

Critical Issues on the ICPD Draft Programme of Action

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Mr. Chairman, Mme. Secretary-General, Distinguished Delegates and NGO Colleagues, I want to thank you for the opportunity to address this Committee. The ICPD has provided a unique opportunity for government and NGO partnerships in which many of us have had the benefit of participating, and my speaking here before you is evidence of this.

The points I will be addressing refer to a Consensus Document which Family Care International (FCI) has prepared as a result of many months of collaboration with over 200 colleagues from around the world. This has included many of you gathered here today, official delegates and others. These colleagues and collaborating networks are leading organizations and experts from the health, women's, family planning, environmental, social sciences, legal, parliamentary and medical fields. Included among them are international agencies such as the International Planned Parenthood Federation, the International Center for Research and Women, The Population Council, the Commonwealth Medical Association, the Center for Development and Population Activities, the International Federation of Obstetrics and Gynecology, the Environmental Defense Fund, Parliamentarians for Global Action, and the Women's Environment and Development. This Consensus Document has received endorsements from colleagues in countries from Latin America, Africa and Asia, to Europe, North America and the South Pacific.

Through the broad-based process of consultation and review, a consensus has been developed on the priority issues that you will consider in these critical weeks of the Conference. We congratulate the ICPD Secretariat on its excellent work in preparing this draft for PrepCom III. Our aim is to be practical - and brief - to facilitate the process of negotiating the document, so you will find our comments to be relatively few but critical to addressing the issues at hand effectively. I refer you to this Consensus Document - which is only 7 sheets in length and available in English and Spanish - for a complete analysis of all the chapters. It provides a summary of the issues in the Programme of Action that should be endorsed, as well as additional recommendations to strengthen its content. Following, I will provide you with some examples of recommendations which we found to be missing from the ICPD document and which we present for your consideration.

Under PRINCIPLES

- All individuals should have the right to determine and enjoy their sexual and reproductive lives and their right to personal integrity. This should be included as a basic tenet of reproductive rights and health.

In Chapter III, on Population, Sustainable Development and the Environment

- New technologies that are developed should be studied for their possible socio-economic and environmental impact.
- Immediate action should be taken to provide universal access to potable water and sewage disposal.



In Chapter IV, on Gender Equity and empowerment

- Communities, teachers and parents need to be sensitized to the equal worth of boys and girls.
- In the section on girl children, infanticide and the practice of prenatal sex selection for non-medical indications should be eliminated.
- Laws that raise the minimum age for marriage and the age of consent for marriage need to be strictly enforced or created where they do not exist.
- Overall, we considered the document to be weak on male responsibilities, and suggest some points to strengthen it. For example, Governments should pass and enforce laws to ensure men's financial support for their children and families; and, to ensure equal share of responsibilities, both men and women should have family leave.

On the Family, in Chapter V:

- Governments should pay special attention to the needs of the growing numbers of impoverished households, especially those headed by women.

In Chapter VI, Population Growth and Structure

- All forms of legal and institutionalized discrimination against indigenous peoples should be eliminated. Their representatives should be formally included in decision-making bodies and their perspectives should be fully incorporated into all aspects of population, environment and development programmes.

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Chapter VII, on Reproductive Rights and Health

- Governments should eliminate discrimination in reproductive health programmes based on gender, marital status, age or sexual orientation.
- Governments must secure conformity to established ethical and human rights standards in the delivery of family planning and reproductive health services.
- To increase male responsibility for family planning, use of voluntary vasectomy as a safe, and reliable family planning method should be encouraged and increased.
- The prevention of STDs, including HIV/AIDS, requires that the promotion of condom use be an integral component of all reproductive health services.
- To address the STDs epidemic properly, family planning needs to be integrated into broader reproductive health programmes.
- Responsible sexual and reproductive decisions call for comprehensive sexuality education to be made available at the community-level and in schools.
- Governments need to develop the conditions and procedures necessary to encourage victims of sexual exploitation to report violations of their rights.
- The majority of our colleagues felt that the section on adolescents required substantial improvement. For example, adolescents as a group need special programmes to meet their sexual and reproductive health needs, and should have access to quality family planning information and services - and to contraceptives in particular.

Chapter VIII: Health and Mortality

- Indicators should be developed to measure reproductive health programmes in terms of qualitative progress, not just quantitative gains.
- Cancers of the reproductive system, including cervical-uterine cancer, are ignored in the ICPD document and require increased attention.
- To reduce maternal mortality and improve maternal-child health, there are a few important issues that are missing from the relevant sections of chapter 8. First, mothers who seek maternal-child services must receive counselling on the risks of HIV/AIDS infection for herself and the baby. Secondly, women should receive post-partum and post-abortion family planning and services to prevent high-risk or unwanted pregnancies and to break the tragic chain of unsafe abortion, which is responsible for the unnecessary deaths of up to as many as a quarter million women a year worldwide.
- The section on maternal mortality needs to make explicit reference to the need for humane treatment of abortion complications.
- In cases where abortion is allowed, safe and accessible services should be provided. In other words, existing laws and recognized reproductive choices should be enforced.
- An essential element of any HIV/AIDS prevention strategy must be the promotion of condom use with all patients of reproductive age throughout the health care system.

Chapter IX, Population Distribution and Urbanization

- Governments should meet the goal of universal access to basic housing, sanitation and clean water needs by the year 2000.

