LINKAGES

Improving nutrition and reproductive health

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Trip Report

ICPD+5 NGO Forum in The Hague, Netherlands

February 6–7, 1999

Dr. Veronica Valdes
Wellstart International
San Diego, CA

Academy for Educational Development
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List of Acronyms

BFHI	Baby Friendly Hospital Initiative
IBFAN	International Baby Food Action Network
ICPD	International Conference on Population and Development
ICPD+5	5 year follow-up on ICPD
IPPF	International Planned Parenthood Federation
LACMAT	a Spanish language lactation network
LAM	Lactation Amenorrhea Method
LLLI	La Leche League International
NGO	Non-Governmental Organization
POA	Programme of Action
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
WABA	World Alliance for Breastfeeding Action
WHO	World Health Organization
WSI	Wellstart International

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Executive Summary

As part of the five-year follow-up review (ICPD+5) to the International Conference on Population and Development held September 1994 in Cairo, several meetings were organized to discuss experiences and challenges encountered by countries related to the implementation of the ICPD Programme of Action (POA) This review will culminate in a special session of the United Nations General Assembly which will take place in New York, June 30 to July 2, 1999

Dr Veronica Valdes was asked by LINKAGES and Wellstart International to represent LINKAGES at the ICPD+5 NGO Forum in the Hague, the Netherlands, February 6–7,1999, and to also attend the first day of the ICPD+5 Hague Forum "Fulfilling the Commitment ICPD+5" on February 8, 1999

In preparation for the NGO Forum, Wellstart Associates from 52 countries were contacted regarding their involvement in the implementation of the ICPD+5 Programme of Action Twenty-three responses were returned, representing 19 countries Two of the respondents answered that they had no information regarding the ICPD+5 and 18 referred to Baby Friendly Hospital Initiative (BFHI) activities, breastfeeding education, and changes in legislation to facilitate breastfeeding among working women, as activities that they considered relevant for the process of implementation of the POA

Of all the NGOs participating in the NGO Forum, LINKAGES/Wellstart was the only group, along with La Leche League International (LLLI), standing for the importance of breastfeeding and its relationship to child survival, women's health, and population issues Breastfeeding was not viewed as a part of the agenda for any of the sessions and was not visible in discussions nor in materials developed for or shown during the Forum It is clear that LINKAGES has an important role to play in advocating for breastfeeding as an important element of reproductive health and in linking breastfeeding resources and advocates at the international and national levels with the ongoing process of ICPD Programme of Action implementation

Background

In 1994 the United Nations International Conference on Population and Development (ICPD) was held in Cairo, Egypt At the conference, official delegations from nearly 180 countries endorsed a 20-year Programme of Action In preparation for and during the conference, several breastfeeding agencies worked to insure that the importance of breastfeeding as an aspect of reproductive health as well as of child health was emphasized and included in the Programme of Action

During 1999, the five-year anniversary of the ICPD, the United Nations has begun to hold several events to review progress made in implementing the Programme of Action, identify obstacles encountered, and make practical recommendations on what to do in the coming years These UN events include the ICPD+5 Forum (also called The Hague Forum) held February 8–12, 1999 in the Netherlands, a special meeting of the Commission on Population and Development from March 22–30 to review results of the Forum, and a special session of the UN General Assembly in June to agree on recommendations for further action

Non-governmental organizations (NGOs) prepared two events to coincide with the ICPD+5 Forum An NGO Forum and a Youth Forum took place immediately prior to the ICPD+5 Forum and were also held in The Hague February 6–7, 1999 The NGO Forum was designed to be a working session with the aim of influencing the preparatory process of the ICPD+5 Forum and, accelerating and improving implementation of the Programme of Action through strengthened NGO roles

In the report of the ICPD and POA, breastfeeding was strongly promoted in 10 paragraphs relating to legislation for working mothers and maternity leaves, day care centers, and flexible work schedules, promotion of breastfeeding for child spacing, emphasis of breastfeeding education and support on reproductive health programs, child survival programs, infant health and nutrition, Code of Marketing, and women's nutrition (Annex B)

Nevertheless, in the background paper prepared by UNFPA for The Hague Forum, "A Five-Year Review of Progress towards the Implementation of the Programme of Action of the International Conference on Population and Development," there is no mention of breastfeeding promotion In fact the only time the word "breastfeeding" is written in the paper is in relation to the risk of HIV transmission through breastmilk (Annex C)

Although activities on behalf of breastfeeding are taking place at the country level, UNFPA and population and reproductive health organizations are not aware of the linkages between breastfeeding and reproductive health, and thus these are not mentioned in the report, nor in the materials developed for the NGO and Hague Fora In fact, breastfeeding is considered to be UNICEF's area of responsibility and not necessarily much of a priority for UNFPA

Objectives

- Insure that breastfeeding and women's nutrition as included in the ICPD Programme of Action (POA) are given attention during the review of POA implementation
- Provide information and guidance on relationships between breastfeeding and reproductive health during presentations, informal discussions and meetings, as appropriate

- Provide information about participation of Wellstart Associates in ICPD+5 preparations and in implementation of the ICPD POA
- Represent Wellstart International and the LINKAGES Project at appropriate sessions of the ICPD+5 Forum in The Hague

Key Activities

1 Contacted and reviewed communications with Wellstart Associates regarding their country activities and involvement in ICPD+5 POA implementation

2 Contacted potential participants at the NGO Forum to organize a panel on topics related to breastfeeding

3 Prepared slides and materials for presentation at the NGO Forum workshop "Breastfeeding and Women's Health and Child Spacing"

4 Collected and distributed LINKAGES publications to participants at the NGO Forum

5 Tried to organize a workshop to discuss breastfeeding issues

6 Attended formal panel sessions of the NGO Forum

7 Made informal contacts with a variety of participants of the NGO and the Hague Fora

8 Attended the reception of the US First Lady, Hillary Rodham Clinton, in the Residence of the US Ambassador in The Hague

9 Attended the first day of The Hague Forum

Outcomes

1 The attached questionnaire (Annex D) in the appropriate language (English, French, Spanish, and Russian) was sent to Wellstart Associates and their contacts in 52 countries with the objective of inquiring about the activities and obstacles encountered in their countries for the implementation of the ICPD+5 POA, as well as to solicit their recommendations for the coming years

Probably due to the short notice, Associates from only 19 countries responded to the questionnaire They expressed different levels of involvement and knowledge of the ICPD and the POA Associates from 14 countries mentioned BFHI, breastfeeding education, changes of legislation for the support of breastfeeding mothers and other breastfeeding promotion activities in the countries as part of the process of implementation of the ICPD+5 POA

2 Trying to contact potential participants ahead of time among people and organizations interested in breastfeeding was a fruitless effort Contacts were attempted through LINKAGES, USAID, UNICEF, LACMAT (a Spanish language lactation network), International Baby Food Action Network (IBFAN), La Leche League (LLLI) and World Alliance for Breastfeeding Action (WABA) Though several names of persons who would probably be at the Fora were identified

(one from LLLI and two from UNICEF), none of them were interested in actively participating in a panel or workshop during the meeting

3 Since no one could be contacted ahead of time to form a panel, I prepared a presentation on the importance of breastfeeding for child survival, women's health and child spacing, and what can be done to support women to breastfeed, including information on LAM, legislation for working mothers, and the Code of Marketing

4 Several LINKAGES publications were taken to be displayed on a table that had been formally requested ahead of time Upon arrival there was no table available in the room with all the other materials The only one I was offered was in a room where people were not even allowed to enter Later that Saturday, with the help of another NGO participant who needed a table, we moved a table ourselves to the general room and shared a space for our materials Despite this difficulty, there seemed to be interest in the materials and they were all gone by the end of the second day

5 Panel sessions took place all day, February 6–7 in the main conference room, but workshops were supposed to take place simultaneously We had requested space for a workshop for Sunday February 7 Workshops did not appear in the original program, but some draft schedules listed the organization presenting (with the wrong name in my case), the title of the session, the time and some possible places (not defined) (Annex E) During the entire first day no one was able to provide any information as to where the workshops could be held nor was there any place to leave messages as a way to contact other people interested in breastfeeding issues Participants' name tags where written in such small print that it was almost impossible to find someone if you didn't know the person ahead of time Some NGOs, such as International Planned Parenthood Federation (IPPF), distributed buttons to their participants around the world to make identification easier The only person I could contact the first day who was interested in participating in the workshop was Anna-Berit Ransjo-Arvidson from the Karolinska Institutet in Stockholm, Sweden

On Sunday I got there half an hour before the beginning of the panels to try to find a place for the workshop It was scheduled for 10 am, but I only got a room aligned at 9 30 and by that time most participants where already attending the plenary sessions No information was officially provided regarding the workshops and their locations, so I had to tape some signs on the walls to try to offer this information Finally, only two Brazilians interested in discussing breast cancer showed up, so there was no workshop Later that day Anna-Berit said she would have been interested in participating, but didn't get the information in time to go

6 During each of the principal panel sessions, four panelists presented their ideas, followed by a time for NGO participants to offer recommendations for the draft to be presented at The Hague Forum Since breastfeeding had not yet been mentioned in relation to policies or services, I stated my concern, during the third panel session on Saturday, "ICPD ethos in practice implementing policies and services," that even though breastfeeding was present in the ICPD+5 POA, "we needed to emphasize the importance of Mother Baby Friendly Health Services in the promotion of breastfeeding for child survival, infant and mother's health, as well as for child spacing " I have no evidence that this point appeared in the draft, but certainly hope

that it did as it appeared to be the only statement made during the NGO Forum supportive of including breastfeeding in the concept of reproductive health and the ICPD POA

7 Lunch time and coffee breaks offered an opportunity to contact people and to discuss linkages between breastfeeding and reproductive health These informal discussions confirmed how completely off of the agenda breastfeeding and LAM have become to the people interested and working in areas such as population, gender and reproductive health In fact, after watching a 20-minute, beautiful video presentation for the inauguration of The Hague Forum, I was shocked that even when talking about child survival and child spacing there was no mention made nor images of breastfeeding When raising the issue to a national UNFPA representative, she was emphatic in stating that breastfeeding had no relation to population and that it was UNICEF's problem, not theirs

8 A fine opportunity for further discussion was afforded by an invitation to the residence of the US Ambassador in The Hague for the reception in honor of the First Lady, Hillary Rodham Clinton This again provided an opportunity to show to other US NGO representatives and donors that someone interested in the promotion and protection of breastfeeding was present in the NGO Forum

9 In The Hague Forum NGO representatives could only participate as observers, so I took advantage of the opportunity to contact Chilean (Teresa Rodriguez) and Panamanian (Dr Alfonso Laverge) delegates to discuss issues related to including breastfeeding on the agenda

Lessons Learned

1 The major lesson learned was that breastfeeding really appears "off the radar screen" for organizations working in population, gender, and reproductive health There is no real understanding of the linkages between breastfeeding and reproductive health, child survival, and child spacing Reproductive health just appears to be family planning and gender issues by another name This was evidenced by the preparatory data received from the surveys, by the lack of attention paid to breastfeeding during the fora, the lack of interest in the topic for the workshop, the UNFPA video, and the lack of presence of breastfeeding NGOs, etc

2 Although in most of the countries there are significant activities for breastfeeding promotion, they have not been linked to the implementation of the POA process Though countries have a mandate to implement the POA, including breastfeeding and related issues, those responsible for this effort are not adequately accessing available breastfeeding resources in their own countries

3 To be effective in a meeting such as this, at least two people need to be present to cover the logistical, as well as technical aspects of participation In this way, one representative can cover the challenges of getting workshops organized, locations arranged for display of materials, etc while the other can focus on making a contribution to the actual sessions

4 More work up-front needs to be done to insure that sufficient representation by the key breastfeeding NGOs and breastfeeding advocates in the major international organizations such

as UNICEF, WHO, etc is assured These meetings afforded a good opportunity for breastfeeding advocates to help insure that breastfeeding remains an important element of reproductive health at the global policy and national implementation levels

5 It is not enough to offer a workshop on breastfeeding and reproductive health and expect active participation More ground work needs to be done to first sensitize potential participants to why attending such a workshop would be valuable for them

6 Written materials, once an appropriate mechanism for display was found, were popular and seemed to be a good way to share information on the topic More information on breastfeeding can be distributed in this way, though packaged for this particular audience (making the linkages between breastfeeding and fertility and reproductive health effectively rather than presenting information on breastfeeding in general)

Recommendations

LINKAGES/Wellstart should support several key follow-up activities

- Obtain information on country-level delegates or contacts for POA implementation and share this information and other breastfeeding resources with key Wellstart Associates in their respective countries

- Develop and distribute an "Action Kit"for Wellstart Associates and other breastfeeding resources that would include the information on country level ICPD POA contacts (delegates to the Hague Forum, etc), information on the actual breastfeeding language in the ICPD POA, and suggestions for actions they themselves can take to help make sure that POA implementation at the country level includes appropriate linkages to breastfeeding, maternal nutrition and LAM The "kit" should strongly point out the real need, as evidenced by the lack of interest in breastfeeding at the fora, for their active involvement in rectifying this problem

- Find out if the statement about the connection between Mother/Baby Friendly Hospitals and reproductive health services ever made it to the final draft statements that were developed for the Hague Forum

- Brainstorm with key USAID staff on how best to work at the donor agency level to maintain the inclusion of breastfeeding, maternal nutrition, and LAM in definitions of reproductive health and ICPD POA implementation

- Express concern to key breastfeeding representatives at UNICEF, WHO, WABA, IBFAN, LLLI, LACMAT, etc about the absence of breastfeeding and related advocates, content and interest at these meetings, increase their awareness of this problem and solicit their involvement in addressing this problem

- Explore possible strategies for reaching key UNFPA and other reproductive health groups to express this same concern and obtain suggestions for how to acceptably and effectively rectify the problem Use the specific example of the wonderful UNFPA video on ICPD +5 progress and how it should have included some mention at least of breastfeeding

ANNEX A

List of Contacts

List of Contacts

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Distribution of trip report

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USAID Miriam Labbok, Shelley Snyder, Kristin Marsh

Wellstart International Janine Schooley

ANNEX B

Outline of the Report of the International Conference on Population and Development
Cairo, 5–13, 1994

UNITED NATIONS POPULATION INFORMATION NETWORK (POPIN)
UN Population Division, Department of Economic and Social Affairs,
with support from the UN Population Fund (UNFPA)

A/CONF.171/13: Report of the ICPD (94/10/18) (385k)

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18 October 1994

ORIGINAL
ENGLISH/FRENCH/SPANISH

REPORT OF THE INTERNATIONAL CONFERENCE ON
POPULATION AND DEVELOPMENT*

(Cairo, 5-13 September 1994)

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* The present document is a preliminary version of the report of the International Conference on Population and Development Annexes I to IV will appear in an addendum to the present document

94-40486 (E) 091194

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* To be issued as an addendum to the present document

Chapter I

RESOLUTIONS ADOPTED BY THE CONFERENCE

Resolution 1

Programme of Action of the
International Conference on Population and Development*

The International Conference on Population and Development,

Having met in Cairo from 5 to 13 September 1994,

1 Adopts the Programme of Action of the International Conference on Population and Development, which is annexed to the present resolution,

2 Recommends to the General Assembly at its forty-ninth session that it endorse the Programme of Action as adopted by the Conference,

3 Also recommends that the General Assembly consider at its forty-ninth session the synthesis of national reports on population and development prepared by the secretariat of the Conference

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* Adopted at the 14th plenary meeting, on 13 September 1994, for the discussion, see chap V

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Annex

PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT*

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* The official language of the Programme of Action is English, with the exception of paragraph 8 25, which was negotiated in all six official languages of the United Nations

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ANNEX C

A Five-Year Review of Progress towards Implementation of the Programme of Action of the International Conference on Population and Development
UNFPA

UNFPA FNUAP

United Nations Population Fund | Fonds des Nations Unies pour la population

NOT FOR PUBLICATION OR QUOTATION

A Five-Year Review of Progress towards the Implementation of the Programme of Action of the International Conference on Population and Development

A background paper prepared by

the United Nations Population Fund (UNFPA)

for

The Hague Forum

The Hague, Netherlands
8-12 February 1999

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Note

In the text of this paper the designations "developed" and "developing" countries and "more developed" and "less developed" countries and regions are intended for convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process

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LIST OF ACRONYMS AND ABBREVIATIONS

ACC	United Nations Administrative Committee on Coordination
AHD	Adolescents Health and Development Programme
AIDS	Acquired immunodeficiency syndrome
AVSC	Association for Voluntary Safe Contraception
BSSA	Basic Social Services for All
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CELADE	Latin American Demographic Centre
CIS	Commonwealth of Independent States
COPE	Client-Oriented Provider-Efficient services
DESA	Department for Economic and Social Affairs United Nations
DHS	Demographic and Health Survey
ECA	Economic Commission for Africa
ECE	Economic Commission for Europe
ECLAC	Economic Commission for Latin America and the Caribbean
ESCAP	Economic and Social Commission for Asia and the Pacific
ESCWA	Economic and Social Commission for Western Asia
FGM	Female genital mutilation
GNP	Gross national product
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
IDA	International Development Association
IDB	Inter-American Development Bank
IEC	Information education and communication
ILO	International Labour Organization
IOM	International Organization for Migration
IPPF	International Planned Parenthood Federation
MCH/FP	Maternal and child health/family planning
NGO	Non-governmental organization
RTI	Reproductive tract infection
SIP	Sector Investment Programme
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SWAP	Sector-Wide Approach
TFR	Total fertility rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

1 This report has been prepared by the United Nations Population Fund (UNFPA) as a background document for the Hague Forum to be held in The Hague the Netherlands 8-12 February 1999 The Forum will examine the progress made and the constraints encountered during the first 4-5 years of the on-going implementation of the 20-year Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo Egypt in 1994 Adopted by 179 countries the ICPD Programme of Action underscores the integral and mutually reinforcing linkages between population and development and endorses a new rights-based strategy which focuses on meeting the needs of individual women and men rather than on achieving demographic targets Since the ICPD several extensive reviews have been made of the first phase of the implementation of its recommendations This report reflects the findings of those efforts which include a series of round-table and technical meetings organized by UNFPA during 1998 consultations organized by United Nations regional commissions and a global inquiry conducted by UNFPA in mid-1998 in which information was collected from 114 developing countries and countries with economies in transition through UNFPA Field Offices and to which 18 donor countries also responded

2 Considerable progress has been made in implementing key areas of the ICPD Programme of Action through policy reformulation programme redesign increased partnership and collaboration and increased resource allocation In particular there has been encouraging progress since 1994 in promoting reproductive rights and implementing reproductive health as defined by the Programme of Action As of mid-1998 many countries had made policy legislative and/or institutional changes in the area of reproductive health and/or rights since the ICPD Several countries are testing ways to integrate various reproductive health services and others are exploring other means to ensure rights-based approaches

3 Sector-wide progress in policy formulation is occurring in several countries, while work on improving specific aspects of policies has begun in others The UNFPA Field Offices reported that 41 countries had made policy/legislative changes in reproductive health after the ICPD Critical measures undertaken by countries more advanced in the implementation of the ICPD agenda have provided the right to have free and easily accessible reproductive health services as an overall health component throughout the life cycle including the voluntary choice of family planning methods

4 As one of its key principles the ICPD Programme of Action emphasizes that advancing gender equality equity and empowerment of women eliminating all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programmes and are central to the notion of sustainable development The Programme of Action sets out as an important objective to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles These aims are important conditions for building a sustainable just and developed society

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5 The incorporation of a gender perspective in population and development programmes has faced considerable constraints Foremost among these has been the difficulty associated with operationalizing concepts related to gender equality equity and empowerment of women in various social cultural and political contexts This constraint has slowed the integration of these concerns in a number of important planning and programming processes because of the absence of a consensus on what they mean This problem is closely linked in many countries to the absence of data or research studies that would help in establishing clear operational definitions of these concepts Most available data are based on quantitative methodologies and statistical analyses of only a few variables Even in those countries where conceptual issues have been resolved action plans have not always been accompanied by the necessary resource allocations constraining the extent to which such plans can be effectively implemented

6 The Programme of Action calls for the promotion of an effective partnership between all levels of Government and the full range of non-governmental organizations (NGOs) and local community groups in the design implementation coordination monitoring and evaluation of population policies and programmes Four years after Cairo changing development paradigms are continuing to shift the roles of Government civil society and the international community Partnership has emerged as a basic element to support and advance the Programme of Action implementation process It has become increasingly apparent that Governments alone cannot manage to provide the development services to meet the basic human and social needs and aspirations of their citizens NGOs were genuine partners in framing the Programme of Action agreements and are now partners in its implementation Effective and empowered women's movements and other mass movements are proving to be important in ensuring progress in policy development and implementation in many parts of the world

7 A review of progress over the last few years on the scope of collaborative efforts with the civil society provides a basis for optimism Major strides have been taken in procedural areas such as positive changes in the concept of participation and the processes for consultation recognition of the changing roles of civil society increasing acceptance of innovative development approaches including decentralized and community-based modalities and improved partnership among United Nations organizations and bodies Similarly the context for substantive discourse and action by all parties has also changed with increasing awareness of the societal dimensions of development and economic issues growing recognition of the necessity for a human rights-based approach, expanding acceptance of reproductive and sexual health concepts and programmes and deepening awareness and recognition of the need for gender equality and the empowerment of women

8 All of the regional consultations and technical meetings held as part of the ICPD+5 process underscored however that if the ICPD goals are to be achieved efforts to meet the funding levels specified in the Programme of Action will have to be intensified Many countries have made impressive progress in realigning domestic budgets to address ICPD goals for improving the accessibility and quality of reproductive health programmes reducing mortality and increasing attention to related social sectors However financial crises are affecting the ability of many countries and especially developing countries and countries with economies in transition to maintain the initial momentum towards achieving these goals Donor countries are strongly encouraged to redouble their efforts to reach the $5 7 billion target for international assistance by the year 2000 as was agreed to at Cairo

Chapter I INTRODUCTION

Background

Purpose and Framework

9 This report was prepared by the United Nations Population Fund (UNFPA) as a background document for the Hague Forum to be held in The Hague the Netherlands from 8 to 12 February 1999 The Forum will assess the progress made and constraints encountered in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo Egypt in 1994 A report on the outcome of the Forum will be sent to the March 1999 session of the Commission on Population and Development and will be taken into account in the preparation of the Report of the Secretary-General to the United Nations General Assembly Special Session on the Implementation of the ICPD Programme of Action, to be held from 30 June through 2 July 1999

10 This report takes into account the findings of a series of extensive reviews, including

- A series of round-table and technical meetings organized by UNFPA during 1998,
- Consultations organized by the United Nations regional commissions,
- A global field inquiry conducted by UNFPA in mid-1998 in which information was collected from 114 developing countries and countries with economies in transition through UNFPA Field Offices, and to which 18 donor countries also responded
- Progress reports on the implementation of the ICPD Programme of Action from UN specialized agencies and other UN organizations and
- Reviews including case studies conducted by international organizations, non-governmental organizations and academic institutions

11 The ICPD Programme of Action 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 [1] The ICPD Programme of Action sets out a number of time-bound population and development goals for a 20-year period from 1995 to 2015 including the provision of universal access to reproductive health services including family planning and sexual health a reduction in infant child and maternal mortality and the provision of universal access to education especially for girls It stresses the empowerment of women both as a highly important end in itself and as a key to improving the quality of life for everyone

Organization of Report

12 Following the overview of the major themes presented in the ICPD Programme of Action and consideration of the population situation contained in this chapter Chapter II discusses policy initiatives taken by countries since 1994 towards creating an enabling environment for the implementation of the Programme of Action Chapter III focuses on reproductive health including family planning and sexual health and reproductive rights Chapter IV discusses progress in the area of gender equality equity and the empowerment of women Chapter V examines partnerships between Governments and civil society and among United Nations organizations Chapter VI examines issues pertaining to the resources required to implement fully the ICPD Programme of Action including financial resource flows in both developing and donor countries Each chapter analyses progress made in achieving the goals and objectives of the ICPD Programme of Action as well as the constraints and challenges in population and development The chapters conclude with further actions required to accelerate progress in implementing the ICPD Programme of Action

