



*B. J. H.*

# Förenta Nationernas konferens om befolkning och utveckling

Kairo den 5 – 13 september 1994



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## Förord

Med några månaders distans till FN:s konferens om befolkning och utveckling i Kairo i september 1994 råder det ingen tvekan om att konferensen utgör en milstolpe i det multilaterala arbetet på befolkningsområdet. Trots att hårda debatter utspelade sig, enade sig för första gången nästan alla världens länder om ett gemensamt synsätt där individen är det centrala för att kunna angripa problemen med en snabbt ökande befolkning i en värld med knappa resurser. Konferensen innebar ett genombrott för ett bredare och mer balanserat synsätt på befolkning och utveckling och kommer förhoppningsvis att utgöra en vändpunkt för många länders, enskilda organisationers och FN-organs arbete på området.

Konferensen resulterade i ett handlingsprogram för de kommande tjugo åren som bland annat handlar om fattighedsfrågor, miljö, migration, reproduktiv hälsovård och inte minst jämställdhet mellan män och kvinnor.

Denna rapport redogör för befolkningskonferensen, hur den förbereddes, vad som förhandlades och vad man kom fram till. Den innehåller även det svenska positionsappret inför konferensen och det slutliga handlingsprogrammet.

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# 1 Inledande sammanfattning

## 1.1 Bakgrund och förberedelser

Ett första principbeslut att sammankalla en internationell befolkningskonferens fattades av FN:s ekonomiska och sociala råd, ECOSOC, i juli 1989 och bekräftades ånyo av rådet i resolution 1991/93 i juli 1991. Efter ytterligare tre års förberedande arbete ägde konferensen planerligt rum i Kairo, 5 – 13 september 1994.

Den internationella konferensen om befolkning och utveckling i Kairo "International Conference on Population and Development", ICPD, var den tredje i raden av internationella befolkningskonferenser i FN:s regi. De två tidigare hölls i Bukarest 1974 och i Mexico City 1984. Kairokonferensen utgör vidare en i en kedja av världskonferenser och föregicks av konferensen om miljö och utveckling i Rio de Janeiro 1992 och konferensen om mänskliga rättigheter i Wien 1993. Efter befolkningskonferensen följer det sociala toppmötet i Köpenhamn och kvinnokonferensen i Beijing 1995 samt boendekonferensen i Istanbul 1996. Arbetet med de olika konferenserna överlappar både tids- och substansmässigt.

Konferensen i Kairo gavs det övergripande temat befolkning, bärkraftig ekonomisk tillväxt och varaktigt hållbar utveckling. Under detta tema identifierades grupper av frågor som skulle ges speciellt hög prioritet av konferensen, såsom demografiska förändringar, kvinnors ekonomiska och sociala roll samt mobilisering av resurser för befolkningsinsatser. De deltagande regeringarnas främsta uppgift var att utforma och anta ett handlingsprogram med rekommendationer för åtgärder på lokal, nationell och internationell nivå, framförallt inom de områden som hade identifierats som högprioriterade och med beaktande av de minst utvecklade ländernas situation.

Ansvar för det förberedande arbetet inför konferensen och de praktiska arrangemangen tilldelades UNFPA, FN:s befolkningsfond, samt FN-sekretariatets avdelning för befolkningsfrågor. Till konferensens generalsekreterare utsågs UNFPA:s exekutivdirektör Nafis Sadik.

En förberedande kommitté för konferensen sammanträdde i mars 1991, maj 1993 och april 1994. Vid det första mötet beslutades bland annat om övergripande mål för konferensen. Under det andra diskute-



rades det blivande handlingsprogrammets form och substans, och under det sista förberedande mötet förhandlades utkastet till handlingsprogram i detalj. FN:s förberedelseprocess omfattade också regionala förkonferenser och expertgruppsmöten. Därutöver ägde informella konsultationer, rundabordsmöten och andra konferenser rum.

Enskilda organisationer deltog aktivt i det officiella förberedande arbetet inför och under själva konferensen. Dessutom tog de initiativ till en rad egna aktiviteter med anledning av befolkningskonferensen, bland annat ett till FN-konferensen alternativt möte, NGO-forum, i Kairo. Det samarbete mellan FN och dess medlemsregeringar å ena sidan och enskilda organisationer å andra som inleddes vid Rio-konferensen, utvecklades och förstärktes i samband med Kairokonferensen.

Som ett led i Sveriges deltagande i den internationella processen tillsatte den svenska regeringen i april 1992 en nationalkommitté för befolkningskonferensen. Kommittén, med representanter för departement, myndigheter, riksdagspartier och enskilda organisationer, fungerade som ett samrådsorgan med uppgift att bidra till utformandet av en svensk position i befolkningsfrågan. Arbetet utmynnade bland annat i ett så kallat positionspapper, där de svenska ställningstagandena förs fram.

Grundläggande i den svenska positionen är att befolkningsfrågorna bör ses i ett helhetsperspektiv. Befolkningsstillväxten betingas av många faktorer som är sinsemellan beroende. Ett brett spektrum av åtgärder måste således vidtas för att säkra balansen mellan befolkning och resurser. Hög prioritet bör bland annat ges kampen mot fattigdom och för förändrade produktions- och konsumtionsmönster, åtgärder för att stärka kvinnors ställning i samhället samt insatser för att öka tillgången till utbildning och hälsovård, inklusive inom reproduktiv och sexuell hälsa. Alla åtgärder ska ha som utgångspunkt individens valfrihet och behov.

Sverige, bland annat tillsammans med övriga nordiska länder, arbetade i den internationella förberedande processen för att Kairokonferensen skulle anlägga ett brett perspektiv på befolkningsutvecklingen. En rad gynnsamma omständigheter gjorde också att flertalet delegationer under loppet av det förberedande arbetet kom att sluta upp kring en bred analys av befolkningsutvecklingen. Kairokonferensens fokus kom därigenom att förskjutas från det traditionella, demografiska synsätt som präglade tidigare befolkningskonferenser mot ett integrerat synsätt och en ökad uppmärksamhet till fattigdoms- och utvecklingsaspekter av befolkningsstillväxten.

## 1.2 Konferensen och dess resultat

Till befolkningskonferensen i Kairo samlades delegater från 179 länder och sju observatörer samt representanter för multilaterala och enskilda organisationer. Under konferensens nio dagar förhandlade delegationerna de skrivningar, sammanlagt omkring en tiondel av utkastet till handlingsprogram, kring vilka enighet inte hade kunnat nås under den förberedande kommitténs möten.

Förhandlingarna kring handlingsdokumentet bedrevs i huvudkommittén och i informella arbetsgrupper som inrättades i syfte att diskutera fram enighet i speciellt svårlösta frågor. Parallellt hölls i plenum en generaldebatt om erfarenheterna av befolkningsstrategier och program. I plenum fattades vidare procedurrella beslut, öppnades och avslutades konferensen samt antogs handlingsprogrammet.

Under den veckolånga plenarsessionen hölls en lång rad anföranden som bekräftade både samsyn och meningsskiljaktigheter mellan olika delegationer. Relativt stor enighet rådde exempelvis kring vikten av att stärka kvinnors roll medan abortfrågan och hänvisningar till alternativa familjebildningar var uppenbart kontroversiella. I generaldebatten liksom i diskussioner kring specifika formuleringar utkristalliserade sig en skiljelinje som sprang ur religiösa och etiska motsättningar mellan å ena sidan Vatikanstaten och vissa katolska och muslimska länder, å andra sidan västligt orienterade länder. Ibland rådde även oenighet mellan nord och syd samt enskilda länder emellan.

De skrivningar i handlingsprogrammet som trots utdragna förhandlingar under de förberedande mötena överlämnades för fortsatt diskussion i Kairo, rörde bland annat möjligheten till säker abort, ungdomars sexualitet, rätten till återförening för migrantfamiljer, mobilisering av ekonomiska resurser för programmets verkställande samt avvägandet mellan nationella hänsyn å ena sidan och internationellt erkända mänskliga rättigheter å andra. Abortfrågan var en av konferensens mest uppmärksammade och känsloladdade; långa förhandlingar ledde till en kompromisskrivning i handlingsprogrammet som inte förordar legalisering av abort men uppmanar till åtgärder för att råda bot på det hot mot kvinnors hälsa som osäkra aborter utgör.

Utöver den oenighet som rådde i sakfrågor, gjorde delegationerna också sinsemellan kontrasterande tolkningar av i handlingsprogrammet centrala begrepp. Till de begrepp vars definitioner föranledde långa diskussioner hörde reproduktiv och sexuell hälsa och rättigheter, "safe motherhood" samt "fertility regulation", liksom formu-

leringar om individer och familjebildningar. Mycket av motståndet till dessa och andra begrepp bottnade i flera länders motvilja mot formuleringar som skulle kunna omfatta abort eller som på något sätt skulle kunna legitimera andra sexuella förbindelser än den inom ett äktenskap mellan man och kvinna.

Trots de skarpa motsättningar som ibland satte sin prägel på konferensen i Kairo, rådde samsyn på flera viktiga områden, och däri ligger ett av konferensens stora värden. Samsynen ledde till framåtsyftande skrivningar i handlingsprogrammet om bland annat kvinnors roll och samarbete med det civila samhället. Processen inför och under konferensen innebar också att synen på befolkningsutvecklingen förändrades. Befolkningstillväxten betingas av en rad sinsemellan beroende faktorer vilka måste analyseras och behandlas på ett integrerat sätt. Kvantitativa demografiska målsättningar övergavs till förmån för åtgärder som syftar till att förbättra individers livskvalitet och främja deras valfrihet.