Chapter X, on International Migration

- All forms of discrimination against migrant women, including regarding their nationality and the nationality of their children, should be eliminated.

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There are also additional recommendations on the other chapters, including on follow up, which time does not allow me to present here. I hope that this Consensus Document is a useful tool for your deliberations.

Thank you Mr. Chairman.



CONSENSUS DOCUMENT ON THE ICPD PROGRAMME OF ACTION

*** FINAL VERSION FOR PREPCOM III - APRIL 1994 ***



CHAPTER II: PRINCIPLES

Gender and equity

- ▶ Women have the same rights as men to participate fully in policy and decision-making at all levels. While historical, cultural and religious backgrounds must be borne in mind, it is the duty of states, regardless of their political, economic and cultural systems, to promote and protect all human rights and fundamental freedoms. (Vienna Convention). [2.20]

The family

- ▶ All individuals have the right to form and sustain a family. No one shall suffer discrimination based on marital status or sexual orientation. Men and women shall be equal partners in family life. [2.25]
- ▶ Children have a right to be cared for and supported by both parents and to be protected from economic exploitation, sexual abuse and violence. [2.26]

Reproductive rights and sexual and reproductive health

- ▶ All couples and individuals, on the basis of equality between men and women, have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. All individuals have the right to determine and enjoy their sexual and reproductive lives and their right to personal integrity. [2.28]

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CHAPTER III: THE INTERRELATIONSHIPS BETWEEN POPULATION, SUSTAINED ECONOMIC GROWTH AND SUSTAINABLE DEVELOPMENT

Integrating population, economic and development strategies

- ▶ Poverty, wasteful consumption and production patterns, and social and gender inequalities are factors interrelated with population change and sustainable development. Achieving sustainable development will depend on alleviating poverty, promoting sustained economic growth, reducing environmental degradation and overconsumption, and eliminating social, economic and gender inequalities. [3.1,3.9,3.10]
- ▶ Population factors should be integrated into the full range of development strategies at all levels of policy formulation and implementation, based on the goals of improving human well-being, social justice and ecological systems. Governments, international organizations and other concerned parties should ensure that timely and periodic reporting of their development plans and budgets explicitly reflect the integration of population factors. [3.4,3.5,3.6]

NOTE: This document has been developed based on the contributions of a variety of individuals involved in ICPD from several countries and disciplines. The text reflects concepts and statements already included in the UN Draft Programme of Action which are particularly recommended for support at PrepCom III and adoption at the ICPD Conference. Underlined text indicates recommended additions, changes, or refinements. The text presented does not necessarily reflect the exact wording, but rather aims to summarize contents of the UN document for the sake of synthesis and clarity. Specific paragraph references to the document are included in brackets.

Population, sustained economic growth, poverty alleviation, human resource development

- ▶ Sustained economic growth is influenced by issues such as terms of trade, trade restrictions and availability of technology. Efforts by the international community to promote a supportive environment for developing countries to achieve economic progress and reduce poverty should be particularly addressed to reducing the debt burden, providing financial assistance, and ensuring that structural adjustment programs are responsive to social and environmental concerns. [3.12,3.19,3.20]
- ▶ Investments in human resources development must be given a high priority in development budgets, including for education, job training, health and family planning [3.15].
- ▶ All countries should aim to ensure universal primary school enrollment before the year 2015. [3.16]
- ▶ Gender inequities in education and the workforce should be eliminated, with particular attention to poor women. Women's participation in economic policy-making and implementation should be promoted. [3.17,3.18]
- ▶ Private-sector job creation should be facilitated by national Governments through more favorable climates for expanded trade and investments. This will require supporting democratic institutions, curtailing corruption and redirecting domestic budget priorities to the social sectors and human resource development. [3.19]

Population, sustainable development and the environment

- ▶ Establish regulatory mechanisms, develop cleaner technologies and modify consumption patterns and lifestyles harmful to the environment to promote sustainable resource use and prevent environmental degradation. New technologies should be studied for their possible socio-economic and environmental impact. Efforts should be made to reduce the environmental impact of manufacturing processes, including excessive consumption and waste. [3.24,3.25,3.26]
- ▶ Women's full participation and empowerment is a prerequisite for achieving sustainable development. [3.30]
- ▶ Promote rural development through a variety of social, environmental and financial mechanisms, including revising land tenure and ownership legislation to meet the needs of poor groups, women, pastoral nomads and indigenous peoples, and achieve sustainable resource use. [3.27]
- ▶ Government policies should promote forest conservation, sustainable forest management and reforestation, particularly in tropical forests which are home to most of the planet's biological diversity. [3.28]
- ▶ Concerted action at all levels is needed for water conservation, management and distribution. Immediate action must be taken to provide universal access to potable water and sewage disposal. [3.29]
- ▶ Governments should introduce coastal zone and marine management techniques, such as encouraging sustainable fishing activities, which preserve coastal habitats, reduce pollution and promote sustainable use of living resources of the seas. [3.31]

CHAPTER IV: GENDER EQUITY AND EMPOWERMENT OF WOMEN

Empowerment and the status of women

- ▶ The empowerment of women is essential for achieving sustainable development. Education is one of the most important means of empowering women. [4.1,4.2]
- ▶ Women must be fully integrated into all levels of socio-economic and political activities both as participants and as beneficiaries. All countries should implement the Convention on the Elimination of All Forms of Discrimination Against Women and the recommendations from the 1993 World Conference on Human Rights. Gender disaggregated data should be generated and used to help eliminate gender discrimination. [4.3,4.4,4.5,4.5,4.6]



