



SUMMARY OF THE 21ST SPECIAL SESSION OF THE GENERAL ASSEMBLY (ICPD+5) 30 JUNE - 2 JULY 1999

The 21st Special Session of the UN General Assembly took place at UN headquarters in New York from 30 June - 2 July 1999, five years after the historic International Conference on Population and Development (ICPD) in Cairo. Delegates at the 21st Special Session undertook an overall review and appraisal of implementation of the Programme of Action (POA) of the ICPD.

During the course of the three-day Special Session, 159 high-level government officials delivered statements on the review and appraisal of POA implementation in Plenary sessions in the General Assembly Hall. An *Ad Hoc* Committee of the Whole (COW) was established to hear statements from UN specialized agencies and intergovernmental and non-governmental organizations (NGOs) and to complete negotiations on the document containing key actions for the further implementation of the ICPD POA. This document, "Key Actions for the Further Implementation of the ICPD," sets out a series of recommendations on population and development concerns, gender equality, equity and empowerment of women, reproductive rights and reproductive health, partnerships and collaborations, and mobilizing resources.

After four months of strenuous negotiations leading up to the Special Session, delegates left New York exhausted but with a sense of satisfaction with the outcome of the ICPD+5 review process. What started as a process dogged with contention and concerns that the outcome could mirror the disappointments of the Rio+5 process concluded with a more inspired and action-oriented roadmap for charting future implementation of the landmark Cairo consensus than many had expected. The resulting document recommending key actions for further implementation in the coming years not only confirmed the consensus on the POA but also re-energized the momentum and enthusiasm needed to implement its provisions.

A BRIEF HISTORY OF THE ICPD+5 PROCESS

ICPD: The International Conference on Population and Development 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 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. A primary goal 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 implementation and calls on governments to make those resources available.

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. The GA emphasized that existing agreements contained in the POA should 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 Preparatory Committee (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.

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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. Approximately 2000 participants, including ministers and other high-level government officials, parliamentarians, representatives of UN specialized agencies, intergovernmental and non-governmental organizations, youth, and the media attended the Forum, which was organized by UNFPA and hosted by the Dutch government. The goals of the 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 based on deliberations on these five themes in the Forum's Main Committee. 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.

ICPD+5 PREPARATORY COMMITTEE: The PrepCom for the Special Session of the UN General Assembly for the review and appraisal of implementation of the ICPD POA met from 24 March-1 April 1999 at UN headquarters in New York. The PrepCom's task was to negotiate proposals for key actions for the further implementation of the POA in preparation for the Special Session. Delegates were unable to finish their work in the time allotted and extended the session by an additional day. However, even with this extra meeting, the PrepCom did not complete negotiations.

The PrepCom reached agreement on some proposals for key actions on population and development concerns; gender equality, equity and empowerment of women; and reproductive rights and reproductive health. However, delegates were unable to agree on contentious paragraphs on, *inter alia*: international migration; sex education in school curricula; sexual and reproductive health quality and availability; access to information and services on family planning and contraceptive methods; and abortion. Moreover, delegates had insufficient time to discuss the entire preamble, the sections on partnerships and collaborations and mobilizing resources, and the latter half of the sub-section on adolescent sexual and reproductive health. The PrepCom decided to schedule informal consultations in early May in an attempt to complete negotiations in advance of the Special Session.

The PrepCom resumed from 5-7 May 1999 for informal consultations at UN headquarters in New York. Consultations focused on the preambular section and those on mobilizing resources and partnerships and collaborations. Delegates adopted *ad referendum* 25 paragraphs that had been bracketed during the PrepCom in March or had not been negotiated previously. However, they could not complete negotiations on the proposals for key actions. They bracketed 16 paragraphs on which they were unable to reach consensus, namely on issues relating to adolescents, the special needs of refugee women and children, the human rights of women and girls, family planning and contraceptive methods, abortion, capacity building for civil society organizations,

POA advocacy by parliamentarians, and resource mobilization. Moreover, delegates had insufficient time to consider another 13 paragraphs, including the latter half of the sub-section on adolescent sexual and reproductive health. It was agreed that the PrepCom would resume just prior to the Special Session in order to complete negotiations on the remaining bracketed paragraphs.

The PrepCom resumed for four days just prior to the Special Session, from 24-25 and 28-29 June 1999, in an effort to complete negotiations on the 29 bracketed paragraphs. At the close of the resumed PrepCom on 29 June, delegates had reached agreement on 13 of these paragraphs, leaving the 16 most contentious paragraphs, including the introductory paragraph and several relating to adolescent sexual and reproductive health, abortion and mobilizing resources, for further negotiation by the COW of the Special Session.

ICPD+5 REPORT

Jorge Pérez-Otermin, Chair of the Delegation of Uruguay, opened the 21st Special Session of the UN General Assembly for the review and appraisal of implementation of the ICPD POA. Delegates appointed a Credentials Committee with the same membership as that of the 53rd GA: China, the US, the Russian Federation, Fiji, Jamaica, Mali, New Zealand, Venezuela and Zimbabwe.

Didier Operti, Minister of Foreign Affairs of Uruguay and President of the 53rd GA, was elected President of the Special Session. In his opening remarks, he noted the population and development challenges faced by developing countries, and highlighted the need to achieve sustained economic growth in the context of sustainable development while ensuring that all people can reasonably share in the benefits of such progress. He stressed the importance of mobilizing resources for POA implementation and called on all countries to give further consideration to the volume of resources they assign to these issues.

UN Secretary-General Kofi Annan stated that the world has come to understand the pressures that consumption patterns and population growth and distribution have on the global environment. He said the ICPD led to an improved understanding that individual aspirations to health, security and dignity are the essence of human rights, and that sexual and reproductive health is a crucial part of those rights. Recalling the Cairo agreement to mobilize new financial resources, he noted that developing countries have proven their commitment but require external assistance, and called on delegates to reaffirm pledges made at Cairo. He said the Special Session provides a unique opportunity to confront one of the greatest challenges of the coming century and wished participants success in their deliberations and with POA implementation over the next five years.

PrepCom Chair Anwarul Chowdhury (Bangladesh) presented the report of the PrepCom (A/S-21/2 and Add.1 and 2). He stated that the PrepCom had been open-ended to allow full participation of governments, observers, international organizations, NGOs and UN agencies. Noting that negotiations had been difficult yet fruitful, he highlighted substantial progress and the achievement of consensus on most of the text. He explained that a limited number of paragraphs remained outstanding and would be addressed by an *Ad Hoc* Committee of the Whole (COW). He emphasized that the review of implementation had enriched the understanding and deepened the consensus on the POA.

President Operti presented the organization of work for the Special Session, as recommended by the PrepCom in A/S-21/2. The Plenary elected the 21 Vice-Presidents and the Chairs of the six Main Committees of the 53rd GA to serve in the same capacity for the Special Session. The Plenary established the COW, and elected Anwarul Chowdhury as its Chair. The Plenary agreed to allow



observers, representatives of regional commissions, UN agencies and NGOs to participate in the Special Session, and adopted its provisional agenda (A/S-21/1).

For the next three days, delegates convened in morning, afternoon and evening Plenary sessions to hear 172 statements on the overall review and appraisal of implementation of the ICPD POA by high-level officials, including President Alberto Fujimori of Peru, five Vice-Presidents or Deputy Prime Ministers, 77 Ministers or Secretaries of State, 19 Vice-Ministers or Deputy Ministers, 57 other high-level government officials, ten observers and three NGOs. Plenary statements can be found on the Internet at: <http://www.undp.org/popin/unpopcom/32ndsess/gastatements/htm>.