Det nya betraktelsesättet stadfästes i handlingsprogrammet, ett hundrasidigt dokument som rekommenderar en rad olika insatser på befolknings- och utvecklingsområdet under de kommande tjugo åren. Dokumentet är inte bindande men sätter upp kvalitativa och kvantitativa målsättningar och förordar åtgärder för att uppnå dessa mål. Samtliga delegationer ställde sig på konferensens sista dag bakom det i många delar långtgående handlingsprogrammet, som därmed antogs i konsensus. Ett drygt tjugotal regeringar fogade dock reservationer till sina godkännanden.

Trots mångfalden av målsättningar och rekommendationer i handlingsprogrammet fick en rad ur svensk synvinkel centrala problem inte tillräcklig uppmärksamhet, bland annat frågan om hållbar utveckling, finansiella åtaganden för programmets verkställande och åtgärder för att möta en redan given befolkningsökning, människors sexuella rättigheter inklusive tillgången till säker abort, samt ungdomars situation, framförallt avseende deras sexualitet.

Handlingsprogrammets övergripande målsättningar ligger dock i stora drag i linje med den svenska positionen. Behandlingen av vissa frågor är i hög grad tillfredsställande ur svensk synvinkel. Till dessa hör skrivningarna om kvinnors makt och inflytande, om tillgång till utbildning och hälsovård samt de om samarbete med enskilda organisationer. Genomslaget för begreppet reproduktiv hälsa och rättigheter, vilket utgör ett fundament i den svenska positionen, är också att betrakta som en framgång. Ur svensk synvinkel utgör dessutom övergången till en integrerad syn på befolkningsfrågan ett välkommet paradigmskifte.

Vidare anmodas generalförsamlingen och ECOSOC att granska olika FN-organisationers roller och mandat i syfte att åstadkomma en mer effektiv ansvarsfördelning på området. FN-organ uppmanas att se över sin verksamhet och eventuellt modifiera den i enlighet med handlingsprogrammet samt att rapportera till generalförsamlingen och till ECOSOC.

FN:s 49:e generalförsamling tog under hösten 1994 upp Kairokonferensens slutdokument till behandling, och bekräftade i resolution 49/128 de mandat och den arbetsfördelning för uppföljning



## 2 Förenta Nationernas förberedelseprocess

### 2.1 Bakgrund till konferensen

Den första internationella befolkningskonferensen i FN:s regi ägde rum i Bukarest 1974. Bukarestkonferensen brukar betraktas som en milstolpe då den i viss mån frångick det traditionella tekniska angreppssättet genom att framhålla den ekonomiska och sociala utvecklingens betydelse för befolkningstillväxten. Bland konferensens resultat märks *världsbefolkningsplanen*, en ekonomiskt orienterad handlingsplan med demografiska målsättningar. Planen förespråkade olika typer av familjeplaneringsinsatser för att hejda världens befolkningstillväxt, insatser som ofta syftade till att påverka kvinnors fertilitet.

Tio år senare hölls på förslag av en grupp u-länder en andra befolkningskonferens, i *Mexico City 1984*, för att granska tillämpningen av världshandlingsplanen från Bukarest. I mångt och mycket upprepades och förstärktes i Mexico City – i ett till världsplanen kompletterande rekommendationsdokument – vad som redan sagts i Bukarest. Det demografiska perspektivet var alltså förhärskande, med mål för befolkningstillväxten som skulle nås genom en familjeplaneringspolitik på samhällets ansvar. En högre grad av enighet genomsyrade dock konferensen i Mexico City jämfört med den i Bukarest, främst mellan i-länder och u-länder vad gällde befolkningsfrågans vikt.

Världshandlingsplanen som antogs i Bukarest låg formellt till grund också för befolkningskonferensen i Kairo 1994. Två av Kairokonferensens huvudmål var till exempel direkt relaterade till 1974 års handlingsplan, nämligen att bidra till utvärderingen av vad som uppnåtts sedan dess samt att säkerställa att rekommendationerna därifrån genomförs.

Samtidigt hölls Kairokonferensen mot bakgrund av en begynnande insikt om det demografiska perspektivets ensidighet och om behovet av att handskas med befolkningsfrågan på ett mer integrerat sätt. De samlade erfarenheterna av en ofta snäv befolkningspolitik pekade allt tydligare på de ekonomiska och sociala förhållandenas betydelse för

befolkningsutvecklingen samt nödvändigheten av att sätta individen och hennes valfrihet i centrum och att lägga större vikt vid kvinnans roll och miljöfrågor. Kairokonferensen hölls vid en tidpunkt då beredskapen att formulera målsättningar och åtgärdsförslag utifrån en bredare förståelse var förhållandevis stor.

Denna beredskap främjades sannolikt också av att många till befolkningsutvecklingen angränsade frågor hade tagits eller skulle komma att tas upp av andra, tidsmässigt *närliggande världskonferenser*. Som ett resultat av FN:s konferenser om utveckling och miljö, UNCED, i Rio de Janeiro 1992 och om mänskliga rättigheter i Wien 1993 fanns på dessa områden redan en grund på vilken Kairokonferensen kunde bygga vidare. På samma sätt kan resultaten från Kairokonferensen vara viktiga vid det sociala toppmötet i Köpenhamn och kvinnokonferensen i Beijing 1995 samt Habitat II i Istanbul 1996. Sambanden mellan de olika konferenserna är starka och tillsammans utgör de en process som uppmärksammar behovet av en samlad förståelse av olika aspekter av utvecklingen.

*Förenta Nationernas förberedelseprocess*

### 2.2 FN:s beslut och konferensens mandat

I juli 1989 fattade FN:s ekonomiska och sociala råd, ECOSOC, i resolution 1989/91 principbeslutet att 1994 hålla en internationell konferens om befolkning och utveckling i FN:s regi. Beslutet bekräftades i ECOSOC:s resolution 1991/93 två år senare.

I den senare resolutionen, 1991/93, formulerades konferensens mandat, att behandla *sambanden mellan befolkning, hållbar ekonomisk tillväxt och långsiktigt hållbar utveckling*. Resolutionen identifierade också områden eller frågor som var speciellt angelägna att behandla. Konferensens huvudmål angavs i samma resolution: att bidra till utvärderingen av vad som uppnåtts sedan 1974 års världshandlingsplan och rekommendera åtgärder för dess verkställighet; stärka medvetenheten om befolkningsfrågornas betydelse; klargöra verksamhetens inriktning och formulera rekommendationer för det kommande årtiondet; samt uppåta resurser för befolkningsinsatser.

Resolution 1991/93 utsåg UNFPA:s exekutivdirektör *Dr. Nafis Sadik* till konferensens generalsekreterare samt uppdrog åt UNFPA att tillsammans med FN-sekretariatets avdelning för befolkningsfrågor,

"Population Division", ansvarar för dess arrangemang. 1992 bestämde ECOSOC i resolution 1992/37 tidpunkten för konferensen, 5 – 13 september 1994, samt accepterade den egyptiska regeringens erbjudande att i Kairo stå som värd för den.

FN:s 47:e generalförsamling bekräftade ECOSOC:s beslut om en befolkningskonferens i en huvudsakligen procedurrell resolution (47/176) 1992. I denna resolution och i en av 1993, betonade generalförsamlingen, delvis på svenskt initiativ, vikten av en grundlig mellanstatlig förberedelseprocess och deltagande av enskilda organisationer i processen.

### 2.3 Den förberedande kommitténs möten

Den förberedande kommittén för befolkningskonferensen, "Preparatory Committee", sammanträdde i New York vid tre tillfällen: mars 1991, maj 1993 och april 1994. Under det första mötet, *PrepCom I*, beslutades om konferensens övergripande tema och mandat. Vidare godkändes de förslag till konferensens huvudmål och högt prioriterade frågor, som skulle föreläggas ECOSOC för beslut.

Kommitténs andra möte, *PrepCom II*, syftade till att nå enighet kring konferensens slutdokument, dess struktur och huvudsakliga innehåll. Det rådde en allmän överensstämmelse mellan delegationerna om att Kairotextern skulle stå på egna ben snarare än att bli en uppdatering av Bukarest- och Mexicodokumentet. Hur slutdokumentet skulle struktureras var dock omdebatterat. Det förslag till upplägg som inför mötet lagts fram av konferenssekretariatet motarbetades av bland andra Sverige, som förespråkade ett aktörsorienterat dokument i stil med UNCED-konferensens handlingsprogram, Agenda 21.

Stödet bland deltagarna vid *PrepCom II* för ett handlingsprogram med tydligt definierade aktörer och rekommendationer visade sig såpass stort att beslut kunde tas om ett sådant dokument. Därmed lades oåterkalleligen den politiska basen för konferensens slutdokument och inriktningen för det fortsatta arbetet. Även om man inte lyckades enas kring dokumentets disposition, beslutades att både orsakerna till och konsekvenserna av befolkningsutvecklingen skulle tas upp.

Utöver att understryka vikten av ett konkret och operationellt resultat av konferensen, framhöll Sverige under *PrepCom II* andra ur svensk synvinkel centrala frågor, bland annat obalansen mellan resurser, folkmängd och den rådande befolkningstillväxten samt nödvändigheten av att stärka kvinnans roll. Flertalet delegationer ansåg miljö- och kvinnofrågor viktiga, varför man enades om att de tillsammans med bland annat frågor om internationell migration, reproduktiv hälsa, befolkningsdistribution och samarbete med enskilda organisationer skulle ges speciell uppmärksamhet av konferensen. Några djupare diskussioner om prioriteringar fördes dock inte vid *PrepCom II*.

