribution policies should be consistent with international instruments.

Governments are urged to address the causes of internal displacement, including, inter alia, environmental degradation, natural disasters and armed conflict, and establish the necessary mechanisms to protect and assist displaced persons, especially women and children, in the short term, and, where possible, facilitate their return and reintegration.

E. Population, Development and Education: Governments are called on to:
• achieve universal access to primary education as quickly as possible;
• eliminate the gender gap in primary and secondary school by 2005;
• strive to ensure that by 2010, the net primary school enrolment ratio of children of both sexes is at least 90%; and
• make special efforts to increase retention rates of girls in primary and secondary schools.

The text stresses sensitization of parents to the value of education of children, particularly of girls. Developing country governments in particular, with the assistance of the international community, are urged to:
• expand youth and adult education;
• reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005;
• promote the achievement of functional literacy for adults where schooling remains unavailable;
• prioritize investments to education and training in development budgets; and
• provide adequately equipped facilities by rehabilitating schools and building new ones.

MEXICO’s proposal to include a sub-paragraph on introducing sex education in school curricula was opposed by the G-77/CHINA, who preferred promoting sex education "as appropriate" without specifying introducing it in school curricula. She said it was up to governments to decide how to implement sex education, noting that in some cultures it is not appropriate to do so in schools. NORWAY, SWITZERLAND, TURKEY, the EU, the US and CANADA supported MEXICO’s proposal. The sub-paragraph was bracketed in the final draft.

F. Data Systems, Including Indicators: This sub-section calls on governments to strengthen national information systems to produce reliable statistics on a broad range of population, environment and development indicators including, inter alia, community-level poverty rates, women’s access to social and economic resources, access to sexual and reproductive health and the health of indigenous people. The text urges governments to collect and disseminate the data needed to assess the status of male and female reproductive health, and design, implement, monitor and evaluate action programmes. The UN system and donors are called on to strengthen the capacity of developing coun-
tries, particularly the least developed countries and those with economies in transition, to undertake regular censuses and surveys, especially for regular monitoring of POA implementation.

III. GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN: This section reaffirms the importance of achieving gender equality, equity and women’s empowerment and identifies areas that require emphasis or strengthening, including: promotion and protection of women’s human rights; empowerment of women; gender perspective in programmes and policies; and advocacy for gender equality and equity. Delegates gave general comments on this section on Friday, 26 March, and conducted negotiations on Wednesday, 31 March.

A. Promotion and Protection of Women’s Human Rights: The text urges governments to ensure respect for and protection of the human rights of women and girls, noting the POA’s definitions of reproductive health and reproductive rights (paragraphs 7.2 and 7.3). It calls on governments to:
- develop and enforce gender-sensitive policies and legislation;
- sign, ratify and implement the Convention on the Elimination of Discrimination Against Women (CEDAW) and work towards removing existing reservations that are incompatible with CEDAW’s objective and purpose;
- promote adoption of CEDAW’s Optional Protocol by ECOSOC and the GA; and
- promote operational linkages between the goals of the POA and other international conferences.

During negotiations, delegates bracketed this paragraph based on objections to ARGENTINA and NICARAGUA’s call for inclusion of POA language stating that the ICPD does not create any new human rights.

On the incorporation of reproductive rights in implementing population and development policies, the final draft refers to POA sections that confirm that the ICPD does not create any new international human rights and discuss reproductive rights and abortion (paragraphs 1.15, 7.3 and 8.25). The text encourages governments to promote the human rights of women and strengthen the sexual and reproductive health and reproductive rights focus of relevant policies and programmes. Indicators on sexual and reproductive health should be worked on by relevant UN bodies, and governments should promote and protect adolescents’ rights to reproductive health education, information and care. Countries should establish mechanisms to consult with relevant groups such as women’s organizations, and governments should incorporate human rights into education processes.

The final draft urges governments, civil society and the UN system to advocate for the human rights of women and the child, and encourages governments to consult with civil society in reporting to human rights treaty bodies. Governments are called on to promote and protect the human rights of the girl child and young women and review and change discriminatory legislation.