COMMITTEE OF THE WHOLE

The COW held its first meeting at 11:30 am on Wednesday, 30 June. Delegates elected the Bureau members of the PrepCom to serve on the Bureau of the COW, which was composed of Chair Chowdhury and the following nine Vice-Chairs: Elza Berquó (Brazil), Ross Hynes (Canada), Armi Heinonen (Finland), Jacob Botwe Wilmot (Ghana), Patricia Durrant (Jamaica), Ryuichiro Yamazaki (Japan), Alexandru Niculescu (Romania), Matia Mulumba Semakula Kiwanuka (Uganda) and Gabriella Vukovich (Hungary), who would serve as Rapporteur.

Chair Chowdhury noted that the COW had been instructed to address the overall review and appraisal of the ICPD POA and referred delegates to the Report of the PrepCom (A/S-21/2) and proposals for key actions for further implementation of the ICPD POA (A/S-21/2/Add.2). He explained that the COW would negotiate the draft proposals for key actions in informal negotiations and that the document would be considered by the Plenary once the COW reached agreement on the text.

The COW met throughout the Special Session, both in formal meetings, where representatives of 12 UN specialized agencies, one intergovernmental organization and 11 NGOs delivered statements on the review and appraisal of POA implementation, and in informal consultations to complete negotiations on the proposals for key actions for further implementation of the POA.

KEY ACTIONS FOR THE FURTHER IMPLEMENTATION OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Negotiations on the key actions for the further implementation of the ICPD POA took place in the resumed PrepCom just prior to the Special Session as well as within the COW. With the help of many informal-informal consultations, the COW was able to reach consensus on these remaining bracketed paragraphs by the penultimate night of the Special Session.

The following is a summary of the document adopted by the Special Session, with particular emphasis on those sections negotiated during the resumed PrepCom and the Special Session.

I. PREAMBLE: The preamble summarizes ICPD POA objectives and goals and assesses implementation since 1994. At the start of the resumed PrepCom, one bracketed paragraph remained to be negotiated. This paragraph summarized the ICPD POA and delegates differed in their interpretation of the POA and how to reflect this in the preambular text. After discussing the paragraph at length in informal consultations, delegates reached agreement on text that replaces the original paragraph with four paragraphs, which: outline POA objectives; stress the need for greater investment in health and education services for all people, particularly women; emphasize gender equality and equity and address reproductive rights; and underscore the need to see the ICPD as closely related to the outcome and follow-up to other major UN conferences.

The first paragraph states that POA's objective is to raise human beings' quality of life and well-being and promote human development by recognizing the interrelationships between population and development policies.

On the need for greater investment in health and education services for all people, particularly women, the agreed text acknowledges the importance of the goal of women's empowerment and autonomy and the improvement of their political, social, economic, and health status.

The paragraph on gender equality and equity and reproductive rights was agreed to after text confirming the importance of "ensuring women's ability to control their fertility" removed the reference to using "methods which are not against the law." It states that the POA calls for the elimination of all practices that discriminate against women and affirms the importance of advancing gender equality and equity and the empowerment of women and eliminating all kinds of violence against women. It inserts language from POA paragraph 7.3 delineating reproductive rights. The agreed text affirms that the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. It also emphasizes that everyone has the right to education, human dignity and potential, with particular attention to women and the girl child, and that everyone should be provided with the education necessary to meet basic human needs and exercise human rights.

The Preamble also states that implementation of recommendations contained in the POA and present document is the sovereign right of each country, respecting the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights. It recalls that the POA recommended a set of interdependent quantitative goals and objectives and reflects the view that an early stabilization of world population would make a crucial contribution to realizing sustainable development. It states that the world faces increasingly diverse demographic situations, notes the large number of young people entering their child-bearing years and emphasizes the need to fully integrate population concerns into development strategies and planning.

The Preamble also identifies positive results from POA implementation in many countries, including: integration of population concerns into development strategies; declines in mortality rates; increasing acceptance of the ICPD's broad-based definition of reproductive health; greater access to family planning; more couples and individuals being able to choose the number and spacing of their children; the introduction of measures aimed at better managing international migration flows; and the strong contribution of civil society. It notes, however, that some countries and regions have experienced setbacks or only limited progress. Particular areas of concern include, *inter alia*: women and the girl child facing discrimination; the HIV/AIDS pandemic; mortality and morbidity from infectious, parasitic and water-borne diseases; unacceptable levels of maternal mortality and morbidity; adolescents remaining particularly vulnerable to reproductive and sexual risks; millions of couples and individuals lacking access to reproductive health information and services; and the unacceptable plight of refugees and displaced persons.

It recognizes that a number of financial, institutional and human-resource constraints to further POA implementation must be overcome and stresses the need for greater political commitment, development of national capacity, an increase in international assistance and domestic resources, and effective priority-setting.

II. POPULATION AND DEVELOPMENT CONCERNS: This section outlines key actions on: population, economic development and the environment; changing age structure and ageing of the popula-



tion; international migration; internal migration, population distribution and urban agglomerations; population, development and education; and data systems, including indicators. At the start of the resumed PrepCom, three bracketed paragraphs remained, on plans to meet young people's needs, special attention to the needs of refugee women and children, and sex education.

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; 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 urges governments and the international community to: promote enabling environments to achieve sustained economic growth in the context of sustainable development and eradicate poverty; reduce the debt burden; reflect, as appropriate, in international agreements in areas such as environment and trade, population-related goals and policies in the POA; 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 the assistance of the international community: ensure that social safety nets are implemented; continue to support declines in infant and child mortality; strengthen health care systems to respond to priority demands; and determine the causes of stagnation or increased mortality among adult populations. They are also urged to ensure that poverty eradication programmes are targeted at females and female-headed households, and develop innovative ways to provide more effective assistance to strengthen families in extreme poverty.

Governments are also urged to promote and protect the rights of indigenous people with particular regard to their cultures, resources, belief systems, land rights and languages and undertake policies that seek to ensure a level of consumption that meets the basic needs of the poor and disadvantaged.

B. Changing Age Structure and Ageing of the Population: One paragraph in this section, on plans to meet the needs of young people, remained bracketed when the PrepCom resumed and underwent intensive consultations throughout the resumed PrepCom and into the Special Session. Agreement was reached on the penultimate day of the Special Session as part of a "package" compromise text along with four other related paragraphs on young people's sexual and reproductive health needs.

Delegates debated at length the role of parents: the G-77/CHINA, the HOLY SEE, SUDAN, SYRIA and LIBYA called for governments to invest in the development and implementation of plans "with due respect to the rights, duties and responsibilities of parents;" NORWAY, the EU, SWITZERLAND, CANADA and ISRAEL preferred removing such reference. Delegates reached a compromise, as part of the package, to call on governments to meet the needs of youth, especially young women, "with the active support, guidance and participation, as appropriate, of parents," families, communities, NGOs and the private sector, by investing in the development and implementation of plans, and prioritizing programmes on, *inter alia*, sexual and reproductive health. The agreed paragraph further urges that youth be fully involved in the design, implementation and evaluation of such programmes and that such implementation be in conformity with commitments made at the ICPD and with relevant international conventions and agreements.

In this sub-section, governments are further 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 continuing to contribute to their families and societies.