Utifrån vad som framkommit under den förberedande kommitténs andra möte, utarbetade konferenssekretariatet ett utkast till slutdokument som förhandlades i detalj vid kommitténs sista möte i april 1994, *PrepCom III*. Syftet med mötet var att nå enighet kring så mycket som möjligt av förslaget till handlingsprogram. Vid det tre veckor långa mötets slut, hade delegaterna godkänt 90 procent av utkastets text; återstoden innehöll knappt tvåhundra parenteser kring formuleringar som de deltagande länderna var oeniga om och som således sköts upp till Kairo för vidare diskussion.

Under *PrepCom III* bekräftades *den förändring i synen på befolkningsfrågor* som kunnat skönjas tidigare i det förberedande arbetet. Det individcentrerade perspektivet – att åtgärder ska utgå från människan och hennes livssituation – hade vunnit tydligt genomslag. Likaså hade stödet för en snävt tillämpad familjeplanering minskat till förmån för det bredare begreppet reproduktiv hälsa, inklusive familjeplanering. Dessa förändringar innebar ett betydande steg i den riktning som Sverige förespråkade.

Delegaterna vid *PrepCom III* lyckades vidare enas om ett kapitel om kvinnors makt och inflytande, som enligt flera bedömare blev mer framåtsyftande än vad många hade vågat hoppas. Ur svensk synvinkel var detta kapitel tillfredsställande, liksom var de delar av utkastet som behandlade samarbete med enskilda organisationer och uppföljningen av handlingsprogrammet. Ursprungsbefolkningars respektive handikappgruppers speciella behov och rättigheter erkändes också på ett tillfredsställande sätt i utkastet.

Skrivningarna om de handikappades situation kom med i utkastet på svenskt initiativ, delvis som ett resultat av påtryckningar från svenska handikapporganisationer.

*PrepCom III* innebar avslutningsvis ett genomslag för synen på befolkningsfrågan ur ett utvecklingsperspektiv. Sambanden mellan befolkning, ekonomi och miljö betonades, men behandlingen av



miljöaspekten i de kapitel som antogs under PrepCom III var inte tillfredsställande ur svensk synvinkel.

Till det som under den förberedande kommitténs tredje möte var föremål för utdragna diskussioner utan att lösas hörde bland annat begrepp som sexuell och reproduktiv hälsa och "safe motherhood", formuleringar om mänskliga rättigheter och nationella hänsyn samt familjer och individer, och frågor om finansiering av befolkningsinsatser, ungdomars tillgång till sexualupplysning och behovet av säkra aborter. Dessa skrivningar hänsköts till Kairo för fortsatta diskussioner. I flera av frågorna var det motsättningar mellan å ena sidan Vatikanstaten och vissa muslimska och katolska länder, å andra sidan väst- eller västligt orienterade länder, som förhindrade att konsensus nåddes.

Försök att nå samsyn i utestående frågor gjordes också genom att samlas till *informella konsultationer* vid sidan om den förberedande kommitténs ordinarie möten. Sverige tog exempelvis initiativ till ett möte med givarländerna som kom att hållas i Stockholm i juni 1994, där man bland annat diskuterade finansiella åtaganden, prioriteringar och mål samt vissa begreppsdefinitioner. En månad senare hölls ytterligare en informell konsultation, i New York, den sista i en rad informella möten som anordnades på initiativ av konferenssekretariatet. Någon mer långtgående enighet nådde man dock inte under New York-konsultationen; de utestående frågorna återstod alltså för Kairomötet att lösa.

## 2.4 Annat internationellt förberedande arbete

Utöver arbetet i den förberedande kommittén, arrangerades en rad andra aktiviteter som ett led i förberedelserna inför Kairokonferensen. Detta skedde på initiativ av FN och andra internationella organisationer, medlemsstater och enskilda organisationer.

ECOSOC beslutade 1991 att expertgruppsmöten och regionala konferenser skulle hållas i FN:s regi i syfte att belysa specifika problem och tillhandahålla regionala perspektiv på befolkning och utveckling inför konferensen. Resultaten av dessa möten, i form av bland annat rapporter och rekommendationer, överlämnades till

konferenssekretariatet och låg till grund för arbetet med utkast till slutdokument.

Sex *expertgruppsmöten* hölls, ett för varje grupp av prioriterade frågor som hade identifierats under PrepCom I: befolkningstillväxt och demografisk struktur, resursmobilisering för befolkningsinsatser, sambanden mellan befolkning, miljö och utveckling, befolkningsdistribution och migration, sambanden mellan kvinnans roll och befolkningsutveckling samt familjeplanering, hälsa och välfärd. I mötena deltog experter, valda i personlig kapacitet, samt representanter för FN-organ och mellanstatliga och enskilda organisationer.

De fem *regionala förkonferenserna* anordnades av FN:s regionala ekonomiska kommissioner och hölls på Bali och i Dakar 1992 samt i Amman, Geneve och Mexico City 1993. Syftet med konferenserna var att se över och utvärdera olika tendenser och riktlinjer i befolkningsfrågor i respektive region. Det europeiska mötet hölls i mars 1993 och behandlade bland annat internationell migration, fertiliteten och familjen, dödlighet och hälsa, befolkningstillväxt och struktur samt internationellt samarbete för befolkningsinsatser.

Sverige verkade inför och under den europeiska konferensen bland annat för att resurs- och miljöfrågor samt kvinnoaspekter starkare skulle betonas i de rekommendationer som senare överlämnades till den förberedande kommittén.

På initiativ av FN ordnades vidare en serie *rundabordsseminarier* som behandlade frågor såsom kvinnoperspektiv på familjeplanering, uppföljning av UNCED-konferensen 1992 och sambanden mellan befolkning och miljö, AIDS' inverkan på den demografiska utvecklingen, samt ekonomiska perspektiv på och etiska aspekter av befolkningsutvecklingen. Rundabordsmötena syftade bland annat till att råda konferensens generalsekreterare och sekretariat i förberedelseprocessen och söka formulera realistiska målsättningar för själva konferensen.

Ett annat led i det förberedande arbetet var bildandet 1992 av en *oberoende internationell kommission* för befolkning och livskvalitet, bestående av ett tjugotal nationellt och internationellt bemärkta personer, bland andra Anders Wijkman, och ledd av den förra portugisiska premiärministern Maria de Lourdes Pintasilgo. Sverige stödde den fristående kommissionens inrättande och arbete, också finansiellt med ett bidrag på sammanlagt US\$650,000. Kommissionen skulle bland annat arbeta för en höjd prioritering av befolkningsfrågan i nord och syd genom kontakter med allmänhet, beslutsfattare och opinionsbildare. Genom att ordna möten, producera rapporter och studier samt konsultera olika parter skulle kommissionen vidare bidra till debatten

inför konferensen, behandla känsliga frågor och tillhandahålla alternativa betraktelsesätt. Av olika skäl kom dock inte befolkningskommissionen att spela den framträdande roll i förberedelseprocessen som förutspått.

Av särskilt intresse var den *befolkningskonferens som hölls i New Dehli* i oktober 1993 och som samlade representanter från *vetenskapsakademier* världen över. Konferensen var den största i sitt slag någonsin. Den arrangerades av ett femtontal vetenskaps-akademier, bland dem svenska Kungl. Vetenskapsakademien, och syftade till att utforska sambanden mellan befolkningstillväxt, resursförbrukning, socio-ekonomisk utveckling och miljöskydd. Konferensen resulterade bland annat i ett av 58 vetenskapsakademier gemensamt uttalande. I uttalandet riktades en uppmaning till världens ledare att utifrån ett integrerat perspektiv på befolkning och hållbar utveckling enas kring en strategi och agera kraftfullt och skyndsamt. Vetenskap och teknik kunde inte förväntas lösa de problem som är förknippade med befolkningsutvecklingen; politisk handling understödd av vetenskapen var nödvändig, enligt appropet.

## 2.5 NGO-deltagande i ICPD-processen

Enskilda organisationer spelade en aktiv roll under det förberedande arbetet inför och under konferensen i Kairo. De hade bättre tillträde till och större möjligheter att påverka processen än vid tidigare konferenser. Många organisationer, inte minst de samverkande kvinnogrupperna, var väl organiserade och förberedda och deltog på ett konstruktivt sätt i processen. Under PrepCom II och III utvecklades ett samarbetsmönster mellan regeringar och enskilda organisationer, där organisationerna cirkulerade förslag till skrivningar och ändringar av utkastet bland regeringsdelegationerna, vilka i sin tur kunde integrera förslagen i sina egna.

Drygt tusen enskilda organisationer var ackrediterade av ECOSOC att delta i den förberedande kommitténs möten och i konferensen. Vidare hade flera länder nationella NGO-representanter med i sina delegationer. Organisationerna anordnade dessutom själva en rad aktiviteter parallellt med den officiella processen, såsom seminarier, studier, gemensamma uttalanden etcetera. Flera multilaterala och bilaterala givare, bland andra SIDA, bidrog med ekonomiskt stöd till organisatio-

ners aktiviteter och för deltagandet av u-landsbaserade organisationers representanter i processen.

I Kairo hölls i september 1994 ett till FN-konferensen parallellt *NGO-forum* med representanter för omkring 1500 enskilda organisationer världen över. Forumet erbjöd ett digert program med bland annat föreläsningar och seminarier samt utgjorde ett tillfälle att knyta kontakter inför det fortsatta arbetet. Speciell tonvikt lades under konferensen vid kvinno-, ungdoms- och miljöfrågor. De deltagande organisationerna följde dessutom händelseutvecklingen i den officiella konferensen och arbetade bland annat via regeringsdelegationerna, de ackrediterade organisationerna och media för att rikta uppmärksamhet på specifika frågor och påverka processen.