Global Population and Demographic Situation

13 In 1960 the world's population stood at 3 billion and the growth rate was 2 per cent in 1980 the population was 4 4 billion and the growth rate was 1 7 per cent World population today stands at 5 9 billion and is growing at 1 33 per cent annually Favourable demographic trends give rise to the hope of an eventual stabilization of global population at a level the earth can support However the demographic momentum will continue to lead to large growth in numbers for at least the next two decades According to United Nations global population and demographic estimates and projections the world's population will exceed 6 billion for the first time in 1999 Of this total some 80 per cent will be living in developing countries Global population is expected to reach somewhere between 7 0 and 7 5 billion by the year 2015 and will continue to grow until at least the middle of the next century Although the rate of population growth has declined world population is currently increasing by some 78 million persons a year compared with 63 million a year in 1960 because of the legacy of high fertility levels in the recent past Approximately 97 per cent of the increase in world population is occurring in the least developed regions which are growing at 2 6 per cent annually and the less developed regions which are growing at a rate of 1 7 per cent annually The more developed countries are increasing by only 0 3 per cent annually and in some of the more developed countries population is declining

14 The available evidence suggests that reductions in infant and child mortality have continued in the 1990s broadly consistent with the goals of the ICPD Average life expectancy at birth is projected to rise by 2 years between 1990-1995 and 1995-2000 that is from 64 years to 66 years However the overall figures conceal wide disparities between regions and countries For example the average life expectancy at birth in 1995-2000 is 74 5 in the more developed countries 63 6 in the less developed countries and just 52 in the least developed countries (LDCs) Moreover at the country level it is estimated that life expectancy has declined in parts of sub-Saharan Africa where the impact of the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic has significantly affected mortality rates and among a few of the countries with economies in transition Average life expectancy at birth ranges from 70 6 for men and 78 4 for

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women in the more developed regions to 50 9 years for men and 53 0 years for women in the least developed countries (LDC s)

15 Overall improvements in mortality coupled with advances in educational attainment and increased implementation of the right to reproductive choice have resulted in women marrying at a later age and bearing significantly fewer children than in the past Globally women are now having an average of 2 8 children compared with 3 0 five years earlier However as with mortality the overall figures conceal wide disparities between regions and countries For example the average number of live births per woman in 1995-2000 is 1 6 children in the more developed countries 3 1 in the less developed countries and 5 3 in the least developed countries (LDC s)

16 The age structure of the world s population is changing rapidly particularly in the developing countries As countries continue to reduce their birth rates the relative share of children decreases and the population of working age increases Increases in the proportion of persons of working age provide an excellent opportunity for countries who take advantage of it to increase saving and investment in productive assets as well as to make greater human-capital investments in education and health While the proportion of children is declining the numbers and proportions of young persons are growing Today s generation of young people between the ages of 15 and 24 is the largest ever numbering more than 1 billion

17 Over the past two decades or so in all but the least developed countries (LDC s) the growth rate for the population aged 60 and over has been increasing at or faster than the growth rate for the total population Worldwide the growth rate for those aged 60 and over is double the overall rate Even more noteworthy however is the rate of growth in the population aged 80 years and over Rates for these ages worldwide exceed 3 per cent reflecting increased life expectancy for the oldest ages In much of Europe Northern America and Japan the proportion of older people is increasing more rapidly than any other age group

18 Population ageing is thus becoming a feature of populations worldwide as fertility rates decline and life expectancy increases This trend -- evidenced at first in reduced proportions of children and enlarged groups of adults of working age -- is rapidly extending its impact beyond the countries of established low fertility By the year 2015 it will result in about 13 per cent of the world's population being aged 60 and over A major feature is the increased speed with which this ageing will occur in developing countries compared with the earlier experience of more developed countries Developing countries which currently account for 80 per cent of the world s population overall already have more than 60 per cent of persons 60 years or older By 2015, this share is expected to increase to almost 70 per cent of older persons Because of higher male mortality rates females predominate at older ages and the discrepancy between the sexes becomes greater with advancing age This trend will result in a large proportion of older women spending many years without partners

19 There remains a substantial gap in the data and research on the conditions among older persons and the relationships between shifts in age structure and current and future social and economic development issues These data and research provide the basis for policies and programmes addressing the particular needs of the elderly including the economic and social security of the elderly especially of older women and the frail affordable accessible and appropriate health care

services increased recognition of the productive and useful roles the elderly can play and support systems to enhance the ability of families to care for their older family members

20 Continuing high levels of internal migration and urbanization are key issues in socio-economic development The unprecedented movement of people within the borders of their own countries is one of the greatest transformations witnessed in the twentieth century There continue to be large movements of people from rural to urban areas in most developing countries with dramatic rates of urbanization which have led to the creation of a growing number of mega-cities that have in many cases overwhelmed the social and environmental resources and spawned huge peri-urban slums Many developing-country cities are growing far faster than economic opportunities are being generated The high rates at which movements to urban centres are taking place are often due to the unsustainable growth of rural populations

21 The international flow of people between countries is a complex result of economic political and cultural interrelations and forces Such movements of people affect and are affected by the developmental processes taking place in both the sending and the destination countries International economic imbalances combined with the absence of peace and security including gross human rights violations exacerbated by the effects of widespread poverty and environmental degradation have led to rising numbers of international migrants

22 Since the ICPD the need to address the problems issues and challenges raised by various forms of international migration have prompted Governments to increase cooperation at bilateral subregional and regional levels Some of the initiatives undertaken are beginning to show results At the multilateral level two processes merit mention that initiated by the 1996 Regional Conference to Address the Problems of Refugees Displaced Persons Other Forms of Involuntary Displacement and Returnees in the Countries of the Commonwealth of Independent States and Neighbouring States (and its resulting Programme of Action) and the Puebla Process which began in 1996 and which entails consultation between the countries of Northern and Central America In addition the international community has continued to consider the interrelations between international migration and development The Technical Symposium on International Migration and Development held in The Hague in 1998 under the auspices of the United Nations Administrative Committee on Coordination (ACC) Task Force on Basic Social Services for All (BSSA) served as a forum to discuss the many ways in which international migration interacts with development issues and to assess the effectiveness of policies in that regard

Regional Population and Demographic Situation

23 Africa has a population of almost 780 million and a total fertility rate (TFR) of just over 5 3 compared with 282 million in 1960 and a TFR of 6 7 With an average annual growth rate of 2 6 per cent the region is currently growing by 17 million a year and is expected to increase to just over 1 5 billion by the year 2025 Infant mortality is 86 per 1 000 live births and overall life expectancy is 52 3 years for males and 55 3 years for females However regional figures mask great variations among individual countries Notwithstanding their achievements in the area of population and development in recent years -- primarily because an increased number of countries in Africa have formulated population policies and because collaboration has increased among Governments NGOs

women and youth groups and local communities in population-related activities -- most African countries continue to face high population growth rates high levels of mortality and the spread of HIV/AIDS Among the chief constraints to achieving the goals of the ICPD Programme of Action in the region are limited access to reproductive health services insufficient numbers of trained personnel, inadequate financial resources and ineffective advocacy strategies

24 Asia s population numbers almost 3 6 billion and currently has an average annual growth rate of 1 4 per cent Excluding China the growth rate stands at 1 6 per cent Given the very large population base of the region the annual increase in absolute numbers is staggering over 50 million people are being added annually to the region s population The countries of Asia are characterized by extreme diversity in the levels of fertility and mortality In some countries in the region, fertility has declined to below replacement levels whereas in others it remains high Later female age at marriage a decline in the age at menarche and a decline in the age difference between spouses raise important policy issues relating to the provision of reproductive health services for unmarried adolescents and young adults Population is generally considered an integral component of government planning efforts with most countries in the region trying to integrate population factors into their development plans However there are varying degrees of success in implementing the ICPD Programme of Action The chief constraints include the lack of political commitment and limited human and financial resources Moreover the 1997/98 financial and economic crisis affecting a number of Asian countries continues to compound the challenges

25 Europe has a population of just over 729 million and a zero average population growth rate Its population is expected to decline to just over 700 million by the year 2025 The region's TFR, at 1 5, is the lowest in the world Almost all countries in the region are at below replacement level of fertility Within the region infant mortality is highest in eastern Europe, at 17 per 1,000 live births and lowest in northern and western Europe at 6 per 1 000 Life expectancy in Europe is 68 3 years for men and 77 0 years for women

26 Countries with economies in transition of the former USSR are experiencing simultaneous declines in fertility and life expectancy Among the contributing factors are the political transformation and economic transition that these countries are undergoing which to date has adversely effected the standard of living of large segments of the population a deterioration of public infrastructure and a decline in the quality and range of health-care services In addition, civil unrest and armed conflicts have contributed to a health crisis in a number of countries in the region

27 Latin America and the Caribbean region has a population of almost 500 million and an average annual growth rate of 1 5 per cent Although a rapid decline in fertility has been the distinguishing feature of demographic trends in Latin America and the Caribbean over the past three decades major differences in fertility and mortality rates exist within the region and the variations within countries themselves are considerable This is due chiefly to the existence of social inequalities which translate into high proportions of people living in poverty exhibiting higher fertility rates and experiencing higher infant and maternal mortality rates The decline in fertility has been especially noticeable among women over the age of 35 teen fertility has also declined but at a slower rate The region s TFR of almost 2 7 masks large differences between countries Mortality levels and life expectancy also vary significantly across the region Latin American and Caribbean countries have agreed on a strategy of offering access to high-quality safe motherhood services and family planning, taking into account the sociocultural identity of the users and giving priority to the most vulnerable

groups in the population To implement this strategy successfully countries will have to address such constraints as the lack of adequate human and financial resources and the lack of institutional experience in implementing integrated reproductive health services in a region where traditional family planning and mother and infant health programmes predominate Further account will need to be taken of sociocultural barriers to the acceptance of reproductive health services particularly those relating to sexual behaviour and fertility regulation

28 Northern America the most highly urbanized region has a population of just over 304 million which is expected to reach 369 million by the year 2025 It has an average annual growth rate of 0 8 per cent Infant mortality stands at 7 per 1 000 live births and life expectancy is 73 6 years for men and 80 3 years for women Low fertility and long life-spans have resulted in a rapid increase in the proportion of the population aged 65 and over

29 Oceania the smallest region has a population of just under 30 million and an average annual growth rate of 1 3 The TFR for the region is almost 2 5 The infant mortality rate varies from 6 per 1 000 live births in the lowest mortality country to 61 per 1 000 in the highest

Chapter II CREATING AN ENABLING ENVIRONMENT

30 The ICPD greatly increased political action and public attention concerning population issues and heightened awareness of the many linkages between population and a country's social economic and environmental concerns The paradigm shift that has been spoken of in public policy circles since 1994 refers to the movement away from the conceptualization and practice of top-down policy-making for population issues as numerical demographic concerns and towards a rights-based approach giving centrality to the meeting of reproductive health needs and to the fullest possible involvement of civil society in identifying and prioritizing those needs The manifestation of this conceptual shift appears in the national development plans population policies and programmes of action that have been formulated or revised in the wake of the ICPD

31 The ICPD Programme of Action set out the following objectives and actions on population issues as they relate to development

- Population concerns need to be integrated into the formulation implementation monitoring and evaluation of all policies and programmes relating to sustainable development and resource allocation at all levels and in all regions

- Governments international agencies NGOs and other concerned parties should undertake timely and periodic reviews of their development strategies with the aim of assessing progress towards integrating population into development and environment programmes,

- Governments should establish the requisite internal institutional mechanisms and enabling environment at all levels of society to ensure that population factors are appropriately addressed within the decision-making and administrative processes of the relevant government agencies responsible for economic environmental and social policies and programmes

- Political commitment to integrated population and development strategies should be strengthened by public education and information programmes and by increased resource allocation through cooperation among Governments NGOs and the private sector and by improvement of the knowledge base through research and national and local capacity-building and

- To achieve sustainable development and a higher quality of life for all people Governments should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate demographic policies [2]

32 This chapter first considers progress made since the ICPD in integrating population concerns into development strategies and policies This is followed by a discussion of constraints and challenges encountered and finally provides operational and technical perspectives on further implementation of the ICPD Programme of Action

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Formulating or Revising National Population and Development Policies

33 A significant number of countries have formulated new and in certain other cases revised existing national population policies or national social and economic development strategies incorporating population issues Namibia for example launched its National Population Policy for Sustainable Development in August 1997 Mexico developed both a National Plan of Development and a Plan of Population for 1995-2000 which identifies the stated population policy as a tool and fundamental reference for the country s social and economic development In line with the objectives of the ICPD Programme of Action this programme emphasizes the linkages between population and development Kenya formulated the Population Policy for Sustainable Development based on the ICPD Programme of Action to replace its 1984 population policy Outlining the development goals that will guide the implementation of population programmes up to the year 2010 the policy incorporates issues addressed in the Programme of Action and emphasizes new concerns such as population distribution and the environment

34 Some countries translated the recommendations of the Programme of Action into a new population action plan and related sectoral action plans In Mali for example, the Government drafted the Action Plan on Population 1995-2000 a strategic plan that focuses on the operationalization of the population strategy within the objective of making basic social services more accessible in addition the Government created action plans for HIV/AIDS, women s empowerment adolescent reproductive health and poverty reduction with programmes that promote the basic health needs of the population and emphasize the goals of the Programme of Action Senegal adopted a National Plan after the ICPD Because of the conclusions and recommendations of this plan the Ninth Plan of Development (Economic and Social Development) 1996-2001 considers population issues in the formulation of its development strategy In Bangladesh, a National Committee for the Implementation of the Programme of Action was formed, comprising policy makers from within the Government along with representatives of United Nations agencies and organizations development agencies national and international NGOs and researchers The Committee developed a National Plan of Action and a strategic plan for family planning, as well as for the basic health and population sector The Plan emphasizes human development, with specific developmental goals relating to mortality education and health with gender equity and women s empowerment as underlying themes and also addresses financial sustainability, private-sector and NGO roles and an examination and update of the National Drug Policy

Establishing Institutional Mechanisms

Institutional Review

35 Progress made in areas of population policy since the ICPD has often been demonstrated in the establishment of a ministerial body or subcommittee charged with addressing population concerns and in particular with integrating them into national development strategies and policies Some countries guided directly by the ICPD Programme of Action established national commissions to help formulate policies and implement integrated population-related activities These bodies usually charged with following up the recommendations of the ICPD Programme of Action often included representatives from sectoral ministries in social sectors as well as from civil society

36 Nepal for example undertook an extensive response to population issues and concerns after the ICPD In 1995 the Government established a separate Ministry for Population and Environment responsible for formulating an appropriate population policy developing suitable programmes conducting research and in particular coordinating population family planning and related activities with various governmental bodies and NGOs The Government also formulated and adopted a number of policies and programmes on population and health in line with the ICPD recommendations and objectives

37 Brazil set up a National Commission on Population and Development in 1995 with representatives from civil society and social development sectors as well as several ministries By acting as a focal point on both the domestic and international level and playing a key role in the development of policies and programmes institutions like this commission are strategically situated to permit sufficient integration of population concerns into social and economic development plans and to ensure the monitoring and measurement of the ICPD goals and objectives

38 In other instances countries created population divisions or units operating within other ministries such as within the Ministry of Interior or the Ministry of Planning In these cases the integration of population concerns into development strategy is well situated for programming and implementation For example Belize established a Population Unit within the Ministry of Human Resources to design and implement a national population and development policy

39 Some countries updated their pre-ICPD population policies and institutions in response to the Programme of Action At times the process of revising the policies and institutions included input from other sectoral bodies In many cases the scope and planning of population activities were increased extensively when modified to take into account the goals and recommendations established at the ICPD Often this was an ongoing process in the modification and revamping of older institutions and policies Peru for example developed an extensive infrastructure of institutional support in order to address many aspects of population issues raised at the ICPD The Government dismantled the National Population Council (CONAPO) and transferred its duties to the newly formed Ministry for the Advancement of Women and Human Development (PROMUDEH), with a Human Development Division and a Population Programme Unit to deal directly with population issues The Government integrated the goals of the ICPD Programme of Action into sectoral plans and programmes particularly in the health and education sectors in the course of implementing the National Reproductive Health and Family Planning Programme 1996-2000 and the National Sex Education Programme

40 Other countries that had pre-ICPD institutional arrangements and mechanisms for addressing population issues modified their structures and/or responsibilities to ensure that they incorporated the goals and recommendations of the ICPD Programme of Action and could, thus work intersectorally to integrate population concerns into other national concerns In Egypt for example the Government s National Population Council was made responsible for population policy and reform population strategy and multisectoral planning population programme management including monitoring and evaluation and research studies on population concerns

41 Indonesia likewise is an interesting case-study of how integrating population into development strategies changed after Cairo Indonesia's Ministry of Population was merged into the National Family Planning Coordinating Board prior to the ICPD The more substantive duties relating to

population were gradually shifted to the university-based Population Studies Centre (PSC) The Government was instrumental in facilitating this institutional shift using both domestic and international resources to expand and strengthen PSC More specifically a collaborative UNFPA project transformed PSC into several newly established decentralized centres that deal with a variety of population and development issues particularly those relating to family welfare and poverty alleviation

Decentralization

42 In countries where moves towards decentralization of policy and programming have been taking place a greater sense of progress has been noted in terms of awareness generated about population issues and their relevance to development In India for example the state district and community level have all begun to receive much more information on population and reproductive health issues which has helped them develop and implement appropriate population programmes for their respective districts and local areas

43 Pre-existing civil-society institutions can also be valuable tools for decentralization In some countries for example support for improving capacities of universities has proved successful in furthering the ICPD Programme of Action Particularly in countries with economies in transition where the Government may be preoccupied with conflict or economic crises alternative channels for social development such as universities and other organizations of civil society have been important players

Measurement and Monitoring

44 The integration of population issues into development strategies also requires mechanisms for monitoring and measuring progress towards meeting the goals and objectives set forth in Cairo Most countries have continued to use traditional demographic and social-service indicators as part of their measurement process Many augmented these indicators with more detailed reproductive health indicators such as the proportion of births at which skilled attendants are present, access to contraception and the adequacy of counselling and follow-up as well as with wider social-service environmental and economic indicators

45 The countries that have been successfully monitoring their progress in integrating population concerns into development strategies have developed a comprehensive list of indicators and had charged specific ministries subcommittees or departments with tracking them Some countries planned to implement a computerized networking system for programme planning -- an important area in which the full availability of data is crucial for the development and execution of appropriate programmes as well as for the tracking of domestic and international resource flows

46 The accuracy and efficiency of monitoring and measurement have been increased in those countries that have expanded data collection to include a variety of sources rather than relying on a single source such as a Demographic and Health Survey (DHS) In Ghana for example key reproductive health indicators are tracked through the DHS but are also being gathered from the institutional reports of the Ministries of Health and Education as well as the reports of implementing agencies such as the National Council on Women in Development and academic and research institutions Other countries have established coordinating committees on reproductive health and

family planning policies that monitor all relevant programmes executed by sectoral ministries In the United Republic of Tanzania the Government created four institutional structures for the coordination monitoring and evaluation of the implementation of the national population policy and programme including the integration of population issues into the development planning process

Strengthening Information, Education and Communication Programmes

47 No other arena in development more clearly illustrates the importance of the capacity of people to communicate with one another than that of population and reproductive health The placing of reproductive rights and sexual health at the heart of the population agenda is making the work of those concerned with such issues both more ethical and more politically and culturally complex A whole range of reproductive rights and HIV/AIDS issues from domestic violence to female genital mutilation to male sexual responsibility have crystallized the need for a vigourous and public debate Such debate depends fundamentally on communication within societies within families within communities and on communication between societies through political discourse and advocacy Increasing the flow of information on population issues can have profound effects on many levels of society

48 Information education and communication (IEC) strategies and training relevant to the implementation of the ICPD Programme of Action include the exchange of information on the effects of population on many other socio-economic issues migration urbanization and the macroeconomy They incorporate population issues into educational curricula public awareness campaigns research round tables training and advocacy activities The former and simpler strategies of education and persuasion where success was measured by the number of "acceptors have been replaced by the complexities of choice and rights where people themselves, and especially women and adolescents are regarded as the main decision-makers and are entitled to determine what should happen to their bodies and their lives Although much time and effort are required IEC strategies can have far-reaching effects on social norms and behaviour and provide opportunities for furthering the gains made at Cairo by educating the public and policy makers about pertinent population issues

49 The development of information and communications technologies (ICT) presents promising opportunities for addressing global population and reproductive health issues The current information revolution has resulted in global communication links unprecedented in world history E-mail for instance has transformed the opportunities available to advocacy NGOs and community organizations to network lobby and organize around many population and development issues, not the least in the field of reproductive health and rights ICTs have great potential in the area of advocacy as well as in encouraging social interaction among all stakeholders and stimulating public debate of population issues

50 New information and knowledge management technologies have been increasingly operational since the ICPD For the last five years key ICPD-related developments included such programmes as POPLINE POPIN the Development of On-line Information Service on Population and Environment Linkages the development of new software the use of websites and CD-ROMS for media materials and the Global Knowledge Partnership These activities have facilitated the systematic collection analysis dissemination and utilization of population-related knowledge and

promoted information and experience exchange at the national sub-regional regional and global levels At field level powerful information and communication technologies are being used to empower communities couples and individuals to make informed decisions For example some countries in Asia and Africa are trying out the concept of cyberbus and electronic chatrooms to educate young people on population and reproductive health issues Many young people have also used telephone hotlines set up by NGOs and health institutions to obtain information and counseling on sensitive issues such as pregnancy sexual relations domestic violence sexually transmitted diseases including HIV AIDs In Bangladesh mobile telephones have enhanced spousal communication and information on reproductive health among those involved in microcredit programmes offered by the Grameen Bank

Advocacy Campaigns

51 Many countries have demonstrated their political commitment to integrated population and development strategies through the initiation of advocacy campaigns either on population as a general issue or on specific reproductive health concerns as a response to the ICPD recommendations on promoting the general reproductive health of all members of society In some countries Governments have initiated multifaceted awareness-raising campaigns on these issues In Brazil for example the Minister of Health established a National Day against Maternal Mortality as part of the Safe Motherhood Initiative a multilateral effort involving the United Nations Children's Fund (UNICEF) Pan American Health Organization (PAHO) UNFPA and the Brazilian Federation of Gynaecology and Obstetrics In addition the Government organized ' Cairo +5" events to further educate the public politicians and the private sector on these issues

52 Moreover the impact of the personal commitment of political leaders to integrating population and development can be seen in countries such as Mexico where the President publicly presented the National Programme for Sexual Health and Family Planning 1995-2000 through the mass media This gave a clear message that reproductive health should be a basic part of health services, along with nutrition and vaccination Some countries reported that presidential candidates included the ICPD Programme of Action in their campaign platforms

Research/Training/Round Tables

53 Many countries have initiated studies on traditional population issues or initiated a revised national census that addressed the population and reproductive health concerns included in the ICPD Programme of Action University and international organizations sponsored inquiries into specific population or reproductive health issues and in some cases private-sector companies conducted research on population issues For example India s Energy Research Institute conducted a study on demographic concerns

54 In Mali an international NGO has been conducting research on migration and urbanization in West Africa and an analysis of the reproductive health situation Likewise in some Latin American countries both the private and public sectors generated a significant amount of research and institutional knowledge about population and development issues Both academic and governmental institutions analysed national development plans along with programmes on population and public-health sector reform as well as new policies on women and demographic issues

55 In addition to the UN Regional Economic and Social Commissions meetings, many countries have held meetings or round tables on ICPD+5, or "Cairo in Action" to measure progress in implementing the Programme of Action and to garner continued support for integrating population issues into other sectors of policy planning and development In Burkina Faso for example the Government has promoted the adoption of a wider development strategy with a consideration of demographic trends particularly in regard to women and access to reproductive health services by holding a round table on social-sector activities including population and development

Implementing Regional Initiatives to Promote Population and Development

56 Several regions through their Economic and Social Commissions have held meetings on the ICPD Programme of Action drafted their own regional programmes of action and developed implemented and strengthened regional networks for cooperation and coordination of population and development activities