- ▶ Countries are urged to take steps to combat violence against women and children, as well as sexual exploitation and abuse. [4.7] Women's grassroots groups must be strengthened and expanded as a central force in raising awareness about women's rights. [4.9]
- ▶ Laws should be enforced aimed at eliminating gender disparities in income by the year 2015. Governments should take steps to eliminate discriminatory practices by employers against women, such as those based on proof of contraceptive use and pregnancy status. [4.5]
- ▶ Health services must take into account the demands on women's time. [4.8]

The Girl Child

- ▶ Eliminate discrimination against girl children as a prerequisite to ensuring women's participation in population and development activities. [4.12, 4.13]
- ▶ ...son preference. Eliminate infanticide and the practice of prenatal sex selection for non-medical indications. [4.13]
- ▶ Governments, community leaders, schools and the media must raise awareness about the need to eliminate discrimination within the family and encourage equal treatment of boys and girls. [4.14]
- ▶ All countries should increase enrollment of girls and women in secondary and higher levels of education. [4.15] In addition to expanding education for girls, the content of the education must also change. [4.16]
- ▶ Create comprehensive programs to address the special health, reproductive and educational needs of young and adolescent girls. [4.17]
- ▶ Governments should promote and strictly enforce laws that raise the minimum legal age of consent and minimum age at marriage...[4.18].
- ▶ Governments, in collaboration with NGOs, are urged to prohibit female genital mutilation and to support efforts among concerned populations to eliminate such practices. [4.19]
- ▶ Countries should take affirmative steps to keep girls in school, by building more schools, sensitizing community leaders, teachers and parents on the equal worth of girls and boys, and providing monetary incentives when essential, with the aim of closing the gender gap in secondary school education by the year 2005. [4.20]

Male responsibilities and participation

- ▶ Both men's and women's behaviour and attitudes need to change to achieve gender equality and equal participation and sharing of responsibilities. [4.21,4.22]
- ▶ Governments, schools and community leaders must take steps to involve men effectively in sharing responsibility for family planning, family life and reproductive health, including prevention of unwanted and high-risk pregnancies and STDs, shared control and contribution to family income and raising children, for promoting the equal value of girls and boys and eliminating sexual discrimination, through IEC, employment legislation and institutional support, such as family leave for men and women, so that partners of both sexes may have a more balanced share of domestic and public responsibilities. [4.22,4.23,4.24,4.25,4.26]
- ▶ Governments must take steps to ensure that children receive appropriate financial support from their parents, including by enforcing child support laws, and consider changes in law and policy to ensure men's responsibility to and financial support for their children and families. [4.25] [DELETE: '...designed to bring men home.']
- ▶ National and community leaders must promote men's involvement in family life and women's integration into community life. Parents and schools must ensure that boys are educated about their sexual, reproductive, and family responsibilities before they become sexually active. [4.26]

CHAPTER V: THE FAMILY, ITS ROLES, COMPOSITION AND STRUCTURE

Diversity of family structures and composition

- ▶ Patterns of family formation and family life are undergoing considerable change, altering the composition and structure of families in many societies. [5.1]
- ▶ Develop policies and norms that support the plurality of family forms, including single parent households. [5.2]
- ▶ Employers should facilitate compatibility between work and parental responsibilities. [5.3]
- ▶ Establish special programs for poor women, especially those who are heads of single parent households, in the areas of income, employment, credit and enforcement of male financial contributions for their children. [5.4]
- ▶ Governments should eliminate all forms of coercion and discrimination in policies and practices related to marriage, unions and child-rearing, including all discriminatory measures concerning the rights to marriage and family formation of persons with disabilities. [5.5]

Socio-economic support to the family

- ▶ Social and economic stresses on the family, in all its forms, have been particularly acute in countries where Governments have reduced social expenditures to implement structural adjustment programmes. In many cities, millions of children are abandoned, school drop-outs, at high risks of unwanted pregnancy and STDs, and exploited in the labour market and for commercial sex.. [5.6]
- ▶ Ensure that all social and economic development policies are sensitive to the diverse needs of families, and provide necessary support particularly to the most vulnerable families and the growing numbers of impoverished households, especially those headed by women. [5.7]
- ▶ Governments and NGOs should provide special services to families with specific problems (e.g. domestic violence, drug and alcohol abuse, sexual and child abuse and neglect) and who are victims of war, violence, racial or ethnic discrimination, drought or famine. [5.9,5.11]

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CHAPTER VI: POPULATION GROWTH AND STRUCTURE

Fertility, mortality and population growth rates

- ▶ Efforts to reduce population growth must be based on fully respecting individual rights. [6.3]
- ▶ Ensure universal access to primary education and primary health care, including reproductive health and family planning education and services. [6.4]
- ▶ Countries should aim to reduce infant, child and maternal mortality. [6.5]