## 3 Det svenska förberedelsearbetet

### 3.1 Svenska Nationalkommitténs arbete

Den svenska regeringen beslöt i april 1992 att tillkalla en *nationalkommitté för förberedelser inför konferensen* om befolkning och utveckling i Kairo. Syftet med kommitténs inrättande var tvåfaldigt, att informera om och förankra regeringens ställningstaganden samt att bereda företrädare för organisationer, partier och myndigheter möjlighet att framföra sina synpunkter och påverka arbetet. Nationalkommittén fick vidare i uppdrag att lämna synpunkter på FN-material och svenskt underlag och höra experter. Dessutom sågs kommittén som ett naturligt forum för diskussioner kring övergripande riktlinjer för Sveriges agerande och bistånd på området på längre sikt.

Statssekreteraren för internationellt utvecklingssamarbete var ordförande i Nationalkommittén. Regeringen eftersträvade en bred representation, och företrädare för samtliga riksdagspartier, berörda departement och myndigheter, vetenskapssamfundet samt enskilda organisationer ingick i kommittén. De ingående organisationerna och myndigheterna utsåg sina egna företrädare, sammanlagt ett tjugotal ledamöter (se bilaga 1). Kommittén biträdades av ett sekretariat vid Utrikesdepartementets U-avdelning. Nationalkommitténs mandat sträckte sig fram till och med konferensen i Kairo, och dess arbete avslutades följaktligen efter två och ett halvt år, i oktober 1994.

Under tiden fram till konferensen i Kairo sammanträdde Nationalkommittén regelbundet. Kommittén arbetade aktivt med att inhämta kunskaper och fakta i syfte att bredda underlaget för de svenska positionerna. Detta gjordes genom besök av forskare från skilda discipliner, genom seminarier, till exempel kring vissa centrala teman, och genom litteraturstudier. Ledamöterna bereddes dessutom ofta tillfälle att delta i möten vid besök i Sverige av FN-representanter eller andra aktiva i processen.

Nationalkommittén arbetade vidare med förberedelser inför samt deltog aktivt i den förberedande kommitténs möten i New York och själva konferensen i Kairo. Kommittén informerades kontinuerligt om

processen samt tog del av och kommenterade FN-dokument. Flertalet ledamöter deltog i åtminstone en av de internationella sammankomsterna.

Parallellt med detta utarbetades ett *svenskt positionspapper* (se bilaga 2). Ledamöterna dryftade vad som i stora drag skulle utgöra de svenska positionerna, och Nationalkommitténs sekretariat utarbetade förslag till positionspapper. Den breda representationen i kommittén tryggade att olika åsikter och perspektiv på befolkningsfrågan kom i dagen. Samtidigt var perspektiven inte så olika att man inte kunde nå en hög grad av enighet kring vad som skulle utgöra den svenska positionen.

I mars 1993 blev förslaget till svensk position föremål för en än bredare debatt när regeringen tillsammans med SAREC och SIDA bjöd till samråd om befolkningsfrågor. Under en heldag hölls ett offentligt samtal med nordiska parlamentariker, företrädare för enskilda organisationer, myndigheter, forskare och media samt utomnordiska talare och gäster i Riksdagshuset i Stockholm. Samtalet bedömdes i efterhand av flera närvarande som konstruktivt och åtskilligt av vad som sades togs i beaktande under det fortsatta arbetet med formulerandet av en svensk position.

Kommentarer till det svenska positionspapperet inhämtades fortlöpande från de nordiska länderna, och en sammanfattning av dokumentet medtogs också till den förberedande kommitténs tredje möte för en begränsad delgivning och synpunkter. Under Nationalkommitténs arbete utbyttes vidare information med Svenska FN-förbundet och Folkrorelserådet.

### 3.2 Det svenska positionspapperet

I det svenska positionspapperet, ett av resultaten av Nationalkommitténs arbete, redogörs för den svenska positionen i befolkningsfrågan. Kommittén redovisar i dokumentet resultaten av de diskussioner som förts både i det egna arbetet och i den allmänna debatten inför konferensen i Kairo, liksom vilka utgångspunkter kommittén arbetat utifrån. I dokumentet lyfts vidare fram en rad faktorer som enligt kommittén är strategiska för befolkningsutvecklingen; vad som bör göras på området och vilka som bör göra det diskuteras också.

Grundläggande för den svenska positionen är uppfattningen att befolkning och utveckling bör behandlas utifrån ett *helhetsperspektiv*,

*Det svenska förberedelsearbetet*

och att målsättningen bör vara att uppnå en *balans mellan befolkningstillväxt och tillgängliga resurser*. Befolkningsutvecklingen är betingad av ekonomiska, sociala och kulturella faktorer i samhället, och åtgärder som syftar till att motverka obalans mellan befolkning och resurser måste spänna över alla områden. En internationell utjämning av levnadsförhållandena är nödvändig, genom bland annat ändrade produktions- och konsumtionsmönster i den rika världen samt kamp mot en ökande fattigdom. I positionspaperet betonas också vikten av insatser som syftar till att undanröja orsakerna till massmigration och flykt.

En annan för Nationalkommittén central utgångspunkt är kravet på *jämställdhet* mellan kvinnor och män. Kvinnors sociala och ekonomiska ställning måste främjas, liksom männens attityder och ansvar förändras.

Kommittén intar vidare en *individcentrerad grundsyn*. Utgångspunkten för alla åtgärder måste vara individen och hennes rättigheter, medan statens roll bör vara att gå människor till mötes och underlätta deras val och främja deras frihet. Kommittén tar avstånd från politik som sätter upp kvantitativa mål för befolkningstillväxten eller innebär tvång mot individen eller inskränkningar av hennes frihet. Konsekvensen för den svenska positionen av denna grundsyn är att endast sådana åtgärder som skulle kunna vara försvarbara i det svenska samhället kan accepteras och förespråkas.

I diskussionen om vilka faktorer i samhället som påverkar befolkningsutvecklingen lyfter Nationalkommittén fram ett antal som man anser strategiska. Till dessa hör nationell politik, till exempel ekonomisk, social eller utbildningspolitik, kvinnors makt och inflytande inom familjen och i samhället, barns och tonåringars ställning och livsvillkor samt tillgång till reproduktiv hälsa och sexualundervisning.

Ansvar för nationell ekonomisk och social politik ligger alltid hos den nationella regeringen, och hur den bedrivs har en avgörande betydelse för befolkningsutvecklingen. Åtgärder som exempelvis syftar till att stärka kvinnors ekonomiska ställning och sociala trygghet och valfrihet har, utöver att de är berättigade i sig, också som effekt en lugnare och mer balanserad befolkningstillväxt. Detsamma gäller insatser för att värna om barnens villkor och rättigheter. Positionspaperet betonar vidare vikten av särskilda stödinsatser för handikappgrupper.

*Reproduktiv och sexuell hälsa och rättigheter*, inklusive familjeplanering, är centrala begrepp i den svenska positionen. Människors tillgång till sexualrådgivning och preventivmedel måste förbättras,

anser vidare Nationalkommittén. Speciell uppmärksamhet måste riktas till tonåringars situation och deras behov av sexualundervisning, smittskydd och p-medel. Möjlighet till säker och legal abort för de kvinnor som inte ser någon annan utväg bör tillförsäkras.

Ansvar för de olika åtgärder som Nationalkommittén anser väsentliga ligger hos olika aktörer. Det nationella ansvaret betonas i positionspaperet. Bistånd bör komplettera men inte ersätta den nationella regeringens åtgärder. Internationella organisationer har ofta en global överblick och kapacitet som kan användas för policyrådgivning, forskning o.d. och enskilda organisationer kan spela en viktig roll via opinionsbildning och egen projektverksamhet. Både näringslivet och forskarsamhället kan öka sina befolkningsrelaterade insatser, näringslivet till exempel genom sin rekryteringspolitik och forskarna genom att uppmärksamma relevanta frågor.

I positionspaperet förordas en successiv ökning av sådana svenska biståndsinsatser som görs inom områden som av Nationalkommittén identifierats som prioriterade ur ett befolknings- och utvecklingsperspektiv. Syftet med insatserna ska inte vara att direkt påverka befolkningstalen, utan att främja en demokratisk utveckling och en jämnare balans mellan befolkningstillväxt och naturresursutnyttjande.

### 3.3 Sverige i annat förberedande arbete

Utöver det arbete som bedrevs inom Nationalkommittén samt det svenska deltagandet i FN:s förberedande process och i själva konferensen, deltog Sverige också på en rad andra sätt i processen inför Kairokonferensen. Bland annat medverkade Sverige i nordiskt samråd, bidrog med ekonomiskt stöd till enskilda organisationer och annan internationell verksamhet samt tog initiativ till seminarier och debatter.

Sveriges *samråd med de övriga nordiska länderna* med anledning av Kairokonferensen inleddes tidigt i den förberedande processen. Nordiska möten hölls regelbundet i syfte att diskutera både strategi och sakfrågor, och intensifierades i samband med den förberedande kommitténs möten och andra informella konsultationer.



I stora drag överensstämmer de nordiska ländernas positioner väl sinsemellan och länderna kunde i flera av de grundläggande frågorna driva en gemensam linje. Den nordiska linjen betonade bland annat utvecklingsaspekten av befolkningsfrågan, kvinnors roll, vikten av människors sexuella och reproduktiva hälsa samt tonåringars sexualitet, behovet av tillgång till familjeplanering och abort samt betydelsen av en tydlig rollfördelning och aktiv uppföljning efter konferensen.