Africa

57 The Economic Commission of Africa (ECA) held a series of regional conferences as a follow-up to the ICPD and as a means of assessing benchmarks in the integration of population concerns into the various development plans of the region ECA developed its own country inquiry for assessing national implementation of the Dakar/Ngor Declaration and the ICPD Programme of Action At the most recent follow-up meeting in Addis Ababa in September 1998, ECA reviewed progress in the region as a whole and the trends and specific perspectives in the 36 countries that responded to the survey Participants at the meeting including Governments international organizations, donors and NGOs reviewed African experiences in the implementation of the ICPD Programme of Action and the Dakar/Ngor Declaration and arrived at 75 recommendations covering the full range of topics included in the ICPD+5 discussions

58 The policy issues that emerged as those of prime importance to the region were related to strengthening support for policy development and programming of HIV/AIDS-prevention and related services and recognizing and increasing the role of NGOs and the private sector in addressing population concerns The meeting urged the adoption of appropriate population policies by those countries that have not done so and the establishment of adequate policy and programme coordinating mechanisms in particular those for South-South cooperation The ECA regional recommendations also proposed policy development in regard to adolescents and youth in all aspects of reproductive health programming The findings of the ECA questionnaire and recommendations will be formally reviewed at future regional ECA and African Population Commission meetings as well as at the Organization of African Unity (OAU) Summit of Heads of State in June 1999

Arab States and Western Asia

59 The Economic and Social Commission for Western Asia (ESCWA) and the League of Arab States met in Beirut in September 1998 to review the ICPD Programme of Action the Amman Declaration and activities surrounding their implementation and adaptation to policies and programmes in the region Member States proposed future actions on population and development strategies and comprehensive reproductive health policies and programmes The representatives

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reaffirmed their commitment to the goals of the Programme of Action to integrate population into national development strategies and mentioned the importance of considering access to and the quality of reproductive health care and of addressing unmet needs resulting from age gender and social status all within the context of the economic restructuring occurring in the region The recommendations call upon Governments to encourage the development of comprehensive reproductive health policies and programmes paying attention specifically to STDs violence against women and children harmful cultural practices such as female genital mutilation (FGM) and male involvement in family planning and reproductive health The report also calls for international and intersectoral collaboration to create reliable indicators and mechanisms to measure progress in implementing programmes of action particularly the integration of population into development strategies and national social development plans

60 Several of the countries of the region reported that comprehensive national strategies had been developed including social development strategies that take into account equity and access to basic social services create new economic opportunities strengthen government awareness of issues such as poverty and catalyse efforts to rehabilitate social sectors The ESCWA recommendations also emphasize advocacy for decision makers and officials in charge of programme implementation and the importance of intersectoral coordination among reproductive health service providers including NGOs the private sector and public health institutions

Asia and the Pacific

61 The Economic and Social Commission for Asia and the Pacific (ESCAP) held a meeting in March 1998 to review the implementation of the ICPD Programme of Action and the Bali Declaration on Population and Sustainable Development The forum gave the countries of the region an opportunity to demonstrate their commitment to fulfilling the goals of the Programme of Action and the opportunity to identify key actions that should receive urgent attention from all development partners The meeting also considered the various structural reforms that countries of the ESCAP region were undertaking to adjust to and benefit from the opportunities posed by globalization In all the Asia-Pacific Regional Meeting generated 63 recommendations for future action and one resolution which asserted the need for mobilization of human and financial resources for further implementation of the ESCAP regional population and development goals The resolution endorses the utilization of South-South cooperation and NGOs as alternative mechanisms to governmental institutions

62 The 63 recommendations for actions in the policy and institutional framework include addressing the issues of international migration gender equality and equity and the setting of explicit priorities within reproductive health care adolescent health and the role of civil society The ESCAP meeting concluded that progress had been made in implementing the ICPD Programme of Action but challenges remained including that of balancing the role of government in the planning and provision of services with the private sector's capacity for the funding and provision of services The ESCAP nations recognized that using the market mechanism for the provision of services would be an important step in further implementing the ICPD Programme of Action particularly in terms of addressing inequities The primary resolution calls for a report on the progress of the region in securing further human and financial resources for population and development policies and programmes to be presented at a follow-up conference in the year 2002

Central and Eastern Europe and the Commonwealth of Independent States

63 The countries of the Economic Commission for Europe (ECE) considered in this discussion are primarily the countries of central and eastern Europe and the states of the former Soviet Union -- the Commonwealth of Independent States (CIS) As a follow-up to the ICPD the countries with economies in transition gathered for a UNFPA-sponsored workshop on population policy and programmes in the region hosted by the Romanian National Commission for Statistics in Romania in May 1995

64 The population issues of most concern highlighted at the meeting were the high rate of abortion low use of family planning unsafe abortion as a leading cause of maternal morbidity and mortality and the level of infertility among large proportions of the female population Countries also reported extremely high levels of STDs especially among adolescents and low levels of quality of care and of IEC on reproductive health care both within the service-provider community and the wider public Most of the countries did however possess some key advantages in pursuing population and development goals including high levels of literacy due to an emphasis on education, with equal access for women and men and developing private-sector channels for health-service delivery Although progress has been registered since 1995 in addressing many of these issues, significant obstacles still remain in many of these countries to fully implement the ICPD Programme of Action

65 In December 1998, the ECE held a regional meeting in Budapest Hungary on ICPD+5 follow-up The meeting provided an opportunity to review progress made in implementing the ICPD Programme of Action under five priority themes fertility, family and gender issues, reproductive rights and sexual and reproductive health mortality and health population ageing, international migration The conclusions of the meeting cover these themes, while briefly mentioning international cooperation

Latin America and the Caribbean

66 In 1996, the draft Regional Plan of Action approved at the twenty-fifth session of the Economic Commission of Latin America and the Caribbean (ECLAC) became the Latin American and Caribbean Regional Plan of Action on Population and Development after being further developed following the outcome of the ICPD It describes activities including round tables held in conjunction with UNFPA on issues such as adolescent reproductive health reproductive rights and the implementation of reproductive health programmes and population and macroeconomic links A follow-up conference in Aruba in May 1998 demonstrated the continuing political commitment of countries in the region to furthering the ICPD goals and recommendations through the establishment of national plans declarations of principles concerning population and sustainable development sectoral plans and programmes and the creation of population units or commissions to formulate and coordinate policies and programmes

67 The ECLAC subregional headquarters for the Caribbean is responsible for follow-up action and support with respect to the implementation of the Caribbean Subregional Plan of Action on Population and Development which presents the contents of the Regional Plan of Action and the ICPD Programme of Action from the Caribbean perspective and which serves as a further guide to action for countries in the subregion Technical assistance provided to countries of the subregion

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in areas such as applied research has been geared to the specific needs and concerns of these countries which include international migration the impact of immigration on small islands and coastal areas the role and importance of family remittances from abroad return migration and adolescent health Data for the policy and programmatic activities were systematically collected and disseminated as part of the regional socio-demographic data bank

Constraints

68 Despite the progress observed implementation of the Programme of Action has been uneven because of the many constraints and challenges countries face They include limited financial and human resources competing priorities limited institutional infrastructure insufficient intersectoral coordination inadequate measurement/monitoring mechanisms economic crises and civil unrest

Limited Financial and Human Resources

69 One of the most widely recognized constraints encountered in the implementation of the Programme of Action was the limited amount of financial and human resources including the lack of trained personnel to create and implement population and development policies Human resource management limitations appeared in many ministries that were greatly overburdened due to an employee base that was insufficiently skilled and trained for the considerable work flow in the social and economic development sectors

70 Countries that have made institutional and programmatic changes in the years following Cairo often mentioned dwindling resources as a reason for changes becoming less dynamic or even unsustainable This constraint was illustrated by the countries in which population ministries or similar institutional bodies have no operational capacity often due to a lack of funding

Competing Priorities

71 The interdependence of population issues with macroeconomic environmental and other development issues made the pursuit of the goals and recommendations of the ICPD Programme of Action essential However Governments often face priorities that compete with integrating population into development strategies In some developing countries and countries with economies in transition population issues have been seen as independent of or secondary to economic growth or poverty alleviation Thus there is a need for more awareness creation and advocacy activities on the links between population and other development issues

72 Research studies conducted by independent international institutions show that up to 98 per cent of funds allocated for development activities are spent on sectors other than population [2] Population issues such as those discussed at Cairo -- especially the empowerment of women schooling of girls and more generally the integration of population into development strategies -- can be overshadowed by more immediately pressing economic or environmental concerns

Limited Institutional Capacity

73 A significant number of the countries covered by the UNFPA ICPD+5 Inquiry cited the limited institutional infrastructure or the lack of politically empowered sectoral bodies capable of addressing integrated population and development issues as constraints For example some countries reported that a national commission on population and development had been established but it was created without the support of an overarching planning system or national development plan In other cases the governmental ministry or body established or charged with addressing population issues had no decision-making power or formal mechanisms to measure progress towards achieving the goals and objectives set forth at the ICPD

74 Many countries in Africa and Asia reported that a lack of coordination between ministries or institutions had made incorporating the policy aspects of the Cairo agenda extremely challenging In only a very few cases did the countries surveyed mention that relevant sectoral agencies had either reviewed or actively participated in developing and implementing a new population or development strategy or action plan This has also been reported in other regional and subregional reviews of post-ICPD activities aimed at implementing the Programme of Action

Lack of Data and Monitoring Mechanisms

75 Many developing countries and countries with economies in transition reported that implementation of the ICPD Programme of Action was constrained both by a lack of data or information and by inadequate measurement or monitoring mechanisms Many countries with economies in transition especially the newly independent states lack census data and the capacity to undertake a census

76 Many countries cited as major constraints the lack of systematic mechanisms for monitoring ICPD goals the difficulty in obtaining disaggregated reproductive health and basic social indicators, and/or inadequate or insufficient data and analytical systems This challenge can arise in countries where DHSs or censuses are not conducted regularly where they are carried out by different agencies or where the data are collected and analysed by different agencies or organizations In addition the various bodies responsible for collecting and analysing the data may be constrained by limited resources and technical capacity

External Factors

77 In countries where domestic markets were weak or experiencing recessions the funding and maintenance of sufficient trained personnel in the relevant ministries became a central issue This situation was often coupled with emigration of skilled personnel causing further pressure on constrained ministries and sectoral agencies Clearly these situations cannot be corrected without attacking their root causes making policy programming and implementation virtually impossible in the short term

78 Many countries undergoing rapid structural changes and those in intense political and economic stress have witnessed a significant increase in the amount of civil and political unrest over the last few years Wars related to ethnic strife political conflicts and economic hardship have resulted in

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growing public health problems and a breakdown in the infrastructure to deal formally with population and reproductive health issues

Information Gap

79 The information gap between the rich and poor and between gender is stark and the distribution of new information and communication technologies is even less equal Access for information means access to power and most societies continue to exclude women The domination of Internet by men has also been a source of consistent criticism since its inception Despite such lack of access the Internet has had a major impact in enabling the civil society organizations to organize themselves and campaign In developing countries there is a race for harnessing technologies for knowledge information and networking and for increasing participation of and interaction with the public Women s organizations are increasingly understanding and seizing the strategic importance of new technologies for exercising the full benefits of reproductive rights 'The freedom to have access to spaces other than the bedroom and the kitchen and to fully and safely be able to act in other public spaces is key to women s full participation in the world s future ' argues Marie-Helene Mottin-Sylla of the NGO Enda Tiers Monde in Senegal Furthermore it is the private sector that is driving the information revolution and population advocates are often absent from the discussions in which key global and national communication policies are being shaped

Further Action Required

80 Governments should fully acknowledge the linkages among population reproductive health macroeconomic and other sectoral issues and the need for national policy and programme planning mechanisms that take the interdependence of these issues into account

Institutional Strengthening

81 Governments should elaborate strategic frameworks that encourage and support intersectoral collaboration and coordination as a way of expanding the depth and scope of the attention given to population issues

82 Governments should continue or begin the process of decentralization in population and development programme planning and implementation and should provide the necessary support to carry out the process effectively Many countries that have begun the shift to decentralization in sectoral programmes and policies cited the continuation of this trend as a key opportunity for beginning or continuing to carry out the goals of the ICPD Programme of Action

83 All stakeholders in the population and development field need to define clearly their roles and responsibilities in implementing the goals and recommendations adopted in Cairo

84 Governments should strengthen their collaboration with civil society including NGOs in population and development planning implementation and monitoring and evaluation taking into account their comparative advantages and complementarities

85 Governments should allocate more resources to strengthen existing institutions or to create new ones that address population issues in order to ensure that the institutional framework is adequate to achieve the ICPD goals

Technical and Human Resources

86 Governments should work together with NGOs and the private sector to ensure that the appropriate technical resources are present i e skilled trained personnel and adequately funded programmes that will allow the full integration of population into development planning

87 Governments NGOs and other civil-society representatives should work to establish a sustainable base of well-informed and adequately trained personnel within the government and health sectors in order to support population and development policy and programmes

IEC and Advocacy

88 Governments as well as NGOs and private-sector actors should initiate and increase awareness-raising activities that mobilize support for integrated reproductive health women's empowerment, and economic environmental and other social welfare programmes

89 Governments should strengthen national networks and coalitions for advocacy, targeting multiple audiences ranging from national leadership to the grass-roots level, for the goals and recommendations of the ICPD Programme of Action, in cooperation with civil-society organizations They should nurture networks that link senders and receivers citizens and decision-makers, public and private sectors, communication professionals community and mass media, and opinion leaders

90 Governments, as well as NGO and private-sector actors should avail themselves of the opportunities offered by the new participatory and open paradigm of the Global Information Society ICTs offer new processes and tools for advocacy communication in support of the ICPD Programme of Action State-of-the-art tools include inter-active and inter-linked websites, the production of localized more attractive and interactive population data electronic archives distance learning systems and electronic conferences

Research and Data

91 Governments as well as civil society organizations should engage in strategically focused research to improve the effectiveness and efficiency of population and reproductive health programmes Timely availability of research results and their effective application in programme design should be stressed

92 Governments and civil society including academic or technical institutions, should work together to provide and share integrated and comprehensive data that are manageable and sustainable

Chapter III GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN

93 As one of its key principles the ICPD Programme of Action emphasizes that advancing gender equality equity and empowerment of women eliminating all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programmes and are central to the notion of sustainable development (Principle 4) The Programme of Action also sets out as an important objective to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles (paragraph 4 25) These aims goals and objectives are important conditions for building a sustainable just and developed society

94 The rationale for the promotion of gender equality equity and empowerment of women population and development programmes is underscored by the fact that women's disadvantaged social position which is often related to the economic value placed on familial roles helps perpetuate poor health inadequate diet early and frequent pregnancy and a continued cycle of poverty From infancy females in many parts of the world receive less and lower quality food and are treated less adequately when sick than are males In countries where women are less educated they receive less information than men and have less control over decision-making and family resources They are also less apt to recognize health problems or to seek health care

95 Women's low socio-economic status also exposes them to physical and sexual abuse and mental depression Unequal power in sexual relationships exposes women to unwanted pregnancy and STDs including HIV/AIDS With changing social values and economic pressures, girls are engaging in sexual relationships at earlier ages Additional health risks for women also arise from the general level of underdevelopment that are reflected for example by poor roads and lack of transport This may hinder women from receiving timely medical treatment for pregnancy-related complications Inadequate water supply lack of electricity and poor sanitation impose extra burdens on women because of their household responsibilities such as fetching water and fuel wood

96 Building on agreements from previous international conferences on population and on women the consensus reached at the ICPD set the stage for two major strategic shifts in the formulation and implementation of population and development programmes The first shift entailed adopting an even stronger gender perspective in programmes such that the focus would no longer be on women separately but rather on the social context in which they live This includes the unequal gender and power relations that circumscribe their lives and enable or hinder them from benefiting from population and development programmes The second shift involved the adoption of a rights-based approach to enable women to secure and safeguard their reproductive and sexual rights

97 Promoting the ICPD goals of gender equality equity and empowerment of women has for many countries meant the adoption of a dual strategy On the one hand activities focusing exclusively on women or men may be necessary in specific contexts where gender gaps are wide provided that doing so does not promote gender stereotypes or inadvertently reinforce gender inequalities Women-specific programmes are still considered important because of the biological and social burden that women carry relative to men in reproduction Such programmes are therefore useful in implementing strategies for the empowerment of women On the other hand many countries have

also adopted the mainstreaming of gender concerns in all population and development activities as a means of achieving the commitments made at the ICPD Gender mainstreaming entails among other things addressing issues related to equality between men and women in opportunities and access This has meant careful planning both for the strategies used and for the outcomes expected to be achieved

98 This chapter assesses the progress made to date in various countries in promoting gender equality equity and the empowerment of women The areas covered include the adoption of a gender perspective or gender mainstreaming the creation of an enabling environment for gender equality advocacy for the integration of a rights-based approach to population and development programmes protection of the rights of the girl child and the promotion of male responsibility, especially with regard to reproductive health The chapter concludes with proposals for pursuing the goals of gender equality and empowerment of women

Incorporating a Gender Perspective

99 The ICPD Programme of Action emphasizes the incorporation of a gender perspective in the development of population programmes The PoA notes that while women are generally the poorest of the poor they are also key actors in the development process They are often omitted from policy dialogue or their needs and priorities are defined on their behalf by others too often in terms which actually reinforce preconceived roles and relationships which are normally characterized by inequalities and inequities

100 In attempting to implement the agenda of ICPD on gender issues many countries have promoted planning and policy formulation processes in which the definition of key stakeholders has widened to include previously excluded groups At the policy level, the greatest challenge has been in promoting the legitimacy and indeed necessity, of gender equality as a fundamental value that should be reflected in all population and development choices and in institutional practices In this respect gender equality issues cannot be divorced from other fundamental challenges that countries face such as democratization processes

101 For many countries an immediate action following the ICPD was to assess the extent to which the existing policy environment was conducive to mainstreaming gender concerns In many cases, the absence of a conducive environment prompted countries to establish a policy framework in which gender concerns could begin to be addressed systematically and at all levels The main strategy used was to develop gender and development policies and action plans to guide various sectors in this endeavour The development of gender-disaggregated data played an important role in this respect The process was accelerated considerably by the preparations for as well as the aftermath of the Fourth World Conference on Women held in Beijing in 1995

102 The Marshall Islands the Federated States of Micronesia Namibia and Uganda are among the countries which developed comprehensive national polices on women or on gender following the ICPD In these and other countries national action plans indicating the areas needing action to promote gender equality were also developed In Thailand the Government prepared a comprehensive 20-year plan to ensure the adoption of a gender perspective in planning processes This plan addresses women's concerns in the judicial system in research and data collection systems

and in the health sector Ecuador and Paraguay adopted five-year plans for the promotion of equal opportunities for women The creation of an enabling environment included other sectoral policies, such as in Venezuela where the reforms of both the educational and the health sectors systematically incorporated a gender perspective

103 The adoption of a gender perspective in reproductive and sexual health programmes is a benchmark for the achievement of the goals of the ICPD Programme of Action It is now evident that gender relations and sexuality are intimately linked to issues such as effective use of contraceptives unwanted pregnancy and STIs This link is forged in a person's socialization into sexuality and gender roles The process of socialization begins early in life in both the family and the community and is reinforced by basic social institutions the mass media and other factors, and this often subsequently leads to the political economic legal and cultural subordination of women

104 Many countries have begun to grapple with double standards regarding male and female sexual behaviour as well as certain beliefs and practices regarding women s bodies and sexuality which have negative health consequences These include beliefs that women should be ignorant about sexuality —so that they will not be promiscuous— which exposes them to a high risk of STIs and unwanted pregnancy and may make them reluctant to seek health care These and other social constructions of sexuality and gender relations are a denial of basic rights and an important determinant of reproductive and sexual ill-health

105 To address this situation countries have employed a number of strategies For example Zimbabwe established a reproductive health task force to ensure that gender concerns are reflected in reproductive health policies and services El Salvador on the other hand developed a Family Law Code to streamline and clarify formerly ambiguous gender-related issues

106 The incorporation of a gender perspective into population and development programmes has not been easy One common problem has been the absence of a consensus on the best and most effective strategies to use to promote gender equality equity and empowerment of women in different social cultural and political contexts This has slowed the integration of these concerns in sometimes vital planning and programming processes Another difficulty has been posed by the lack of gender disaggregated data and research studies which use gender appropriate methodologies to evaluate the impact of strategies that are being used Most available data are based on quantitative methodologies and statistical analyses of a few variables Certain limitations thus arise in the extent to which such data and analyses can elucidate some of the emerging issues related to gender equality, equity and empowerment of women Even in those countries where these problems are not severe, national action plans to integrate gender concerns in population and development programme have not always been allocated sufficient resources to implement them fully

Changing the Environment

The Legal Context

107 The achievement of the ICPD Programme of Action goals demands the creation of an enabling environment as the basis for the promotion of gender equality and empowerment of women The ICPD Programme of Action reiterated the 1993 World Conference on Human Rights in Vienna

which enshrined women's rights within the context of the human rights doctrine making clear that culture and history can no longer justify limitations on women's rights This is because the treatment of women in criminal or family law codes reflects the way in which their role is conceptualized in many societies In most instances women embody a series of physiological social or psychological conditions that make them "victims" to be protected Throughout the concept of women as subordinate is based on biological social and economic definitions of women's experiences Laws then formalize this perception International mandates provide the necessary criteria by which norms can be transformed As a result of these conferences all countries now have an obligation to revise their legal systems in accordance with international mandates

108 For the majority of countries this has meant dismantling old laws that discriminate against women and girls and instituting large-scale legal reform In this regard the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has been a useful reference instrument to broaden the notion of fundamental rights and to adapt national norms to international standards

109 With 162 State parties and 97 signatories CEDAW has been ratified by all but a few countries Among those that have ratified it several have still to implement it and CEDAW remains one of the international conventions with the highest number of reservations Some countries that have not ratified the Convention have cited religious grounds Non-implementation is often hindered by reservations on certain clauses of the Convention as well as by traditional norms and values

110 Many Latin American countries have made major progress in changing discriminatory laws or in enacting laws that protect women The Inter-American Convention to Prevent, Sanction and Eradicate Violence Against Women enacted in 1994 in the course of preparations for the ICPD, is an example of the application of gender analysis to the formulation of regional legislation to protect and respond to the needs of the female population Its existence created additional impetus for individual countries to adopt similar legislation Thus Bolivia Cuba the Dominican Republic, Ecuador Honduras Mexico Nicaragua and Panama all enacted laws that make violence against women a serious crime Violations of such laws are classified as torture Honduras and other countries even created a Special Public Defender position for women and unprotected minors Additional law reforms in Latin America include new labour laws eliminating discrimination in the labour market, reform of agricultural laws to improve women's access to land, and new educational laws to eliminate sexist language in pedagogical materials and to promote gender equality in access to educational opportunities

111 In Asia China the Philippines and Viet Nam adopted specific legislative changes to protect women from sexual harassment and violence

112 In Africa the 14 countries that constitute the South African Development Community (SADC) namely Angola Botswana the Democratic Republic of Congo Lesotho Malawi Mauritius Mozambique Namibia Seychelles South Africa Swaziland the United Republic of Tanzania Zambia and Zimbabwe have all pledged to enact laws against violence against women Mauritius has already done so and followed the enactment with a mass information campaign In Gabon the Government is approving a law on the social protection of women mothers and children Zimbabwe put into effect an inheritance law that protects widows

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113 Despite the measures that have been taken the legal environment for women is still far from satisfactory Women in many countries continue to be suffer from the lack of legal protection for exercising in particular their sexual rights Patriarchal perceptions of women's good behaviour, proper manners honour chastity and virtue are still evident in many laws Where these have been successfully removed from legal texts they nonetheless often pervade the judicial mentality used to interpret them One such example is the widespread failure by the judicial system to enforce the minimum age at marriage for girls where it has been enacted because cultural and social imperatives and increasingly economic factors still favour early marriage for girls Similarly many countries have not recognized the concept of rape within marriage despite the new dimension introduced by HIV/AIDS This makes it very difficult for married women to negotiate the practice of safe sex with their partners and currently HIV transmission rates for married women are among the highest Other legal impediments restrict women's access to essential health services on the basis of age marital status spousal consent requirements or other factors