Children and youth

- ▶ Given the large and increasing numbers of children and youth in many countries' population, a foremost priority is ensuring that every child is a wanted child, and recognition that children are the most important resource for the future. [6.6]
- ▶ Eliminate all forms of child exploitation and abuse, including sexual abuse and child marriages. [6.8,6.10] All countries must adopt and strictly enforce laws regulating child labour. [6.9]
- ▶ Take steps to meet the special needs of youth, especially young women, in the areas of social support, economic opportunity and access to reproductive health care. [6.7,6.11]
- ▶ Youth should be involved in relevant population activities, which is especially important in the areas of sexual education and reproductive health services, including for the prevention of STDs and HIV/AIDS. [6.12]

Ageing populations

- ▶ Governments and the community at large should strengthen socio-economic support for the well-being of the elderly in all countries, with particular attention to the needs of elderly women. [6.14,6.15,6.16,6.17]

Indigenous people

- ▶ Many indigenous groups experience discrimination and oppression [6.19], and all steps must be taken to eliminate human rights violations, especially all forms of coercion. Legal and institutionalized discrimination against indigenous peoples should be eliminated. [6.22]
- ▶ To incorporate the perspectives and needs of indigenous communities into the design, implementation, monitoring and evaluation of population, environment and development programmes, and to formally include their representatives in relevant decision-making bodies. Governments, in collaboration with other organizations, should meet the population and development needs of indigenous groups, including their reproductive health needs.[6.21,6.22]
- ▶ Governments should protect the resources and ecosystems on which indigenous communities depend for their survival, well-being and development, respect and build on existing practices that serve the goals of reproductive health and sustainable development, and take these into account in the formulation of national population and development policies. [6.24]

CHAPTER VII: REPRODUCTIVE RIGHTS, SEXUAL AND REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING

Reproductive rights and reproductive health

- ▶ The cornerstone of reproductive rights is the recognition of the basic right of all couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so. Promoting reproductive rights for all must be the fundamental basis for government reproductive health and family planning programs. The full realization of sexual and reproductive rights requires the commitment of Governments and the community to the promotion of mutually respectful and equitable gender relations, to meeting the needs of adolescents to deal in a positive and responsible way with their sexuality, and to eliminate discrimination based on gender, marital status, age or sexual orientation. [7.1]
- ▶ Many people do not have good reproductive health, especially women and adolescents, because they lack access to reproductive health information and services. [7.2]
- ▶ Provide high-quality reproductive health information and services which are accessible, affordable, acceptable and convenient for the user, in order to achieve informed voluntary choice in matters of procreation and sexuality. [7.3]
- ▶ All countries should strive to provide reproductive health care to all individuals of reproductive age no later than 2015 through the primary health care system. These should include: family planning information and services; maternal care education and services; prevention and treatment of infertility, reproductive tract infections, STDs and other conditions; education and counselling on human sexuality, reproductive health, responsible parenthood, and HIV/AIDS. Referral for further diagnosis and treatment should always be available, as required, for: pregnancy-related complications; infertility; reproductive tract infections; STD/HIV/AIDS; and cancers of the reproductive system. Active discouragement of harmful traditional practices, such as female genital mutilation and food taboos, should also be an integral component of reproductive health care programmes. [7.4]
- ▶ Reproductive health care programmes must involve women in a central way in the planning, management, delivery and evaluation. Countries must take positive steps to train and employ more women at all leadership and implementation levels of the health care delivery system. [7.5,7.11]

- ▶ Innovative reproductive health programmes for men must be designed to meet their needs and encourage men's participation and shared responsibility in family planning and the prevention of STDs. [7.6]
- ▶ Governments should encourage NGO, and especially women's groups, participation in reproductive health services. [7.7]
- ▶ Reproductive health services must address the special and unmet needs of the most vulnerable groups, including girls, women, migrants, displaced persons, and victims of sexual abuse, violence and war. [7.8, 7.9]

Family planning

- ▶ The aim of family planning programmes must be to establish the widest possible freedom of choice in matters of procreation and sexuality. [7.10]
- ▶ Family planning programs must be based on the principle of informed choice and defined in terms of unmet needs for information and services. Therefore, demographic goals should not be imposed on family planning providers and there is no role for any form of coercion. [7.10]
- ▶ Family planning must aim to: help individuals and couples meet their reproductive goals in a framework that promotes good health and respects the dignity of all persons and their right to choose the number and spacing of their children; eliminate unwanted pregnancies and reduce high-risk pregnancies; provide quality services to all who need and want them; and to increase male participation. [7.12]
- ▶ The international community must use the full means at its disposal to support the principle of voluntary freedom of choice in family planning, and Governments at all levels must institute systems of monitoring and of client-centred evaluation to detect and control abuses by family planning providers. To this end, Governments must secure conformity to ethical and human rights standards in the delivery of family planning and related reproductive health services aimed at ensuring voluntary and informed consent, and establish mechanisms for reporting, denouncing and redressing violations. [7.13]
- ▶ All countries should provide universal access to the full range of safe and reliable family planning and related reproductive health services by the year 2015 in order to help individuals and couples reach their reproductive goals, with the aim of ensuring that all pregnancies are intended pregnancies and all children are wanted children by the year 2015. Family planning should aim to reduce unwanted pregnancies and maternal and child mortality. [7.13]
- ▶ Governments should remove unnecessary legal, medical, clinical and regulatory barriers to family planning use by 2005 in order to increase the ability of individuals and couples, especially women, to make free and independent decisions about contraceptive use and their reproductive health. In addition, use of voluntary vasectomy as a safe and reliable family planning method should be encouraged and increased. [7.14, 7.15]
- ▶ Family planning must be promoted by political and community leaders and receive appropriate budgetary allocations. [7.16]
- ▶ Quality of care must be improved through, among other things, qualitative data-gathering; ensuring complete information on and access to the widest possible range of family planning methods; and improved training for all health care providers, including in interpersonal communications and gender issues. [7.18]
- ▶ The international community should establish a global facility for the procurement of contraceptive and other commodities essential to reproductive health programmes of developing countries and facilitate their distribution. [7.19]