Från juni 1994 var Sverige observatör i EU:s förberedande arbete samt vid deras möten under konferensen i Kairo. Härigenom fick Sverige en god inblick i EU:s arbete samt en möjlighet att påverka unionens position.

Annat internationellt samråd förekom på svenskt initiativ, bland annat genom av svenska departement, myndigheter eller enskilda organisationer anordnade seminarier och debatter. I december 1993 anordnade SIDA och SAREC en internationell konferens i Harare på temat "Befolkningsfrågan i nytt ljus – makt, hälsa och mänskliga rättigheter". I konferensen, som syftade till att lära mer om befolkningsfrågorna som en integrerad del av ett brett utvecklingsperspektiv, deltog bland annat syd- och östafrikanska forskare och politiker, svenska parlamentariker och representanter för svenska myndigheter samt multilaterala organisationer. Angelägna frågor såsom tonåringars sexualitet, kvinnors livsvillkor och hälsa inklusive osäkra aborter och bristande mödravård togs upp vid sammankomsten, som präglades av betydande samstämmighet.

Som nämnts ovan var Sverige också drivande i en rad andra sammanhang. Den svenska Kungliga Vetenskapsakademien stod exempelvis som huvudarrangör och SIDA som delfinansiär till Vetenskapsakademiernas befolkningskonferens i New Dehli 1993. Vidare arbetade den svenska regeringen aktivt för inrättandet av den internationella oberoende befolkningskommissionen och bidrog dessutom ekonomiskt till dess arbete. Den informella konsultation som hölls efter PrepCom III i Stockholm i juni 1994 tillkom dessutom på svenskt initiativ.

Den svenska regeringen beviljade vidare *ekonomiskt stöd till u-länders förberedelsearbete* inför konferensen. Under en treårsperiod bidrog Sverige med sammanlagt USD 750,000 till av ICPD-sekretariatet administrerade och för konferensen speciellt inrättade fonder. Svenska medel gick bland annat till nationella förberedelseaktiviteter såsom studier och till deltagande av representanter från mycket fattiga länder i FN:s förberedande möten. Därutöver lämnades ett särskilt bidrag på SEK 1,5 miljoner till en NGO-kommitté för anordnandet av NGO-forum '94 i Kairo. Även SIDA bidrog ekonomiskt under det

särskilda anslaget för befolkningsfrågor till bland annat internationella organisationers och nätverks arbete.

Ett antal *skrifter* togs på svenskt initiativ fram inför konferensen. Nationalkommittén publicerade två skrifter av rapportkaraktär: "Sexualupplysning och reproduktiv hälsa i Sverige under 1900-talet" av Marc Bygdeman och Katarina Lindahl och "Kvinnor, barn och arbete i Sverige 1850-1993" av Ann-Sofie Ohlander. Båda översattes till engelska och franska och presenterades som Sveriges officiella bidrag till konferensen i Kairo. Dessutom utgavs ett specialnummer av UD:s tidsskrift *Aktuellt i Biståndspolitiken* på temat befolkning och utveckling; också den översattes till engelska och gjordes tillgänglig i Kairo.

Vidare lät SIDA skriva tre rapporter som bland annat medtogs till den förberedande kommitténs möten inför Kairo: "Human Rights in Population Policies" av Katarina Tomasevski, "Understanding reproductive change. Kenya, Tamil Nadu, Punjab, Costa Rica" sammanställd vid PROP, Programmet för befolkningsfrågor, vid Lunds Universitet samt "Population Policies Reconsidered. Health, empowerment and rights", skriven av en rad internationellt framstående forskare. Tillsammans med SAREC lät SIDA också sammanställa rapporten "Verkligheten bakom siffrorna. Befolkningsfrågan i ett nytt ljus", om konferensen 1993 i Harare.

### 3.4 Den svenska delegationen

I den svenska delegationen till konferensen om befolkning och utveckling i Kairo ingick som ombud representanter för Utrikes-, Social-, Civil- och Kulturdepartementen. Som sakkunniga deltog representanter för SIDA och SAREC samt två ledamöter från Nationalkommittén. Delegationen uppgick till sammanlagt ett tjugotal personer. Ordförande i delegationen var civilminister Inger Davidsson. (se bilaga)

Till konferensen i Kairo reste också representanter för svenska enskilda organisationer, uppskattningsvis ett hundratal personer, vilka deltog i det parallella NGO-forumet.

## 4 Rapport från konferensen

### 4.1 Allmänt

FN:s konferens om befolkning och utveckling, ICPD, hölls i Kairo, 5 – 13 september 1994. De i Kairo samlade delegaterna hade till uppgift att enas kring ett handlingsprogram för befolkning och utveckling. Efter en dryg veckas förhandlingar antogs den 13 september i plenum ett 115-sidigt dokument med rekommendationer för de kommande två decennierna.

Mötet i Kairo samlade delegationer från 179 länder och sju observatörer samt representanter för FN:s regionala kommissioner, andra FN-organ, mellanstatliga och enskilda organisationer och media, sammanlagt drygt 10,000 personer. Vid sidan om FN:s konferens hölls den parallella konferensen NGO-forum '94, en internationell konferens för parlamentariker samt en NGO-ungdomskonsultation, alla på temat befolkning och utveckling.

Länder som uteblev från FN:s konferens inkluderade Monaco, Liechtenstein, Irak, Libanon, Saudiarabien och Sudan, de sistnämnda utifrån en islamistiskt orienterad kritik mot konferensen och dess handlingsdokument.

Före FN-konferensens början, 3 – 4 september, hölls i Kairo en tvådagars förkonsultation. Syftet med konsultationen, som var öppen för alla delegationer, var att vidarebefordra rekommendationer i procedurella och organisatoriska ärenden till den ordinarie konferensen. Så diskuterades bland annat dagordningen för mötet, den regionala fördelningen av ordförandeposterna samt förslag på personer för förtroendeuppdrag.

Vid konferensens första dag valdes Egyptens president *Muhammed Hosni Mubarak* till dess ordförande. Till vice ordförande ex-officio utsågs landets familjeplaneringsminister *Dr. Mahar Mahran*. Den regionala fördelningen av de 27 vice ordförandeposterna resulterade bland annat i att Danmark och Finland tilldelades varsin post. Uppdraget som konferensens rapportör tillföll esten Peeter Olesk.

Till den betydelsefulla posten som ordförande för huvudkommittén nominerades *Dr. Fred Sai*, Ghana, av den afrikanska gruppen.

Nomineringen av *Dr. Sai*, president för IPPF samt ordförande både vid PrepCom II och PrepCom III, vann bland annat stöd hos Algeriet,

som talade för G-77 och Kina, och *Sai* utsågs under enighet till ordförande. Till vice-ordförande i huvudkommittén utsågs *Jerzy Holzer*, Polen.

Kairokonferensen organiserades i en *plenarsession* och i en *huvudkommitté*. I plenum avhandlades procedurella frågor samt fördes en allmänt hållen debatt kring erfarenheter av strategier och program på befolknings- och utvecklingsområdet. Omkring 250 anföranden hölls under den veckolånga generaldebatten.

Parallellt med plenarsessionen pågick i huvudkommittén förhandlingarna kring innehållet i handlingsdokumentet. Under konferensens gång bildades också informella, mindre arbetsgrupper för att diskutera svårösta frågor.

*Rapport från konferensen*

### 4.2 Konferensens generaldebatt

#### 4.2.1 Öppningsanföranden

Konferensens generalsekreterare *Dr. Nafis Sadik* öppnade konferensen om befolkning och utveckling på morgonen den 5:e september. Efter att beslut fattats i plenum i en rad procedurfrågor, fortsatte öppningsceremonin med inledningsanföranden av FN:s generalsekreterare *Boutros Boutros Ghali*, Egyptens president *Mohamed Hosni Mubarak* samt *Dr. Nafis Sadik*. Anföranden hölls också av Norges statsminister *Gro Harlem Brundtland*, premiärministrarna *Benazir Bhutto*, Pakistan och *Prins Mbilini*, Swaziland samt USA:s vice-president *Al Gore*.

*Boutros Ghali* betonade i konferensens första anförande hur angelägna men samtidigt komplexa och känsliga de problem var som delegaterna samlats för att lösa. Frågornas natur kunde enligt *Boutros Ghali* förklara men absolut inte berättiga vissa delegaters tveksamhet, och han manade de församlade till en positiv och konstruktiv attityd samt till att i sitt arbete under den följande veckan låta sig ledas av tre principer: fasthet, tolerans och samvete. Att ge prov på den handlingskraft som befolkningsfrågorna uppfordrade alla medlemsländer till, att visa tolerans mot andra kulturer och uppfattningar om de var förenliga med internationell rätt samt att tillerkänna människor rätten att utifrån inhämtad kunskap och medvetenhet besluta om sin egen och sin familjs framtid var angeläget, menade *Boutros Ghali*.

Kairokonferensen innebar enligt *Boutros Ghali* en vändpunkt i synen på befolkningsfrågan mot ett integrerat perspektiv på befolkning,



utveckling och miljö. Sammankomsten inbjöd till att utifrån detta perspektiv enas kring åtgärder för angelägna områden såsom fattigdom, kvinnors roll och rättigheter, folkhälsa och nya generationers livsvillkor. Boutros Ghali betonade också länken till de andra världskonferenserna, exempelvis miljökonferensen i Rio och kvinnokonferensen i Beijing, och riktade uppmärksamhet mot FN:s roll på det sociala och ekonomiska området.

Även *Egyptens president Mubarak* uppmanade mötets deltagare att med öppna sinnen och ömsesidig respekt tillsammans söka överbrygga motsättningarna och nå en gemensam vision. Sambanden mellan befolkning och utveckling noterades, liksom behovet av att prioritera utbildning, hälsovård och kvinnors roll. Mubarak delgav vidare åhörarna erfarenheterna av egyptisk befolkningspolitik, vars framgång han tillskrev bland annat dess frånvaro av tvång och dess respekt för religiösa och kulturella värderingar.