Women in Policy Positions and at Decision-making Levels

114 The underrepresentation of women in positions of power and decision-making means that their perspectives and visions are often excluded from population and development policies and strategies A significant increase in the numbers of women taking an active role in decision-making including participation in electoral politics is therefore essential if they are to influence policies

115 To address this problem many countries have created or strengthened institutional mechanisms, such as women's ministries or women's bureaus for women's equal participation in policy processes Brazil for instance established the Women's Intersectoral Health Commission in the National Health Council at the Ministry of Health It is a high-level organ whose aim is to involve women in planning managing and monitoring reproductive health-care services Among its functions is the monitoring of public health policies from a gender perspective

116 In Asia some countries have promoted women's participation in the planning, managing and monitoring of reproductive heath programmes In Azerbaijan the Islamic Republic of Iran, the Philippines and Thailand Governments enhanced the participation of women by nominating them to high-level policy bodies including review and oversight bodies at both the central government and regional levels Some Caribbean countries have adopted similar strategies

117 In the political arena achievements have been mixed with gains made in several countries, but ground lost in others In general the environment for political activities is still not conducive to women's participation Women who want to enter politics find that the political, public, cultural and social environment is often unfriendly or even hostile to them In many countries, traditions continue to emphasize and often dictate women's primary roles as mothers and housewives This type of gender ideology serves to discourage women who wish to break out of their traditional sex-segregated motherhood roles and often to penalize those who do

118 However many countries have responded positively by taking strong measures to increase the number of women in electoral politics (Table 3 1) In Morocco four women were appointed as Secretaries of State in 1997 In Ghana the numbers of women in Parliament as well as those holding cabinet posts has increased In Ecuador the Government approved a law to promote the political participation of women by establishing an obligatory 20 per cent of representatives to be women in

the popular election ballots for all legally recognized parties In Costa Rica reform of the electoral code established a quota for women set at 40 per cent for all official election lists

Table 3 1 Parliamentary seats held by women, 1 January 1997 (as percentage of total)

Africa sub-Saharan	12
Arab States	4
Asia	
East Asia	20
South Asia	7
Southeast Asia and the Pacific	12
Europe	
Eastern Europe and CIS	8
Western and Southern Europe	18
Nordic Countries	37
Latin America and the Caribbean	10
North America	12

Source United Nations Development Programme *Human Development Report 1997*

119 Women's low socio-economic status also stands in the way of their entry into the higher levels of decision-making Socio-economic obstacles include poverty and unemployment, inadequate financial resources illiteracy limited access to education and the dual burden of domestic tasks and professional obligations So in spite of the obvious advantages evident in broadening the scope of participation in politics and in public life through the adoption of democratic practices in many countries women by virtue of their reproductive roles are still unable to reap the just rewards of democratization Therefore women still need to be empowered at family and community levels to have self-esteem and confidence to enter the political arena outside the home, while the society at large also needs to recognize that women s perspectives in politics are essential to sustainable development

Strengthening Institutions

120 One of the major challenges emphasized in the ICPD Programme of Action is how to institutionalize and sustain change related to gender equality equity and the empowerment of women The process of institutionalization requires broad-based alliances that support the adoption of procedural and technical processes which ensure that social practices that promote gender equality become continual and fully sanctioned by prevailing norms It also entails the creation of capacity among staff to undertake policy analysis from a gender perspective so as to clarify policy objectives establish measurable goals and timetables and design appropriate operational tools

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121 For many countries this has meant taking steps to assist organizations and institutions both governmental and non-governmental in using instruments and measures that are compatible with the goals of gender equality and the empowerment of women The presence of such instruments permeating all structures pre-empts the tendency to treat issues pertaining to gender equality as peripheral to the organization s or institution s mandates

122 Estonia for example took steps to establish a strong national machinery for promoting gender equality at all levels of government by creating an inter-ministerial committee and a Bureau of Equality Indonesia and other countries developed gender-sensitization training materials to build capacity in gender analysis for cadres in various institutions

Advocating a Rights-based Approach

123 The integration of a human rights approach is one of the fundamental goals of the ICPD Programme of Action and is necessary for the achievement of gender equality and empowerment of women The basis for a rights-based approach is the affirmation that human well-being and health are influenced by the way a person is valued respected and given the choice to decide on the direction of her or his life without discrimination coercion or neglect Many countries have used CEDAW as a strategy to that effect A number of countries have also begun to propose and to implement affirmative action programmes as interim measures to enable women to exercise rights that hitherto had been out of their reach

124 Dialogue has also been established with the six human rights treaty bodies to find ways in which the treaty bodies can interpret and apply human rights standards to issues relating to women's health Another purpose would be to encourage collaboration in the development of methodologies and indicators for use both by the treaty bodies and by United Nations agencies and other bodies to promote implement and monitor women's rights in particular their reproductive and sexual rights

Protecting the Girl Child

125 Considerable progress has been made in many countries in advocating for the protection of the girl child as a major step towards challenging practices that perpetuate the low status of women Ghana for instance took steps to eliminate traditional and religious practices that jeopardize the reproductive and sexual health of the girl child It enacted a law against FGM, which also criminalizes *inter alia* discriminatory widowhood rites and punitive actions including their seclusion from society against women suspected of practising witchcraft In Burkina Faso a law banning FGM went into effect in 1997 while in 1998 the President of Senegal banned the practice In Eastern Uganda community based efforts to eradicate FGM have resulted in a decline of the practive of thirty six percent

126 With regard to education a variety of interventions are being implemented to narrow gender gaps in educational attainment and to remove gender-based discrimination in educational systems Cambodia created a Working Group in the Ministry of Education to address the issues of girls' enrolment and retention levels in school In the United Republic of Tanzania the Government established additional day classes for girls in secondary schools in communities where girls'

secondary education was adversely affected Many countries have also used curriculum reform processes to ensure that curricula became more gender-sensitive in both their content and in the images they presented

Emphasizing Male Responsibility and Partnership

127 Although progress towards ensuring that men take equal responsibility for their own as well as their partners reproductive and sexual health was slow initially, the gains since 1994 have been impressive There is now clearly a more open dialogue about the manner in which various cultural practices perpetuate gender stereotyping and gender inequalities

128 Some countries have tried to guarantee accountability among men by enacting laws that make it illegal not to acknowledge their responsibility regarding their offspring Brazil, for instance, enacted a civil code reform that facilitates the identification of fatherhood through DNA tests At the same time changes to the Penal Code were proposed to increase penalties for men who have sex with girls under the age of 14

129 The changing perspectives of men on a wide range of population and related issues are being documented, thus creating a basis for the development of appropriate interventions Research on masculinity in different sociocultural settings is demonstrating that men's roles as custodians of ideology, knowledge and financial resources make them critical and potentially strong agents for change towards the goal of gender equality Such research is also attempting to decipher why the social construction of male gender identities seems to predispose many of them towards violence against women, and how this can be deflected Costa Rica, for example, has undertaken a national study on masculinity, sexuality and responsible fatherhood to investigate the attitudes of men, their sexual practices and their fatherhood roles

Constraints

130 Despite the achievements so far much more remains to be done to address continuing gender inequalities that constrain the ability of women and girls to experience high standards of reproductive and sexual health The persistence of traditional, religious and cultural attitudes and practices that subjugate women such as FGM also impacts negatively on the reproductive and sexual health of women and girls

131 Some of the mechanisms for promoting gender equality within government structures have suffered from underfinancing in relation to their often huge tasks Structurally, some bureaus have no access to high-level policy processes which may hinder their efforts in gender mainstreaming Although many government ministries or departments suffer generally from the lack of technically qualified staff those tasked with the promotion of gender equality may be relatively more deprived because of the scarcity of personnel trained in the relevant techniques gender and development is a fairly recent field of specialization in most academic institutions

132 In addition many new government structures have been given challenging terms of reference with multiple tasks of policy and strategy development technical support to operational departments monitoring and functioning as watchdogs vis-a-vis gender equality and women's empowerment

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issues and networking with women's organizations and the civil society To perform their tasks adequately many of the machineries established for women's participation still require strengthening in resource mobilization and technical capacity for monitoring and policy analysis Their organizational structures and number of staff should also reflect their large mandates Most important measures should be established to ensure that these mechanisms are able to hold sectoral ministries accountable with regard to the promotion of gender equality equity and empowerment of women

133 Efforts to improve the education of the girl child are constrained at two levels At the macrolevel there is an overall scarcity of resources earmarked for the educational sector This is sometimes compounded by weak political will to invest in the education of girls At the microlevel cultural attitudes still result in greater family investment in the education of boys as opposed to girls

134 Finally it is essential to note the increasing privatization of many social services in different countries of the world has often had a greater impact on women than on men With regard to health the declining role of the state is introducing inequities in access to health because of the increasing cost of private sector health provision This means that it is the poor a large proportion of whom are women who are often shut off from access to health services In this context, women are also shouldering more of the health burden accruing to families who can no longer afford hospitals forcing the ill to be looked after at home often by women Another factor with gender implications is the globalization of the world economy which has sometimes led to the incorporation of women into industrial work characterized by lower wages poor working conditions, often marked by occupational hazards and absence of workers rights including maternity leave and collective bargaining

Further Action Required

135 Governments should develop multi-sectoral coordination and inter-disciplinary technical teams to systematically address gender population and development issues at community and national levels

136 Governments should promote zero-tolerance of gender-based violence through the enactment and enforcement of appropriate laws the implementation of CEDAW and the undertaking of studies that demonstrate the multiple consequences of gender violence on the health of women and girls and its impact on public health expenditures

137 Civil society especially NGOs should strengthen their advocacy efforts to increase and sustain broad-based political will for the promotion of gender equality This can be accomplished through the creation of NGO coalitions and consortiums which pool their different expertise together

138 Parliamentary groups should establish strong linkages with the civil society especially the NGOs to strengthen advocacy for the utilization of international instruments and conventions such as CEDAW to gauge progress towards gender equality at the national level

139 Civil society especially NGOs should reinforce their IEC campaigns to create awareness in communities and among religious and other public opinion leaders about the negative impact of

some prevailing traditional attitudes and practices on women's self-determination and their capacity to make decisions that affect their own lives and/or to participate in national decision-making Equally programmes that aim at eradicating harmful traditional practices such as FGM must be expanded and reinforced building on the lessons learned from earlier successes and failures

140 Governments should ensure that population and development programmes support and reinforce the positive roles that men play in reproductive and sexual health while safeguarding an enhanced position for women in society Operational programmes should therefore, incorporate strategies that enlist the support of men for the promotion of reproductive and sexual health and rights of their partners while also enabling men themselves to take responsibility for their own reproductive and sexual behaviour

141 Governments should reinforce their support for the protection of the health of the girl child including increased investment in her education life-skills development and promotion of equal conditions of employment for both young women and men These efforts should also include strategies and activities that encourage and enhance gender-sensitive socialization processes for boys at home as well as at all levels of both formal and informal education

142 NGOs should reinforce advocacy for strengthening legal frameworks and policies to promote and protect the human rights of women and girls and to enforce them effectively Mechanisms to monitor document and redress human rights violations, especially with regard to vulnerable groups such as refugees should be put in place

143 Governments and civil society especially NGOs should strengthen collaboration and cooperation for the promotion of gender equality and the empowerment of women This can be achieved through the establishment of national mechanisms such as Commissions for Gender Equality with a mandate of comprehensive monitoring of progress towards the achievement of ICPD goals

144 The private sector should establish mechanisms that monitor the institutionalization of gender equality norms and values including elimination of sexual harassment and the active promotion of the empowerment of women in accordance with international conventions and practices

145 Governments, the United Nations and the donor community should support the development and wide availability and application of gender-disaggregated data and the development of appropriate indicators for monitoring progress towards gender equality In particular, the gender-differentiated effects of globalization need to be well researched and understood so that appropriate measures can be put in place to safeguard *inter alia* women s health

146 The United Nations donors and the international community should support the provision and development of technical capacity at the national level to develop and institutionalize effective strategies for gender main streaming through both North-South and South-South strategies

147 Governments and the international community should allocate more resources for the implementation of comprehensive strategies which ensure that women's needs and concerns are well reflected in population and development policy and programming processes

Chapter IV REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING AND SEXUAL HEALTH, AND REPRODUCTIVE RIGHTS

148 The ICPD Programme of Action endorses the right of all individuals to have their reproductive health needs met over their life-spans through a sexual and reproductive health approach to information and service delivery Reproductive rights are understood as human rights The right to voluntary choice in reproductive decisions involves ensuring equality and equity between women and men and the provision of universal and equal access to comprehensive quality sexual and reproductive health services that protect privacy informed and free consent and confidentiality

149 In the years before 1994 some developing countries had witnessed significant changes in their population programmes having shifted from using family planning programmes for controlling population growth to employing the rights-based approach later adopted by the ICPD The ICPD provided all countries a major impetus for accelerating this shift away from vertical service provision targets and quotas and towards covering all the reproductive health needs of clients and promoting gender equality equity and the empowerment of women and adolescent reproductive health

150 The Programme of Action describes the basic principles for implementing quality sexual and reproductive health services These include the need to

- Develop a dynamic policy and implementation process that is participatory and representative of all stakeholders

- Develop a strategic implementation plan that is based on phased prioritization and on resource availability to ensure effective progress and accountability

- Conduct a structural and strategic reorientation of health systems and finance in the context of health-sector reform and consider shifting from vertical maternal and child health and family planning (MCH/FP) to rights-based sexual and reproductive health programmes recognizing that reproductive health is not simply a matter of adding services and information to existing family planning services and

- Involve and coordinate various sectors to deal with the social economic and political dimensions of sexual and reproductive health acknowledging that reproductive health is best addressed through broad multisectoral approaches and not just by health-sector organizations

151 This chapter reviews the extent of the change that has taken place in meeting the reproductive rights and sexual and reproductive health goals and objectives of the ICPD It builds on information gathered through a review of the literature on the subject interviews UNFPA field inquiries and Expert Round Table Meetings organized by UNFPA on these issues [4]

152 There has been considerable progress in implementing key areas of the ICPD Programme of Action through policy reformulation programme redesign increased partnership and collaboration and increased resource allocation In particular there has been increasing progress since 1994 in

ensuring reproductive rights and implementing reproductive health as defined by the ICPD Programme of Action By 1998 many countries had made policy legislative and/or institutional changes in the area of reproductive health and/or rights since the ICPD Several countries were testing ways to integrate reproductive health services and were exploring other means to ensure rights-based approaches

153 Effective and empowered women s movements other mass movements and NGOs were proving to be important in ensuring progress in policy development and implementation in many parts of the world and in many areas of concern including generating political will for population and health policies that are rights-based NGOs which had been genuine partners in framing the Programme of Action agreements have become partners in its implementation

154 Reproductive health is more often being addressed as a component of broad health programmes in countries undertaking health-sector reforms This broader approach is expected generally to be more cost-effective and to yield greater consumer satisfaction which in turn, is likely to lead to more effective use of information and services by consumers

Developing Reproductive Health Policies after Cairo

Policy Formulation

155 Sector-wide progress in policy formulation has occurred in several countries, while work on improving specific aspects of policies has begun in others Critical measures undertaken by countries that are more advanced in the implementation of the ICPD agenda have included efforts to provide free and accessible reproductive health services as an overall health component throughout the life cycle (including the voluntary choice of family planning methods) There have also been efforts to broaden issues of reproductive decision-making so that the rights to consensual sexuality, voluntary choice in marriage family formation and the determination of the number, spacing and timing of children are more widely available

156 Some policies recognize the equal rights of women and men and the need to enhance women's status so as to allow them to exercise their rights Most countries give highest priority to those aspects of rights dealing with provision of services whereas a few specifically address the context in which reproductive decisions are made i e gender and power relations

157 The success of some countries in formulating reproductive health policies appears to result from the identification by Government of priority needs and the involvement of stakeholders in a multisectoral approach making the public aware and placing reproductive health at the centre of health-sector reform In this sense donors and international agencies have played a facilitating role in Government-NGO collaboration However their support for policy and programme development has often been fragmented which has tended to inhibit the development of national leadership and comprehensive policy and programme development for reproductive health rights and equality

158 Various models for policy development have been identified Some countries embarked on the development of national reproductive health policies others included reproductive health in policies that address women's health and some dealt only with specific aspects of reproductive health

159 Building consensus regarding the reproductive health concept and investing time and resources in the development of policies itself appear to be an auspicious strategy used in some Asian countries Bangladesh offers a unique example of NGOs engaged in a consortium and of donors working together to support a national goal The 1997 "Health and Population Sector Strategy", formulated with the involvement of NGOs professional groups and consultants affirms the principles of the ICPD and recognizes the need for a client-centred life-cycle approach in which four areas have priority safe motherhood family planning menstrual regulation and care of post-abortion complications and the management of RTIs and STDs The state of Rajasthan in India provides an example of a client-oriented and needs-based policy developed in response to the target-free approach in the country[6]

160 In Africa Zambia undertook a multisectoral and decentralized approach involving civil society in formulating a new reproductive health policy which addresses gender issues including male involvement as well as the allocation of resources for its implementation The development of the national reproductive health policy was based on an extensive needs assessment process Health districts NGOs donor agencies and private and industrial institutions were all involved In Ghana, the Ministry of Health developed a reproductive health policy as well as reproductive health standards and protocols The policy was based on the results of a needs assessment process that included consultation with civil-society groups[7] In South Africa NGOs provided key support to provincial governments in the development of a women's health policy[8]

161 The case of Brazil offers an interesting example of what has happened since Cairo Although a comprehensive women's health policy had been developed in Brazil even before the ICPD, progress accelerated after Cairo with an increased focus on certain aspects, including STDs and HIV/AIDS safe abortion within the legal provisions post-abortion care, and adolescents In 1997, the Congress approved a National Family Planning Law which covers all temporary contraceptive methods and also recognizes voluntary sterilization as an acceptable procedure for reimbursement by the Unified Health System[9]

Funding Issues

162 There appear to be no consistent trends in financing reproductive health policies Funding increased in some countries (Bangladesh Peru) and plans for the introduction of user fees and cost-recovery mechanisms were being developed in others[10] Even where there was a shift towards increasing private-sector provision of services some Governments were committed to the provision of a safety net of free services

163 The other issue involved in funding for reproductive health is the question of decentralization -- an important part of health-sector reform in many countries When health spending priorities are identified at the local level safeguarding spending for reproductive health will be dependent either on an understanding of reproductive health having trickled down to the regional or local level -- or its having "trickled up" from a demand from women which would be dependent on their empowerment to recognize their needs In Zimbabwe a country seriously affected by the HIV epidemic women's NGOs were instrumental in organizing the demand for state-subsidized female condoms that allow women to take control over protection against HIV infection

164 In most countries however resources for reproductive health have been limited Because the capacity to deliver comprehensive services and to make sweeping social change was limited most countries have defined priority areas for investment making hard choices about the allocation of scarce human financial and institutional resources Often strategies have continued to focus on the previously high priority areas of family planning and MCH

165 In countries where the process of health-sector reform has begun a special effort is being made to include reproductive health as a priority area in the package of basic health services In Zambia where the health-sector reform process has been under way since 1992 a broad-based understanding of reproductive health was facilitated by the involvement of all levels of the public health system in the policy-formulation process

Constraints in the Development of Policies

166 Despite unmistakable progress in the development of policies worldwide, countries reported that there was still an inadequate level of knowledge and understanding of reproductive rights and health as described in the ICPD Programme of Action partly because it had not yet been sufficiently disseminated

167 Even where there was general support for and increased understanding of the ICPD Programme of Action policies did not yet consistently reflect a human-rights approach nor was there sufficient political commitment Full support was still lacking for legislation to ensure reproductive rights and reproductive health and gender equity and equality In many countries existing laws and regulations impeded the implementation of the ICPD Programme of Action in areas such as sexuality education and adolescent access to reproductive health services

168 Reproductive health policy has tended to be shaped primarily by health-sector organizations and professionals to the exclusion of other sectors and disciplines The result has been inadequate attention to the social, economic and political dimensions of sexual health and reproductive rights and little attention to the psycho-social gender and emotional aspects of individual health and well-being Political instability and frequent turnover of civil servants have also undermined the continuity of policy development implementation and monitoring

Implementing Quality Sexual and Reproductive Health Programmes

Integrating Sexual and Reproductive Health Programmes

169 Many countries reported the availability of various elements of reproductive health care, and many had taken steps to integrate some components of reproductive health into the primary health-care system Yet progress in implementing comprehensive integrated services has been limited Some countries were more advanced in moving from policy adjustments to actual implementation of the reproductive health approach while others were just setting out to undertake changes in service delivery This contrast should be kept in mind for the following analysis However in leading countries in all continents -- Brazil Bangladesh Ghana South Africa Tunisia and Zambia -- it is possible to identify prevalent strategies and key issues in implementing the reproductive health approach at the national level In addition even where health-care systems had not changed to

implementing reproductive health approaches NGOs were often already doing so The initial steps taken by countries that were advancing in this area included translating reproductive health policies into operational guidelines by designing an approach to reproductive health services reflective of the ICPD commitment analysing the human and institutional constraints and preparing for monitoring progress

Integrating and Broadening Service Delivery

170 Two key strategic aspects of moving towards a reproductive health approach are the integration of existing services and the broadening the constellation of available services Managerial concerns in implementing these strategies include institutional set-up training and supervision

171 Integrating services Many countries in all regions -- Bangladesh Brazil Ghana, Jamaica Mexico Peru South Africa Tunisia and Zambia among others -- have been testing ways of integrating reproductive health services Institutional integration seemed to constitute a major hurdle even in countries which had made integration a priority issue In many countries, the vertical organizational structure along with compartmentalized budgets and personnel constituted the main institutional barriers to a more integrated approach When service-delivery activities were divided for instance between family planning and health structures possibly managed by different ministries countries experienced parallel systems and wasted resources Thus in many cases, the institutional change was only a formal one due to bureaucratic inaction and management segmentation including programming training and evaluation In less developed countries that depend to a greater extent on outside donors the lack of coordination among donors also contributed to such segmentation

172 The most common institutional change was the integration of family planning and MCH under a common institutional umbrella Although some reproductive health components had been assembled under one institution it was recognized that only better coordination was achieved in these cases not full integration[11]

173 At the service-delivery level countries made progress through initiatives -- often begun before 1994 -- in integrating MCH and family planning services After the ICPD the focus was to further integrate these services with STD and HIV/AIDS prevention screening and treatment Such integration however may have involved only offering services at the same delivery place while different providers continued to address individual aspects of reproductive health, for instance screening counselling and method provision In some cases services were offered at the same place and by the same personnel but on different days

174 Broadening the scope of services Broadening the scope of services does not necessarily entail the institutional problems of integration as new services can be placed under the same roof as existing services Also a broader approach to service delivery can occur even within vertical structures which is the case when service providers are trained for instance in counselling skills gender mainstreaming and male involvement Broadening services involves many of the same considerations regarding training as integrating services One of the most frequently added services to family planning programmes was the prevention and management of STDs including HIV/AIDS followed in some cases by services for the treatment of the complications of unsafe abortion (as in Burkina Faso India and Mozambique)

Referral Systems

175 Referral systems relate both to the integration of services and broadening of the scope of programmes The establishment of horizontal referral systems has been identified as a useful first step in integration where vertical structures still exist This was the case for many programmes in African countries that were being linked to STDs and HIV/AIDS programmes

176 Vertical referral systems are also essential with regard to certain aspects of reproductive health for instance, with regard to maternal care in which referral including transportation, to emergency obstetric care is an essential intervention to lower maternal mortality and morbidity

Training

177 A number of countries involved training institutions very early in the process of implementing the reproductive health approach to institutionalize reproductive health training Also training curricula for both initial and in-service training were adapted to the reproductive health client-centred needs-based approach even when full-fledged integration had not taken place In Romania, the training of staff in family planning to integrate this into primary health care has been a priority as a means of overcoming the service providers' lack of information In Bangladesh -- where a main need was to improve the competence of health-care providers -- the training programme is reflecting a broader scope of services to be delivered by the same service providers[12]