Sexually transmitted diseases (STDs), including HIV/AIDS

- ▶ The health consequences of STDs are greater for women than for men, and the risk of transmission is also greater because women are often powerless to protect themselves. [7.22]
- ▶ Family planning and reproductive health programmes need to be integrated to strengthen their efforts in the prevention, detection, treatment and referral of STDs, especially at the primary health care level. All health care providers need specialized training in the prevention and detection of STDs, especially

infections in women, including HIV/AIDS .[7.24,7.25]

- ▶ Information, education and counselling on STDs/HIV, their prevention, detection, treatment and referral, the supply and distribution of condoms and the promotion of condom use should become integral components of all reproductive health care services. [7.26]

Human sexuality and gender relations

- ▶ Gender relations affect how men and women maintain their sexual health and manage their reproductive lives. Violence against women, including rape and domestic violence, and traditional practices to control women's sexuality threaten the achievement of mutually respectful and equitable relations. Responsible sexual behaviour and gender sensitivity promote respectful and harmonious gender relationships. Healthy and improved quality of life for all also involves recognizing and respecting voluntary sexual relations. [7.27,7.28,7.29]
- ▶ Communities should be sensitized to the need for providing comprehensive education on human sexuality. Boys and young men should be given education and services that stress male responsibilities. Educational efforts must begin in the schools at an early age, but must also reach adult men through community-based efforts. [7.30]
- ▶ Active and open discussion of the need to protect women, youth, and children from sexual exploitation and violence must be encouraged and supported by education programmes at both national and community levels. Governments should develop the conditions and procedures necessary to encourage victims to report such violations of their rights. Laws addressing these concerns must be strengthened and enforced. In addition, steps should be taken to eliminate violence based on sexual orientation. [7.32]
- ▶ Countries should act vigorously to stop the practice of female genital mutilation and protect women and girls from all such dangerous practices. [7.33]

Adolescents

- ▶ Adolescents as a group have been largely neglected by existing sexual and reproductive health services. Socio-cultural, legal and educational barriers make them one of the most underserved groups in the world. With the increasing numbers of youth projected in many countries, the response of societies to their growing reproductive health needs must be based on the information and services which can help protect them from unwanted pregnancies and sexually transmitted disease. Adolescents have special needs in the area of sexual and reproductive health. [7.34]
- ▶ Teenage girls run especially high risks of unintended pregnancy and unsafe abortion, and adolescents of both sexes are particularly vulnerable to contracting and transmitting STDs, including HIV/AIDS. [7.35,7.36]
- ▶ Adolescent sexual and reproductive health issues should be addressed, including unplanned pregnancy, unsafe abortion and STDs/HIV/AIDS, through the increased provision of quality family planning information and services, including contraception, and the promotion of responsible and healthy reproductive and sexual behaviour, including abstinence. [7.37]
- ▶ Countries must remove legal and regulatory barriers to reproductive health care for adolescents, and must ensure adequate attitudes on the part of the providers. To be effective, services for adolescents must safeguard their rights to confidentiality, privacy and respect that apply under existing ethical and human rights standards. [7.38]
- ▶ Over the next 20 years the international community should cooperate in a worldwide effort designed to protect and promote the rights of adolescents to sexual and reproductive health care and to increase family planning information and services available to them. [7.39]
- ▶ Governments and NGOs are urged to recognize the special needs of adolescents and to put urgently in place the programmes required to meet those needs. Such programmes should include education and counselling in the areas of improved self-esteem, life planning skills, responsible sexual behaviour, family planning, family life, reproductive and sexual health, sexually transmitted diseases, HIV infection and

AIDS, and access to other reproductive health services, including contraceptives, prevention, treatment and referral for STDs and HIV/AIDS, and referral for other health needs, as well as support mechanisms for those adolescents who wish to abstain from sexual activity. [7.40]

- ▶ Adolescents must be fully involved in the design of these services and programmes. [7.40]

CHAPTER VIII: HEALTH AND MORTALITY

Primary health care and the health care sector

- ▶ All countries should strengthen public health education efforts. [8.4]
- ▶ All countries should seek to provide universal access to primary health care, including family planning, by the end of this decade. [8.5]
- ▶ Women should be recognized as the primary custodians for family health needs. Services, including family planning, need to be designed to reflect demands on women's time. [8.6]
- ▶ Public participation needs to be expanded, especially with respect to long-term care of the elderly and those with disabilities, child survival and maternal health programs, the prevention of STDs/HIV/AIDS, and the early detection and treatment of cancers of the reproductive system, including cervical-uterine cancer. Services should be made more financially sustainable by combining services, for example maternal-child health with family planning services, and making greater use of social marketing and fee-based services. [8.7]
- ▶ Quality of life indicators should be developed which measure progress in terms of reduced poor health and disability. All countries should give priority to measures that improve health by reducing air pollution, ensuring access to clean water, improving nutrition, improving waste management and increasing safety in the work place. The impact of environmental problems on the health of vulnerable groups, such as children, the elderly, and migrants, should be monitored on a regular basis. Measures must be taken within the primary health care sector to address the deplorable health and environmental conditions that affect an estimated one billion of the world's most impoverished people. [8.8]