Efter Nafis Sadik's relativt korta och välkomnande tal, följde *Gro Harlem Brundtland* med vad som kom att bli ett applåderat och mycket uppmärksammat anförande. Talet hölls i en rättfram ton och gav uttryck för fundamenten i den nordiska linjen i befolkningsfrågan.

Brundtland manade församlingen till att göra utfästelser, om jämställdhet mellan kvinnor och män, om allas tillgång till utbildning och reproduktiv hälsa inklusive familjeplanering, om nödvändiga förändringar av förd politik och om ökade ekonomiska resurser till befolkningsområdet. Hon påpekade att betydande samsyn redan uppnåtts i många frågor och att det nu var viktigt att nå konsensus och påbörja arbetet med att verkställa det alltomspännande handlingsprogrammet. Ett brett folkligt deltagande i den förändringsprocess som nu erfordrades var en förutsättning för framsteg.

Brundtlands rakryggade uttalanden om bland annat abort och ungdomars sexualitet väckte viss uppståndelse. Abort borde avkriminaliseras, menade Brundtland, eftersom abort förekommer även där det är förbjudet med stor risk för kvinnors hälsa. Brundtland gick till hårt angrepp mot dem som fördömer abort som omoraliskt, och menade att när ett sådant fördömande leder till kvinnors lidande och till och med död, har moralen förvandlats till hyckleri.

Begreppet reproduktiv hälsa inklusive familjeplanering var centralt i Brundtlands anförande. Speciell tonvikt lades vid kvinnors hälsa och ungdomars behov av sexualundervisning. Brundtland påpekade att en alltför snävt tillämpad familjeplanering exkluderat tonåringar och ensamstående från exempelvis sexualundervisning. Föranledd av den förvirring som rått kring begreppet reproduktiv hälsa, underströk Brundtland att det inte på något sätt kunde tolkas som ett stöd för abort som familjeplaneringsmetod.

*Al Gore's* anförande var allmänt hållet och betonade sambanden och beroendeförhållandena mellan fattigdom, befolkningsutveckling, miljöförstörrelse och ohållbar ekonomisk tillväxt, mellan länder på olika utvecklingsnivåer samt mellan olika generationer. Det helhetsperspektiv på befolkningsfrågan som vunnit terräng under senare år välkomnades av Gore. Ökat inflytande för kvinnor, utbildning och ökad läs- och skrivkunighet, tillgång till preventivmedel och god hälsovård var enligt Gore avgörande för en gynnsam utveckling. Individens rätt till utveckling betonades också. Vad gällde abort, påpekade Gore att USA inte sökte etablera en internationell rätt till abort, utan att detta avgjordes utifrån nationella hänsyn. Däremot var det nödvändigt att abort i de fall det är tillåtet görs säkert samt att osäkra, illegala aborter erkänns som ett hot mot kvinnors hälsa.

Med spänd förväntan möttes sedan *Benazir Bhutto*, som hade valt att komma till Kairo trots de starka påtryckningar hon utsatts för hemmavid att inte delta i konferensen. Bhutto balanserade i sitt anförande på ett skickligt sätt mellan att uttrycka stöd för konferensens arbete och handlingsprogram, och att genom referenser till islam hylla rätten till liv och familjens helgd. Konferensen skulle inte ses om en legitimering av abort, sexualundervisning eller andra insatser på befolkningsområdet som inte överensstämde med ett lands religiösa, kulturella och etiska värderingar, poängterade Bhutto. Samtidigt betonade Bhutto angelägenheten i att dämpa befolkningstillväxten, en uppgift som krävde internationella partnerskap och åtgärder på global och nationell nivå. Speciell tonvikt lades vid betydelsen av att bland annat genom utbildning stärka kvinnors roll.

Avslutningsvis höll *prins Mbilini* ett kort anförande där han välkomnade konferensen som ett tillfälle att ta upp flera av de för Afrikas utveckling så kritiska faktorerna, såsom utbredd fattigdom, snabb befolkningstillväxt, hög mödra- och barnadödlighet samt spridningen av HIV/AIDS.

#### 4.2.2 Generaldebatten

Generaldebatten inleddes i plenum den 5 september. Under loppet av en vecka talade representanter för omkring 150 länder, 25 FN-organ, 15 mellanstatliga och 35 enskilda organisationer kring punkt åtta på konferensens dagordning, om erfarenheterna av befolknings- och utvecklingsstrategier och program.

Att det rörde *politiska, religiösa och etiska motsättningar* framgick tydligt under generaldebatten, liksom att det gjorts sinsemellan kontrasterande tolkningar av handlingsdokumentet. En skiljelinje som

bottnade i etiska ställningstaganden utkristalliserades mellan å ena sidan Vatikanstaten och ett antal katolska och muslimska länder, å andra sidan de västligt orienterade länderna. Andra mindre tydliga skiljelinjer kunde skönjas mellan nord och syd samt mellan enskilda västländer.

*Abortfrågan* intog som väntat en central position i många av anförandena. Flera länder, däribland Vatikanstaten och vissa arab- och centralamerikanska länder, tog kraftigt avstånd från en legalisering av abort. De nordiska länderna samt bland andra Nederländerna och Schweiz, markerade i sina anföranden en motsatt uppfattning och tog ställning för tillgång till legal och säker abort. Danmark och Schweiz betonade att beslutet om abort alltid måste vara kvinnans eget.

Den vanligaste ståndpunkten i abortfrågan var dock att illegal abort är ett hot mot kvinnors hälsa, ett problem som måste tillstås och lösas. Finland i sällskap med USA och flera afrikanska länder anförde detta. Estland riktade uppmärksamhet mot landets höga aborttal, ett problem eftersom antalet aborter översteg antalet födselar. Genom förbättrad sexualundervisning och tillgång till preventivmedel sökte man motverka detta. Flera latinamerikanska länder som lierat sig med Vatikanstaten i abortfrågan uttryckte dock sitt stöd för användandet av preventivmedel.

Flera, inte minst de muslimska och katolska orienterade talarna, framhöll *familjen* i form av äktenskapet mellan man och kvinna som det fundament på vilket samhället vilar. En uppluckring av det traditionella familjebegreppet var ovälkommen enligt talarna, som vände sig mot handlingsdokumentets skrivningar om alternativa familjeformer. Flera muslimska länder antydde också att frågan om sexualundervisning var känslig, men tillstod att sådan undervisning var viktig och lämplig inom ramen för äktenskapet. Få länder utöver de nordiska talade om ungdomars behov av sexualundervisning och tillgång till preventivmedel.

Vikten av att *stärka kvinnors roll* betonades i så gott som alla anföranden. Åtgärder borde exempelvis vidtas för att stärka kvinnors sociala och ekonomiska ställning samt säkra kvinnors tillgång till god hälsovård och flickors tillgång till utbildning. De nordiska länderna var relativt ensamma om att ta upp mannens ansvar och roll både inom familjen och för att nå jämställdhet mellan kvinnor och män.

Betydande enighet rådde också kring det *nationella ansvaret* och hänsyn till olikrådande omständigheter i olika länder. Flertalet anföranden betonade att åtgärder på befolkningsområdet alltid skulle vidtas med hänsyn till varje stats suveräna rätt och i enlighet med dess religiösa, kulturella och etiska värderingar. Samsynen var vidare stor

vad gällde behovet av satsningar på utbildning och hälsovård för en balanserad befolkningsutveckling.

Långsiktigt hållbar utveckling betonades av de flesta talare, men dock ofta utan att konkreta åtgärder rekommenderades eller åtaganden gjordes. De ohållbara produktions- och konsumtionsmönstren och den ojämna resursfördelningen mellan nord och syd betonades bland annat av de nordiska talarna, men i förvånansvärt få av u-ländernas anföranden. Migration tillhörde också de frågor som togs upp i de flesta tal men ofta förhållandevis översiktligt.

Under konferensens tredje dag höll *civilminister Inger Davidsson* Sveriges anförande i plenum. I talet framhölls inledningsvis den ojämna resursfördelningen mellan nord och syd samt det ansvar som åligger den rikare delen av världen att förändra de ohållbara produktions- och konsumtionsmönstren. Davidsson underströk vidare behovet av massiva insatser på utvecklings- och befolkningsområdet. I talet betonades de nationella regeringarnas ansvar för sådana insatser samtidigt som OECD-länderna uppmanades att i ökad grad bistå dem, bland annat genom att uppfylla FN:s mål om 0,7% av bruttonationalprodukten för biståndsinsatser.

Davidsson framförde sedan ytterligare några av de för den svenska positionen centrala punkterna: kvinnors makt, tillgång till säkra aborter samt ungdomars reproduktiva hälsa. Insatser som syftar till att förbättra kvinnors situation är berättigade i sig liksom åtgärder som söker säkra kvinnors grundläggande mänskliga rättigheter, påpekade Davidsson och fördömde utförandet av kvinnlig omskärelse och abortering av flickfoster.

Vad gällde abort, underströk Davidsson att de förekommer trots att de är förbjudna och att en kriminalisering av abort innebär ett större hot för kvinnors hälsa än en legalisering. En vädjan riktades till de församlade att tillstå att illegala aborter utgör ett netydande hot mot kvinnors hälsa. Davidsson uttalade avslutningsvis sitt stöd för begreppet reproduktiv hälsa inklusive familjeplanering, samt betonade nödvändigheten av att ungdomar ges vägledning och stöd vad gäller deras sexualitet.