B. Empowerment of Women: On women’s participation and representation at all levels of the political process and public life, the text calls on governments to establish mechanisms to accelerate this process, enable women to express their concerns and needs, and ensure full and equal participation in decision-making processes in all spheres of life. Governments and civil society should act to eliminate discrimination and gender inequality.

The final draft calls for government measures to promote the fulfillment of girls’ and women’s potential through education, skills development and illiteracy eradication, with a priority on eliminating poverty and ill-health. Governments should work with civil society to ensure universal access 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, governments are urged to create employment with secure incomes and legislate to ensure equal pay for equal work.

C. Gender Perspective in Programmes and Policies: This subsection calls for a gender perspective in all processes of policy formulation and implementation and in service delivery, especially sexual and reproductive health. It urges strengthening institutional capacity and expertise in government, civil society and the UN system and says this should be achieved by sharing tools, methodologies and lessons learned. It also calls for gender-disaggregated data and appropriate indicators to monitor progress at the national level.

The final draft urges monitoring of the differential impact on women and men of globalization of the economy and social service privatization. It calls for special programmes and mechanisms to protect and promote the health and well-being of young girls, older women and other vulnerable groups, while noting that adequate sexual and reproductive health services for men should not affect services for women.

Zero-tolerance for discrimination against the girl child and for all forms of violence against women is advocated, with governments being urged to work to eliminate discriminatory attitudes, including son preference. An integrated approach addressing the need for social, cultural, economic and legislative change is recommended. The girl child’s access to health, nutrition, education and life opportunities is emphasized, as is the role of family members in strengthening girls’ self-esteem and status and in protecting their health and well-being.

D. Advocacy for Gender Equality and Equity: The final draft calls on governments, parliamentarians, community and religious leaders, family members, media representatives, educators and other relevant groups to promote gender equality and change negative and discriminatory attitudes and practices. There was disagreement over whether the reference to family should be “the family” (ARGENTINA and others) or “families” (the EU and others). Delegates accepted the Chair’s formulation of “family members.” The text calls on all leaders at the highest levels to speak out for gender equality and equity, including protection of the girl child and young women.

On the role of leaders, parents and educators in improving attitudes among men and boys, the final draft advocates promotion of positive male role models and respect for women’s sexual and reproductive health and reproductive rights, while affirming the inherent dignity of all human beings. It notes men’s responsibility for their sexual and reproductive health, calls for research on men’s sexuality, masculinity and reproductive behavior, and urges governments, donors and the UN system to support women’s grass-roots, community-based and advocacy groups.

IV. REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH: This section contains proposals for key actions on reproductive health, including family planning and sexual health, ensuring voluntary quality family planning services, reducing maternal mortality and morbidity, prevention and treatment of sexually transmitted diseases (STDs), including HIV/AIDS, and promoting adolescent sexual and reproductive health. Delegates gave general comments on this section of the Chair’s draft working paper on Friday, 26 March, and conducted negotiations on all but five paragraphs in the Chair’s revised draft on Wednesday, 31 March. It contains a chapeau stating that the section is especially guided by the POA principles.

A. Reproductive Health, Including Family Planning and Sexual Health: This subsection proposes that governments, in collaboration with civil society, including NGOs, donors and the UN system, undertake the following actions:
prioritize sexual and reproductive health in the context of health sector reform;
ensure that policies and implementation of sexual and reproductive health services respect all human rights, meet health needs over the life-cycle, address inequalities, and ensure equity of access to information and services;
engage all relevant sectors in policy and programme design, implementation, quality assurance, monitoring and evaluation;
develop comprehensive and accessible health services and programmes, including sexual and reproductive health, for indigenous communities;
ensure training and supervision of health-care providers to ensure that they maintain high technical standards, respect the human rights of those served, are trained to serve clients subjected to harmful practices, and provide accurate information about prevention and symptoms of reproductive tract diseases;
promote men’s understanding of their roles and responsibilities in respecting women’s human rights, protecting women’s health, preventing unwanted pregnancy, reducing maternal mortality and morbidity and transmission of STDs and HIV/AIDS, sharing household and child-rearing responsibilities, promoting elimination of harmful practices, and ensuring that women and girls are free from coercion and violence;
strengthen community-based services, social marketing and partnerships with the private sector and provide subsidies, as appropriate, to ensure availability of and access to services; and
increase investments to improve sexual and reproductive health quality and availability, including, inter alia, establishing and monitoring clear standards of care, ensuring service providers’ competence, and ensuring effective referral mechanisms across services and levels of care.

