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ICPD+5 PREPCOM HIGHLIGHTS THURSDAY, 24 JUNE 1999

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 (POA) of the International Conference on Population and Development (ICPD) resumed its session on Thursday. Delegates completed a first read-through of the document containing proposals for key actions for further implementation of the ICPD POA, proposing amendments to all but one of the 16 bracketed paragraphs and 13 paragraphs that had not yet been discussed.

OPENING PLENARY

Chair Anwarul Karim Chowdhury (Bangladesh) opened the resumed session of the PrepCom, noting that it would attempt to complete negotiations on proposals for key actions for further POA implementation that formally began in March by resuming informal consultations on the document containing the proposals (E/CN.9/1999/PC/CRP.1/Rev.3).

INFORMAL CONSULTATIONS

POPULATION AND DEVELOPMENT CONCERNS:

Changing Age Structure and Ageing of the Population: Regarding paragraph 13(a) (developing and implementing plans to meet young people's needs), GUYANA, on behalf of the G-77/CHINA, proposed deleting reference to including sexual and reproductive health (SRH) in plans to meet their needs. The US, CANADA and MEXICO supported a proposal by GERMANY, on behalf of the EU, to move text on the rights, duties and responsibilities of parents to the section on promoting adolescent SRH. She suggested text emphasizing that such plans should enable young people to flourish, fulfill their potential and avoid sexual and reproductive ill-health. The US said policies and programmes must be consistent with World Summit for Children commitments and the Convention on the Rights of the Child.

International Migration: On 17ter (special attention to the needs of refugee women and children in refugee assistance activities), the G-77/CHINA, supported by the US and the HOLY SEE, proposed adding that "refugees are invited to respect the laws and regulations of their countries of asylum." CANADA suggested encouraging countries of asylum to respect the principle of *non-refoulement*. The EU, supported by the US, CANADA and MEXICO but opposed by the HOLY SEE, said specifying provision of access to family planning was insufficient and recommended adding SRH services. TURKEY suggested calling for special attention to vulnerable groups and the elderly. The G-77/CHINA, SUDAN and COSTA RICA expressed concern with the costs of providing these services to refugees. HAITI advocated including other aspects of reproductive health (RH), particularly STD and HIV prevention.

Population, Development and Education: On 23(a)bis (including sex education in school curricula), the G-77/CHINA proposed replacing the text with POA paragraph 11.9 on population education programmes. Several delegates objected. CANADA, supported by MEXICO and others, proposed calling for "SRH education in school curricula and programmes promoting the well-being of adolescents as well as enhancing responsible sexual behavior." NIGER preferred "RH education." The DOMINICAN REPUBLIC, with MEXICO, proposed specifying sex education at all levels. The HOLY SEE suggested an amendment based on POA paragraph 7.47 on establishing appropriate programmes to respond to adolescents' special needs.

GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN: Promotion and Protection of Women's Human Rights: On 27 (ensuring respect and protection of the human rights of women and girls), the G-77/CHINA, opposed by CANADA and the EU, recommended deleting reference to the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women. The HOLY SEE suggested replacing "reproductive with "cultural" rights.

REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH: Reproductive Health, Including Family Planning and Sexual Health: On 41bis (increased efforts by the UN system to agree on key SRH indicators), the G-77/CHINA proposed, *inter alia*, referring to the need for new and additional financial resources to develop common key indicators on RH, and removing reference to WH taking the lead role in coordinating efforts. NORWAY, supported by the US, AUSTRALIA and CANADA, said WHO should take the lead role in the normative work on indicators.

Ensuring Voluntary Quality Family Planning Services: On 43(a) (allocating sufficient resources to provide access to information, counseling services and follow-up on family planning services), the G-77/CHINA, supported by MEXICO, stressed follow-up on "medically safe" methods that are "not against the law." With the EU and MEXICO, the US proposed elaborating under-utilized methods to include vasectomy and condom use and inserting a reference to women-controlled methods.