178 Training is also key in integrating cross-cutting issues such as counselling, gender mainstreaming and male involvement The enhancement of gender skills of staff has been identified as a first and crucial step in mainstreaming gender[1] Progress in this area included the development of techniques for mainstreaming gender in reproductive health training and expanding the availability of such training For instance the World Health Organization (WHO), the Women's Health Project South Africa and Harvard School of Public Health, USA, developed a core curriculum in gender and reproductive health

179 Continued supervision that includes problem-solving skills especially as a follow-up to training activities has been identified as a key to success

180 A problem identified in training in the African context -- although the problem may apply elsewhere -- is that, historically vertical training curricula had been developed for what now constitute the components of reproductive health In many places in-service training continued to be provided component by component In a typical situation training in family planning, post-abortion care, STDs HIV/AIDS and safe motherhood was given each component in separate training sessions This situation may well reflect the segregation of budgets and lack of coordination within programmes, which are identified as important constraints to integration

181 Although more integrated training curricula were developed in Latin America and the Caribbean (as in Colombia Jamaica Mexico and Peru) issues related to sexuality critical to sexual and reproductive health were often absent or diluted in the reproductive health part of the whole concept Reproductive rights and gender perspectives were also often missing with a resulting effect on client-provider interactions

182 The shortage of appropriately trained staff was an obstacle to developing and implementing training programmes This was the case at the national level where human resources were needed to redesign training curricula and carry out the training of trainers The decentralization of programme activities also highlighted the limited human resources available at the local level[14]

Quality of Care – Implementing Reproductive Rights

183 A main objective of the ICPD Programme of Action is to improve the quality of services defined as the way clients are treated by the service-delivery system The definition focuses on the process of service delivery including communication and information sharing criteria for minimal standards for procedures and examinations and whether clients receive the service appropriate to their needs Since the ICPD much of the debate has centred on the feasibility of improving the standard of quality of care because it is seen as too costly However many studies reveal that improvements in the quality of service provision can be made at a reasonable cost and that without such improvements initial and continuing utilization of services may suffer

184 The Population Council developed a situation analysis methodology that assesses the quality of services by observing among other things the effectiveness of the use of resources in the clinical setting Situation analysis studies in some countries of sub-Saharan Africa[15] have looked at key aspects of quality of services such as contraceptive method choice client load, use of clinical equipment and water the social context and clients' sexual relationships This information has begun to shed light on the underutilization of existing resources These findings also reveal that, with the training of health providers to enhance their interpersonal communication and technical skills supervisory support, protocols and appropriate rewards staff can provide better services within the existing narrow scope of services (family planning) and such training may also allow the expansion of services to respond to other reproductive and sexual health needs

185 One of the critical questions in improving the quality of care is how to define minimum standards in poor resource settings and at the same time improve the quality of care continually as more resources become available Minimum standards should also apply to the private sector, just as special attention should be given to setting minimum standards for unfamiliar or new services and for services provided in emergencies

186 Among the tools developed for improving the quality of care is Client-Oriented, Provider-Efficient services (COPE) which was designed by AVSC Now used worldwide in more than 30 countries COPE facilitates self-assessment and problem-solving by all clinic staff Family planning providers and supervisors are being trained to solve problems as they arise

187 Counselling and interpersonal communication between service providers and clients are key aspects of ensuring informed and voluntary reproductive choices and thus reproductive rights If clients are not provided with sufficient information to make fully informed choices, their human rights are not being respected Quality of care also includes issues of confidentiality, privacy counselling and interpersonal relations Since the ICPD some countries have made progress in involving clients in decisions regarding their reproductive health

188 To ensure high-quality care in the public and private sectors, some countries reported having improved or developed regulatory frameworks For example in India institutional quality assurance in the health system including the private sector will be pursued according to the guidelines disseminated by the central government In Nepal the Government recently established the Quality of Care Management Centre within the Family Health Division to provide support to district health-care centres for improving the quality of reproductive health services[16]

189 Strengthening national information systems including the development of indicators along with operational and policy-relevant research is considered a key to allowing more effective planning implementation and monitoring progress to achieve the reproductive health goals and objectives of the ICPD Programme of Action The Islamic Republic of Iran and the state of Rajasthan in India offer examples of efficient information system designs that are simple and clear to use at the service-delivery level In these systems only the most essential data are collected appropriate technology is applied and the findings are of immediate use both at the service-delivery level and at higher levels of the health-care system

190 However the essential issue regarding the quality of national information systems is the question of indicators Identifying indicators should entail a consideration of whether they measure process or output and whether they are qualitative or quantitative A number of international agencies including UNFPA WHO World Bank and the Evaluation Group supported by the United States Agency for International Development (USAID), have developed groups of global indicators to assist in the further adoption of indicators These indicators are now being tested in the field

191 At the national level it has been found to be an advantage if all stakeholders -- i e , all parties that can make use of the information such as community representatives service providers, programme managers and researchers -- come together in designing information systems They have to identify what information they need how should it be analysed and how the results should be presented to different users For example, the Latin American and Caribbean Health Network -- in collaboration with some Governments in the region -- identified six thematic issues to monitor in each country they work in including sexuality and the reproductive health of adolescents, quality of care management of unsafe abortion male involvement and the participation of women in decision-making Qualitative and quantitative indicators elaborated for each of these issues will be used to assess the reproductive health situation in each country[17]

Increasing Access to Reproductive Health Services

Communication and Education

192 Information and the confidence to take action in personal and institutional relationships are preconditions for sexual and reproductive health NGOs have been successful in building the knowledge base and confidence of women men and adolescents to claim their sexual and reproductive rights and promote their sexual and reproductive health including the effective use of health services

193 Many diverse and innovative communication methodologies and materials have been developed to empower people to act on their sexual and reproductive rights These include drama

mass media and peer education However the effectiveness of methodologies and materials has not always been evaluated and the content has not always addressed the common human experience such as sexuality and gender power relations including violence

194 Only a few communication programmes carried out mainly by NGOs have helped men understand how preventing women s access to sexual and reproductive health care endangers women's health and lives and helped them change their behaviour so as not to put women's health at risk and to protect their own health

Diversification of Service Provision

195 The diversification of service provision for selected reproductive health services through the participation of the private sector and NGOs has improved access in some countries For example, in Colombia PROFAMILIA an International Planned Parenthood Federation (IPPF) affiliate providing more than 60 per cent of the national family planning services, broadened the provision of reproductive health services after 1994 Through a cost-recovery programme, PROFAMILIA subsidized services in poor and remote communities and for teenagers Cost recovery helped to ensure voluntary and informed choice as well as to maintain a high quality of care[18]

Constraints of Access

196 Notwithstanding improvements economic conditions and the resulting poor health-care infrastructure in many countries continue to obstruct access to services Barriers to services include distance, cost, ignorance and the poor attitude of providers The separation of basic primary health-care services places an exceptional burden on women to meet their diverse needs and those of their children It also leads to duplication of infrastructural, management, information and other systems

Increasing Access to Health Services for Adolescents

197 The world today has the largest group of adolescents in history with 1 1 billion persons aged 10-19 Investing in these young people and providing them with real opportunities in life are vital steps in promoting individual and societal development However, far too many adolescents lack homes formal education work and beneficial recreation and many live in extreme poverty Opportunities for girls as compared with boys are especially limited

198 Programme experience indicates that adolescents need support to build self-esteem and to develop life skills and skills to manage intimate relationships and to practice gender equality Unprotected sexual relations place adolescent girls at risk for both unwanted pregnancy and STDs including HIV/AIDS and boys at risk for STDs including HIV/AIDS Therefore they need access not only to preventive services such as information and contraception but also to youth-friendly health services including diagnosis treatment information and counselling

199 In the 1998 UNFPA Field Inquiry it is reported that 55 countries had taken some measures to address the health needs of adolescents including reproductive health Among such measures were the inclusion of adolescent reproductive health in youth and national health plans, the development of policies and guidelines for adolescent reproductive health and the establishment of ministries of sports and youth In some countries NGOs were especially active in testing new approaches to

programme development for adolescents such as peer education skills-building and counselling Actions to foster understanding and support among adults in the family and in the community were being recognized as key investments

200 In Colombia PROFAMILIA supported activities in youth centres in 20 of the country s cities where the youth population have at their disposal medical services diagnostic support and information and sexual and reproductive health education In Kenya the song "I Need to Know" performed by young Nairobi musicians was a hit The song helped adolescents ask for a reproductive health component to be added to school health services In the Marshall Islands a youth- to- youth programme trained peer educators and counsellors so that they could provide health education on issues such as teenage pregnancy STDs and HIV/AIDS substance abuse and nutrition to youth their families and the community The project also catered for the contraceptive needs of adolescents

201 Young girls are at particular risk of reproductive ill-health More than 14 million adolescent girls give birth each year A large proportion of these pregnancies are unwanted WHO estimates that as many as 4 4 million abortions are sought by adolescent girls each year Harmful practices such as FGM and child marriage followed by expectations of early child-bearing further increase the risk of reproductive ill-health in adolescent girls

202 Early child-bearing also narrows the life opportunities of girls In many countries girls who become pregnant are not allowed to continue to attend school In others the education of boys is simply valued higher than that of girls The result is that girls constitute two thirds of the more than 130 million children not attending school Some countries have however begun to take measures to promote girls education including direct incentives such as waiving fees or providing a small payment or food allocation for girls attendance and adapting the school system to facilitate girls participation For instance over the past decade the Bangladesh Rural Advancement Committee created more than 30 000 schools offering non-formal primary education in which 70 per cent of the pupils were girls [19]

203 Many studies show that sex education promotes responsible attitudes and behaviour These studies also show that providing adolescents with information and services on reproductive and sexual health enables them to postpone the onset of sexual activity and that when they do engage in sex they are more able to protect themselves from pregnancy and STIs including HIV/AIDS

204 Ensuring adolescent sexual and reproductive health and rights as well as improved life opportunities equally for girls and boys will require much greater investment As yet few Governments have developed comprehensive strategies for investing in adolescent reproductive health

Increasing Male Responsibility

205 The ICPD Programme of Action recognizes that human sexuality and gender relations significantly affect sexual and reproductive health and that men need to take responsibility for their own sexual behaviour as well as to respect and support the rights and health of their partners Many countries have undertaken advocacy campaigns to broaden or promote male involvement in sexual and reproductive health Since the ICPD there has appeared to be some increase in men's use of

condoms and vasectomy and some expansion of male STD services In a few countries NGOs especially developed innovative approaches to support the involvement of males in pregnancy and child care and to encourage them to develop relationships based on equality and mutual respect For example in Mexico a group of midwives organized a programme to train Community Health Workers to encourage male participation in reproductive health care teaching men that pregnancy and birth are a family affair and not just women's business

206 It is increasingly recognized that work with boys and youth is essential Some countries strengthened legislation that supports men's roles in the family especially concerning child support There has been little improvement however in implementing laws concerning violence against women and overall progress on male involvement in this area has been limited

Ensuring reproductive health for refugees

207 Until recently reproductive health was not considered a priority in the provision of health services in emergency situations However the ICPD Programme of Action recognizes the need to ensure reproductive rights and to provide reproductive health care since reproductive health needs continue to exist This is especially true for adolescents and women Women are also at greater risk of sexual violence and rape in emergency situations

208 Since the ICPD reproductive health care has been increasingly guaranteed in all emergencies due to the improved capacity and mechanisms of response by the international community An initiative by United Nations agencies and international NGOs was instrumental in developing a coordinated and collaborative approach to reproductive health This included the development of a reproductive health manual detailing a basic package of services for emergency situations that includes maternal care family planning including emergency contraception and the prevention and management of STDs and HIV/AIDS Emergency reproductive health kits have also been developed and stockpiled for immediate distribution when needed

209 In 1995 an Inter-Agency Working Group was established under the coordination of the United Nations High Commissioner for Refugees (UNHCR) with the representation of 30 NGOs United Nations agencies governmental agencies and donor institutions to organize and facilitate reproductive health in all emergency situations As a result the Minimum Initial Service Package (MISP) was developed consisting of material resources necessary to implement services including essential drugs supplies and basic surgical equipment "

210 Also in 1995 the Reproductive Health for Refugees (RHR) Consortium was funded by organizations representing a mix of field service organizations public health organizations and policy/advocacy groups Needs assessment manuals and materials were developed

211 Although the capacity and mechanisms of the international community to respond to emergency situations have improved and comprehensive reproductive health services are now being implemented earlier in emergencies the availability of emergency health personnel skilled in reproductive health information and services remains limited

Addressing Components of Reproductive Health

212 Whether countries in their overall programme design have pursued the integration of services improved quality of care or increased access to services a more comprehensive reproductive health approach can be distinguished by looking at achievements in its key components Within the concept of integrated and comprehensive reproductive health three central issues have emerged as global concerns

- Meeting the need for family planning
- Ensuring maternal health and preventing and management of unsafe abortion and
- Preventing and treating STDs (including HIV/AIDS)

Some countries however are increasingly addressing other reproductive health issues -- namely the prevention of cervical and breast cancer and infertility

Meeting the Need for Quality Family Planning

213 Ensuring the ability of people to choose whether to become parents and if so to choose when and how often is not only a key intervention for improving the health of everyone but is also a human right For couples and individuals to decide freely and responsibly the number and spacing of their children a full range of safe and effective methods of family planning which meet the expressed preferences of people needs to be accessible and affordable

214 As of 1998 almost all countries had affirmed the right of couples and individuals to choose the number and timing of children and to have access to information and the means to do so Only two Member States continued to severely limit access to family planning[21]

215 In many countries policies limiting access to family planning services are being lifted Also in many countries regulations and policies are being reviewed concerning such issues as spousal authorization marital status and age limits or those that deny services to adolescents, to unmarried divorced or widowed women and to women who want to delay or space pregnancies but are not able to negotiate this with their husbands By 1997 however 14 countries still required spousal authorization for women to receive contraceptive services and 60 additional countries required spousal authorization for permanent methods[22]

216 Family planning remained the central focus of most programmes However a reproductive health approach to family planning was the first step taken in the majority of countries where ICPD implementation had begun This means that efforts now need to be more focused on meeting the needs of clients This includes reconsidering the range of contraceptive methods made available information and counselling services to enable contraceptive choice in the context of assessing the individual's sexuality partner's relations gender issues and the social context and information and counselling on side-effects and their management NGOs such as IPPF family planning associations (FPAs) and women's NGOs are leading in this domain However national programmes are also making progress For example the target-free approach was introduced in India in 1995 It discarded demographic and contraceptive goals replacing them with a "community needs

assessment" approach China similarly was endeavouring to change from pregnancy quotas to a client-centred approach based on reproductive choice in a programme being introduced with UNFPA support in 32 counties throughout the country

217 Some countries have adopted quality-of-care approaches which have included appropriate service facilities appropriate technology and training of personnel in counselling and communication skills and the availability of a variety of contraceptive methods Of the clinics studied in five Sub-Saharan African countries 81 per cent had at least four contraceptive methods in stock

218 Despite the encouraging emphasis on improving the determinants for quality of care this has not automatically led to clients actually receiving quality care A review of five situation analysis studies found that at clinics with four or more contraceptive methods in stock only 34 per cent of new clients interested in spacing births were informed about at least three methods In addition in clinics which had informational materials available these materials were actually used in less than one fifth of client-provider interactions Moreover between 23 per cent and 88 per cent of providers with water readily available did not wash their hands before a pelvic examination [24]

219 Some countries have made progress in ensuring informed consent in family planning settings In Bangladesh Mexico and Peru and in some states of India for example providers were better trained in providing information and in obtaining full voluntary consent from clients

220 Most developing countries with available trend data showed a substantial increase in contraceptive use The overall yearly increase in contraceptive prevalence for the developing countries was 1 2 percentage points per annum when weighted by the number of married women of reproductive age [25]

221 Although there appears to have been a substantial increase in contraceptive use in many developing countries various indicators suggest that the level of unmet need remained high at about 20-25 per cent of couples For regional groups the level of unmet need was highest in sub-Saharan Africa (29 per cent) and lowest in Latin American and the Caribbean (18 and 20 per cent)[26]

222 Two new contraceptive methods became available after 1994 once-a-month injectables and the female condom Approximately 22 countries in sub-Saharan Africa were beginning to provide the female condom clearly recognizing that women need a method that they can control In addition research shows that IUD CU T380A is now effective for 10 years Research organizations continued their work on contraceptive safety and post-marketing surveillance

223 Emergency contraception has become better known and accessible since 1994 It covers specific needs of women who are exposed to unprotected intercourse and can act early to prevent unwanted pregnancy Emergency contraception has been introduced in a number of countries and training efforts are also being undertaken

224 In 1998 the use of Quinacrine for female medical sterilization never considered safe by WHO was finally banned by the U S Federal Drug Administration which also requested the U S promoter to cease distribution of the drug in the United States and yield up all its stocks[8]

225 Donor support for contraceptives increased 15 per cent between 1994 and 1996 [29] By region donor contraceptive support for the Asia and the Pacific region doubled in 1996 from the year before The main reason for this was an expanded social marketing operation in the area Donor support for the Africa region over the period 1995-1996 was 52 per cent higher than the previous biennium Initiatives are under way at global and national levels among the public donor and commercial sectors to expand the role of the commercial sector to market lower priced hormonal contraceptives in developing countries to those who can afford them

226 The diversification of service providers has improved access to family planning services in many parts of the world For example social marketing increased by 13 per cent in 1997 More than 16 million couples in 55 countries benefited from social marketing in 1997 versus 14 4 million in 1996 The large increases were mostly the result of the Indian and Indonesian programmes A total of 937 million condoms were sold by social marketing programmes in 1997, an increase of 20 per cent over the previous year The sale of more than 900 million condoms indicates the importance of social marketing especially in view of the AIDS epidemic[30]

227 Access to family planning increased dramatically in the Central Asian countries of Kazakhstan Uzbekistan and Kyrgyzstan In these three countries 59 per cent of married couples were practicing contraception including modern and traditional methods compared with less than 20 per cent who did so in 1990 [1]

228 Despite advances in contraceptive technologies and the delivery of family planning services there remain many people whose access to information and services is severely restricted by logistical social and behavioural obstacles These obstacles can be overcome with sensitivity to the changing needs of users and their constraints and with greater attention to logistic systems management capacity and public information Providing family planning in the context of comprehensive reproductive health services and encouraging men to accept and support their partners' contraceptive choices will help remove these barriers

229 Methods for male fertility regulation remain severely inadequate In this regard donors and the private sector should increase investments in research and the development of new methods for men as well as female-controlled barrier methods to prevent STD transmission as well as pregnancy

Promoting Women's Health and Safe Motherhood

230 Greater awareness of the risks of maternal mortality and morbidity exists than 10 years ago due to the momentum generated by the Safe Motherhood Initiative reinforced by the ICPD and other United Nations conferences The international health and development community has recognized that maternal mortality is both a development and a human rights issue WHO and UNICEF estimated that there were 585 000 maternal deaths in 1990 For every women who dies many more suffer severe injury or ill-health The ICPD target is to reduce the 1990 levels of maternal mortality by one half by the year 2000 Although accurate measurement is difficult it is clear that maternal mortality levels remain highest in sub-Saharan Africa and South-East Asia [2] and more generally that women in developing countries face an unacceptable and far greater risk of death in pregnancy and childbirth (1 in 48) than do women living in developed countries (1 in 1 800)

231 In 1997 a major technical consultation in Colombo Sri Lanka organized by the Inter-Agency Group in Safe Motherhood (which includes UNICEF UNFPA the World Bank WHO IPPF and The Population Council) reviewed strategies and approaches to reducing maternal mortality The meeting concluded that training traditional birth attendants (TBAs) providing antenatal screening for high-risk pregnant women and providing simple birth kits was not enough Women must have access to skilled personnel at delivery including assisted delivery and life saving treatments backed up by transport in case emergency referral is required and to post-partum care To realize this goal sufficient numbers of skilled attendants -- primarily midwives -- need to be trained and deployed especially in rural areas They need to be supported with adequate supplies and equipment regulations that permit them to carry out necessary procedures and supportive supervision and monitoring TBAs trained or untrained are not defined as skilled attendants[22]

232 At the meeting it was also recognized that women need to have more autonomy and choices Increasing education for girls and women and expanding their access to income-earning opportunities and to opportunities for learning life skills can help them improve their status and their access to resources In this way they could better avoid poor reproductive health and unsafe motherhood even before pregnancy occurs

233 Despite the limited progress overall some Governments invested resources and developed innovative approaches some begun before the ICPD In Tunisia for example the Safe Motherhood Programme was initiated in 1990 to improve the quality and coverage of maternal and neonatal health After the ICPD the Ministry of Health developed a comprehensive reproductive health strategy with other components such as reproductive cancers and the prevention and management of STDs In Indonesia the coverage of antenatal care and supervised delivery significantly improved after the Government developed a programme to train more than 54 000 community midwives In Ghana Nigeria Uganda and Viet Nam projects were developed to train midwives in life-saving skills a training package developed by the American College of Nurse-Midwives The skills covered in the training were those needed to save the lives of women during obstetric emergencies including risk assessment problem-solving and clinical management In Uganda the Ministry of Health launched a pilot project in one district to establish a sustainable referral system, which included strengthened referral facilities communication and transportation As a result obstetric referrals and Caesarean sections increased threefold between 1995 and 1996 [4]

234 Interventions in maternal health are among the most cost-effective in the health sector A key challenge to their improvement is to alter existing health facilities logistic systems and training to ensure appropriate and effective care Another challenge is to overcome social barriers to access

Prevention and Management of Unsafe Abortion

235 WHO estimates that some 20 million unsafe abortions take place in developing countries each year and that as many as 70 000 women die accounting for 13 per cent of maternal deaths [23] Most countries are strengthening efforts to prevent unwanted pregnancies and some are working more systematically to reduce the health impact of unsafe abortion which remains a major public health concern A study by the Alan Guttmacher Institute of abortion laws of 152 nations and territories with a population of 1 million or more found that since 1985 19 countries (among them 3 since 1994) enacted new or modified existing abortion laws to expand women's access and choice

236 The prevention of unwanted pregnancies is the primary objective of any family planning programme or family planning component of reproductive health programmes The correlation of such efforts to decreasing abortion rates is illustrated in the three Central Asian Republics of Kazakhstan Uzbekistan and Kyrgyzstan Data from the Ministries of Health show that the use of modern contraception increased in these countries from 30 per cent to 50 per cent since the beginning of this decade[6] At the same time reported abortion rates declined by as much as 50 per cent

237 High rates of abortion are also characteristic of a number of eastern European countries Here too efforts are under way to reverse this by increasing contraceptive use An interesting example is Romania where family planning was illegal under the previous regime Consequently maternal mortality levels caused by unsafe abortions were very high A dramatic fall in the maternal mortality ratio was evident after December 1989 when an abortion law was enacted However to further decrease maternal mortality levels caused by abortion complications the promotion of modern family planning methods within the scope of the law were made priorities[37]

238 A number of countries -- including in Africa Ghana Ethiopia Kenya Malawi Nigeria South Africa Uganda the United Republic of Tanzania Zambia and Zimbabwe and in Latin America Brazil Chile Ecuador El Salvador Guatemala Honduras Mexico Nicaragua Paraguay and Peru -- have focused on reducing the health impact of unsafe abortion through post-abortion care As of 1997 more than 114 hospitals and health centres in Mexico were using manual vacuum aspiration (MVA) for the treatment of incomplete abortion In Ghana a study was undertaken on the training of midwives working at primary and secondary levels to offer post-abortion care including the treatment of incomplete abortion The study demonstrated the feasibility and acceptability of authorizing mid-level providers to offer post-abortion care and had far-reaching repercussions in areas such as improved referral with area hospitals better community education about unsafe abortion and improved standing of these midwives within their communities[38]

HIV/AIDS and STDs

239 The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that 33 4 million people currently live with HIV/AIDS of whom 5 8 million were newly infected in 1998 the majority due to unprotected sexual intercourse An estimated 13 9 million AIDS deaths have occurred since the beginning of the epidemic 2 5 million of them in 1998[9] It is further estimated that half of all new infections are to young people between the ages of 15 and 24 The HIV/AIDS epidemic draws its largest toll in Sub-Saharan Africa where 20 8 million or close to 70 per cent of HIV-infected people live In 29 countries of this region life expectancy at birth is already 7 years less than it would have been in the absence of AIDS Moreover a total of 7 8 million equaling 95 per cent of children who are orphans because of the disease live in Sub-Saharan Africa Nevertheless several countries still do not recognize HIV as a major threat to public health[40]