Delegates debated the latter proposal, with the HOLY SEE proposing the deletion of “ensuring effective referral mechanisms across services and levels of care,” or adding “taking care that health care providers’ rights of conscience are respected.” The US and EU objected. Delegates accepted the US-proposed text from the POA to take care that services are offered in conformity with human rights and ethical and professional standards.

The text also proposes that governments, with international assistance, develop and use indicators that measure access to and choice of family planning and contraceptive methods and trends in maternal mortality and morbidity and HIV/AIDS, and monitor progress toward the ICPD goal of universal access to reproductive health care. It further calls on governments to strive to ensure that by 2015 all primary health care and family planning facilities are able to provide the widest achievable range of safe and effective contraceptive and family planning methods, essential obstetric care and prevention and management of reproductive tract infections, including STDs and barrier methods to prevent infection. The US, EU and G-77/CHINA objected to the HOLY SEE’s proposal to delete “directly or through referral.” The final draft delineates specific benchmarks for facilities offering such services for 2005 and 2010.

The text calls for UN and donor support for governments in building national capacity for sexual and reproductive health services, including ensuring that all refugees and persons in emergency humanitarian situations receive appropriate health care, including sexual and reproductive health and information. Delegates bracketed a proposed paragraph by NORWAY inviting WHO to lead increased efforts by the UN system to agree on key indicators on sexual and reproductive health, due to opposition by SUDAN and the G-77/CHINA.

B. Ensuring Voluntary Quality Family Planning Services: This sub-section calls on governments, in accordance with the POA, to ensure couples’ and individuals’ basic right to decide freely and responsibly the number, spacing and timing of their children. It states that the UN system and donors should, upon request:

- strengthen programme management capacity to make services safer and more affordable, convenient and accessible, and ensure availability and continuous supply of safe and effective contraceptives and other sexual and reproductive health supplies;
- strengthen social safety nets and ensure availability and access to reproductive health services, including family planning; and
- provide quality counseling services and ensure ethical, professional and technical standards of care and voluntary, free and informed choices with privacy, confidentiality and respect.

Delegates debated at length a proposal to allocate sufficient resources to provide access to information, counseling, services and follow-up on the full range of safe and effective contraceptive methods. ARGENTINA, the HOLY SEE, the G-77/CHINA and others recommended 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. A G-77/CHINA proposal to refer to the full range of safe and effective “family planning methods and contraceptive choices, including new options and under-utilized methods” was inserted, and the text remains bracketed.

Delegates accepted an EU-proposed paragraph delineating benchmark goals for closing the gap between contraceptive use and the proportion of individuals wanting to space or limit their families. The final draft also calls on:

- governments, with increased participation of the UN system, civil society, donors and the private sector, to pursue research and development of new, safe, low-cost and effective family planning and contraceptive methods;
- the international community and private sector to take necessary measures to enable countries to produce, store and distribute safe and effective contraceptives and other supplies essential for reproductive health services; and
- UNFPA to continue to strengthen its leadership in assisting countries to ensure availability of reproductive health services and choice of reproductive health products, including contraceptives.