Reducing Maternal Mortality and Morbidity: The G-77/CHINA, supported by COLOMBIA, proposed replacing 45(e) (health impacts of unsafe abortion) with POA paragraph 8.25, which states that abortion should not be promoted as a means of family planning, prevention of unwanted pregnancies should be prioritized and every attempt made to eliminate the need for abortion, and paragraph 7.24, which calls on governments to take appropriate steps to help women avoid abortion. The HOLY SEE supported using language from paragraph 8.25. The EU and TURKEY stressed the need for access to abortion services where abortion is not against the law. The US,

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supported by the EU, proposed adding language from the Beijing Platform for Action recommending review of laws containing punitive measures against women who have undergone abortion.

On **46ter** (WHO's leadership role in assisting countries to establish standards for care), the G-77/CHINA said WHO should do so "in cooperation with other relevant UN bodies" and particularly in developing countries, and elaborated that UN agencies and multilateral development banks should intensify efforts to improve maternal health, "taking into consideration the level of development and economic and social conditions of countries." CANADA proposed establishing standards for care "and treatment" and suggested that they "incorporate gender perspectives and promote gender equality in health care and delivery.

Prevention and Treatment of STDs, Including HIV/AIDS:

Regarding **51bis** (urging UNAIDS to ensure a well-coordinated response from the UN system to HIV/AIDS), the G-77/CHINA proposed providing UNAIDS with financial resources and encouraging UNAIDS to support national programmes "particularly in developing countries."

Promoting Adolescent Sexual and Reproductive Health [and Reproductive Rights]: The G-77/CHINA, opposed by CANADA and the US, proposed changing the section title to "Adolescents." On **52(a)** (providing specific and user-friendly reproductive and sexual services, including information and counseling), the G-77/CHINA, supported by MEXICO and NORWAY, proposed broadening information and counseling to include prevention strategies and highlighting that provision of such services promotes adolescents' "right" to health. The EU proposed protecting as well as promoting this right and, supported by ISRAEL, adding "education" to information and counseling. CANADA proposed providing "specific, user-friendly and accessible SRH services." On safeguarding adolescents' rights to privacy, confidentiality and informed consent, respecting cultural values and religious beliefs, CANADA preferred promoting and protecting these rights and adding that countries should, where appropriate, remove legal, regulatory and social barriers to RH information and care for adolescents. The G-77/CHINA added that this should conform with relevant existing international agreements and conventions. The EU and NORWAY preferred "informed choice" over "informed consent." ISRAEL objected to the US' and EU's proposal to delete "respecting cultural values and religious beliefs." The HOLY SEE called for more balanced language to reflect parental rights, duties and responsibilities.

On **52(e)** (adolescents making informed choices about SRH), the US called for specific reference to peer education programmes and, supported by the EU and CANADA but opposed by ARGENTINA and NICARAGUA, suggested removing reference to the rights, duties and responsibilities of parents. The EU said the needs of sexually active adolescents for relevant services should apply "irrespective of their marital status." The G-77/CHINA called for insertion of references to, *inter alia*: respect for cultural values and religious beliefs; adolescents making responsible as well as informed choices; and prevention and treatment services for STDs and HIV/AIDS. On **52(f)** (removal of barriers to SRH information and services), the G-77/CHINA said countries must ensure adolescents' access to appropriate services. The EU stated that attitudes of parents, health and other service providers should enable young people's access.

The G-77/CHINA, opposed by the US, CANADA, the REPUBLIC OF KOREA and the EU, recommended deleting **53** (resource allocation for promoting and protecting adolescent health, including SRH). The EU said promotion and protection of adolescents' health should be commensurate with their needs and numbers. MEXICO suggested that 20% of resources allocated to RH programmes should address the needs of adolescents. Regarding **54** (programme documentation and evaluation), the G-77/CHINA, supported by the US, said UN agencies should "evaluate programmes and document experiences" in consultation with youth organizations. The G-77/CHINA proposed deleting **55** (earmarking at least 20% of resources for RH programmes to provide information and services for adolescents). JAPAN, supported by SWITZERLAND, NORWAY and CANADA, preferred earmarking "a significant percentage" of such resources. The EU proposed earmarking "an increased share of resources commensurate with the needs and numbers of adolescents."