C. International Migration: The one bracketed paragraph at the outset of the resumed PrepCom addressed the needs of refugee women and children in refugee assistance activities. During informal consultations at the resumed PrepCom, delegates agreed to amend the paragraph to call for: special attention to the specific needs of women, children and "elderly" (TURKEY) in planning and implementing refugee assistance activities; extension of adequate and sufficient international support to meet the basic needs of refugees, including access to accommodation, education, "protection from violence" (EU), health services, "including reproductive health and family planning" (EU), and "other basic social services"(HOLY SEE); refugees to respect the laws of their country of asylum (G-77/CHINA); governments to abide by international law concerning refugees (EU), *inter alia*, by respecting the principle of *non-refoulement* (CANADA); and facilitation of refugees' return and integration in cooperation with relevant international organizations, acknowledging their right to repatriation (G-77/CHINA).

This sub-section further 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 also 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. The international community is called on to support effective programmes to address the causes of movements of refugees and displaced persons.

D. Internal Migration, Population Distribution and Urban Agglomerations: In this sub-section, governments are called on 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 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: This sub-section contained one bracketed paragraph coming into the resumed PrepCom, containing text on including sex education in school curricula. This paragraph underwent intensive negotiations, together



with four others relating to adolescents' sexual and reproductive health needs, and was not agreed to until the penultimate day of the Special Session, as part of a package of compromise text on these five paragraphs. Disagreement on this paragraph centered on: the scope of such education; the role of parents; the levels at which such education should be included; and protection of adolescents from unsafe abortion. On the scope of such education, GHANA, supported by numerous delegations including the EU, SWITZERLAND, BRAZIL and INDIA, proposed to specify "sexual and" reproductive health education. A number of delegations, including the HOLY SEE, LIBYA and SUDAN, objected and preferred to remain as close as possible to POA paragraph 11.9 (education about population issues). On the role of parents, delegates differed on whether to employ language from POA paragraph 11.9 referring to their "rights and responsibilities" (EGYPT and others), mention their "active participation" (PERU and INDIA) or recommend their "active involvement and participation" (the US and others). On the levels at which education should be included, delegates accepted the EU's proposal to specify "at all appropriate levels of formal and non-formal schooling." A proposal by GHANA to include the objective of protecting adolescents from "unsafe abortion" was supported by NORWAY, BRAZIL, PANAMA, BOLIVIA and the RUSSIAN FEDERATION but opposed by SUDAN, SENEGAL, POLAND, PAKISTAN, MOROCCO and the HOLY SEE.

The final text contains no reference to protecting adolescents from unsafe abortion. It calls on governments, in particular those of developing countries, with the assistance of the international community, to include at all levels, as appropriate, of formal and non-formal schooling, education about population and health issues, including sexual and reproductive health issues, to further implement the POA in terms of, *inter alia*: promoting adolescents' well-being; enhancing gender equality and equity as well as responsible sexual behavior; protecting them against early and unwanted pregnancies as well as sexually transmitted diseases including HIV/AIDS. It urges active involvement and participation of parents, youth, community leaders and organizations for the sustainability, increased coverage and effectiveness of such programmes.

The final text further calls on governments and civil society, with international assistance, to: achieve universal access to primary education as quickly as possible; eliminate the gender gap in primary and secondary education 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.

Governments, particularly of developing countries, with international assistance, 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.

F. Data Systems, Including Indicators: This sub-section recommends that governments 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 services 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 countries 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.

A. Promotion and Protection of Women's Human Rights: When the PrepCom resumed, this sub-section contained one bracketed paragraph on the human rights of women and girls. During informal consultations, delegates disagreed over whether to specify particular human rights and to refer to the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). They reached agreement on text urging governments to, *inter alia*: ensure the protection, promotion and respect for the human rights of women and girls through gender-sensitive policies and legislation; sign, ratify and implement CEDAW and promote consideration by ECOSOC and General Assembly of the Optional Protocol; and work towards removing all existing reservations that are incompatible with the objective and purpose of the Convention. The paragraph further stresses coordination and harmonization of measures aimed at promoting and achieving gender equality and equity.

A paragraph calling on governments to incorporate reproductive rights in implementation of population and development policies refers to POA paragraphs 1.15, 7.3 and 8.25, which confirm that the ICPD does not create any new international human rights and discuss reproductive rights and abortion. The text encourages governments to: strengthen the sexual and reproductive health and reproductive rights focus of relevant policies and programmes; promote and protect adolescents' rights to reproductive health education, information and care; act to eliminate discrimination and gender inequality; incorporate human rights into education processes; and review and change discriminatory legislation.

B. Empowerment of Women: The final text urges governments to, *inter alia*: establish mechanisms to accelerate women's participation and representation at all levels of the political process and public life; enable women to express their concerns and needs; ensure full and equal participation in decision-making processes in all spheres of life; and promote the fulfillment of girls' and women's potential through education, skills development and illiteracy eradication. It recommends that governments should work with civil society to act to eliminate discrimination and gender inequality and 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 participation in the labor market, governments are urged to create employment with secure incomes and legislate to ensure equal pay for work of equal value.

C. Gender Perspective in Programmes and Policies: This sub-section calls for a gender perspective in all processes of policy formulation and implementation and in service delivery, especially sexual and reproductive health. It calls for: gender-disaggregated data and appropriate indicators to monitor progress at the national level; monitoring of the differential impact of globalization of the economy and social service privatization on women and men; and 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 in the agreed text, with governments being urged to work to eliminate discriminatory attitudes, including son preference. It recommends an integrated approach addressing the need for social, cultural, economic and legislative change. 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: This sub-section calls for the promotion of gender equality and change of negative and discriminatory attitudes and practices. On the role of leaders, parents and educators in improving attitudes among men and boys, the final text 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 recommends 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 STDs, including HIV/AIDS; and adolescents. At the start of the resumed PrepCom, 11 bracketed paragraphs remained to be negotiated, including some of the most contentious paragraphs in the document, on abortion and adolescents. The text contains a chapeau stating that the section is especially guided by the POA principles.

A. Reproductive Health, Including Family Planning and Sexual Health: This sub-section contained one paragraph that the PrepCom had not yet discussed when it resumed its work, on the need for increased efforts by the UN system to develop and agree on key indicators on sexual and reproductive health. Delegates reached agreement on the final day of the resumed PrepCom, calling for increased efforts by the UN system, with international support, to develop and agree on common key indicators on reproductive health programmes, including, *inter alia*, family planning, maternal health and sexual health. The paragraph further invites WHO to take the lead role, in coordination with several UN agencies, and calls for prioritization of indicators on maternal and neonatal mortality, maternal morbidity and maternal health programmes. The international community is encouraged to provide financial and technical assistance to developing countries to improve capacity building on indicators, data collection, monitoring and evaluation.

The final text also encourages governments, in collaboration with civil society, including NGOs, donors and the UN system, to 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;

- 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;
- 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; and
- 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.

The text also encourages governments, with international assistance, to 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. The final text delineates specific benchmarks for facilities offering such services for 2005 and 2010.

The final text calls for UN and donor support for governments to build 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 and greater protection from sexual and gender-based violence.

B. Ensuring Voluntary Quality Family Planning Services: This sub-section contained one bracketed paragraph at the outset of the resumed PrepCom, on sufficient resources to provide access to information, counseling, services and follow-up on family planning and contraceptive methods, including new options and underutilized methods. Delegates debated the paragraph at length, with the G-77/CHINA, HOLY SEE and PAKISTAN proposing to stipulate methods "which are not against the law." The US, EU, MEXICO, ISRAEL and NORWAY preferred elaborating new options, "including women-controlled methods such as female condoms and emergency contraception, and under-utilized methods, such as vasectomy and male condoms." Delegates agreed to compromise by withdrawing both of these specifications. The final text calls on the UN system and donors, upon request, to support governments in mobilizing and providing sufficient resources to meet the growing demand for access to information, counseling, services and follow-up on the widest possible range of safe, effective, affordable and acceptable family planning and contraceptive methods, including new options and under-utilized methods.