C. Reducing Maternal Mortality and Morbidity: This sub-section calls on governments, with increased participation of the UN system, civil society, including NGOs, donors and the international community, to:

- recognize linkages between high maternal mortality and poverty and promote reduction of maternal mortality and morbidity as a public health priority and reproductive rights concern;
- ensure that maternal mortality and morbidity reduction is a health sector priority and that women have access to, inter alia, essential and emergency obstetric care, maternal health care services, effective referral, post-partum care and family planning;
- support public health education to create awareness of the risks of pregnancy, labor and delivery;
- develop appropriate interventions to improve girls’ and young women’s status to enable their informed choices at maturity regarding childbearing; and
- implement programmes to address the negative impact of environmental degradation in some regions on high maternal mortality and morbidity.
A proposal to address the health impact of unsafe abortion as a major public health concern was debated at length. The US proposed managing complications of unsafe abortion “in the safest and most effective way” and recommended the following alternative formulation: “where abortion is not against the law, health systems should train and equip health service providers and take other measures to ensure that abortion is safe and accessible. Laws containing punitive measures against women who have undergone illegal abortion should be reviewed.” The EU supported the latter with the addition of “with a view to safeguarding women’s health.” The G-77/CHINA, ARGENTINA, SUDAN, the HOLY SEE and others preferred the text in the Chair’s revised draft, which stressed that: the recommendations of POA paragraph 8.25 be followed; any measures related to abortion within the health care system can be determined only at national or local levels; where it is not against the law, abortion should be safe; and in no case should abortion be promoted as a method of family planning. The latter formulation remains in brackets.

The final draft further proposes that countries use the proportion of births assisted by skilled attendants as a benchmark indicator. It identifies benchmarks for skilled attendants to assist 40% of all births by 2005, 50% by 2010 and 60% by 2015 where maternal mortality is high, and 80% by 2005, 85% by 2010 and 90% by 2015 globally. Delegates adopted NORWAY’s proposed sub-paragraph calling for cooperation among governments, UN agencies, development banks and the research community to calculate the societal costs of maternal deaths. Delegates bracketed a paragraph proposed by the EU urging WHO to fulfill its leadership role in assisting countries to implement standards for care and health facilities, with a US amendment calling on UN agencies and multilateral development banks to intensify their role in promoting and investing in improving maternal health.

D. Prevention and Treatment of STDs, Including HIV/AIDS:

This sub-section calls on governments to take urgent action to provide education and services to prevent transmission of STDs and HIV, enact legislation to ensure non-discrimination against people living with HIV/AIDS and vulnerable populations, and, with UNAIDS’ assistance, where appropriate, develop and implement national HIV/AIDS policies and action plans. It states that governments should:

- ensure that prevention of and services for STDs and HIV/AIDS are an integral component of sexual and reproductive health programmes at the primary health care level;
- develop guidelines for HIV treatment and care, emphasizing equitable access;
- ensure wide provision of and access to female and male condoms;
- support information campaigns that promote informed, responsible and safe sexual behavior and practices; and
- develop youth-specific education and treatment projects.

The text further proposes that governments strengthen, where appropriate, education and treatment projects aimed at preventing mother-to-child HIV transmission. It specifies benchmarks for young people’s access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection: at least 90% must have such access by 2005 and 95% by 2010. The text calls on the private and public sectors to increase investment in research on development of microbicides and other female-controlled methods, simpler and cheaper diagnostic tests, single-dose treatments for STDs and vaccines. A proposal by NORWAY, to urge UNAIDS to ensure a well-coordinated response from the UN system to the HIV/AIDS pandemic and provide support to national programmes as appropriate, was inserted in brackets.

E. Adolescent Sexual and Reproductive Health:

The PrepCom ran out of time before it was able to complete negotiations on this sub-section. The portion of the text that was negotiated states that governments, with full involvement of young people and international support should, as a priority, implement the POA in regard to adolescent sexual and reproductive health as per POA paragraphs 7.45 and 7.46. NORWAY and the US proposed adding adolescent sexual and reproductive health “and reproductive rights” but the G-77/CHINA objected.

The text further calls on governments to:

- continue to support programmes for adolescent health, including sexual and reproductive health;
- develop action plans for adolescents and youth that cover education, professional and vocational training and income-generating opportunities, with the full involvement of adolescents and youth and with proper regard for parental guidance and responsibilities; and
- acknowledge and promote the central role of families, parents and other legal guardians in educating their children and ensure that they are educated about and involved in providing sexual and reproductive health information. The US specified that sexual and reproductive health information be provided “in a manner consistent with the evolving capacities of adolescents.”