På kvällen den 12 september godkände huvudkommittén efter ett förlängt förhandlande handlingsprogrammet i sin helhet, varefter det överlämnades till plenum för slutligt antagande. Tisdagen den 13 september samlades delegationerna i plenum där de, efter vissa procedurrella beslut, kunde anta handlingsprogrammet i *konsensus*.

Innan programmet antogs uttryckte sammanlagt 24 delegationer *reservationer* mot enstaka eller flera kapitel eller formuleringar i texten. Vissa av inläggen var relativt allmänt hållna men omfattningen av



reservationerna väckte förvåning, inte minst mot bakgrund av den betydande enighet som många ansåg hade uppnåtts. Vatikanstaten samt de latinamerikanska och muslimska länderna var mest framträdande i sina reservationer. Tio länder avlämnade skriftliga reservationer som kom att biläggas konferensens slutdokument.

Ett tiotal länder reserverade sig mot skrivningen om abort, medan två av dem, Vatikanstaten och Guatemala, motsatte sig användandet av preventivmedel. Reservationer framfördes också mot begreppen reproduktiv hälsa och reproduktiva rättigheter samt mot hänvisningar i texten till andra förbindelser än den traditionella familjebildningen. Flera länder betonade att de skulle komma att tolka och verkställa handlingsprogrammet i enlighet med nationella lagar och religiös tro.

Efter antagandet av handlingsprogrammet uttalade sig flera länder i positiva termer om resultatet. De nordiska talarna samt USA och Tyskland å EU:s vägnar uttryckte tillfredsställelse med den samsyn som uppnåtts kring bland annat kvinnors roll samt reproduktiv hälsa och rättigheter; Sverige och Tyskland beklagade dock att inte också begreppet sexuella rättigheter accepterats. Algeriet påpekade att individens rätt till utveckling änyo bekräftats och Tyskland framhöll vikten av mänskliga rättigheter. Australien välkomnade den balans som uppnåtts mellan å ena sidan hållbar utveckling och befolkning, å andra sidan individens val och de mänskliga rättigheterna.

Avslutningsvis talade *Egyptens utrikesminister* om de religiösa och etiska meningsskiljaktigheter som satt sin prägel på konferensen och menade att handlingsprogrammet borde ses som en landvinning, inte minst mot bakgrund av dessa motsättningar. Ministern tackade deltagarna för deras konstruktiva deltagande och påpekade att det nu ålåg dem att verkställa programmet, i enlighet med nationell lagstiftning och religiösa, kulturella och etiska värderingar.

*Dr. Nafis Sadik* gratulerade i sitt avslutningsanförande delegaterna till ett handlingsprogram som hade potential att förändra världen. Sadik möttes av applåder när hon sade att ett effektivt och engagerat verkställande av rekommendationerna skulle leda till en avsevärd förbättring av kvinnors situation, önskade och planerade graviditeter samt skydd mot osäkra aborter, värnande om ungdomars hälsa och familjens integritet, HIV/AIDS-bekämpning samt ökad tillgång till utbildning.

Konferensen avslutades av Egyptens familjeplaneringsminister *Mahran*, som berättade att han under sitt yrkesverksamma liv som obstetrikare förlöst tusentals egyptiska kvinnor men att han aldrig upplevt en så utdragen process som den under Kairokonferensens nio dagar.

### 4.3 Kommittéarbetet

Förhandlingarna kring handlingsprogrammet och de utestående frågorna bedrevs i huvudkommittén, parallellt med generaldebatten. Huvudkommittén under ordförande Dr. Fred Sai inledde sitt arbete den 5 september och avslutade det en vecka senare efter ett par dagars förlängning. Den 12 september utmynnade de långa förhandlingarna och de många kompromisserna i enighet, och handlingsprogrammet kunde godkännas i sin helhet för att sedan vidarebefordras till plenum för slutligt antagande.

Enighet hade redan under det förberedande arbetet inför konferensen uppnåtts kring nittio procent av handlingsprogrammet. En tiondel av texten, med de omstridda skrivningarna inom parentes, återstod således för huvudkommittén att behandla under konferensen i Kairo. Några av de kvarvarande skrivningarna var dock mycket kontroversiella, och vid flera tillfällen inrättades informella arbetsgrupper för att avlasta huvudkommittén och söka slutföra de utdragna förhandlingarna. Speciellt omtvistade var inledningen till dokumentets principavsnitt, begreppen reproduktiva rättigheter och reproduktiv hälsa, inklusive ungdomars sexualitet och tillgången till preventivmedel, familjebegreppet samt frågan om abort och om rätten till återförening av migrantfamiljer.

Huvudkommittén inledde sitt arbete under konferensens första dag med att diskutera de två kapitel, I och II, som inte hade tagits upp till behandling i den förberedande kommitténs möten inför konferensen. Efter en inledande debatt flyttades dock diskussionerna kring båda dessa kapitel till "Friends of the Chair", en arbetsgrupp som sammanträdde parallellt med huvudkommittén. De informella förhandlingarna kring det inledande avsnittet och principerna i kapitel II var segslitna och kunde avslutas först efter en vecka.

Under förhandlingarna kring de inledande kapitlena diskuterades bland annat mobilisering av resurser för verkställandet av handlingsprogrammet, rätten till utveckling och andra mänskliga rättigheter samt användandet av termen individ i "individens och pars rätt" att själva bestämma över sitt barnafödande. Vad gäller det inledande avsnittet i kapitel II, förhandlade Algeriet, för G-77 och Kina, och flera katolska och muslimska länder framgångsrikt för att det tydligt skulle fastslås att *verkställandet av handlingsprogrammet skulle ske i enlighet med nationell lagstiftning och religiösa och etiska värderingar*. På flera västländers anmodan kompletterades dock meningen med en

skrivning om att verkställandet också skulle ske i enlighet med internationellt erkända mänskliga rättigheter.

I huvudkommittén påbörjades sedan diskussionerna kring de två kapitel som innehöll några av dokumentets mest kontroversiella skrivingar, främst de om abort och preventivmedel, ungdomars sexualitet samt begreppen "fertility regulation", "safe motherhood" och reproduktiva rättigheter och reproduktiv hälsa. Dessa formuleringar återfanns genom hela dokumentet, vilket innebar att så länge de var olösta, var det en rad andra delar av programmet som inte kunde antas.

Frågan om *legal och säker abort* hade diskuterats redan under den förberedande kommitténs möten utan att enighet hade nåtts. EU hade vid PrepCom III presenterat ett förslag till kompromiss om den aktuella paragrafen, 8.25, vilket fungerade som utgångspunkt vid diskussionerna i Kairo. Förhandlingarna kring paragrafen pågick både i huvudkommittén och i en speciellt tillsatt arbetsgrupp, och var känsloladdade och omständliga. En viss frustration kunde märkas både bland delegater men även bland utomstående observatörer över att frågan tog så mycket tid i anspråk.

Tre huvudpositioner utkristalliserade sig under förhandlingarnas gång. En grupp länder såsom Sverige, Norge och USA önskade en mer långtgående skrivning om möjlighet till legal och säker abort. En andra grupp med EU i spetsen gick på kompromissens linje, den som bland annat lade betoningen vid förebyggande åtgärder. En tredje grupp utgjordes av Vatikanstaten, Malta med flera som värnade om fostrets rätt till liv och som inte kunde acceptera aborter som lagliga eller säkra.

Efter några mindre justeringar, varav flertalet språkliga, kunde delegationerna enas om en skrivning som bland annat betonade att abort inte ska användas som familjeplaneringsmetod och att abort i de fall det inte strider mot nationell lagstiftning, ska göras säkra. Den oenighet som hade rått kring begreppet *safe motherhood* avhjälpes också. Vissa länder hade först vägrat acceptera begreppet eftersom det skulle kunna tolkas som omfattande abort. Genom att i en fotnot till texten inkludera WHO:s definition av begreppet *safe motherhood*, som inte omfattar abort, kunde dock begreppet godkännas.

En rad länder uttryckte trots enigheten kring abortparagrafen viss besvikelse över skrivningen. Bland annat betonade Norge, Sverige och Finland att resultatet var långt ifrån vad man hade eftersträvat men att det utgjorde ett steg framåt och därför kunde stödjas i en anda av kompromissvilja.

Vatikanstaten var mycket framträdande i sina ställningstaganden mot abort och mot det bredare begreppet *sexuell och reproduktiv hälsa*. Ett omfattande lobbyingsarbete bedrevs under hela den förberedande processen liksom under konferensen, och allianser byggdes upp med olika katolska och muslimska länder i olika frågor. I frågan om användandet av kondom som skydd mot HIV/AIDS förblev dock Vatikanstaten helt isolerad. Vatikanstaten var den enda delegation som inte kunde acceptera, till mångas besvikelse, kondomanvändning för skydd mot smitta.

Minst lika svåra som diskussionerna i abortfrågan visade sig förhandlingarna om kapitlet om *reproduktiva rättigheter och reproduktiv hälsa*. En arbetsgrupp i vilken Sverige ingick tillsattes för att föra vidare den diskussion som hade kört fast i huvudkommittén. Till de formuleringar som visade sig speciellt svåra att nå samsyn kring hörde sexuell hälsa och rättigheter, "fertility regulation", ungdomars sexualitet samt individbegreppet.

En fundamental skiljelinje gick mellan å ena sidan en rad västländer och andra likasinnade, å andra sidan Vatikanstaten och flera katolska och muslimska länder. De förra menade att par liksom enskilda kvinnor och män och ungdomar skall ha tillgång till reproduktiv och sexuell hälsa genom bland annat sexualundervisning, preventivmedel och säkra aborter. De senare hade en rad invändningar som främst bottnade i religiösa hänsyn mot ett så allomfattande begrepp. Vatikanstaten och länder såsom Benin, Honduras, Iran och Malta önskade hålla fast vid det snävare begreppet familjeplanering.