Infant and child mortality

- ▶ Poverty, malnutrition, ignorance of the benefits of breastfeeding, lack of sanitation and health facilities are all factors associated with high infant and child mortality, as are civil unrest and wars. In addition, children born to women who are too young or too old, or who have had frequent pregnancies, are more likely to die. Unwanted births, child neglect and child abuse, are also related factors. [8.9]
- ▶ Family planning and child survival are closely linked. Breastfeeding is the only additional fertility intervention that may contribute to both suppressing post-partum fertility and reducing infant mortality. [8.11]
- ▶ Countries should strive to reduce their infant and under-five mortality rates by one third or to 50 and 70 per 1,000 live births, whichever is less, by the year 2000. [8.13]
- ▶ Integrated maternal and child health services should be provided to everyone, and particularly to rural and poor communities. These services should: provide prenatal care and nutrition counselling; promote breast-feeding and longer intervals between births; provide family planning information and services to prevent high-risk pregnancies; provide information on the prevention and risks of STD infection, including HIV/AIDS, for the mother and child; expand immunization coverage and prevent and treat childhood diseases. [8.14]



Maternal morbidity and mortality

- ▶ Maternal mortality is among the leading causes of death for women of reproductive age in many developing countries, and a significant proportion results from poorly performed abortions where abortion is illegal and unsafe. The death of the mother greatly increases the risk of her young children's death. Greater attention to the reproductive health needs of young women could prevent the major share of maternal mortality and morbidity. [8.15]
- ▶ Reduce maternal mortality by one half of 1990 levels by the year 2000, and by a further half by the year 2015. Different 1990 levels will have different implications for each country's progress. (DELETE rest of paragraph in ICPD document, WHO.) [8.17]
- ▶ Improve and increase access to maternity services, which should include education on safe motherhood practices, maternal nutrition programmes, prenatal care, trained delivery assistance, family planning services, and referral services for complications of pregnancy, delivery and abortion. [8.18]
- ▶ To further reduce maternal mortality, all countries should reduce high-risk births, including births to adolescents, and eliminate all unwanted births and all unsafe abortion, expand cost-effective primary obstetrical and gynecological care, and establish referral systems, including transportation. [8.16,8.19]
- ▶ The nutrition and health of young women requires priority attention and the nutritional needs of all pregnant and nursing women, especially poor women in parts of the world where anaemia is highly prevalent, also require attention. [8.20]
- ▶ All countries are urged to deal openly and forthrightly with unsafe abortion as a major public health concern and assess the health impact of unsafe abortion, to reduce the need for abortion through expanded family planning information and services, and to frame abortion laws and policies in the context of women's health and well-being rather than on criminal codes and punitive measures. [8.21]
- ▶ Women should have access to safe abortion services in cases of rape and incest. [8.21]
- ▶ Women who wish to terminate their pregnancies should have access to information and compassionate counselling, and to services for the humane treatment of complications of unsafe abortions. In cases where voluntary abortion is allowed, services should be safe and accessible. [8.21]
- ▶ Programmes to reduce maternal mortality must include or be integrated with family planning information, counselling and services, including in the post-partum and post-abortion periods, since the better timing and spacing of births and the elimination of unsafe abortion are effective ways of reducing high levels of maternal mortality. [8.22]
- ▶ All countries need to seek changes in high-risk behaviours of men to ensure they take responsibility for reproductive health and contraception. [8.23]

Human immunodeficiency virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)

- ▶ The AIDS pandemic is a major concern in both developed and developing countries. In many countries, women represent the fastest growing group of new infections. As of mid-1993, about four fifths of all persons infected with HIV lived in developing countries. [8.24]
- ▶ To strengthen efforts to combat the spread of HIV infection. To provide counselling and other services for people infected with HIV and AIDS that respect their individual rights and confidentiality. [8.25]
- ▶ All countries need to assess the population and development impact of HIV infection. Countries should incorporate multisectoral strategies to deal with AIDS into their population and development plans. [8.26]
- ▶ HIV/AIDS prevention programmes must emphasize behaviour change and comprehensive sexuality education and information. [8.27]
- ▶ Health providers require training in needs assessment and counselling, including on condom use to reduce the risk of HIV/AIDS and other STDs. Information about the possible benefits of using other family planning methods that may protect against HIV/AIDS, such as barrier methods, should also be provided. Education programs must place emphasis on changing cultural attitudes that prevent men and women from protecting themselves from infection. Family planning programmes should also include diagnosis, treatment, and referral services for common STDs because of the increased risk in contracting

HIV/AIDS. [8.27]

- ▶ All segments of society need to be mobilized to combat the AIDS pandemic, including through public education campaigns, involving the private sector, non-governmental and community organizations and the media. Governments should ensure that all health facilities provide education on the benefits of condom use with patients of reproductive age, as it is the only existing effective method other than abstinence for preventing the spread of HIV/AIDS. Donors, governments and research institutions should support the development of microbicides that kill STDs and the HIV virus. The international community should mobilize the human and financial resources needed to reduce new HIV infections by half the projected rate by the year 2000 in developing countries. [8.28]
- ▶ Condoms should be made widely available and affordable and should be included in all essential drug lists. [8.29]
- ▶ [ADD new paragraph:] 8.30 Governments and services must develop guidelines and policies to protect the individual rights of, and eliminate discrimination against, persons infected with HIV/AIDS.
- ▶ [ADD new paragraph:] 8.31 Special programmes should be developed for the care of persons with AIDS and their families and partners.