Delegates debated at length a proposal on adolescents’ rights to reproductive health care. MEXICO offered an alternative formulation to fully promote adolescents’ rights to health, provide specific and user-friendly sexual and reproductive health 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. Delegates could not reach agreement and the sub-paragraph was bracketed.

At this point in the text, delegates ran out of time and could not complete the negotiations on this sub-section. Paragraphs that have not been negotiated include:

- ensuring that adolescents receive necessary information, education, counseling and health services to enable their informed choices and decisions regarding their sexual and reproductive health;
- removing barriers to sexual and reproductive health information and services for adolescents;
- increasing resource allocation for promoting and protecting adolescent health, including sexual and reproductive health;
- documenting and evaluating programmes to determine best practices and developing indicators and data-collection systems to monitor progress; and
- earmarking at least 20% of resources for reproductive health programmes to meet adolescents’ information and service needs.

V. PARTNERSHIPS AND COLLABORATION:

The PrepCom held a general discussion on this topic on Friday, 26 March, but had insufficient time to negotiate this section of the Chair’s revised draft. The text is in brackets pending its negotiation at the resumed PrepCom.

The text urges governments to adopt policy measures and guidelines and remove legal and bureaucratic barriers so civil society organizations can be involved in policy discussions, health sector planning and work on POA objectives. It says governments should include NGO representatives, including women’s, youth and indigenous organizations, on delegations to relevant regional and international fora.
On fostering an enabling environment for partnership, the revised draft calls for greater collaboration and cooperation between governments, civil society and the UN. It calls on governments and civil society to develop systems to increase transparency and accountability.

The text recommends that governments and international organizations develop mechanisms to build and sustain partnerships with community-based organizations and NGOs committed to women’s health and rights, the research community and professional organizations. Governments, civil society and the international community should cooperate on strengthening national capacity to implement population and reproductive health programmes. Civil society is encouraged, where appropriate, to build partnerships with the media, religious leaders, community groups and leaders and youth in order to develop POA advocacy.

The text encourages governments, international organizations and financial institutions to provide, on request and if feasible, financial and technical resources and information to facilitate national civil society involvement in relevant policies, programmes and activities. It calls for mechanisms to ensure transparency, accountability and effective use of funds. Governments should encourage private and informal sector engagement with civil society and governments in implementing the POA.

The text notes that the private sector may assist or supplement but not substitute for governments’ responsibility to provide full, safe, accessible and affordable sexual and reproductive health services. Governments should ensure that reproductive health products and services meet acceptable standards through adequate laws and regulations. Parliamentarians are encouraged to: promote legislative reform necessary for POA implementation; mobilize the necessary funding for their countries to meet ICPD commitments; advocate for the POA; and regularly exchange experience at regional, inter-regional and international levels.

Donor countries and the private sector are urged to provide external funding and support for the South-South initiative and assist sharing of relevant experiences and mobilization of technical expertise and other resources among developing countries. The compilation of a roster of relevant institutions and expertise within developing countries is proposed. The text calls for strengthened efforts by UN agencies to promote system-wide coordination and collaboration, particularly at the country level. The CPD’s intergovernmental work and UNFPA’s relevant inter-agency coordination should be reinforced.

VI. MOBILIZING RESOURCES: Delegates conducted an initial exchange of views on this section on Friday, 26 March, but did not have adequate time to conduct negotiations on the Chair’s revised draft. The following is a summary of the text in its current non-negotiated state. The text stresses the urgent need for increased political will and mobilization of the international assistance agreed at Cairo to accelerate POA implementation. It encourages all governments and the international community to recommit to the highest political level to mobilize the financial resources required for full POA implementation. All developing countries must continue to make efforts to mobilize domestic resources, and the international community must take steps to meet the shortfall of external resources. The international donor community should endeavor to meet the agreed 0.7% of GNP for ODA as soon as possible and commit to the target of a minimum of 5% of ODA for population activities. Advocacy efforts should be increased at national and international levels to ensure that the necessary resource goals are met.