240 UNAIDS which became operational after the ICPD is co-sponsored by UNICEF the United Nations Development Programme (UNDP) UNFPA UNESCO WHO and the World Bank The mission of UNAIDS is to lead strengthen and support an expanded response aimed at preventing the transmission of HIV providing care and support reducing the vulnerability of individuals and communities to HIV/AIDS in full partnership with its United Nations co-sponsors Since January 1996 UNAIDS theme groups consisting of representatives of the co-sponsoring organizations and

in some places of other interested parties have been established in most countries to increase the efficiency and effectiveness of the response of United Nations system and to coordinate HIV/AIDS activities among the co-sponsoring agencies and with national AIDS programmes NGOs are also members of the theme group or technical working group in a number of countries including Brazil Chile Democratic Republic of the Congo Jordan Rwanda and Swaziland

241 There is widespread agreement that RTIs and STDs including HIV AIDS prevention and treatment should be an integral component of reproductive health programmes Since the ICPD much effort has gone into developing operational strategies and apparatus Studies have demonstrated the feasibility of integration Specifically reproductive health programmes can reduce levels of STDs including HIV AIDS by

- Providing information and counselling that addresses critical issues such as human relationships including sexuality gender roles and power imbalances between women and men and mother-to-child transmission of HIV

- Distributing female and male condoms and

- Diagnosing and treating STDs developing strategies for contact tracing and referring people infected with HIV for further services

242 Some case-studies indicate that the training and support for service providers is insufficient especially in such activities as information and communication and counselling For instance four case-studies conducted in East and Southern Africa underline the need for providers to have sufficient training available equipment and implementation aids These studies also identify as important factors for the success of integration the providers willingness to discuss sexuality and STDs with clients and their ability to correctly identify risk cases for screening

243 The education of young people is clearly critical to promoting behavioural change in human relationships values and norms regarding gender roles and gender power imbalances In 64 countries support had been provided for the integration of HIV/AIDS-prevention modules into in-school and out-of-school education programmes According to a 1997 UNAIDS review of the impact of preventive education on the sexual behaviour of young people quality sex education helps adolescents delay sexual intercourse and increase safe sexual practices [41] The value of focused efforts can be seen in Uganda where a direct and comprehensive approach was taken to address the problem among young people in particular and where HIV/AIDS prevalence rates are now stabilizing among youth

244 The technology for HIV/AIDS prevention and control is still inadequate A vaccine is not yet available but an important accomplishment has been the development of the female condom the only female-controlled barrier method that can protect against HIV transmission Countries have already introduced this new method as a result of the organized demand of women's groups and in recognition of the importance of supporting women's control in this area Indications are that the public-sector price will fall in response to increasing demand With regard to microbicides 40 new leads have been identified and 15 are now in the clinical trial stage

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245 UNAIDS UNFPA UNICEF and WHO in 1998 embarked on a new initiative to reduce HIV transmission from mother to child in low-income countries The initiative aims at offering voluntary and confidential HIV counselling and testing to pregnant women and at providing those who learn they are infected with antiretroviral drugs better birth care safe infant-feeding methods and postnatal counselling and family planning The initiative seeks initially in approximately 11 pilot countries to translate into action the findings of research into the efficacy of short-term drug regimens as in one study in Thailand which found that a one-month course of an antiretroviral drug had effectively halved the risk of HIV infection in non-breast-fed infants born to HIV-positive women

Further Action Required

246 To fully realize the goals and objectives of the ICPD Programme of Action in reproductive health and rights a number of key areas require increased attention Future actions must be based on the principles goals and objectives adopted by the ICPD which emphasize the universality of human rights including the sexual and reproductive rights of women men and adolescents and the need for partnerships of all kinds to enable Governments to meet the ICPD Programme of Action objectives

Developing Reproductive Health Policies

247 Governments should ensure that national health plans including health-sector reform processes fully take into account the sexual and reproductive health needs of their population

248 Government and donors should both facilitate and finance participatory policy development processes to include representatives of all stakeholders To ensure effective progress and accountability policies must include a strategic implementation plan that takes into account human resources institutional capacity and resource availability

249 Governments should enact and implement legislation and policies required to meet the commitments made in Cairo using all necessary and appropriate means such as removing restrictive laws They should continue to promote reorientation of the health system to ensure that policies strategic plans and all aspects of implementation are rights-based cover the life cycle and serve everyone

250 Governments should invest in training parliamentarians legislators and the media in the importance of the Programme of Action

251 Governments should engage not only the health sector but all relevant sectors in policy development and implementation

252 Governments should develop reproductive health programmes based on an assessment of sexual and reproductive health needs which fully involves all stakeholders

253 Governments should ensure that NGOs and the private sector are enabled to make their fullest possible contribution to national reproductive health programmes

254 Governments and the international community should ensure that the continuing reproductive health needs of individuals especially women and adolescents in emergency situations are met

Implementing Quality Sexual and Reproductive Health Programmes

255 To move vertical services and management systems towards integrated comprehensive care Governments supported by donors and NGOs will need to undertake several actions as follows

- Bring about the structural integration of reproductive health services or at least functional integration including effective referral systems training and supervision
- Increase investments in standards of service provision maximizing the use of existing resources to provide quality services and conducting continuing evaluation
- Increase investments in training not only to provide technical skills but also to prepare providers to communicate clearly with empathy and with respect for human rights, gender equality (including a recognition of violence against women) and dignity and to provide dignified care and
- Improve regulatory frameworks and their application to ensure high-quality care

256 All reproductive health service providers should have integrated reproductive health training, which would increasingly enable them to provide additional reproductive health services at the primary health level

Strengthening Communication and Education

257 Governments as well as NGOs should increase their efforts to evaluate the effectiveness of communication techniques and materials and share them widely The content must address all appropriate aspects of sexual and reproductive health including sexuality power relations between men and women and violence

258 The mass media should be encouraged to convey images and messages that are respectful of both women and men foster positive adolescent health and promote gender equality

Increasing Access to Health Services for Adolescents

259 Governments should develop and implement a national plan for investing in young people The plan should include education vocational training income-generating opportunities and sexual and reproductive health information services Special attention should be given to gender equality and equity and to youth who are disadvantaged due to poverty residence or disability

260 Governments should ensure that sexual and reproductive health programmes encompass more than "sex education" and the provision of contraceptives They should include basic health care and STD screening and treatment effective referral services and counselling that addresses sexuality builds self-esteem and promotes gender equality skill training to develop broad-based life skills including assertiveness and decision-making training to resist peer pressure or abusive situations and to manage sexual feelings and overtures both wanted and unwanted

Increasing Male Responsibility

261 Governments together with NGOs and international organizations should enhance their support for the promotion of male responsibility in reproductive and sexual health including respect for human rights support for a partner's access to reproductive health care and increased responsibility in child care Information on and access to contraceptive methods that provide protection against STDs including HIV AIDS need to be extended as a way of helping men to take responsibility for their own reproductive and sexual behaviour

Meeting the Need for Quality Family Planning Services

262 Governments should increase their efforts to ensure access to a full range of safe contraceptive methods including new options such as the female condom and emergency contraception

Promoting Women's Health and Safe Motherhood

263 Governments and donors should invest in training skilled providers and in ensuring effective access to well-staffed and equipped first-referral-level hospitals including transport and much stronger interventions to help the community -- particularly males -- understand and accept their roles and responsibilities in preventing maternal mortality

Preventing and Managing Unsafe Abortion

264 Governments should train and equip health personnel to provide post-abortion care and provide reliable information compassionate counselling and post-abortion family planning

265 International agencies should develop a system for monitoring the implementation of paragraph 8 25 of the ICPD Programme of Action

Dealing with HIV/AIDS and STDs

266 Countries should increase access to female condoms Investments are urgently required for research and development of microbicides simpler diagnostic tests and single-dose treatments Service and communication campaigns must include sexuality and gender power issues

267 Governments and the international community should ensure that prevention and management of STDs including HIV/AIDS become an integral part of reproductive health programmes particularly at the primary health-care level

268 Governments and the international community should make HIV/AIDS prevention and control a priority at the highest political level and immediately focus their major efforts in the most severely affected countries in Southern Africa

Chapter V BUILDING PARTNERSHIPS

Forging Partnerships with the Non-Governmental Sector

269 The ICPD marked a turning point in international policy-making It has become synonymous with the spirit of inclusion cooperation and consensus for a new generation of reproductive health and population-related policies based on human rights gender equality and equity and partnership The Programme of Action is an intergovernmental instrument adopted by 179 Governments it is also a reflection of unofficial discussions between government delegates and NGO representatives at the ICPD It recognizes that to implement the conceptual shift to an approach highlighting human-centred development and the life-cycle concept of sexual and reproductive health within the fuller framework of sustainable human development a broad-based and interactive collaboration among Governments the international community and civil society -- especially NGOs and the private sector would be required Thus the Programme of Action calls for the promotion of an effective partnership between all levels of Government and the full range of NGOs and local community groups in the design implementation coordination monitoring and evaluation of population policies and programmes It also calls for strengthening the partnership among Governments international organizations and the private sector to identify new areas of cooperation and for the promotion of the role of the private sector in service delivery and in the production and distribution of high-quality reproductive health and family planning commodities and contraceptives which are accessible and affordable to low-income sectors of the population

270 Four years after Cairo changing development paradigms have shifted the roles of Government civil society and the international community Partnership has emerged as a basic element to support and advance the Programme of Action implementation process both vertically and horizontally Since the ICPD important changes have taken place in many parts of the world which have both strained the existing patterns of and provided new opportunities for the political economic and social construct The changes have contributed to creating a public setting that undergirds the idea of a civil society Emerging patterns are creating different institutional arrangements which have given a major thrust to the rationale for the increased inclusion of civil society in an holistic development process

271 It has become increasingly apparent that Governments alone cannot manage to provide the development services to meet the basic human and social needs and aspirations of their citizens The involvement of civil society in initiating and sustaining social and economic transformation has become essential in the context of economic globalization privatization limited resources and the downsizing and decentralization of the government apparatus At the same time new information technologies are dramatically transforming the global context of information exchange and the sharing of ideas and experiences from cities to communities The full participation of civil-society organizations and leaders will become increasingly critical particularly with respect to the provision of reproductive health information and services as well as the promotion of advocacy and social mobilization efforts in order to carry forward the goals of the Programme of Action

272 A review of progress over the last few years on the scope of collaborative efforts with civil society provides a basis for optimism Major strides have been taken in procedural areas such as positive changes in the concept of participation and the processes for consultation recognition of the changing roles of civil society increasing acceptance of innovative and varied development approaches including decentralized and community-based modalities and improved partnership among United Nations organizations and bodies Similarly the context for substantive discourse and action by all parties has also changed with increasing awareness of the societal dimensions of development and economic issues growing recognition of the necessity for a human rights-based approach expanding acceptance of reproductive and sexual health concepts and programmes and deepening awareness and acknowledgment of gender inequities and the need for gender equality and the empowerment of women

Creating an Enabling Environment for Partnership in Policy Formulation and Programme Implementation and Monitoring

273 After the ICPD most if not all Governments accepted the increasing involvement of a broad range of civil society representation in all aspects of national development including the promotion of reproductive health and rights Although NGOs in particular have long been active in the population and reproductive health areas their roles and responsibilities dramatically expanded after the ICPD due to *inter alia* economic globalization reduction in government human and financial resources the increased demand for reproductive health services and the need for realization of human rights including gender equality and equity As of mid-1998 at least 106 Governments recognized -- and of these 48 Governments supported -- NGO/civil-society involvement in the implementation of the Programme of Action 59 Governments included NGOs in all phases of the formulation implementation monitoring and/or assessment of population policies plans and programmes while 28 Governments included NGOs only in the formulation and implementation of programmes and projects Many Governments have adopted significant measures since 1994 to promote the involvement of NGOs at various stages of policy and/or programme implementation in areas such as reproductive health and gender equality The most general new measure adopted was to include representatives of NGOs or other civil society members on the national bodies responsible for formulating policies In some other countries Governments made efforts to involve NGOs in policy formulation through policy dialogue or consultation Regarding programme implementation numerous Governments established an office to coordinate programmes with NGOs in other cases NGOs implemented government-funded programmes Little or no cooperation between Governments and NGOs seemed to exist in only a few countries primarily due to mutual mistrust civil unrest or political instability Even in many of these situations, however the international community played a constructive role by ensuring the inclusion of all appropriate parties in the implementation of the Programme of Action

274 Notwithstanding the new policies legislation or other measures that have been adopted by many Governments to enable NGOs to play a larger role in population programme implementation the enabling environment for NGO participation needs to be further strengthened in most countries

Strengthening the Human Resource and Institutional Capacity of Civil Society for Effective Partnership

275 For the civil society to become an even more effective partner in advancing the Programme of Action agenda it is crucial that the human resource and institutional capacities of civil-society organizations be significantly strengthened Since 1994 only limited progress has been made in this respect In some countries Governments took strong measures to strengthen the institutional capacity of civil society including *inter alia* the provision of funding and the removal of cumbersome legal restrictions Government provision of technical and financial support to NGOs however was hampered for various reasons including the limitations of government resources and the difficulty of selecting recipients from among the large number of local NGOs

276 Almost all Governments allowed NGOs to receive funding directly or indirectly from external donors In at least 57 countries Governments permitted direct funding of NGOs from all external donors (e g international NGOs bilateral and multilateral donors) with no restrictions due to the relatively recent difficult economic situation and the reduction or withdrawal of external bilateral assistance in some cases governmental restrictions on external funding of NGOs seems to have eased In at least 27 countries direct funding with some restrictions (e g Government to be informed limitations on amount of funding) was permitted In at least 21 countries indirect funding through government channels or with their approval was allowed External funding however also poses several dilemmas increased competition among NGOs for such funding lack of strategic planning regarding institutional and programmatic objectives and sustainability by NGOs due to their predominant reliance on external donors which may have their own agendas and crises of institutional and programme viability when external funding is withdrawn from NGOs

277 The contribution of civil society to the advancement of population issues has been enormous In particular most of the achievements in reproductive health and rights especially in the area of family planning are due to efforts of courageous women leaders the energy of volunteer workers and the commitment of NGOs NGOs at international regional and country levels continue to play a vital role in the wide gamut of population and reproductive health activities The importance of their participation in public policy and decision-making research advocacy education and training service provision and monitoring and evaluation cannot be overestimated or overstated Nevertheless it is clear that although civil society and NGOs in particular have been instrumental in the progress achieved to date the vast potential of civil society in the population field has only begun to be tapped

278 For civil-society institutions to play their full role their organizational capacities and management capabilities must be significantly increased and enhanced In many countries the civil society has taken initiatives to strengthen their institutional sustainability build coalitions and mobilize resources Overall however in most countries NGOs have achieved only limited progress towards strengthening their institutional and financial sustainability enhancing networking with other organizations improving their transparency accountability and responsiveness to constituencies or in mobilizing additional public and financial support for population activities The limited achievements in this respect hamper the potential contributions to be made by NGOs For example NGOs are appropriately recognized for the innovative approaches that they undertake The

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replicability and broad adoption of their innovative approaches however have often been stymied by weak or non-existent networking and coordination among NGOs themselves particularly at the country level For example in only about 21 countries have NGOs established a national coordinating group on advocacy and or for implementation of the Programme of Action In several countries where such a coordinating mechanism has been initiated issues of sustainability have arisen Similarly in only an estimated 25 countries have NGOs tried to coordinate their activities on a thematic basis (e g gender equality HIV AIDS and advocacy) whereas in about 12 others NGOs have instituted a forum for networking and information exchange In contrast in at least 53 countries no mechanism for NGO coordination or networking has been established

Promoting Partnerships with the Private Sector

279 The commercial private sector provides reproductive health-care services in nearly all developing countries In most of these the private sector had already been active before the ICPD for example in some countries the private sector had been operating clinics informing and educating the public or offering affordable commodities The private sector is most involved in social marketing programmes in which Government-subsidized low-priced contraceptives are distributed through commercial channels Multilateral organizations and international NGOs have strengthened country-level activities in the social marketing of contraceptives Innovative initiatives are now being undertaken by international organizations such as UNFPA to work with Governments and the private sector to minimize barriers and to facilitate cost reductions so that reproductive health services including contraceptive commodities may be made more accessible -- both more affordable and more available -- to the majority of the population while at the same time better enabling those who can afford to pay to do so Activities with the private sector to provide reproductive health information education counseling or services for employees or for local communities have been additionally undertaken or initiated for example by the TATA Foundation in India While progress has been made important opportunities for cooperation with the private sector remain to be explored Proactive initiatives are required to sensitize and more fully involve the private sector especially corporate leaders business associations and trade unions in all appropriate aspects of implementation of the Programme of Action

Recognizing the Unique Role of Parliamentarians

280 Parliamentarians play a unique role in the partnership between Governments and civil society They are in essence the bridges between the civil society and the government apparatus Significant progress at the advocacy level has sensitized parliamentarians to the Programme of Action issues As a result intra-parliamentary lobbying activities have increased relevant legislation has been promulgated and regional and international parliamentarian networks are thriving – for example the Asian Forum of Parliamentarians on Population and Development the Forum of African and Arab Parliamentarians on Population and Development the Inter-American Parliamentary Group and the Global Committee of Parliamentarians on Population and Development All-party parliamentary committees and groups however need to be established where they do not exist and strengthened to ensure that Governments meet their commitments to the ICPD Parliamentary advocacy has enabled the level of funding to be maintained and sustained in some countries where such funding was to be decreased or eliminated A number of donor

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countries however have not met their commitment to the process of meeting the ICPD target and resources have not significantly increased which may result in an overall shortfall if current trends continue In some developing countries Governments have increased the proportion of their allocations to the social sector while in countries with economies in transition health-sector allocations have decreased as a proportion of overall national investment

Strengthening Collaboration among United Nations and Inter-governmental Organizations

281 In 1994 the General Assembly adopted a resolution on the international follow-up of the ICPD that requested United Nations agencies and organizations to review and adjust their programmes in the context of the Programme of Action objectives and report to the Economic and Social Council (ECOSOC) on the respective policy implications It urged the organizations and bodies of the United Nations system and the Regional Commissions to actively implement the Programme of Action through the United Nations Resident Coordinator system at the field level This section highlights partnerships and collaborative efforts among the United Nations specialized agencies and funds inter-agency units regional commissions and intergovernmental organizations to achieve the goals of the Programme of Action

Partnerships and Collaborations among United Nations Agencies and Organizations

282 As a follow-up to the ICPD various United Nations agencies have collaborated on a range of initiatives relating to key areas of the Programme of Action UNFPA has often served as a catalyst to promote enhanced coordination as well as joint activities among sister United Nations organizations and other donor community partners in the implementation of the Programme of Action The examples summarized below are only an indication of the broad spectrum of such collaborative efforts

283 United Nations agencies have been working closely in tracking progress in reducing child and maternal mortality particularly in helping countries build a statistical base for monitoring and reporting on such progress Efforts have been made to bring together both users and producers of data to ensure that policy and decision makers have access to understandable and current information that will help them take informed decisions on the formulation and implementation of policies and programmes In collaboration with WHO and UNFPA UNICEF has issued *Guidelines for Monitoring the Availability and Use of Obstetric Services* which details measurement issues proposes a set of process indicators and provides options for collecting needed data In addition a core set of reproductive health indicators and methodologies for generating and analysing reproductive health information has been developed through a joint undertaking of UNFPA WHO and other United Nations system agencies and organizations

284 WHO UNICEF and UNFPA recently established a Coordinating Committee on Health (CCH) to enhance partnership and concerted action in achieving health and related social goals as well as in promoting the more efficient use of resources The CCH is a transformation of the UNICEF WHO

Joint Committee on Health Policy which was established 50 years ago The first CCH meeting took place in Geneva in July 1998

285 WHO UNICEF UNFPA the World Bank and two NGOs - IPPF and the Population Council - have co-sponsored the Safe Motherhood Initiative which focuses on five key areas of action advocacy epidemiological social and operational research information dissemination human resource development and health-service improvement measures (e.g. renovation of facilities provision of equipment and supplies and support for training for essential obstetrical care) in numerous countries In October 1997 a technical consultation on Safe Motherhood was held in Sri Lanka to review progress on this aspect of reproductive health

286 Regarding adolescent reproductive health UNFPA UNICEF and WHO have developed a common agenda for action and support through the WHO Adolescents Health and Development (AHD) Programme The AHD Programme aims at using and expanding the available knowledge base to achieve effective and sustainable programmes facilitating action in countries expanding human institutional and material resources to promote adolescent health and development and providing technical cooperation to countries and key partners

287 Harmful traditional practices concern both the health and the rights of women and children UNFPA UNICEF and WHO are undertaking concerted action to support policies and programmes that can bring an end to the harmful traditional practice of FGM Within this collaboration WHO focuses on increasing knowledge through a research and development programme and promoting ethically sound policies and approaches UNICEF emphasizes the elimination of FGM through the work of its field offices and country programmes UNFPA continues to advocate for the elimination of FGM and supports the review and revision of national policies laws regulations and traditional practices which serve to perpetuate the practice UNFPA sponsored a technical consultation in Ethiopia in 1996 with representatives from 25 countries to discuss *inter alia* the types of training research and services needed to eradicate the practice The potential impact of such advocacy is highlighted by the tremendous success of the UNFPA-funded Reproductive Education and Community Health (REACH) Programme in Kamonkoli district Uganda where community-based agents involved community leaders and other persons from all sectors of society in sensitization seminars about the harmful aspects of FGM The REACH Programme resulted in a 39 per cent drop in FGM in less than one year

288 Six co-sponsors – UNDP UNESCO UNFPA UNICEF WHO and The World Bank – have pooled and focused their efforts through UNAIDS to strengthen the capacity of the United Nations system to inter alia assist Governments and civil society to effectively respond to the HIV/AIDS epidemic and to improve the content of access to and use of the body of knowledge needed to accelerate prevention and control of HIV AIDS UNAIDS also gives a high priority to developing advocating and implementing best practices in combating the epidemic At the country level United Nations Theme Groups on HIV AIDS have been established to support an expanded multisectoral response to the HIV/AIDS epidemic and have become a key mechanism for coordinated and joint United Nations action in data collection and analysis advocacy and awareness campaigns and prevention programmes and provision of financial and technical support

289 Recognizing that the provision of reproductive health services is as important as providing other services in refugee and emergency situations UNHCR and UNFPA have given a new impetus to meeting reproductive health concerns in refugee and emergency situations The two agencies have signed a memorandum of understanding establishing a framework for collaboration for the benefit of persons in refugee situations UNHCR and UNFPA are jointly developing strategies and programmes to provide reproductive health information and services for women men youth and adolescents and to combat sexual violence and organizing joint assessment monitoring and evaluation missions relating to reproductive health information and services

290 The BSSA Task Force established in 1995 expanded the terms of reference of the earlier Inter-Agency Task Force on the Implementation of the Programme of Action of the International Conference on Population and Development Eighteen United Nations organizations and agencies including the Bretton Woods institutions participated in the BSSA Task Force The mandate of the Task Force encompassed the following key concerns population with a special emphasis on reproductive health and family planning services basic education primary health care drinking water and sanitation shelter and social services in post-crisis situations The BSSA Task Force mandate also encompassed the main parameters of the 20/20 Initiative (The 20/20 Initiative is a mutual commitment between interested developed and developing country partners to strive to allocate on average 20 per cent of their ODA and 20 per cent of their national budgets respectively to basic social services) The Task Force factored into its work the following cross-cutting dimensions selection and use of indicators gender perspectives resource mobilization policy frameworks the targeting of specific groups including those in post-crisis situations and the involvement of civil society

291 The Task Force adopted a pragmatic and time-bound programme of work that would clearly respond to key issues and priorities at the country level using the modality of working groups with lead agencies These included the Working Group on Primary Health Care (led by WHO and UNICEF) Working Group on Reproductive Health (led by WHO) Working Group on Basic Education (led by UNESCO) Working Group on International Migration (led by ILO) and Working Group on National Capacity-Building in Tracking Child and Maternal Mortality (led by UNICEF) UNFPA served as the Chair of the BSSA Task Force