CHAPTER IX: POPULATION DISTRIBUTION, URBANIZATION AND INTERNAL MIGRATION

Population distribution and sustainable development

- ▶ Governments formulating population distribution policies should ensure that the objectives and goals of these policies are consistent with other development goals, population policies, and basic human rights. [9.3]
- ▶ Countries should safeguard the traditional rights of indigenous peoples over common lands and water resources. [9.6]

Population growth in large agglomerations

- ▶ Governments should increase the capacity of cities to manage urban development and safeguard the environment in order to meet the goal of universal access to basic housing, sanitation and clean water needs by the year 2000, and to provide poor groups with alternatives to living in vulnerable areas. [9.10]

Internally displaced persons

- ▶ Measures should be taken to ensure that internally displaced persons receive basic health care services, including family planning. [9.16]

CHAPTER X: INTERNATIONAL MIGRATION

Documented migrants

- ▶ Ensure the social and economic integration of documented migrants, especially those who have acquired the right to long-term residence in the country of destination. [10.8]
- ▶ Governments of receiving countries should work towards extending to documented migrants and members of their families treatment equal to that accorded to their own nationals. They are further urged to take appropriate steps to avoid all forms of discrimination against migrant women, including eliminating discriminatory practices concerning their nationality and the nationality of their children, and to protect their rights and safety. [10.9]
- ▶ Governments of receiving countries must ensure the protection of migrants and give priority to programmes and strategies that combat racism and xenophobia. [10.10]



Undocumented migrants

- ▶ It is the sovereign right of every nation State to decide who can enter and stay in its territory and under what conditions. Such right, however, must be exercised according to international standards, and should be exercised in a fair and equitable manner, taking care to avoid racist or xenophobic actions. [10.12]
- ▶ Governments of countries of origin and destination are urged to cooperate in safeguarding the basic rights of undocumented migrants and preventing their exploitation. [10.14]
- ▶ Governments should sanction those who organize undocumented migration and who exploit undocumented migrants, especially those who engage in any form of traffic in women and children. [10.15]

Refugees and asylum seekers

- ▶ Governments are urged to respect the principle of no forcible return of persons to places where their lives or freedom would be threatened. [10.22]

CHAPTER XI: POPULATION INFORMATION, EDUCATION AND COMMUNICATION

- ▶ Attitudes should be altered in favour of responsible behaviour in sexual, reproductive and family life; encourage individuals and couples to make informed choices and take advantage of family planning and reproductive health services; and to promote environmental protection and reduce overconsumption. [11.5]
- ▶ Schools need to become a much more important vehicle in all countries for instilling gender sensitivity, family responsibility, and other important attitudes at an early age. [11.3]
- ▶ IEC efforts should be an integral part of implementing the ICPD Programme Action, by raising awareness through public education campaigns on priority issues such as: maternal mortality; discrimination against girl children; child abuse; male responsibility; sexual behaviour; HIV/AIDS; teenage pregnancy; violence against women; xenophobia; overconsumption, energy conservation and recycling. [11.6]
- ▶ IEC strategies should be linked to family planning and reproductive health services. [11.7]
- ▶ IEC programmes should reach hard-to-reach audiences such as men, newly married couples, remote rural populations, indigenous people, and migrants and displaced persons. [11.9]
- ▶ Interpersonal communications skills of outreach and clinic personnel should be strengthened to improve interaction and the effectiveness of family planning and reproductive health services. [11.10]

CHAPTER XII: TECHNOLOGY, RESEARCH AND DEVELOPMENT

Basic data collection

- ▶ Among the research topics least covered are migration, maternal morbidity and mortality, STDs, violence against women, adolescent sexual behaviour, unsafe abortion, and male attitudes. [12.1]
- ▶ The rights of all individuals to the benefits of scientific progress must be promoted. [12.1]
- ▶ All countries should strengthen national capacity for data collection and analysis. Particular attention should be paid to monitoring progress towards the health, education and gender equity goals of this plan of action, among other things, through the use of gender disaggregated data. [12.1, 12.3, 12.6]
- ▶ Data gathering and processing programmes on population should be compatible with programme implementation and respond to user needs. Research findings should be made more accessible to policy-makers and programme-planners for their timely and effective use. [12.4]
- ▶ Mobilize the full spectrum of research fields related to reproductive health and sexuality. [12.7]
- ▶ Improve existing and develop new fertility regulation methods that are safe, effective, affordable, suitable for different age groups, and designed in response to users' needs. Increased attention needs to be focused on: female controlled barrier methods for the prevention of STDs, including HIV; emergency

contraception; and male methods. In addition, research efforts should provide cost-effective and cost-benefit strategies to implement the goals of this Programme of Action. [12.9, 12.10]