Governments, in accordance with the POA, are called on 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.

The final text also urges:

- countries to meet benchmark goals for closing the gap between contraceptive use and the proportion of individuals wanting to space or limit their families;
- 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 contained one bracketed paragraph, on abortion, which was the most contentious in the document and the last to be agreed on by the Special Session. The G-77/CHINA, supported by the HOLY SEE, MOROCCO, SYRIA, BULGARIA and IRAN proposed replacing the text with POA paragraph 8.25, which: states that in no case should abortion be promoted as a method of family planning; urges governments and relevant organizations to deal with the health impact of unsafe abortion as a major health concern and reduce recourse to abortion through expanded and improved family planning services; urges every attempt to eliminate the need for abortion; calls for provision of ready access to reliable information and compassionate counseling; states that any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process; stresses that, in all cases, women should have access to quality services for the management of complications arising from abortion; and calls for the prompt provision of post-abortion counseling, education and family planning services. The G-77/CHINA's formulation also reproduced POA paragraph 7.24, which calls on governments to take appropriate steps to help women avoid abortion.

The US, supported by the EU, proposed urging health systems to train and equip health service providers and take other measures to ensure that abortion is safe and accessible in circumstances where abortion is not against the law, and adding language from the Beijing Platform for Action recommending review of laws containing punitive measures against women who have undergone illegal abortion.

BRAZIL tabled a compromise text on Tuesday, 29 June, which consisted of the G-77/CHINA proposal and included the US proposal. A number of delegations objected to Brazil's proposal, including EGYPT, SUDAN, SENEGAL, NICARAGUA, MOROCCO, LIBYA, QATAR, GUATEMALA, MALTA, MALAYSIA, PAKISTAN and the HOLY SEE. These delegations argued that the proposal contravened

the GA's mandate for the Special Session, which emphasized that existing agreements contained in the POA should not be renegotiated. They called for strict adherence to POA paragraph 8.25. ARGENTINA, with MOROCCO, said it constituted promotion of abortion and, with IRAN, POLAND and the HOLY SEE, said it violated the POA principle of respecting countries' sovereignty over their national legislation and their religious and ethical values and cultural backgrounds.

Numerous delegations supported Brazil's text, including BULGARIA, MEXICO, NAMIBIA, the EU, the US, SWITZERLAND, NORWAY, CUBA, INDIA, the RUSSIAN FEDERATION, TURKEY, ARMENIA, ANTIGUA AND BARBUDA, PARAGUAY, KAZAKHSTAN, LATVIA, SOUTH AFRICA, PERU, ZAMBIA, DOMINICAN REPUBLIC, SRI LANKA, NEPAL and VENEZUELA. Several speakers said the text furthered operational implementation of the POA by identifying means to fulfill the objective of protecting women's health. NEW ZEALAND noted that all delegates joined an international consensus both in Cairo and Beijing and urged that this be reflected, as the Cairo goals cannot be implemented in isolation from other agreements. BRAZIL underscored that its proposal was not re-opening POA paragraph 8.25 and said its aim was to advance POA implementation by learning from the experiences and new findings since Cairo.

After hours of informal-informal consultations, delegates reached consensus on a compromise formulation late Thursday night, which consisted of a reproduction of POA paragraphs 8.25 and 7.24 and text stating that, in circumstances where abortion is not against the law, health systems should train and equip health service providers and take other measures to ensure that such abortion is safe "and accessible," and additional measures should be taken to safeguard women's health. Reservations were expressed on the inclusion of "accessible" (ARGENTINA, NICARAGUA and the HOLY SEE) and on the absence of provision for the right of conscience of health service providers (HOLY SEE).

The sub-section also contained a paragraph that the PrepCom did not consider in its discussions in March and May, concerning WHO's leadership role in assisting countries to establish standards for care. Delegates agreed to amend the text to urge WHO, in cooperation with other relevant UN bodies, to assist countries, "in particular developing countries" (G-77/CHINA), in putting in place standards for care "and treatment" of women "and girls" (CANADA) that incorporate "gender sensitive approaches and promote gender equality" (CANADA) "and equity" (US) in health care delivery and advise on health facility functions to help guide health system development to reduce the risks associated with pregnancy, "taking into consideration the level of development and economic and social conditions of countries" (G-77/CHINA).

The final text also proposes that countries use the proportion of births assisted by skilled attendants as an indicator to monitor progress on maternal mortality reduction and identifies benchmarks for 2005, 2010 and 2015. It also calls for cooperation among governments, UN agencies, development banks and the research community to calculate the societal costs of maternal deaths.

Governments, with increased participation of the UN system, civil society, including NGOs, donors and the international community, are urged 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 women have access to essential and emergency obstetric care, maternal health care services, skilled assistance at



- delivery, 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.

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

This sub-section contained one paragraph that had not yet been discussed at the previous PrepCom sessions, on UNAIDS. Delegates agreed to the text, as amended by the G-77/CHINA, stating that, "in accordance with its mandate," UNAIDS "should be provided with financial resources" to ensure a well-coordinated response from the UN system to the HIV/AIDS pandemic and provide support to national programmes, "particularly in developing countries."

The final text further 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. 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 encourages governments to 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 private and public sectors are urged 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.

E. Adolescents: This sub-section contained a number of paragraphs that had not yet been discussed when the resumed PrepCom began and were the subject of intensive consultations during the resumed PrepCom and the Special Session.

Delegates agreed to change the title of the sub-section from "Promoting adolescent sexual and reproductive health [and reproductive rights]" to "Adolescents," as proposed by the G-77/CHINA.

Delegates negotiated at length three paragraphs on provision of services to meet adolescents' reproductive and sexual health needs, together with two others in the section "Population and development concerns," on plans to meet young people's needs and on education about population and health issues, including sexual and reproductive health issues. All five of these paragraphs were resolved as part of a package that was agreed to on Thursday night at the Special Session. In a paragraph on providing services to address adolescents' reproductive and sexual health needs, disagreement centered around whether to balance a reference to safeguarding adolescents' rights to privacy, confidentiality and informed consent with language from POA paragraph 7.45 recognizing the rights, duties and responsibilities of parents and respecting cultural values and religious beliefs, as advocated by the HOLY SEE, the G-77/CHINA, EGYPT, LIBYA and NICA-

RAGUA, but opposed by the EU. Delegates agreed, as part of the package compromise text, to call on governments, with full involvement of youth and international support, to provide appropriate, specific, user-friendly and accessible services to address effectively adolescents' reproductive and sexual health needs, while safeguarding their rights to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs, and conforming with relevant existing international agreements and conventions.

Another paragraph in this sub-section, also agreed as part of the package text, included a reference to due respect for the rights, duties and responsibilities of parents and respecting their cultural values and religious beliefs, and recommended ensuring that adolescents receive the necessary information to enable them to make responsible and informed choices and decisions regarding their sexual and reproductive health needs, in order to, *inter alia*, reduce the number of adolescent pregnancies. A paragraph on barriers to reproductive health information and care for adolescents was also agreed as part of the package and stressed that countries should ensure that programmes and attitudes of health-care providers do not restrict adolescents' access to appropriate services and information, and should, in the context of the preceding paragraph, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents.