PARTNERSHIPS AND COLLABORATIONS: On **58bis** (civil society's role in inducing behavioral change conducive to furthering ICPD priorities), the US, with CANADA, said governments should

recognize "and support" the important "and complementary" role of civil society organizations in facilitating behavioral and social change. On **58ter** (civil society's role in helping communities articulate their RH care needs), the US also emphasized their role in meeting these needs. The G-77/CHINA preferred articulating "health care" needs, including RH care, and recommended that governments "be encouraged" to recognize and support civil society's role "at the national level" in this and the preceding paragraph.

The G-77/CHINA proposed replacing **61** (adequate financial and technical resources and information to build civil society organizations' capacity) with POA paragraph 15.10 on resources and information for effective NGO participation in population and development activities, or alternatively, amending the existing text to ensure that resources are provided "in accordance with national laws, regulations and development priorities" and that capacity is built "in a manner not compromising their full autonomy." The US, with the EU, supported the deletion of a bracketed reference to paragraph 15.10. The US, the EU, NORWAY and SWITZERLAND proposed deleting **62ter** (the private sector ensuring that all population and development programmes adhere to basic rights). The G-77/CHINA proposed including a reference to POA paragraph 15.13 on the role of the private sector. She recommended deleting **65bis** (involvement of youth in decision-making on policies and programmes for youth). The HOLY SEE stressed inclusion of parental responsibilities.

MOBILIZING RESOURCES: On **67** (mobilizing financial resources for full POA implementation), the G-77/CHINA advocated a specific reference to "all developed countries" and emphasized the resource needs of the least developed countries (LDCs). On **68** (developing country resource mobilization), the G-77/CHINA proposed, *inter alia*, removing reference to mobilizing "domestic" resources and increasing technical cooperation and transfer of technology through South-South cooperation. On **72bis** (donor countries and international agencies complementing domestic efforts to meet urgent R commodity needs), the G-77/CHINA, *inter alia*, inserted the need for assistance to developing countries, particularly in attaining specific relevant social and economic sector goals, and called for "special international assistance" to meet growing and urgent RH and basic health needs. Regarding **73** (additional ways and mechanisms to increase funding), the US said these should not impede access to services by the poor. The HOLY SEE preferred reference to "those living in poverty and ISRAEL suggested adding "youth and migrant populations." The G-77/CHINA called for consideration of more efficient and coordinated mechanisms to reduce external debt. On **79** (policies that facilitate greater private sector involvement), the G-77/CHINA, supported by SWITZERLAND, said governments should implement policies that facilitate greater private sector involvement while taking into account poor and vulnerable people's needs. The EU proposed focusing private sector resources and subsidies on those with the greatest need. The US suggested ensuring that health services provided by the commercial sector meet internationally accepted standards.

IN THE CORRIDORS

Many delegates were expressing satisfaction and even surprise with the progress made on the first day of the resumed PrepCom in the corridors Thursday and were cautiously optimistic that the PrepCom would complete its work in time for the Special Session. Some observed that although familiar and difficult areas of disagreement remain, there seemed to be less posturing and renewed enthusiasm to make progress, with many delegates seeming more disposed to compromise. Nevertheless, most participants anticipate a rockier road when negotiations begin in earnest today.

THINGS TO LOOK FOR TODAY

PLENARY: Delegates will convene in Plenary at 10:00 am in Conference Room 2 to discuss the List of NGOs recommended for accreditation to the Special Session (E/CN.19/1999/PC/6).

INFORMAL CONSULTATIONS: Informal consultations on the proposals for key actions for further POA implementation will resume immediately following Plenary. It is expected that consultations will begin with consideration of the heavily bracketed first paragraph of the background section.