- ▶ In the area of research, particular attention needs to be paid to the special reproductive and sexual health needs of adolescents and to understanding the consequences and effects of unsafe abortion. [12.10,12.13]
- ▶ Efforts must be made to involve industry in the improvement and development of new methods. [12.11]
- ▶ All research on fertility regulation and reproductive health products must be carried out in adherence to internationally accepted ethical and technical standards for biomedical research. Special attention needs to be given to the continuous surveillance of contraceptive safety and side effects. User's and women's perspectives should be included in all stages of research and development of new methods. [12.12]

Social, economic and intervention research

- ▶ Social and economic research should be promoted to improve policy formulation and implementation to enhance the quality, client-sensitivity and efficiency of programmes, especially those designed for underserved populations. [12.15]
- ▶ Social and economic research should be built into population and development programmes to ensure that programmes are reaching potential clients, including disadvantaged and underserved groups. [12.17]
- ▶ Policy-oriented research should be undertaken on the interactions between population pressures and environmental degradation in particularly ecologically fragile areas. [12.18]
- ▶ Priority should be given to research on the linkages between women's roles and status, economic and demographic outcomes of gender inequalities, and cultural beliefs. Research is urgently needed on discrimination and violence against women; sexual behaviour; risk-taking attitudes regarding STDs and unplanned pregnancies; women's and men's perceived needs for fertility regulation methods and sexual health services; and why people do or do not use existing services and technologies, or why they are unable to use them effectively. [12.19, 12.21]

CHAPTER XIII: NATIONAL ACTION

National policies and plans of action

- ▶ Political leadership and commitment to human resource development, gender equality and meeting family planning and reproductive health needs, and to fostering grassroots involvement, are essential elements of successful national policies and plans of action. [13.1,13.2,13.3]
- ▶ Governments, in collaboration with NGOs and the international community, must develop, monitor and evaluate national population and development action plans to meet the goals of this Programme of Action. All monitoring and evaluation processes must follow strict criteria of transparency and accountability. [13.3,13.4]

Programme management and training of programme personnel

- ▶ To improve cost-effectiveness and impact of population programmes, improve training, retention and accountability of programme managers, including the training and employment of women at all decision-making and implementation levels; improve the flow of up-dated information between and about public and private sector programmes. Countries should incorporate user and gender perspectives throughout training programmes. [13.6,13.7,13.8]

Resource mobilization and allocation

- ▶ Governments, non-governmental organizations and local communities should strive to mobilize and allocate resources for population programmes. Parliamentarians must play a central role in approving, mobilizing, allocating and ensuring accountability of resources for national population programmes. Particular emphasis must be put on meeting the needs of underserved population groups. A far greater



commitment to international assistance for population programmes will be necessary to complement national resource flows, especially for the least developed countries. [13.9, 13.12]

- ▶ To meet the resources required, over the next two decades all countries should devote 20% of public sector expenditure and at least 20% of international development assistance to the social sector. [PREAMBLE, 1.21]
- ▶ The resources required to meet reproductive health needs and the objectives of the Programme of Action through a comprehensive package that includes services for the full range of reproductive health issues, including for STDs and HIV/AIDS, and IEC activities and data collection – estimated at \$2.70-2.90 per capita annually from 2000-2015 (in 1993 dollars) – are modest investments with a high cost-benefit ratio. [13.13 - 13.19; 16.10]
- ▶ Countries should make a commitment to providing two-thirds of the resources required, with the remaining third to be allocated by the international community, including through innovative ways of mobilizing resources and reorienting priorities focused on human development. [13.20, 16.10]

CHAPTER XIV: INTERNATIONAL COOPERATION

- ▶ Mechanisms must be sought to maximize coordination and avoid duplication of efforts in population and development programmes. [14.2, 14.4, 14.5]
- ▶ Foster local production of quality and safe contraceptive methods, which may require technology transfers [14.2].
- ▶ The international community should adopt funding targets to meet existing and future projected reproductive health and family planning needs. Specific targets of 0.07% of GNP for overall official development assistance (ODA) and 4% of ODA for population activities should be adopted. Donor governments should make a commitment at the Conference to mobilize a minimum of resources (i.e. US\$4.4 billion annually by 2000) to implement the Programme of Action, and should submit to the United Nations agency entrusted with monitoring follow-up for the Programme of Action projected contributions to be made towards meeting these targets for every year remaining until the year 2000. [14.6, 14.7, 14.8]

CHAPTER XV: PARTNERSHIP WITH THE NON-GOVERNMENTAL SECTOR

- ▶ NGOs, especially family planning and women's organizations, have made important contributions to population and development activities, and should be involved in partnership with governments in the discussion, design, research, implementation, monitoring and evaluation of programmes and policies, as well as to ensure the quality and relevance of programs and to strengthen their accountability. [15.2, 15.3, 15.4, 15.5, 15.7, 15.8]
- ▶ NGOs should be invited to participate in all levels of related decision-making bodies, including the UN, to ensure follow up and implementation of the Programme of Action. [15.5]
- ▶ NGOs need to foster cooperation and communication among themselves to strengthen their effectiveness. [15.6, 15.11]
- ▶ NGO should receive financial and technical resources from Governments and international organizations to ensure their effective participation. [15.9, 15.10]
- ▶ Governments, NGOs and the international community should increase cooperation with the private sector in population and sustainable development activities, including on the production and delivery of quality commodities and services in a socially responsible and cost-effective manner, [15.15] and on generating financial and other types of support for non-profit efforts. [15.12, 15.13, 15.14, 15.16]

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