The final 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 their full involvement 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 while ensuring that they are educated about and involved in providing sexual and reproductive health information, in a manner consistent with the evolving capacities of adolescents.

Delegates conducted consultations during the resumed PrepCom on paragraphs relating to resources for adolescent reproductive health needs and on programme documentation and evaluation. The original text called for increased resource allocation for promoting and protecting adolescent health and recommended that at least 20% of resources for reproductive health programmes be earmarked to meet adolescents' information and service needs. The final agreed text urges the UN system and donors to complement governments' efforts to mobilize and provide adequate resources to respond to the growing and special needs of youth and adolescents, including reproductive and sexual health issues. They also agreed to urge governments, in consultation with national NGOs, including youth organizations where applicable, to evaluate programmes, document experiences and develop data-collection systems to monitor progress, and widely disseminate information about the design and functioning of programmes and their impact on young people's sexual and reproductive health.

V. PARTNERSHIPS AND COLLABORATIONS: When the PrepCom resumed, this section contained seven bracketed paragraphs, including: five that had not yet been discussed, addressing civil society's role in inducing behavioral change, civil society's role in helping communities articulate reproductive health needs, strengthening of health systems, private sector ensuring adherence to basic rights, and involving youth in decision-making on youth policies and programmes; and two on which the PrepCom had been unable to reach agreement, on capacity building for civil society organizations and on POA advocacy by parliamentarians.



Delegates debated and reached agreement on the latter two bracketed paragraphs during the final two days of the resumed PrepCom. Regarding the paragraph on capacity building for civil society organizations, the G-77/CHINA proposed that it be replaced with POA paragraph 15.10 (resources and information for effective NGO participation in population and development activities), or alternatively, amended 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, opposed including a reference to paragraph 15.10. The final text, which retains the reference to POA paragraph 15.10, encourages governments, international organizations and donors to provide, in accordance with national laws and regulations and national development priorities, financial and technical resources and information to build capacity of civil society organizations, in a manner not compromising their full autonomy, to facilitate their involvement in relevant policies, programmes and activities. It adds that civil society organizations should implement transparency and accountability mechanisms to ensure efficiency in national programmes as well as activities, services and evaluation procedures.

Delegates agreed on the paragraph on POA implementation by parliamentarians/members of national legislatures, inviting such persons to ensure legislative reform and expanded awareness-raising, advocate POA implementation, including through allocation, as appropriate, of financial resources, and regularly exchange experiences at regional, inter-regional and international levels, where appropriate.

Delegates also reached agreement during the resumed PrepCom on the five paragraphs that had not yet been discussed. These paragraphs encourage governments to recognize and support the important and complementary role that civil society at the national level can play towards changing attitudes and actions for further POA implementation, and in helping communities articulate and meet their needs for health care, including reproductive health care. They emphasize that implementation of key elements of the POA should be tied closely to a broader strengthening of health systems and encourage the public sector, in this regard, to define its role and to work more closely with the private and informal sectors to monitor and improve standards and to ensure that services are available with good quality and affordable delivery.

The private sector is called on to ensure that: its services and commodities are of high quality; its activities are socially responsible, culturally sensitive and cost effective; it fully respects various religious and ethical values and cultural backgrounds; and it adheres to basic rights. Governments, civil society organizations at the national level and the UN system are urged to consult youth organizations in the design, implementation and evaluation of youth policies and programmes.

The final text also recommends that:

- governments, in dialogue with and fully respecting the autonomy of NGOs and local community groups, facilitate civil society involvement at the national level in policy discussions and strategies and programmes to achieve POA objectives;
- governments include NGO and local community groups’ representatives on delegations to regional and international fora where population and development issues are discussed;
- governments, civil society at the national level and the UN system enhance and strengthen their collaboration and cooperation to foster an enabling environment for partnerships for POA implementation;
- governments and international organizations create and support

- mechanisms for partnerships with community-based organizations and NGOs committed to assisting women to realize their rights;
- governments and civil society organizations design innovative approaches and build partnerships with, among others, the media, the commercial sector, religious leaders, local community groups and leaders, as well as youth, who can advocate for the POA;
- governments, international organizations and civil society organizations at the national level, including NGOs, encourage partnerships with the private sector and, where appropriate, with the informal sector, to strengthen their involvement in POA implementation;
- governments review legislation to facilitate private sector involvement and to ensure all health-care products and services meet internationally accepted standards;
- donor countries and the private sector provide external funding and support to promote South-South cooperation, and compile and disseminate updated information on institutions and expertise in developing countries; and
- relevant UN bodies clarify their leadership roles and responsibilities and strengthen their efforts to promote system-wide coordination and collaboration, especially at the country level.

VI. MOBILIZING RESOURCES: At the start of the resumed PrepCom, five bracketed paragraphs remained, which addressed: developed country resource mobilization; developing country resource mobilization; increasing advocacy efforts to meet resource goals; donor countries and international funding agencies complementing domestic efforts; and additional ways and mechanisms to increase funding. In addition, a paragraph on private sector participation had not yet been considered.

Agreement was reached on these paragraphs in the PrepCom. Delegates discussed whether to address developed and developing country resource mobilization together in one paragraph. The agreed text includes separate paragraphs on resource mobilization in developed and developing countries, reflecting the G-77/CHINA’s position that differences between the developed and developing countries relating to POA implementation should be reflected in the text, and that identical language should not be applied to both groups. The paragraph on developed country resource mobilization urges these countries to: strengthen their commitment to ICPD POA goals and objectives, in particular its cost estimates; make every effort to mobilize agreed estimated financial resources required for POA implementation; and give priority to least developed countries’ (LDCs) needs. The paragraph on resource mobilization in developing countries and countries with economies in transition urges these countries to strengthen their commitment to ICPD POA goals and objectives, in particular its cost estimates, and continue efforts to mobilize domestic resources. It also urges all countries to promote international cooperation and to increase technical cooperation and transfer of technology through South-South cooperation.

On increasing advocacy efforts to meet resource goals, the agreed text encourages legislators and other decision makers, with full regard to their respective jurisdiction and mandates, to increase support for achieving POA goals and objectives through legislation, resource mobilization, advocacy and expanded awareness-raising. It also calls for an increase in advocacy efforts at all levels. The text urges donor countries and international funding agencies to complement, at the request of countries, domestic efforts to meet the growing and urgent basic health and reproductive health needs, including reproductive health commodities, of developing countries, LDCs, countries with economies in transition, and countries facing increasing demands for such commodities and a diminishing share of international assistance.



Delegates agreed to the paragraph on additional ways and mechanisms to increase funding after the G-77/CHINA and LIBYA consented to retain reference to “sexual and” reproductive health programmes in relation to relevant programmes requiring increased funding. The agreed text urges governments and the international community to encourage and promote additional ways and mechanisms to increase funding that could include, as appropriate: “advocacy for increased funding from international financial institutions and regional development banks;” various forms of cost recovery; and increased private sector involvement. It further recommends promotion of access to services for those living in poverty and other vulnerable groups and consideration of improved mechanisms to address the debt problem, including reducing external debt through measures that include, *inter alia*, debt cancellation.

On private sector participation, the text calls on governments to, *inter alia*: implement policies that facilitate increased access to basic health services, including high quality and affordable reproductive health and family planning services; promote effective interventions and support services, including private sector services, as appropriate; and review legal, regulatory and import policies to eliminate those that unnecessarily prevent greater private sector involvement. The text also states that public sector resources should have as a priority “people living in poverty,” as proposed by the HOLY SEE, “under-served populations,” as inserted by the US, and low-income sectors.