The text calls for special attention to promptly providing the estimated US$1.3 billion for HIV/AIDS prevention in 2000, with particular attention to young people. Governments and donors should intensify efforts to provide resources for the care and support of those affected by HIV/AIDS and for specialized prevention needs not included in the costed POA package. Many developing countries need special attention from the international community in meeting their resource needs, and countries currently in emergency situations and/or economic crisis need substantial external resources to implement their population and reproductive health programmes.

The text calls on governments and the international community to encourage and promote additional ways and mechanisms to increase funding for population and sexual and reproductive health programmes, including, inter alia, selective use of user fees, social marketing, cost-sharing, an increased role for the private sector and more efficient mechanisms to reduce the burden of external debt. Governments should further ensure that public resources, subsidies and donor assistance are invested to maximize the benefits that those who suffer from disproportionate reproductive ill-health receive from public sector health systems. Donor agencies and developing countries should continue to strengthen efforts and collaboration to reduce redundancies, identify funding gaps and ensure that resources are used as effectively and efficiently as possible.

The text calls on UNFPA, in cooperation with governments and NGOs, to seek to ensure full and regular monitoring of resource flows, paying particular attention to transparency and accountability for the costed population and reproductive health package included in the POA. Countries, especially developed countries, are urged to substantially increase their voluntary contribution to UNFPA. Governments are called on to give serious consideration to implementation of the 20/20 Initiative, which can provide resources for broader population and social sector objectives. The text says governments should also implement policies that facilitate greater private sector involvement in providing reproductive health care, promote effective interventions and support services, shifting those who can pay to private sector services, and ensure that tax and tariff policies and the regulatory environment do not act as barriers to commercial enterprises seeking to provide reproductive health commodities or services.

CLOSING PLENARY

On Thursday afternoon, 1 April, the Chair convened the closing Plenary, a day late, to adopt procedural decisions on the Special Session and the substantive outcomes of the PrepCom.

ORGANIZATIONAL ARRANGEMENTS FOR THE SPECIAL SESSION: Chair Chowdhury introduced the draft provisional agenda and organizational matters for the 21st Special Session of the GA (E/CN.9/1999/PC/CRP.2). Under organizational arrangements, delegates commented on the provisions for participation of speakers other than member States. They agreed that observers may make statements in the general debate in the Plenary, but had a protracted discussion on whether a limited number of NGOs designated by their constituencies may also make statements in the general debate, subject to the approval of the members. Delegations expressed support for involvement of NGOs, but the G-77/CHINA and others underscored that, from a procedural perspective, NGO participation had to be equitable, balanced, representative and non-intrusive. Concern was voiced over whether allowing their participation would be precedent-setting, and the example of Rio+5 was cited as having already set a precedent for NGO participation in a GA Special Session. CANADA, the US, NORWAY and others stressed recognizing the contribution of NGOs to the process. The EU and CANADA highlighted the call for NGO participation in GA Resolutions 52/188 and 53/183.
The Plenary agreed that “given availability of time, and bearing in mind GA Resolution 51/467, a limited number of NGOs may also make statements in the general debate, subject to the approval of the Special Session. The GA President is requested to ensure that such participation is on an equal and transparent basis, taking into account the diversity of NGOs.” A provision was also added providing that statements by NGOs in the general debate in Plenary have a time limit of five minutes. Delegates agreed on the related provision for participation of specified States, under GA Resolution 53/183, in the capacity of observers, and for representatives of the UN system and NGOs to make statements in the Ad Hoc Committee of the Whole. A provision was added stating that associate members of the Regional Economic Commissions should be allowed to participate in the Special Session, subject to the rules of procedure of the GA, in the same capacity of observer that held for their participation in the ICPD. The draft provisional agenda was adopted as amended.

**SPEAKERS’ LIST FOR THE SPECIAL SESSION:** Chair Chowdhury next introduced the document “Establishment of the list of speakers for the debate in Plenary of the 21st Special Session of the GA” (E/CN.9/1999/PC/CRP.3). The document was adopted with minor amendments.