292 The Task Force maintained a strategic focus on its primary objective to provide coordinated support to the United Nations Resident Coordinator system in assisting developing countries to implement policies and programmes for achieving the goals adopted at recent United Nations global conferences Member organizations of the BSSA Task Force also focused on strengthening and expanding their collaboration with civil-society organizations and the private sector to maintain strategic partnerships among all development partners One of the principal outputs of the Task Force was a set of Guidelines to enable the Resident Coordinator system to bridge the normative and operational dimensions of social-sector activities The Task Force also developed indicators to enable countries to better monitor their progress in achieving the goals agreed to at the United Nations global conferences Other end-products included a wall chart on basic social services guidelines on key areas of the Programme of Action a report on lessons learned/best practices in donor collaboration for assistance to the social sector an information card on advocacy for basic social services and a compendium of international commitments relevant to poverty and social integration

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United Nations Regional Commissions

293 Recommendation 16.16 of the Programme of Action calls on regional commissions organizations of the United Nations system functioning at the regional level and other relevant subregional and regional organizations to play an active role within their respective mandates to implement the Programme of Action through subregional and regional initiatives on population and development and to coordinate their activities in order to ensure efficient and effective action in addressing population and development issues relevant to their regions

294 Since the ICPD the ECA has established a committee of Member States with the Bureau of the third African Population Conference as core members to review progress on the implementation of the Dakar/Ngor Declaration and the ICPD Programme of Action Some of the programmed research studies have focused on the following areas management of family planning programmes urban environment and health infant child and maternal mortality population and conflict impact of environmental policies and programmes relating to population and human settlements and the convening of a Regional Working Group on the Recommendations for the 2000 Round of Population and Housing Censuses ECA has held seminars and workshops on the integration of population factors in development planning patterns causes and consequences of female migration, and adolescent fertility in Africa Special emphasis is being given to population policies in the context of their relation to food environment and sustainable development Arrangements are under way to create better collaborative relations between ECA and its development partners in assisting Member States

295 In 1996 ECE with support from UNFPA focused its population efforts on the countries with economies in transition Assistance was provided for data collection and analysis research and the dissemination of policy-relevant information in the key areas of fertility and reproductive health population ageing and international migration The ECE project on population ageing and elderly persons is based on censuses conducted *circa* 1990 in about 15 mostly central and eastern European countries Comparative research and country-specific analyses are based on national data sets including information on living arrangements work and retirement patterns and housing conditions ECE is collaborating with the United Nations Department of Economic and Social Affairs the Statistical Office of the European Union (EUROSTAT) the Council of Europe and the Organization for Economic Cooperation and Development (OECD) to streamline the collection and dissemination of population statistics in the region

296 ECLAC and the Latin American Demographic Centre (CELADE) conducted joint activities with national statistical offices and other institutions to produce new population estimates and projections at the country level CELADE is implementing a project on international migration in Latin America (IMILA) which comprises a database with information from each national census on persons born abroad A project funded by the Inter-American Development Bank (IDB) was designed to integrate population variables into specific IDB investment programmes and projects launched by CELADE IDB CELADE produced a book on the impact of demographic trends on social sectors and prepared several technical reports on methodological issues connected with the integration of population factors into social sector policies and programmes CELADE which developed a specialized computer software package to analyse geographically disaggregated data

down to the city-block level has offered several workshops on the utilization of an updated version This software is now in use for social programming at the municipal and ministerial levels in various countries of the region In close cooperation with POPIN information has been put on the Internet by the Bibliographic Information System for Latin America and the Caribbean

297 ESCAP has focused its efforts on addressing population environmental poverty and quality-of-life issues using population data for local area development planning strengthening monitoring and evaluation systems for measuring progress in reproductive health/family planning programmes strengthening policy analysis and research on female migration employment family formation and poverty and studying implications of ageing for Asian families and the elderly and assisting Governments in developing and strengthening policies for involving the elderly in social and economic development

298 ESCWA organized an Expert Group Meeting in 1995 in Cairo on Demographic Estimates and Projections for the Arab Countries Its Population Section has developed regular contacts with organizations specializing in applied system analysis with a view to designing and implementing a population projections project integrating for the first time demographic and related socio-economic variables The Population Section has undertaken two studies as part of the activities of the ESCWA Task Force on Poverty Alleviation in Western Asia one on population dynamics and poverty in the region and the other on Palestine Also in 1995 ESCWA embarked on an UNFPA-supported three-year project on Population Policies in the Arab Countries The project provides for training on population policy formulation implementation and monitoring for the technical staff of national population committees coordination meetings for the heads of the committees and the establishment of an ESCWA population policies integrated information system which will facilitate monitoring the implementation of the recommendations of the Arab Conference on Population and Development held at Amman Jordan in 1993 and of the ICPD Programme of Action

Partnerships among Inter-governmental Organizations

299 The World Bank has substantially increased loan allocations in the area of health including reproductive health gender education and other social development areas As a co-sponsor of UNAIDS the World Bank is one of the leaders in the funding of HIV/AIDS programmes and links its efforts to broader initiatives in reproductive health Through active partnership with several United Nations specialized agencies donor countries and NGOs the World Bank is supporting health-sector reform and capacity-building in the developing countries

300 The OAU adopted a resolution in 1995 requesting Member States to make policy, institutional and financial arrangements for the implementation of the ICPD Programme of Action Since then OAU has organized several seminars workshops and conferences for different target groups such as the diplomatic community in Addis Ababa Study tours to promote population issues will soon be implemented under this programme The objectives include seeking areas of collaboration and information exchange between Governments and NGOs on population issues

301 An intergovernmental initiative Partners in Population and Development (PPD) launched at the ICPD by 10 developing countries -- Bangladesh Colombia Egypt Indonesia Kenya Mexico

Morocco Thailand Tunisia and Zimbabwe -- commenced programme activities in 1996 with support from the Rockefeller Foundation UNFPA and the World Bank China and Pakistan joined the PPD in 1997 and India and Uganda in 1998 The PPD work plan includes strengthening the capacity of developing countries for South-South cooperation the promotion of "twinning" modalities and the development of training institutions PPD has focused on four priority areas to facilitate and coordinate South-South collaboration in research training and information I) integration of family planning and reproductive health services and the establishment of reproductive health structures ii) promotion and integration of STD and HIV/AIDS prevention and care within the reproductive health structure iii) provision of family planning reproductive health services aimed at the special needs of both male and female adolescents and iv) reduction of maternal mortality and morbidity

302 Through its country programmes UNFPA is encouraging countries to make use of South-South activities both as recipients and/or providers and to draw upon the technical resources of public institutions NGOs private organizations and individuals from developing countries UNFPA Representatives are required specifically to consider this modality during programme review exercises as well as in the formulation of country programmes and projects Consequently, UNFPA is supporting South-South exchange activities under several country programmes including those in the Dominican Republic Honduras Indonesia Kenya Malawi Thailand Tunisia Uganda and the United Republic of Tanzania

303 Following the ICPD the International Organization for Migration (IOM) incorporated into its strategic planning and operational programmes the objectives concerning international migration and development set forth in Chapter X of the Programme of Action IOM has also become involved in supporting government efforts to improve international dialogue on migration issues at the regional level especially with respect to the CIS and relevant neighbouring countries all of the countries of Central and North America and countries in East and South-East Asia For example IOM along with UNHCR was active in planning the 1996 CIS conference on the problems of refugees and displaced persons and in implementing the Conference's Plan of Action In Central and North America IOM has given substantive and logistical support to ongoing regional consultations among the participating States known as the Puebla Process In Asia IOM continues to assist the "Manila Process" which brings together 17 countries for regular exchanges of information on irregular migration and trafficking as well as a second regional process the Asia-Pacific Consultations which meets periodically to discuss a broad range of topics on population movements Among the other components of IOM s programmes are national migration policy workshops technical assistance on migration legislation and training workshops for migration officials including a major new International Migration Policy and Law course launched in November 1998 in Budapest as a joint endeavour of the United Nations Institute for Training and Research (UNITAR) UNFPA and IOM

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Constraints

304 Numerous constraints frustrate collaboration and constitute obstacles to the achievement of the partnership envisioned by the Programme of Action Governments have increasingly included NGOs in the population programme process However such inclusion has been primarily of NGOs as part of the government-directed programme Little coordination exists among the reproductive health programmes directed by the Government NGOs and the private sector these programmes operate separately and in parallel Thus one major constraint to partnership faced by both Governments and NGOs is the lack of a coordination mechanism another major constraint is that of insufficient financial resources Other constraints may include in varying degrees depending on the respective country insufficient NGO and Government institutional capacity human resources and trained staff insufficient NGO coordination a hostile or confrontational Government-NGO relationship a lack of awareness or understanding of the issues by the civil society, and a lack of awareness or understanding of the importance of partnership and weak political commitment

305 Other bottlenecks include divergent agendas and priorities among partner groups volatile political climates lack of a clear legal framework regulations and guidelines for the partnership unresolved stereotypes including biases about potential partners lack of trust among partner agents and agencies weak commitment to the partnership often evidenced by rhetoric which is not backed by action lack of communication among partners protection of vested interests cultural language class and race as well as religious biases and barriers hesitancy in collaboration based on historical legacies or former experiences fear of perceived dominance of the partnership by some players geographical preferences (the urban-centric bias) lack of human resource capacity especially given the increased staffing needs due to the decentralization of the government apparatus insufficient or poorly described information about the Programme of Action and loss of momentum since the ICPD

306 Regression has also occurred in some areas Advocacy with trade unions and employers' associations for implementation of the Programme of Action has subsided Reduced commitment of bilateral donors both in financial support and in their partnerships with civil society and decreased funding from official development assistance (ODA) for reproductive health has affected several countries

307 Further efforts are required for the building of strong dynamic partnerships at the national level It is critical for Governments to take a lead role in establishing a positive supportive enabling environment for partnership -- through the promulgation of appropriate policies and legislation the institution of modalities for interactive discussion and the development of a consensus on common objectives and strategies to integrate the Programme of Action into all economic and social activities and agreement on respective roles responsibilities and comparative institutional advantages for programme implementation For the institutions of civil society to play an effective role as development partners financial and technical assistance for capacity-building is essential Human institutional and managerial strengthening is vital for improved and enhanced accountability transparency sustainability coalition-building and responsiveness to constituencies For the broad range of private-sector companies their role may encompass inter alia the provision of a work environment safe for reproductive health the provision of reproductive health information

counselling and services for their employees on-site or as part of their insurance benefits package and the promotion of employment practices which promote gender equality and equity Private-sector companies engaged in commodity production insurance coverage or service provision have a special role in ensuring full access to a wide range of affordable high-quality reproductive health services

308 Government and civil society institutions have another critical role to play in extending the partnership to all individuals -- at every level in every city town and village Leaders including those in the political civic business media and religious spheres have a special obligation to translate the Programme of Action for their constituencies and to assist them in adopting the Programme s provisions as their own personal agendas for action The Programme of Action is meant to be a People s Agenda -- only in that way will its vision be transformed into action to open the future for the hopes dreams opportunities and choices of women men and youth everywhere

Further Action Required

Establish an Enabling Environment for Effective Partnership

309 In order to establish an enabling environment for effective partnership Governments working closely with civil society should

- institute common forums for dialogue for building partnerships
- adopt policy measures to facilitate the involvement of civil society particularly of NGOs in the formulation implementation and monitoring of strategies and programmes to achieve the Programme of Action objectives
- formulate a common framework for working together and establish the underlying principles governing their collaboration and partnership so that roles will be clear expectations will be realistic and programme accountability can be promoted
- identify key common legislative policy and programme issues as the basis for further collaboration
- identify key players and institutions to involve in addressing population and social issues and encourage the adoption of various approaches to enhance civil society participation such as the facilitation of community-based initiatives and
- develop transparent systems to become accountable to their respective constituencies

Strengthen the Human Resources and Institutional Capacities of Civil Society

310 Governments should adopt innovative financial and technical assistance approaches including direct funding to NGOs to foster effective partnerships

311 In order to enhance the institutional viability and programme sustainability of civil society donors should broaden the scope of their financial and technical assistance to include components to build and strengthen the human resource and institutional capacity and sustainability of civil

society institutions especially NGOs Governments should consider earmarking core grants to support civil society involvement

312 Civil society should establish mechanisms to promote and strengthen its human resources and institutional capacities Such mechanisms might include for example the establishment of training and research centres to build the managerial skills and organizational capacities of NGOs and the creation of an independent body to accredit NGOs and to set standards for NGO operations

313 Civil-society institutions especially NGOs should give increased attention to coalition-building and networking at the national and regional levels in order to promote programme replicability complementarity and synergy in addition to facilitating information exchanges and concerted action for policy and legislative inputs

Strengthen and Intensify Social Mobilization Efforts

314 Governments working closely with civil society should strengthen and intensify their social mobilization efforts They should formulate IEC and advocacy strategies which are bolder and more innovative than those used in the past and which are designed on the basis of socio-cultural and economic research to reach specific audiences within a broader spectrum of civil society For the Programme of Action to be adopted by all segments of the population it is crucial that the Programme of Action message be translated into the vernacular of the selected audience explaining it in terms which will have meaning within their realm of experience and hopes In addition more time and money should be devoted for the effective use of the media

315 Governments assisted by civil society should open up for public discourse controversial topics and cultural taboos in a manner which is culturally sensitive and which promotes justice and health

Promote Access to High-Quality Reproductive Health and Family Planning Services

316 Governments together with NGOs the private sector and international organizations should significantly increase their efforts to identify areas as well as promote innovative modalities for concerted action to achieve programme complementarity and synergy particularly with respect to reproductive health

317 NGOs and professional organizations should take the leadership role in assisting the Governments in determining appropriate standards for quality reproductive health service and in disseminating these standards to providers and clients

Encourage the International Community to Meet its Commitments

318 The international community needs to be encouraged to increase its technical and financial assistance for the implementation of population and development programmes in developing countries in fulfilment of the commitment established in the Programme of Action of the ICPD

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319 United Nations agencies and organizations should promote and strengthen inter-agency coordination and collaboration at all levels on selected population and development themes they should provide their field staff in particular with technical and operational guidance on selected themes in order to enhance coordination and collaboration at the country level

320 The United Nations Resident Coordinator system needs to liaise with and utilize the existing country-level inter-ministry theme groups a counterpart of the United Nations inter-agency theme groups to strengthen and expand linkages with NGOs the private sector and civil society and to draw upon their comparative advantages to build and strengthen national capacity

Chapter VI MOBILIZATION OF REQUIRED RESOURCES FOR IMPLEMENTING THE ICPD PROGRAMME OF ACTION

321 Full implementation of the ICPD Programme of Action envisages mobilization of resources for a variety of development sectors The Programme of Action while providing specific estimates in the areas of reproductive health and other population activities emphasizes the need to mobilize additional resources for other social-sector goals and objectives such as universal basic education and continued infant child and maternal mortality declines improvement of the status of women and poverty eradication While a large portion of the additional funds required will need to come from domestic resources the Programme of Action calls for a substantial increase in complementary resource flows from donor countries development banks international NGOs and foundations The costed-out portion of the Programme of Action estimates that in developing countries and countries with economies in transition $17 billion will be needed in 2000 including $5 7 billion from donor sources including development banks These figures increase slightly over the period 2000-2015 reaching $18 5 billion a year in 2005 and $21 7 billion by 2015 They reflect the level of resources required to finance activities in basic reproductive health including those related to family planning maternal health and the prevention of sexually transmitted disease (STDs) and HIV/AIDS as well as the collection and analysis of basic population data

322 UNFPA regularly collects data on flows of international financial assistance for population activities and annually publishes the *Global Population Assistance Report* based on the collected data [4] That report describes the levels trends and characteristics of international financial flows for population assistance Since January 1997 UNFPA has worked closely with the Netherlands Interdisciplinary Demographic Institute (NIDI) to collect annual data on both international and domestic financial resource flows for population activities This chapter draws heavily on data collected through that project

The Costed ICPD Reproductive Health and Population Package Donor Response

323 The term "external population assistance" is often used to indicate financial grants from donors (Governments or private foundations) and from multilateral organizations such as UNFPA as well as concessionary and "regular" loans from the World Bank and other development banks [44] Over the period 1990-1996 total external assistance to developing countries and countries with economies in transition increased substantially from $972 million in 1990 to $2 044 million in 1996 The increases in 1994 and 1995 around the time of the ICPD were especially steep rising 55 per cent over the two years Incomplete data for 1997 and 1998 indicate that increases have not continued and that there have instead been small decreases in external population assistance to developing countries (Table 6 1)

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Table 6 1 Trends in Total External Population Assistance, 1990-1997*
(in millions of $US)

	1990	1991	1992	1993	1994	1995	1996	1997
Total External Population Assistance	972	1 306	1 023	1 510	1 657	2 024	2 044	1 889

*1997 figures are provisional

Source UNFPA *Global Population Assistance Report* various years (New York UNFPA)

324 While the increases in assistance during 1993-1995 should be interpreted as reflecting support for the Cairo agenda the increases are also partly the result of definitional changes in what was meant by "population assistance" As a result of the broader population and reproductive health paradigm agreed to at Cairo the definition of what constitutes population assistance has been expanded Additional components of reproductive health have been incorporated into the definition of population programmes and into the accounting of resource flows

325 One reason for the slowdown in the growth of external aid for population after 1996 is the fall in the levels of Official Development Assistance (ODA)[4] As Table 6 2 indicates ODA peaked in 1992 at almost $61 billion and has since declined reaching $47 6 billion in 1997 [46] Seen in the light of this sizeable downward trend population assistance has fared reasonably well Preliminary estimates suggest that the share of ODA devoted to population assistance increased in 1997 to 2 8 per cent due to the faster erosion of overall assistance than of population assistance As discussed below new forms and sources of assistance have emerged in the past few years that needs also to be taken into account in assessing resource trends

Table 6 2 Official development assistance (ODA) of donor countries, 1990-1997
(in millions of $US)

	1990	1991	1992	1993	1994	1995	1996	1997
Total ODA	52 961	56 678	60 850	55 6 6	59 155	58 643	55 114	47 580
Total ODA for population	669	774	766	777	977	1 372	1 369	1 316
Population assistance as % of ODA	1 26	1 37	1 26	1 40	1 65	2 34	2 46	2 77

Source UNFPA *Global Population Assistance Report* various years (New York UNFPA)

326 The United States has historically been the largest provider of population assistance and until 1996 was increasing its aid in this area as fast as or faster than other countries Denmark the Netherlands the United Kingdom and Australia also notably increased their support for population activities in the 1990-1997 period

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327 The United States is also well ahead of any other country in the share of ODA allocated for population activities In 1995 approximately 9 per cent of its ODA went for population activities in 1996 7 per cent of its ODA was spent for population These percentages are unprecedented in the history of population assistance and lie far above the notional ODA target of 4 per cent for population assistance used in the early 1990s when the definition of population assistance was narrower However the level of ODA as a percentage of the gross national product (GNP) in the United States was in recent years under 0 3 per cent less than half of the long-standing agreed target of 0 7 per cent reaffirmed at the Social Summit in 1995 The shift in the definition of comprehensive reproductive health care to include safe motherhood and HIV/AIDS prevention programmes had a significant impact in increasing the funds counted as ODA in the population sector

328 It is noteworthy and encouraging that a number of donor countries with exemplary overall ODA performance records in the 1990s led by the Danish Norwegian and Swedish Governments traditionally allocated a relatively large share of their ODA for population and in recent years the Netherlands the United Kingdom and Australia have begun to devote a relatively large share of ODA for population The adoption following Cairo of an expanded definition of population and reproductive health programmes however also suggests that the prior notional share of development assistance earmarked for population needs to be reassessed upwards perhaps to 4 5 to 5 per cent

329 The political will of a country to provide ODA at or near the agreed target level of 0 7 per cent is a complex result of many factors including the level of available wealth technical capacity moral sentiments commitment to international development and beliefs about the efficacy of different strategies for assisting developing countries In relation to their relative national wealth the Nordic countries and the Netherlands have been strong supporters of ODA including for population and reproductive health concerns

The Costed ICPD Reproductive Health and Population Package Developing Countries

330 Total amounts expended by Governments and NGOs for the financing of the costed-out components of the population package vary greatly from region to region and from country to country [47] Estimates of global regional and domestic resource flows have been generated based on information for 61 countries reporting in 1996 [48] Globally it is estimated that in 1996 Governments and national NGOs spent almost $7 billion on population programmes from resources mobilized in developing countries It is further estimated that private channels in these countries were responsible for another $1 billion

331 The data show that countries in Asia and the Pacific mobilized the most domestic resources for population and reproductive health programmes ($5 21 billion) followed by Latin America and the Caribbean ($1 02 billion) Smaller amounts were mobilized in Western Asia and North Africa ($260 million) and sub-Saharan Africa ($192 million) Additionally an estimated $103 million was mobilized in countries in economic transition

332 Further development of the methodologies for monitoring national resource allocations will be required particularly in private resource mobilization where further increases will be particularly important While some progress has been made monitoring the allocation of resources to the

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different functional components of the population and reproductive health package remains problematic[49] Data making such distinctions can only be indicative and related conclusions tentative

333 Some of the regional findings are skewed and must be qualified insofar as a small number of large countries accounted for a sizeable proportion of regional totals For instance the combined expenditures of China India Indonesia the Islamic Republic of Iran and Mexico amounted to $5 5 billion approximately 80 per cent of the entire estimate of $6 8 billion mobilized from domestic resources in 1996 On a per capita basis the remaining 56 countries for which data was available expended only $0 35 per capita compared with the 61-country spending of $2 20 per capita Therefore although a few large developing countries with high levels of commitment and well-articulated policies were mobilizing large amounts of resources domestically most other developing countries had limited capacity and or constrained financial resources to utilize for population and reproductive health programmes as well as underdeveloped systems for monitoring flows The per capita income levels and the available public resources in the majority of these countries and particularly the 51 least developed countries (LDC s) were clearly inadequate to meet their populations needs for reproductive health and family planning services

334 For example on average only 26 per cent of resources were mobilized domestically in sub-Saharan Africa and some countries in the region were only able to mobilize a smaller proportion of these resources In contrast the regions of Asia and the Pacific (at 89 per cent) and Latin America and the Caribbean (at 76 per cent) contributed far more to ICPD implementation from domestic sources Significant variations existed within all regions particularly between large countries with established population programmes and countries with less developed programmes largely dependent on external support Within external assistance grants accounted for the largest share of inputs (75 per cent in the aggregate although less than two thirds in Asia and the Pacific and in Latin America) except in the countries in economic transition where loan support predominated Overall in 1996 approximately 20 per cent of all population resources expended in developing countries and countries in transition or about $2 billion out of a total of $10 billion came from the international community These findings indicate that although overall expenditures increased the expected overall increase in the proportion of external support for population and reproductive health did not materialize

335 Along with the other functional components of resource requirements renewed attention needs to be given to mobilizing the $1 3 billion for STD/HIV/AIDS-prevention programmes in the year 2000 as proposed in the ICPD Programme of Action The latest United Nations Population Division population estimates and projections based on UNAIDS data suggest more dramatic potential impacts of the pandemic on life expectancy and national growth (demographic and economic) than had been anticipated in 1994 The number of people infected with HIV/AIDS rose from 14 million in 1994 to 33 4 million in November 1998 and the number of women and children with HIV infection skyrocketed in the same period More than 43 per cent of infected people over 15 years of age are female and half of all new infections are occurring among young people aged 15-24 There is no indication yet that these trends will reverse Thus prevention efforts including those targeted at adolescents require full funding Successful models for prevention efforts have been found to be effective where commitment and resources have been appropriately mobilized A recent United Nations report[50] indicates that young people were more likely to practice abstinence or safer sex than adults when they had the information enabling them to do so

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336 The prospects for changes in the balance of national and international support are difficult to assess Initial information suggests that the economic crisis in South-East Asia threatens the ability of affected countries to maintain the high proportions of domestic financial support for their population programmes they had reached in the early and mid-1990s Impoverished populations and the young are particularly vulnerable to the negative economic conditions and to potential programme erosion The escalating demand and size of populations requiring services will continue to challenge both domestic and international support