The section on mobilizing resources also states that:

- governments should urgently increase the political will to mobilize the international assistance required to accelerate POA implementation;
- donor countries and international funding agencies are urged to support the inclusion of South-South components in development cooperation programmes and projects;
- the international community should provide the necessary assistance to support POA implementation in developing countries and countries with economies in transition;
- governments of recipient countries are encouraged to ensure that public resources and ODA intended for POA implementation are invested to maximize benefits to the poor and other vulnerable population groups;
- donor countries, international agencies and recipient countries should continue to strengthen their efforts and collaboration to avoid duplication, identify funding gaps and ensure that resources are used as effectively and efficiently as possible;
- governments, in cooperation with UNFPA and with information provided by NGOs, as appropriate, should seek to ensure full and regular monitoring of resource flows, with particular attention to transparency and accountability for the costed population and reproductive health package in the POA;
- countries, especially developed countries, are urged to substantially increase their voluntary contribution to UNFPA and other relevant UN bodies; and
- governments are encouraged to give thorough consideration to the implementation of the 20/20 initiative.

Donor countries are urged to: renew and intensify efforts to meet the need for complementary external resources required to implement the costed elements of the POA that will, in 1993 US dollars, rise from \$5.7 billion in 2000 to \$7.2 billion in 2015; increase significantly ODA funding for other POA elements, in particular, improvement in the status and empowerment of women, basic health care and education, and emerging and continued health challenges; intensify efforts to help countries eradicate poverty; take the necessary action to reverse the current decline in ODA; and strive to meet the agreed 0.7 % of GNP target for ODA as soon as possible.

The text notes that the HIV/AIDS pandemic is having a more severe impact than was originally projected and calls for special attention to provide the necessary resources for STD and HIV prevention, particularly for vulnerable populations and especially for children and young people. It calls on: all countries affected by the pandemic to continue efforts to mobilize domestic resources from all sources to combat it; the international community to assist developing countries and countries with economies in transition; and governments and donors to intensify efforts to provide resources for prevention needs, as well as for care and support of those affected by HIV/AIDS.

FINAL SESSION OF THE COW

The COW considered and adopted for transmission to the Plenary the agreed proposals for key actions for further POA implementation (A/S-21/2/Add.2) and the report of its work (A/S-21/AC.1/L.1) on Thursday night, 1 July.

ARGENTINA entered its reservations on, *inter alia*, the report’s limited attention to comprehensive health and investments in education, and the absence of reference to strengthening the family. He did not accept including abortion in the concept of “reproductive health” as a service or as a method of regulating fertility. NICARAGUA expressed its reservations to, *inter alia*, under-utilized methods of family planning if they include abortion or interruption of pregnancy. With ARGENTINA, he said gender as a term was acceptable if used in relation to men and women, and stressed that sex education is a parental right, role and responsibility, which must be respected.

Delegates decided to recommend to the Special Session the adoption of the proposals for key actions for further POA implementation, noting the reservations expressed by Argentina and Nicaragua, and adopted the COW’s report.

UNFPA Executive Director Nafis Sadik stated that the POA was and continues to be a historic document and what has been achieved in the ICPD+5 process surpasses that. She said she was “elated” at being able to leave this meeting with the tools to help “fulfill our promises and goals.”

Joseph Chamie, Director of the DESA Population Division, noted that, based on the manner of the past week’s negotiations, he had changed his speech to state that, “with due respect to the rights, duties and responsibilities of delegates and consistent with their evolving capacities, where appropriate, in matters which are not against the law, and with new and additional resources, according to internationally recognized standards, we in the UN agencies will do our best to serve.”

The G-77/CHINA, the EU, NICARAGUA, the HOLY SEE, LIBYA and the US thanked Chair Chowdhury for his successful stewardship of the PrepCom and the COW. Chowdhury thanked delegates, noting that the outcome had only been possible because of their dedication and hard work, with the support of the Bureau and the Secretariat. He brought the COW to a close at 10:30 pm.

CLOSING PLENARY

ADOPTION OF THE REPORT OF THE AD HOC

COMMITTEE OF THE WHOLE: The closing Plenary of the Special Session commenced at 11:00 pm on Friday, 2 July. President Operti invited Anwarul Chowdhury, Chair of the COW, to report on the COW’s work. Chowdhury reported that while the outstanding paragraphs addressed by the COW had been the most difficult, consensus had been reached and the outcome of negotiations were a “grand success.” He acknowledged that Rio+5 had haunted the COW when the most contentious issues were discussed and that the result here was pleasantly different. He said that it not only built on the agreement achieved in 1994 but also mapped out elements and directions for its further implementation, particularly in areas relating to discrimina-



tion against women and the girl child, HIV/AIDS, the needs of youth and adolescents, partnerships with civil society, and renewal of the financial commitments made in Cairo. He attributed the success in part to the transparency of the process and recommended that Beijing+5 and Copenhagen+5 follow this path.

COW Rapporteur Gabriella Vukovich then introduced the Report of the COW (A/S-21/5), which contained a recommendation to the GA to adopt in a resolution the key actions for the further implementation of the POA ICPD, annexed to the report (A/S-21/5/Add.1). Following the adoption of the report, five delegations made reservations.

ARGENTINA emphasized that the document failed to address investment in education and comprehensive health and omitted reference to the need to strengthen the family. He entered reservations on, *inter alia*: “sexual health” and “reproductive health,” which should not be limited solely to the reproductive phase and may not cover abortion either as a service or a method of fertility control; and said “gender” was acceptable only when used in relation to the biological sexual identity of men and women. With NICARAGUA, he said that the comprehensive education of children, including sex education, must imply recognition of the priority of the rights, duties and responsibilities of parents, and that “contraception,” “family planning,” “new options” and “under-utilized methods” may not cover abortion or voluntary interruption of pregnancy. NICARAGUA also said it accepts the term “gender” provided that it refers solely to men and women. GUATEMALA expressed a general reservation on the use of terms inconsistent with international law.

SUDAN said it would implement the key actions in accordance with the paragraph that states that such implementation “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.” He understood that the phrase “in cases where abortion is not against the law” in no case meant that abortion is promoted as a method of family planning.

LIBYA expressed a general reservation on any provision in the document that goes against Islamic law or its national legislation and said the reservations it made to the POA also applied to this document. He added that the paragraph on the human rights of women and the girl child did not create any new human rights, in particular that “reproductive rights” was not a human right. He expressed a reservation to the paragraph on the equal participation of women in as far as its content diverged from POA language.

ADOPTION OF THE FINAL DOCUMENT OF THE SPECIAL SESSION: The GA then adopted, on the COW’s recommendation, the resolution on key actions for the further implementation of the ICPD POA (A/S-21/5/Add.1). Thirteen countries made statements or presented their reservations following adoption of the resolution.

KUWAIT, YEMEN and the UNITED ARAB EMIRATES reaffirmed reservations made at Cairo that their commitments to the goals and objectives are subject to consistency with Islamic and national laws. KUWAIT, QATAR, JORDAN and MOROCCO stressed the importance of the document’s conditions, which state that implementation “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 human rights.” QATAR included as a reservation that it cannot accept any interpretation of the document that contradicts Islamic or national laws, its belief in the right to life, and the term “gender” as referring solely to men and women.