**ACCREDITATION OF NGOs:** On arrangements for the accreditation of NGOs at the 21st Special Session of the GA (E/CN.9/1999/PC/L.2), delegates agreed on the provisions for inviting to the Special Session NGOs in consultative status with ECOSOC and those already accredited to the ICID and/or the PrepCom. The G-77/CHINA objected to a provision for inviting NGOs associated with the Department of Public Information (DPI) of the UN Secretariat and for accreditation of interested NGOs to be granted by a committee composed of the Bureau of the PrepCom and the Secretariat by 14 May 1999, provided that requests for accreditation are accompanied by specified information. Delegates agreed to delete the provision for DPI NGOs but to retain the provision for accreditation of “other interested NGOs including those who have applied for ECOSOC consultative status” to be “examined by a committee composed of the Bureau of the PrepCom and the Secretariat by 14 May 1999, which will make appropriate recommendations to the PrepCom at its resumed session for a decision,” provided that the specified information accompanies the request. The document was adopted as amended.

**DATES FOR A RESUMED SESSION OF THE PREPCOM:** A discussion ensued on appropriate dates for a resumed session of the PrepCom. Chair Chowdhury stressed that the objective is for the PrepCom to complete its work well ahead of time to facilitate participation at the highest level and to avoid leaving matters outstanding. He reported that the possible dates for the resumed PrepCom were 17-20 May or 24-29 June 1999, with initial preference for the former due to better room availability. Some delegations noted their preferences, pointing to issues such as cost, conflict with the Social Summit+5 PrepCom (17-28 May), need for preparation time before the Special Session, and limited need for attendance of experts given the substance of the outstanding matters. It was agreed that the Chair would consult with the Bureau on the matter and report back as soon as possible.

**CLOSING REMARKS:** The Chair then explained the status of the PrepCom’s outcome, identifying those paragraphs in the revised Chair’s draft covered by the PrepCom and the remaining paragraphs that are still outstanding. A clean text, dated 1 April 1999, of the agreed changes to the Chair’s revised draft was circulated to delegates. A compilation of amendments submitted by delegations on the Chair’s initial draft was also circulated for delegations’ reference. Chowdhury noted that he had received submissions from some delegations on the outstanding paragraphs to be negotiated and welcomed any further submissions. The Chair presented for adoption the Rapporteur’s draft report of the PrepCom, noting this would be the draft report of this session of the PrepCom and not of the PrepCom in its entirety. The report was adopted without amendment.

In her closing statement, UNFPA Executive Director Nafis Sadik noted that one of the lessons learned from the PrepCom was not to underestimate the power of delegations. The PrepCom also revealed that the POA is a living document that is clearly alive and well. She hoped the intensity of discussions was indicative of full commitment and stressed the need to work hard to complete negotiations on proposals for further implementation to encourage high-level participation at the Special Session and attain a high level of commitment to the POA.

Joseph Chamie, Director of the DESA Population Division, thanked participants and particularly the Chair for navigating through difficult waters. He noted the slow pace of the PrepCom negotiations and stressed the need to make good progress.

Chair Chowdhury thanked all participants and noted that, while the PrepCom’s time could have been better managed, progress had been made and the intention and interest to continue progressing was present. He stressed that Cairo had been a milestone and that it had and would continue to act as a guide. He declared the meeting of the CPD acting as the PrepCom for the Special Session “suspended” at 8:15 pm.

**A BRIEF ANALYSIS OF THE ICPD+5 PREPCOM**

Disappointment and frustration marked the final hours of the PrepCom to review implementation of the ground-breaking and hard-fought Cairo consensus. Many participants were distraught that the PrepCom was unable to complete its work despite late night negotiations and its extension by an additional day. The optimistic enthusiasm that delegates brought from The Hague to New York has worn off and has been replaced by both a vivid reminder of just how fragile the Cairo consensus is and a cloud of disappointment over unfinished business, lost time and concern about the significant workload remaining before the Special Session. Many NGOs and some delegates attributed the PrepCom’s failure to fulfill its task to an effectively orchestrated campaign on the part of conservative elements who successfully put the brakes on the negotiations and ensured that little that was new or progressive emerged. Some felt that the conceptual rather than practical approach to the review process lent itself to distraction by conservative elements.