The Role of the Private Sector

337 In addition to Government and NGO expenditures the private sector is an important component of resource flows in developing countries and countries with economies in transition An increasing amount of attention is being given to expanding the potential of private-sector efforts in both multilateral and bilateral assistance programmes Methodologies to monitor private-sector inputs require further development The UNFPA NIDI resource survey has not yet attempted to measure the role of the private sector but some information is available through individual country studies These and other research efforts show that diverse mixtures of public and private financing and provision of services are possible These include the funding of private clinics by private foundations private investment in family planning education the provision or sponsoring of family planning services at for-profit institutions and public or private insurance schemes covering reproductive health services

338 Many countries are encouraging the private provision of services particularly for those with the ability to pay and assessing fees to recover portions of the cost of public-service provision Health-sector reform programmes are using these means to increase the efficiency and cost-effectiveness of health-service delivery Household expenditure surveys consistently indicate that many people make out-of-pocket payments to health service providers (public, private and traditional) including payments for reproductive health care Regular assessments of the willingness and capacity of different groups in the population to pay fees for quality reproductive health services could improve programme planning

339 The extension of national health accounts and the inclusion in surveys of information on costs and willingness to pay are positive developments that will facilitate the monitoring of trends in private resources Interesting national developments include the inclusion of reproductive health services in national insurance schemes (as in Bolivia and Mexico) Notwithstanding the many technical and managerial challenges that remain especially for ensuring equitable access to services among the poor and other marginalized populations the prospects for an increased private-sector role in channelling programme resources are positive UNFPA has co-sponsored meetings to further develop a Private Sector Initiative programme A November 1998 meeting recommended the expansion of the Initiative at the national level and support for technical studies to provide information to further encourage private-sector interest and partnership

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The Role of Non-Governmental Organizations and Private Foundations

340 Non-governmental organizations have become increasingly important as full partners of Governments and key recipients of both domestic and international resource flows for programme development and the implementation of comprehensive reproductive health activities As recommended in the Programme of Action these efforts must continue and must build on past successes particularly in HIV AIDS-prevention and control adolescent programmes and the testing of innovative programme approaches For their part private foundations contributed a total of $141 million in 1996 to help finance population programmes in developing countries an increase of 66 per cent over the 1995 total

341 Many international foundations and donor agencies support research and programme activities in advocacy IEC and HIV AIDS prevention among other issues emphasized at the ICPD The funds are frequently channeled through domestic NGOs furthering the development of the large NGO sector as a cost-effective alternative provider at the grass roots level of reproductive health information and services and of advocacy on population issues

342 In 1996 the top foundation donors were the Ford Foundation the Rockefeller Foundation the MacArthur Foundation the Hewlett Foundation and the Mellon Foundation [21] all contributing between $10 and $30 million for population activities In a highly encouraging recent development the Packard Foundation announced in November 1998 that it will be allocating more than $300 million to international population and reproductive health programmes over the next five years (1999-2003)

343 More recently foundations such as the newly created United Nations Foundation a subsidiary of the Turner Foundation gave specifically targeted grants focusing on population and women, with special emphasis on adolescents In its first round of grants in May 1998 the Foundation provided UNFPA with $8 million for six population projects In its second round of grants the Foundation will give UNFPA $4 3 million over a two-year period for the advancement of adolescent reproductive and sexual health In addition the William H Gates Foundation contributed $1 7 million to the United Nations for specific use by UNFPA to support collaboration among developing countries These grants exemplify the targeted private resource flows that will have an impact on the ICPD+5 review supporting a special youth forum as well as funding advocacy education and training programmes for adolescent reproductive health in Latin America and the Caribbean

Sector Investment Programmes and Sector-Wide Approaches

344 New modalities to improve the impact and sustainability of development cooperation are especially relevant to resource flows and programme management Sector Investment Programmes (SIPs) and Sector-Wide Approaches (SWAps) are two such modalities Both address constraints or weaknesses in the traditional mechanisms of donor support for projects and programmes including the fragmentation of resource management perpetuation of budgetary imbalances due to reliance on long-standing projects without sufficient monitoring and evaluation mechanisms and differing commitment levels to projects viewed as externally driven

345 SIPs and SWAps although not new concepts are now being implemented in a number of countries targeting a particular sector SWAps differ from SIPs primarily in that they include all types of resources involved in a sectoral programme not only investment as in the case of SIPs Both include clearly stated sectoral goals and objectives pooled or parallel resource flows and a coherent and well-developed policy and investment framework A key element is the recipient country's increased responsibility for developing and articulating the approach and its resultant ownership Although only preliminary information is available on the efficacy and efficiency of SIPs and SWAps they do provide alternative development assistance modalities that engender more communication and collaboration between developing countries and donors with regard to programme objectives and resource allocation The SWAp mechanism is being increasingly used as an element of overall health-sector reform initiatives

346 National experiments in broad participatory approaches to the delivery of essential service packages for health systems are under way in a variety of countries (including Nepal and Bangladesh) At the same time the decentralized management of health-sector reforms provides opportunities for the further generation and more efficient use of local resources Ensuring adequate representation of all stakeholders including those endorsing reproductive health programmes remains a key issue

Resources for the Broader ICPD Goals

347 The ICPD Programme of Action viewed population issues as a fundamental part of a broader approach required for sustainable development which in addition to integrated reproductive health programmes includes efforts to provide other basic social services improve the status of women and other development initiatives Although the ICPD focused on and estimated resource requirements for the major reproductive health and population components of a concerted action agenda the Programme of Action also made it clear that other important parallel actions had to be undertaken The resource targets including the $17 billion needed annually by the year 2000 for integrated population programmes would have to be supplemented by resources aimed at meeting the other goals and objectives set forth in the action plan such as the reduction of infant child and maternal mortality basic education for all (and especially girls) and the empowerment of women

348 It has been estimated that developing countries and countries with economies in transition devote approximately 0 2 per cent of their combined GNP to population activities that are part of the "costed package " Data available for all efforts in the health and education sectors reveal that far larger sums are expended in these sectors generally Overall and in approximate terms these countries spend about 2 per cent of GNP in the health sector and 4 per cent in the education sector If health and education are taken together as the two main areas of social spending expenditures for the ICPD costed package amount to only 3 per cent or less of social spending Only about 10 per cent of total health outlays go to reproductive health and family planning activities despite the contribution of reproductive health to the overall burden of disease in developing countries and the cost-effectiveness of many relevant interventions

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Recent Advances in Development Partnerships

349 The 20/20 Initiative which was endorsed at the Social Summit in 1995 is a mutual commitment between interested developed and developing country partners to strive to allocate on average 20 per cent of their ODA and 20 per cent of their national budgets respectively to basic social services The five components of basic social services in a definition agreed on at a 20/20 meeting in Oslo in 1996 are basic health basic education reproductive health including family planning and sexual health nutrition and basic water and sanitation Government expenditure accounts rarely separate basic social services from other spending such as on tertiary health systems e g hospitals or education including universities

350 Since 1996 efforts to measure basic social services expenditures have led to a number of special studies in many developing countries A follow-up meeting attended by 29 developing countries 19 donor countries 11 international NGOs and 13 multilateral development organizations held in Hanoi in October 1998 led to the 31-paragraph Hanoi Consensus on the 20/20 Initiative Universal Access to Basic Social Services The meeting agreed that the current economic and financial crisis underscores the relevance of the 20/20 Initiative to protect access to basic social services for the most vulnerable people The meeting also identified the 20/20 Initiative as addressing the input dimension of the Development Assistance Committee (DAC) partnership strategy enunciated in *Shaping the 21st Century The Contribution of Development Cooperation* noting that at the country level the shared need will vary depending on local circumstances The meeting urged the DAC to prepare a report on donor support for basic social services using both data reported by members and the assessment of efforts in peer aid review and to present it to the preparatory meeting for the World Summit for Social Development (WSSD)+5 The meeting agreed that the Hanoi Consensus and the objective of achieving universal access to basic social services should be presented and promoted in relevant international forums

351 The World Bank through its International Bank for Reconstruction and Development (IBRD) facility and International Development Assistance (IDA) lending provided funding for investments in the Social Sector totaling $8 48 billion in fiscal year 1998 This accounting includes loans earmarked for the social sector for health nutrition and population for education and for the social protection components of other sectoral commitments Bank lending has increasingly supported integrated reproductive health programmes that give priority to population issues both directly and through sector-wide assistance and health reform efforts According to the Bank's 1998 Annual Report an average $354 million a year since fiscal 1992 supported projects containing these two components

352 The Bank's 1998 Annual Report notes significant allocations in projects to gender components ($2 5 billion) to health nutrition and population sectors ($2 0 billion) and to education ($3 1 billion) An additional $3 76 billion have been loaned for efforts in the area of social protection which includes projects directed towards helping the poor cope with economic hardships and change assisting refugees and other displaced persons in emergency situations as well as related policy development and locally generated social development initiatives

353 It was announced in November 1998 that IDA will have $20 5 billion to disburse to 80 or more of the world's poorest countries from mid-1999 through mid-2002 The Bank indicated that it aims at providing 50 per cent of IDA's resources during that period to African countries that are

committed to poverty reduction including social-service interventions economic reform and sustainable broad-based growth

354 Studies undertaken for the 20/20 Initiative provide rough estimates of the developing countries' current expenditure on basic social services as well as the additional resources required Adding the basic social services components together a further $70-80 billion would be needed beyond what is currently being expended to achieve universal access to the complete basic social services package The shortfall in resources includes the additional $7 billion needed to implement the costed-out portions of the ICPD Programme of Action

355 The European Union (EU) announced in Cairo that it planned to increase its aid in the population sector by more than 10 times by the end of the century to reach a projected yearly total of $347 million by the year 2000 Its financial support of population projects and programmes has been increasing by 1997 the European Union allocated an estimated $140 million for population activities With increased political commitment and the strengthening of technical capacity to allocate an monitor these funds this modality could further supplement existing bilateral and multilateral mechanisms

356 Technical co-operation between developing countries has been increasing through the expanded activities of the Partners in Population and Development Programme ("the South-South Initiative) supported by the UNFPA and private foundation funding Such efforts provide an additional cost-effective mechanism for technical assistance and an additional component of resource flows

Constraints

Donor Countries

357 Since the ICPD some positive trends have been observed First the 1994-1995 period saw some growth in external assistance for population Second several donor countries have responded to the ICPD by reassessing their aid policies and the role that the Programme of Action should play in their overall development assistance strategy Denmark Germany Japan the Netherlands the United Kingdom and the United States have all undertaken significant major changes so that the ICPD goals could be better addressed in their aid-giving strategies

358 Additionally the proportion of total ODA destined for population has increased since the ICPD and in 1997 stood at a historic high level of 3 09 per cent (preliminary) of ODA demonstrating the donor community's greater emphasis on population concerns than in the past Although this trend is encouraging *total* ODA has declined in recent years and therefore that percentage actually reflects a much slower growth or even negative growth in total resources allocated to population activities

359 Unfortunately although funding for population has increased since the ICPD it has not increased at a rate consistent with meeting the agreed-upon target of $17 billion by the year 2000 A major obstacle to increasing resource mobilization in line with the ICPD resource goals has been the slow downward trend in ODA The reasons for this trend are several Some donor countries have

reduced aid as an overall drive to reduce budget deficits There has been a loss of confidence in some countries as to the efficacy of development aid The large increases in private-sector investment in 10 or 12 developing countries in the 1993-1996 period as well as the growing belief in the centrality of market-driven development may also have worked against ODA that is preponderantly tied to projects in the public sector

360 The trends in decentralization of both external assistance and national resources along with overall structural reform have posed new challenges for programme management monitoring and evaluation These restructuring trends which will make assistance more effective in the long term have left countries faced with the need to more rapidly expand their technical and financial capacity to implement programmes

361 Rigid donor aid policies inhibit the flexibility needed for increasing and efficiently using resource flows and donor management information systems that are both demanding and inappropriate for monitoring decentralized population assistance

362 The level of commitment of some donor countries is another constraint to realizing the resource targets contained in the Programme of Action A number of donor countries that had devoted a relatively small part of their total ODA to population before the ICPD are continuing at low levels despite the consensus on the centrality of population to development and the need to implement the 20-year plan contained in the Programme of Action Thus a number of countries in Europe commit substantially less than even 1 per cent of their ODA towards the implementation of the Programme of Action

363 From another perspective if all donor countries not currently extending assistance at least at the level of 3 5-4 per cent of ODA were to have done so in 1996 an additional $902 million to $1 11 billion would have been available to finance international population efforts in addition to the $2 billion actually allocated If a higher level (4-5 per cent) of ODA were to be achieved consistent with the expanded definition of population and reproductive health programmes further resources could have reached as much as $1 71 billion

Developing Countries

364 Besides financial constraints Insufficient technical and human resources are among the most prevalent constraints noted in reports by developing countries regarding obstacles to implementing the ICPD Programme of Action Other obstacles have militated against increased resource flows such as financial crises very low prices for export commodities constraints necessitated by on-going structural adjustment programmes and political instability Under such circumstances previous pronouncements do not always translate into domestic resource flows for population programmes basic social services and programmes aimed at fostering gender equity and equality

365 Poverty and the necessary responses to economic crises that have eroded already meager public sector resources translate into far too few resources being available for basic social programmes The answers to questions about what priorities should guide governance and finance decisions remain critical The estimated $8 billion raised domestically for population is still $3 3 billion short of the year-2000 target While it will be difficult under the current circumstances to totally fill that

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gap best effort attempts are called for to build on the gains and resulting progress in the 1994-1997 period

366 One obstacle that may result in a lack of political commitment is the lack of timely and accurate policy-relevant information generated within developing countries which would shed light on national population issues programme progress and linkages to other development concerns and would help garner support for further efforts Insufficient and incomplete systematic data on resource flows and programme requirements impede efforts to assess and prioritize needs and evaluate current programmes as well as to mobilize and allocate resources

367 While some noteworthy progress has been made since the ICPD opposition to population programmes on traditional or cultural grounds remains an obstacle to the mobilization of resources in certain domestic contexts Such opposition can also influence the scope of the population programmes to which the resources would be allocated At times misinformation campaigns regarding the real purpose of population programmes have been used to stigmatize population activities and create adverse public opinion IEC training and advocacy related to population issues and their relevance to development strategies can help correct such misperceptions

Further Action Required

368 Efforts should be redoubled -- by developing countries donors multilateral organizations including the regional development banks foundations the private sector NGOs and other civil-society representatives -- to both advocate for and help provide the level of resources required for the full implementation of the ICPD Programme of Action

369 Governments of developing countries should increase their investment in broader social sector and attempt to provide an increasing portion of their resource needs domestically

370 Governments of developing countries should continue their efforts to ensure the efficient and effective use of both national and external resources by strengthening the technical and managerial capacity of reproductive health programmes especially in light of such developments as sector-wide approaches and decentralization

371 Governments of developing countries should strengthen mechanisms to coordinate national reproductive health programmes involving all partners -- including civil-society organizations NGOs and the private sector Moreover both donor and recipient countries should work to improve the planning and implementation of population programmes and their relationship to development strategies

372 Governments of developing countries should conduct studies to create a knowledge base that is capable of dramatizing the interrelationships among population environment poverty and development Such studies need to be undertaken on an advanced level and linked to an advocacy strategy so that their messages will reach the public the media parliamentarians and opinion leaders

373 Finally the implementation of the Programme of Action must be viewed by all countries and all partners as a collaborative effort in which all parties continue to work together to do more to

attain the ICPD goals and objectives All countries developed and developing should participate in open accurate and timely sharing of information on programme progress and constraints and on their resource commitments and expenditures

374 After two years of encouraging growth in the levels of international population assistance in 1994 and 1995 the levels of ODA in 1996 and 1997 declined International population assistance in 1996 hovered at the 1995 level provisional figures show a slight decrease in 1997 This is a discouraging and disheartening development especially in light of the significant negative impact on the provision of social services engendered by the economic and financial crisis of the past 18 months in South East Asia in Russia and in Latin America and the continuing vulnerabilities in other developing countries and regions These highly disruptive developments greatly heighten the concern of all of the parties and individuals committed to reaching the goals and objectives for improving the quality of life that are set forth in the ICPD Programme of Action It is to be hoped that 1996-1998 will prove to be only an anomaly and that increased mobilization of international population assistance will resume in 1999 and accelerate in the year 2000 and beyond

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[4] The Programme of Action alludes but does not specifically refer to the "civil society" Definitions of the term "civil society" are diverse For the purposes of this paper civil society will be used to refer to non-state institutions (e g NGOs community groups professional associations, religious communities the private (for-profit) sector labour and trade unions foundations, academic institutions and women men and youth groups) as well as individual members of society Parliamentarians are unique in that they serve as bridges between the civil society and the governmental apparatus

[4] The *Global Population Assistance Report* is available on the Internet at http //www nidi nl/resflows

[44] Although such loans are usually counted as external assistance a portion of them must be paid back by the recipient countries so a large fraction of the total loans could really be counted as domestic allocations

[45] ODA is the funding originating from donor countries only not multilateral or private sources

[46] The data provided for 1997 (and below for 1998) are preliminary and incomplete

[47] NGO expenditures from their own income are a very small proportion of the total compared to Government expenditures

[48] Estimates of expenditure per capita were calculated by subregion and then expanded to encompass the regions' entire populations

[49] The authors of the NIDI case-studies state that although the functional population categories used for measuring resource flows are based on paragraph 13 14 of the ICPD Programme of Action reporting of allocations among the elements of reproductive health family planning and occasionally HIV/AIDS-prevention activities are not consistent across countries The difficulty of allocating resource flows of the shared delivery system infrastructure between family planning and other reproductive health services was recognized in paragraph 13 15 of the Programme of Action where a combined delivery system proportion was indicated

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ANNEX D

Questionnaire
on Implementation of the
ICPD Programme of Action

WELLSTART INTERNATIONAL℠

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WHO Collaborating Center in Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education

NGO in special consultative status with the Economic and Social Council of the United Nations

January 13, 1999

FOR YOUR IMMEDIATE ATTENTION!

Dear Colleague

As you may know, 1999 will be the fifth anniversary of the United Nations International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994 At the conference, official delegations from nearly 180 countries endorsed a 20-year Programme of Action In preparation for and during the conference, several breastfeeding agencies worked to insure that the importance of breastfeeding as an aspect of reproductive health as well as of child health was emphasized and included in the Programme of Action

During 1999, the United Nations will hold several events to review progress made in implementing the Programme of Action, identify obstacles encountered, and make practical recommendations on what to do in the coming years These UN events include the ICPD +5 Forum (also called The Hague Forum) to be held February 8-12, 1999 in the Netherlands, a special meeting of the Commission on Population and Development from March 22-30 to review results of the Forum, and a special session of the UN General Assembly in June to agree on recommendations for further action

Non-governmental organizations (NGOs) are preparing two events to coincide with the ICPD +5 Forum A NGO Forum and a Youth Forum will take place immediately prior to the ICPD +5 Forum on February 6-7, 1999 and will also be held in The Hague The NGO Forum will be a working session with the aim of influencing the preparatory process of the ICPD +5 Forum and accelerating and improving implementation of the Program of Action through strengthened NGO roles

Wellstart International, with support from the AED/LINKAGES Project, will be sending Dr Veronica Valdes (Wellstart Associate and Advanced Fellow from Chile) as a representative to the NGO Forum in The Hague As part of her participation, Dr Valdes will be working to

- Insure that attention is given to breastfeeding and women's nutrition as included in the ICPD Programme of Action,

- Provide information and guidance on the relationships between breastfeeding and reproductive health (e g , LAM, appropriate contraceptives for lactating women, maternal nutrition, maternal benefits of breastfeeding, etc) during presentations, informal discussions and meetings, as available

Dr Valdes would like to be able to provide information during the NGO Forum on the participation of Wellstart Associates and other breastfeeding advocates in ICPD +5 preparations and in implementation of the ICPD Programme of Action Therefore, it would be very helpful if you could take a few moments to complete and return the attached questionnaire so that Dr Valdes will be familiar with your involvement to date, including as many of the activities, achievements, concerns, etc related to the implementation of the ICPD Programme of Action as possible Because Dr Valdes is leaving for the NGO Forum on February 4, 1999 your immediate response would be greatly appreciated

Thank you for your help with this and best wishes for a healthy and happy new year

Sincerely,

Janine Schooley, MPH
Associate Director
Wellstart International

Questionnaire on Implementation of the ICPD Programme of Action
January 1999

Name_____ Date_____

Title_____

Institutional Affiliation_____

Country_____

1) Did you participate in any way in the ICPD or its preparation (official delegation, member of planning committee, provider of technical assistance/briefing materials, etc)?

☐ Yes ☐ No

If yes, please describe and be as specific as possible

2) Have you participated in any of the ICPD +5 preparations? ☐ Yes ☐ No

If yes, please describe and be as specific as possible

3) Have you been involved in any way in the implementation of your country's ICPD Programme of Action? ☐ Yes ☐ No

If yes, please describe

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4) Since 1994, what progress has been made in your country to implement the ICPD Programme of Action (relative to breastfeeding and maternal nutrition)?

For example As a result of the ICPD, have policies or legislation been passed to prevent women being dismissed from work because of breastfeeding? (ICPD Programme of Action 4 4 f) Do family planning and reproductive health services emphasize breastfeeding education and support? (ICPD 7 22 h) Have efforts been made to provide integrated reproductive health care and child health services which include prenatal care and provide information on optimal breastfeeding, and micronutrient supplementation and provide information and counseling to promote longer intervals between births? (ICPD 8 17)

5) Do you have any recommendations, observations, comments about the ICPD, ICPD +5, or Programme of Action implementation process? ☐ Yes ☐ No

If yes, please describe

6) Who else should we be in contact with in your country about this topic?

Name/Title_____

Fax_____ E-mail_____

Please return by February 1, 1999 to
Wellstart International
Fax (619) 294-7787
E-mail solis@wellstart org

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ANNEX E

Draft Schedule of Fora

Saturday workshop programme

10 30-12 30	Ipas	Escher A
	SID	Maris/Mesdag
	Dawn	Escher B
14 00-16 00	Religion Counts	Escher A
	Population Council	Maris/ Mesdag
	CEPIA	Escher B
16 00-18 00	WEDO	Escher A

Sunday workshop programme

09 00-11 00	W G N R R	Escher A
	Wellstart International	Maris/Mesdag
	Siecus	Escher B
11 00-01 00	Fenar	Escher A
	I D F	Maris/Mesdag

Information about the workshops

Organisation Ipas
Contact David Dixon

Organisation SID
Contact Emanuela Calabrini

Organisation DAWN
Contact Sonia Onufer
Workshop is aimed at debating the findings of 15 country case studies developed by DAWN to assess the advancements and bottlenecks of ICPD implementation

Organisation Religion Counts
Contact Denise Shannon
"Overcoming male dominance"

Organisation Population Council
Contact Sandra Waldman

Organisation CEPIA
Contact Jacqueline Pitanguy
The workshop will discuss advancements in Human Rights and Reproductive Rights and the gap between language and reality

Organisation WEDO
Contact Lopez Gomez (?)

Organisation W G N R R
Contact Sumari Nair / Sangeta Fager
In this workshop we would like to look jointly at the contents of reproductive health programmes in the context of the overall economic situation in certain countries (not selected yet) While considering the role of the state and of NGO's with reference to the above topic we will look at the means and strategies women's organisations have or need to develop to ensure that women have access to general health care and the scope to exercise their reproductive rights

Organisation Wellstart International
Contact Kim Solis
" Breastfeeding and Reproductive Health" Breastfeeding related to child survival and women's health and fertility

Organisation SIECUS
Contact Smita Pamar / Debra Haffner
Connection between sexuality, reproductive health issues and policy level and clinical, programmatic level

Organisation fenar
Contact Nkongho-Enoh
Discussion about a research which was undertaken by Cameroon General Certification of Education Board subject is about how different sex interact in solving environmental problems

Organisation International Dialogues Foundation
Contact Mohammed Amer/ Dr Riffat Hassan
"Religion, State and Civil Society"