MALTA stated that the termination of pregnancy through induced abortion is illegal in its national legislation, and therefore it does not recognize those areas in the text providing for circumstances where abortion is not against the law. CHINA stated that further implementation requires a holistic approach and full respect for state sovereignty. She said all countries should respect universally recognized human rights and stressed that for developing countries, the rights to survival and development are particularly important. She said China would further strengthen its collaboration with other countries and international organizations to help facilitate further POA implementation. EGYPT reiterated its call made at Cairo for deletion of “individuals” in the context of “couples and individuals” and stated that it interprets all relevant issues addressed by the POA and this document to refer to married couples. IRAN entered its reservation on any text condoning sexual relations outside the framework of marriage between a man and a woman. MOROCCO expressed reservations on any definition of the family that does not clearly relate to marriage.

The US made a general statement, noting that the agreed document on key actions is comprehensive, balanced and contains action-oriented and specific recommendations to help further implement the POA. She said participants had drawn on experiences since 1994 and collectively agreed on how to move forward. She highlighted benchmarks set on education, maternal mortality, family planning, and HIV/AIDS prevention. She underlined the needs of youth and stated that the political will and commitment agreed to at Cairo had been reaffirmed to carry through the ambitious 20-year agenda. She recognized the need for resources and, noting that the US did not commit itself to the target of 0.7% of GNP for overall ODA, said she hoped that contributions can be increased. She stated that the ICPD+5 process confirmed the commitment to the course set at Cairo. Referring to the paragraph calling on health systems to train and equip health-service providers and take other measures to ensure that abortion is safe and accessible, AUSTRALIA stated that its policy is not to provide assistance to support abortion services or abortion drugs.

The HOLY SEE presented an interpretive statement reaffirming its reservations made at Cairo. He noted that the Holy See does not consider abortion or access to abortion as a dimension of the terms “sexual health,” “sexual rights,” “reproductive health” and “reproductive rights.” On terms relating to family planning services and regulation of fertility, he reaffirmed the Holy See’s opposition to family planning methods that the Catholic Church considers morally unacceptable. He also noted, *inter alia*, that the Holy See: reserves its position in reference to all international agreements, consistent with its acceptance or non-acceptance of them; recognizes that the term “couples and individuals” means married couples and individuals who are married; reserves its position on the term “gender” on the understanding that it is grounded in biological sexual identity that is male and female; makes a reservation on the paragraph relating to reproductive and sexual health services for adolescents; states in reference to the paragraph on abortion that life begins at the moment of conception and that it cannot condone abortion or policies that condone abortion.

President Opertti noted that the Special Session had concluded its work, which was part of a wider five-year review process on interrelated issues, including the environment, social issues, human settlements and the status of women. He stated that the agreed document would be a living document because it includes ongoing work, and stressed that the entire international community needs to address these issues and take responsibility for them. Following these remarks, he brought the 21st Special Session of the General Assembly to a close at 12:05 am Saturday morning, 3 July 1999.



A BRIEF ANALYSIS OF ICPD+5

After four months of strenuous negotiations leading up to the 21st UN General Assembly Special Session, delegates left New York exhausted but with a sense of satisfaction with the outcome of the ICPD+5 review process. What started as a process dogged with contention and concerns that the outcome could mirror the disappointments of the Rio+5 process concluded with a more inspired and action-oriented roadmap for charting future implementation of the landmark Cairo consensus than many had expected. The resulting document recommending key actions for further implementation in the coming years not only confirmed the consensus on the POA but also re-energized the momentum and enthusiasm needed to implement its provisions. Drawing breath after his masterful contribution, Chair Anwarul Chowdhury articulated the sentiment in his closing remarks when he described the outcome of the ICPD+5 process as a "hard-earned consensus" that was a "grand success."

The task of identifying from the past five years' experience the means to overcome obstacles that have hampered implementation as well as new areas requiring urgent action was, not surprisingly, complicated by the inevitable clash of positions on sensitive issues. At times it seemed as though some of the ICPD+5's recommendations would do nothing more than duplicate the POA, as debates on issues concerning contraception, abortion and adolescent sexual and reproductive health proved as polemical and intractable in 1999 as they were in 1994. Although delegates from both sides of the debate emphasized that they shared the same goals of improving women's and adolescents' reproductive health and reducing abortion, unwanted pregnancies and the spread of STDs and HIV/AIDS, negotiations on recommendations to achieve these goals were again eclipsed by the stalemate of fundamental religious or cultural differences. Despite exasperation by many that the only solution to this conundrum was simply to repeat Cairo language, it was observed that the outcome would have to recommend actions that were acceptable at the national level in many different cultural circumstances if it was going to be taken seriously and implemented.

Nevertheless, delegates ultimately did manage to produce a document that most felt reflected the delicate balance achieved in Cairo while also prescribing concrete proposals to guide further implementation in a diversity of national circumstances. Experiences gained and lessons learned in the last five years provided the impetus that supplied delegates with the tools needed to find ways around the sensitivities. Delegates were pleased that the document focused on tangible actions and adopted a more programmatic approach. In particular, the document's delineation of specific benchmarks, including those to reduce illiteracy of women and girls, maternal mortality and young people's vulnerability to HIV/AIDS, and provide safe and effective family planning and contraceptive methods, were seen as an important and effective way of guiding countries in reaching the ambitious goals set out in the POA.

Although a great deal of energy was expended during negotiations on balancing the needs and rights of adolescents with the rights, duties and responsibilities of parents with regard to adolescents' sexual and reproductive health, most delegates felt that the considerable attention devoted to adolescents' needs in the document was one of its strongest features, given that today's cohort of adolescents is the largest in the history of humankind. Another strength of the document was its emphasis on means to address the HIV/AIDS pandemic, which has become an exponentially devastating problem affecting the world's population, particularly young people.

The growing numbers of people displaced, both internationally and internally, due to war, civil unrest and natural catastrophes in the past five years also did not go unnoticed in the document. Delegates agreed on language urging support for countries hosting the majority of refugees and encouraging provision of basic services to them. It specifically addressed the special needs of refugee women and children and elderly refugees, which recent events have shown to be poignantly pressing.

Maternal mortality was another area that delegates were happy to see feature prominently in the document. Whereas significant strides have been made to address the problem in the past five years, experience has shown that urgent action is still required. The benchmarks set out in the Special Session's final document that relate to access to and provision of family planning and contraceptive methods should help to address this problem. Although efforts to include language from the Beijing Platform for Action on reviewing laws containing punitive measures against women who have undergone illegal abortion were ultimately foiled, the addition of language calling for training and equipping of health service providers to ensure safe "and accessible" abortion was viewed by many as a significant achievement, beyond what was agreed in Cairo, in recommending how maternal mortality can be reduced.

Chair Chowdhury repeatedly emphasized the transparent and participatory nature of the ICPD+5 process and the involvement of NGOs as one of the secrets to its success. There is agreement that Cairo empowered NGOs by recognizing their central and crucial role in population and development at the national level. The ICPD+5 process further strengthened their role in international fora by the inclusive way in which they participated. The greater inclusion of youth dates back to The Hague Forum when they took center stage to discuss with governments their needs in the context of POA implementation. Throughout the ICPD+5 process their presence and contributions were strongly felt, with many eventually being placed on national delegations and thus having direct influence on the outcome. This acceptance as partners is reflected in recommendations to encourage creation of mechanisms for their involvement and support for their work.