Participants left New York looking anxiously to the horizon where the Special Session looms large and the burden of unfinished business weighs heavily. This analysis will take stock of the the PrepCom and what awaits it when it resumes its work.

**GREAT EXPECTATIONS:** The success of The Hague Forum raised delegates’ expectations for a similar outcome to the PrepCom. This may be attributed to the non-binding nature of The Hague deliberations, which provided a forum to discuss all issues freely, as well as the fact that the meeting was held outside of New York. Many had hoped that The Hague’s spirit of openness, trust and goodwill would continue at the PrepCom. They expected that the positive sharing of experience and reports of progress would propel the work of the PrepCom towards concrete and consensual guidelines for actions into the millennium. Needless to say, these expectations were not met.

**THINGS FALL APART:** The reality is that the PrepCom fell short of even the most modest expectations as several factors contributed to the loss of time, momentum and focus. The meeting was dogged by significant delays during its first three days as the G-77/China struggled to pull together diverging positions on the Chair’s draft text. It appeared that some members of the Group had come to
New York determined to reiterate their reservations to the Cairo programme with renewed vigor and ensure that these would not be exceeded in proposed actions. Many delegates felt that the proposals that did emerge from the PrepCom contained watered-down language that did not provide detailed guidance on how to further implement the POA and repeated the delicately balanced Cairo consensus on controversial issues rather than succeeding in moving ahead. Some conservative members, though few and increasingly isolated, held up the G-77’s deliberations and even broke ranks during the negotiations on issues such as adolescent sexual and reproductive rights and emergency contraception. One delegate expressed her frustration over “narrow-minded and regressive” approaches to the issues under consideration, emphasizing that abortion is not the central issue, but only a small part of the larger issues of women’s empowerment and social development.

The Cairo consensus, though fragile, was a global consensus that the General Assembly stressed should not be reopened for negotiation. However, some thought that the approach employed in the PrepCom deliberations “played into the hands” of those who were not fully satisfied with Cairo. Several participants felt that by trying to re-prioritize issues by negotiating key actions rather than identifying obstacles to current implementation and learning from successes, as was done at The Hague Forum, facilitated retrograde tactics gravitating back to contentious aspects of issues that had been exhaustively debated in Cairo and which, many participants felt, had advanced in the real world since 1994. Many participants felt that the process should now focus on areas where such progress has been achieved rather than dwelling on certain issues where the global community will most likely never find common ground. The ICPD+5 process, they contended, had followed the precedent of the Rio+5 process and the Beijing+5 PrepCom and got bogged down in attempts to reopen debates on such issues while detracting from the main objective of the review, which was to chart the way forward. In the words of one delegate, “we have done exactly what the Rio+5 process showed us not to.”

A CANDLE IN THE DARK: Despite these shortcomings, one major positive accomplishment emerged. Participants observed that the participation of young people in the process constantly served to remind delegates of the need to focus on implementation for the future. As in The Hague, youth advocates were highly visible and vocal and succeeded in placing strong emphasis on young people and their needs in the text. Their clearly articulated and lucid inputs shed considerable light on the pressing issues that have emerged since Cairo and foreshadow a positive outlook for responsible and competent leadership on these issues in the future.

BACK TO THE FUTURE: As the meeting concluded, delegates increasingly realized that the resumed PrepCom may be unable to overcome the barriers to its progress if the current approach to the review continues. Although no one can deny that much has been achieved in the area of population and development and the lives of millions have improved since Cairo, one delegate said it would take a miracle to salvage the review process and come through with concrete proposals if it fails to focus on achievements and obstacles and chart the way forward. Some participants described the PrepCom exercise as a “costly waste of time” and feared that its lack of progress might provide fodder for those reluctant to commit the resources and political will that are vital to the implementation of the Cairo POA.

As Nafis Sadik said in her closing statement, the POA is clearly alive and well and working on the ground. The PrepCom’s setbacks are thus “growing pains” that can be overcome. If the spirit of cooperation and goodwill that characterized the process in The Hague can be recaptured, the Cairo consensus will come of age in the new millennium.