As noted by UNFPA Executive Director Nafis Sadik, as well as by other representatives of UN agencies working on population issues and numerous representatives of governments and NGOs, the review process hearteningly revealed that many countries, particularly developing countries, have made substantial progress in implementing the Cairo agenda on the ground. Not only have many developing countries formulated and implemented population policies and established necessary institutional mechanisms in the past five years, they have taken the POA seriously in financial terms, coming close to meeting their Cairo commitments to mobilize two-thirds of the estimated US\$17 billion per year needed to implement the POA. Unfortunately, donor countries have not come nearly as close to fulfilling their side of the bargain to mobilize the other third of this amount. This problem was repeatedly highlighted throughout the Special Session as the biggest obstacle to full implementation of the POA.

Unlike the Rio+5 process, however, delegates managed to reaffirm their financial commitments, emphasizing the urgent need for donor countries to intensify their efforts to significantly increase their contribution towards achieving POA implementation. The recent approval by the US Senate to consider reinstating funding for UNFPA was seen as a positive sign that financial commitments by donor countries might still be met.



Many delegates said that one of the shortcomings of the ICPD+5 process was the limited attention given to actions to address developmental concerns and comprehensive health problems faced by developing countries. However, some thought that the focus on reproductive health issues was fundamental to human development, and the attention given to education and the well-being of youth would consequently spur economic development. Many felt that this focus was appropriate given that POA implementation is only a quarter of the way through its 20-year process. This approach was seen as a solid platform upon which Copenhagen+5 and Beijing+5 can build when addressing other facets of development.

Another perceived shortcoming was the absence of concrete measures to address the issue of population ageing. Some participants said this took a back seat, since the problem of growing numbers of adolescents presented a near-crisis situation. They felt that in countries where problems relating to the needs of older people were pressing, these issues would definitely need to be addressed.

Earlier in the PrepCom process, some participants expressed hesitation over the approach to negotiating further actions. However, the ICPD+5 process has shown that the consensus reached in Cairo is alive and strong. It has demonstrated that political will and partnerships are key to advancing such a global consensus as was borne out in the progress made in implementing the POA. Many believe that The Hague Forum played a pivotal role in preparing negotiators to work with a clear recollection of the progress, barriers and opportunities for further implementation. This enhanced partnerships between governments and civil society in this intergovernmental process.

Unlike the Rio+5 review, whose outcome left many politicians disappointed and disenchanted with UN development conferences and their seeming vacuity, the adoption by consensus of the ICPD+5 document, despite the number of reservations and interpretative statements, has sparked fresh hope and presents the remaining review processes with a model for how to fashion workable solutions to further implement the ambitious agendas agreed at these historic UN conferences.

THINGS TO LOOK FOR

NINTH INTERNATIONAL CONFERENCE ON GENDER AND SCIENCE IN TECHNOLOGY: This meeting, entitled "From Policy to Action in Gender, Science and Technology for Sustainable Development in the 21st Century," will be hosted by the Gender and Science and Technology Association (GASAT) from 4-9 July 1999 in Accra, Ghana. For more information contact: FEMSA Project, Girls' Education Unit, Ghana Education Service, P.O. Box M. 45, Accra, Ghana; e-mail: gquaisie@africaonline.com.gh.

ECOSOC HIGH-LEVEL SEGMENT ON EMPLOYMENT AND THE ADVANCEMENT OF WOMEN: This meeting will be held from 5-7 July 1999 in Geneva. For more information contact: the Division for the Advancement of Women, 2 UN Plaza, Room DC2-1216, New York, NY 10017, USA; fax: +1-212-963-3463; e-mail: timothy@un.org; Internet: <http://www.un.org/womenwatch/daw>.

NINTH INTERNATIONAL CONFERENCE FOR PEOPLE LIVING WITH HIV/AIDS: This conference will be held from 13-19 August 1999 in Warsaw, Poland. For more information contact: Conference Secretariat Office, Polish Foundation for Humanitarian Aid "Res Humanae," ul. Kopernika 15, 00-259 Warsaw, Poland; tel/fax: +48-22-826-0660 or 826-6224; e-mail: resaids@waw.pdi.net.

INTERNATIONAL CONFERENCE ON CONSUMPTION:

This meeting, "Down to Earth – Sustainable Consumption in the 21st Century," will meet in Hampshire, UK, from 22-24 September 1999. It is hosted by Project Integra and supported by UNED-UK, Onyx Aurora - Integrated Waste Management, and Hampshire County Council. For more information contact: Index Communications Meeting Services; tel: +44-1794-511331/2; e-mail: icms@dial.pipex.com; Internet: <http://www.down-to-earth.co.uk/>.

THE ROLE OF NGOS IN THE 21ST CENTURY: The 1999 Seoul International Conference on NGOs will meet in Seoul, Korea, from 10-16 October 1999. For more information contact: Tripartite Steering Committee; tel: +82-346-570-7160; fax: +82-346-570-7156; or tel: +1-212-986-8557; fax: +1-212-986-0821; e-mail: ngo99@gip.kyunghee.ac.kr.

EIGHTH INTERNATIONAL FORUM OF THE ASSOCIATION FOR WOMEN IN DEVELOPMENT (AWID): The 8th Forum of AWID, "Leading Solutions for Equality and Justice," will meet from 11-14 November 1999 in Washington, DC. For more information contact: AWID, 1511 K Street, NW, Suite 825, Washington, DC 20005, USA; tel: +1-202-628-0440; e-mail: awid@igc.apc.org; Internet: <http://www.awid.org>.

COMMISSION ON SUSTAINABLE DEVELOPMENT (CSD): The 8th session of the CSD is expected to meet in Spring 2000 to consider integrated planning and management of land resources, agriculture, and financial resources/trade and investment/economic growth. For more information contact: Andrey Vasilyev, Division for Sustainable Development; tel: +1-212-963-5949; fax: +1-212-963-4260; e-mail: vasilyev@un.org. For major group information contact: Zehra Aydin-Sipos, Division for Sustainable Development; tel: +1-212-963-8811; fax: +1-212-963-1267; e-mail: aydin@un.org; Internet: <http://www.un.org/esa/sustdev/>.

COPENHAGEN+5: The 38th Commission for Social Development will meet in New York from 7-18 February 2000. The Preparatory Committee for the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development and Further Initiatives will hold its second session from 3-14 April 2000 in New York, with the Special Session to take place from 26-30 June 2000 in Geneva. For more information contact: Secretariat, UN Commission for Social Development; tel: +1-212-963-6763; fax: +1-212-963-3062; e-mail: ngoran@un.org; Internet: <http://www.un.org/esa/socdev/wssdcal1.htm>.

BEIJING+5: The 44th session of the CSW will meet in New York from 6-24 March 2000 and will act as the PrepCom for the Special Session of the General Assembly to review and appraise implementation of the Beijing Platform for Action. Entitled "Women 2000: Gender Equality, Development and Peace for the Twenty-first Century," this Special Session will meet from 5-9 June 2000 in New York. For more information contact: the Division for the Advancement of Women, 2 UN Plaza, Room DC2-1216, New York, NY 10017, USA; fax: +1-212-963-3463; e-mail: timothy@un.org; Internet: <http://www.un.org/womenwatch/daw>.

HABITAT II+5: The Preparatory Committee on follow-up to the Second UN Conference on Human Settlements will meet from 2-4 May 2000 in Nairobi, Kenya. For more information contact: Information and External Relations, UN Centre for Human Settlements, UNCHS (Habitat); tel: +254-2-623067; fax: +254-2-624060; Internet: <http://www.unhabitat.org>.