Flera av dem som tagit ställning mot abort, uttalade också motstånd mot begreppet *sexuell hälsa och rättigheter* då de ansåg det omfatta abort. Flera muslimska länder anförde också att begreppet var svåröversatt och lätt skulle kunna missförstås i de egna länderna. Sverige var ett av de länder som förespråkade formuleringen *sexuell hälsa och rättigheter*. Bristande uppslutning även bland västländer för begreppet *sexuella rättigheter* i kombination med avsaknaden av en vedertagen definition av begreppet resulterade dock i att det överhuvudtaget inte togs med i handlingsprogrammet.

En kompromiss kunde däremot nås om begreppet *sexuell hälsa*. I det aktuella kapitlets inledning definierades reproduktiv hälsa som omfattande också sexuell hälsa. Den accepterade formuleringen kom att lyda "reproduktiv hälsa, inklusive familjeplanering och sexuell hälsa". Termen *sexuell hälsa* ströks därefter på de flesta ställen i dokumentet förutom i samband med vissa paragrafer som specifikt rör vård eller ungdomars situation.



Skrivningarna om ungdomars förhållande till sexualitet och reproduktion var kontroversiella, och ett antal delegationer framhärskade i att ungdomar inte skulle omfattas av reproduktiv hälsa och familjeplanering. I motsats till dessa hävdade inte minst de nordiska länderna *ungdomars behov* av exempelvis sexualundervisning och preventivmedel. Sekretariatets utkast talade ursprungligen om ungdomars behov av och tillgång till sexuell och reproduktiv hälsovård och information, men efter en utdragen debatt i arbetsgruppen lades tonvikten i skrivningen på föräldrars rättigheter och ansvar samt ungdomars behov av vägledning.

Nära knuten till diskussion om ungdomars sexualitet var den om formuleringen *couples and individuals* och deras rätt att själva bestämma över sitt barnafödande. Individer kunde i princip betyda ungdomar och homosexuella, och flera centralamerikanska och muslimska länder krävde att formuleringen skulle strykas. Förslaget att stryka formuleringen, som hade accepterats redan i Bukarest 1974, fick ej tillräckligt stöd. Zimbabwe påpekade med adress till Vatikanstaten att en strykning bland annat skulle innebära att individer inte längre skulle ha rätt att leva i celibat.

Ännu ett kontroversiellt begrepp var "fertility regulation", frukt-samhets- eller fertilitetsreglering. Det ursprungliga utkastet till text hade bekräftat rätten till "fertility regulation", vilket flera länder ansåg innebära rätten till abort. Efter att det hade klargjorts att Världshälsoorganisationens definition av begreppet omfattade abort, ändrades genomgående i dokumentet "fertility regulation" till "regulation of fertility" eller i vissa fall "family planning".

Kapitlet om reproduktiva rättigheter och reproduktiv hälsa kunde antas i sin helhet först när delegationerna enats om att i en inledande paragraf klargöra att kapitlet skulle ses i ljuset av den skrivning i kapitel II som bekräftar nationernas självbestämmande.

Huvudkommittén inledde sedan arbetet med de återstående kapitlen. Kring ett flertal hade en betydande samsyn uppnåtts redan under den förberedande kommitténs möten, och de kunde antas efter mindre justeringar och efter det att utestående formuleringar i andra kapitel lösts. Till dessa hörde bland annat frågor om befolkningstillväxt och -struktur, om teknologi, forskning och utveckling, om samarbete med enskilda organisationer och om uppföljning av handlingsprogrammet. Vad gäller befolkningsfördelning, urbanisering och intern migration höll delegationerna överlag en relativt låg profil, sannolikt beroende på att frågorna kommer tas upp vid boendekonferensen i Istanbul 1996.

Kring frågor om *kvinnors roll* och inflytande rådde en samsyn över förväntan och ändringar av skrivningarna var få. De som gjordes inkluderade exempelvis en skrivning om arvsrätt; på anmodan av vissa muslimska länder ändrades formuleringen från "kvinnors lika rätt till arv" till "rättvis arvsrätt". Vidare ströks på initiativ av Egypten en hänvisning i texten till "alternativ till tidigt äktenskap".

Desto besvärligare var förhandlingarna om de delar av dokumentet som talade om familjebildningar. Diskussionen kring *familjebegreppet* hade förts under hela den förberedande processen och hölls vid liv framförallt av Vatikanstaten och G77. Flertalet västländer sökte här, som i andra delar av dokumentet, föra in individperspektivet, medan framförallt muslimska och katolska länder eftersträvade formuleringar som bekräftade den traditionella familjebildningen.

Flera delegationer krävde att formuleringar angående familjen som antagits redan före konferensen ånyo skulle tas upp till diskussion. Enligt konferensens procedurregler skulle redan överenskommen text inte behandlas på nytt, men efter intensiva diskussioner i huvudkommittén tillkallades en arbetsgrupp för att ta upp frågorna. Bland annat krävde Egypten, Marocko och Pakistan med framgång att formuleringen *other unions* (samboförhållanden) skulle strykas eftersom den hade tolkats som ett sanktionerat av homosexuella förhållanden. Vidare togs på initiativ av Iran formuleringen *concepts of the family* upp, vilken kom att ändras till *the family in its various forms*, en definition hämtad ur FN:s resolution 1993 om det internationella familjeåret.

Vidare återstod efter förhandlingarna i PrepCom III fortfarande att enas kring minoriteternas och ursprungsbefolkningars samt migranternas rättigheter och *migrantfamiljers rätt till återförening*. Den sistnämnda frågan visade sig vara synnerligen besvärlig och en arbetsgrupp tillsattes för dess behandling. Skiljelinjen i frågan gick mellan de regeringar, huvudsakligen från u-länder, som förespråkade att återförening av familjer till gästarbetare eller andra migranter skulle erkännas som en rätt, och de, huvudsakligen västliga, som ansåg familjeåterförening viktig men inte ville etablera den som en rätt. Exempelvis sade sig USA, Schweiz och Australien till fullo stödja principen om återförening samtidigt som de ville förbehålla sig rätten att definiera vad en familj är och att begränsa antalet familjemedlemmar. Andra länder påpekade att handlingsprogrammet inte skulle etablera nya internationella rättigheter.

Förhandlingsgruppen arbetade till konferensens sista dag för att nå enighet i frågan om familjeåterförening, dock utan framgång. Den

kompromiss som nåddes föreskriver att länder i enlighet med den internationella barnkonventionen skall erkänna vikten av familjeåterförening samt integrera konventionen i nationell lagstiftning. Genom denna formulering bilades till många u-länders besvikelse kärnfrågan. Behovet av en fortsatt diskussion kring migrationens orsaker och effekter betonades dock och flera u-länder förde fram ett förslag om en särskild internationell migrationskonferens.

Diskussioner förekom vidare kring de avsnitt i dokumentet som handlar om *mobilisering av resurser* både nationellt och internationellt för verkställande av handlingsprogrammet. Bland annat ställde sig flera delegationer frågande inför de grunder på vilka uppskattningar av kostnaderna för programmets verkställande hade gjorts. Kostnadsberäkningarna ansågs av många som alltför snäva sedda i relation till den bredd av åtgärder som diskuteras i dokumentet; exempelvis hade inte kostnaderna för åtgärder som syftar till att höja kvinnans status inkluderats.

Informella förhandlingar ledde till en kompromiss som sade att de kostnadsberäkningar som gjorts i dokumentet var tentativa, att de enbart byggde på vissa komponenter och att FN fortlöpande skulle göra revideringar av beräkningarna, och då på basis av hela handlingsprogrammet.

Oenighet rådde också kring en formulering om att uppemot en tredjedel av programmets kostnader skulle täckas av extern finansiering. Enligt en kompromiss ändrades skrivningen till "i storleksordningen en tredjedel". Överhuvud var det svårt att i handlingsdokumentet få med för OECD-länderna förpliktande skrivningar om finansiering. Sverige påpekade vid ett flertal tillfällen att verkställandet av programmet skulle komma att kräva betydligt ökade resurser och att den nationella mobiliseringen måste kompletteras med ökat bistånd.

Ett initiativ som inte stöddes av Sverige men som ingick i utkastet till handlingsprogram och förespråkades av bland andra Senegal, Zimbabwe och Mali var förslaget att givare skulle förplikta sig att anslå minst 20 procent av sitt bistånd och mottagare minst 20 procent av sin budget till de sociala sektorerna. Motståndet mot det så kallade 20/20-initiativet bottnade för svensk del i det olämpliga i att börja tilldela enstaka sektorer specifika procentsatser och risken att därigenom försumma andra minst lika viktiga sektorer samt problem att definiera "sociala sektorer".

Bland andra Sverige och Finland påpekade att initiativet skulle komma att ge upphov till svåra gränsdragningar och att en ökad förstärkelse för problematiken var nödvändig innan beslut fattades. Flera an-

dra länder instämde i att underlaget var bräckligt och att frågan var för tidigt väckt. Som en följd av den utbredda tveksamheten framförallt bland givarna antogs inte *20/20-initiativet* utan ersattes på Tysklands förslag med formuleringen "an increased proportion". Frågan hän-sköts också för vidare behandling inom ramen för det sociala toppmötet i Köpenhamn.

Andra skrivningar i avsnitten om resursmobilisering återstod också att diskutera i Kairo. Bland annat vände sig ett flertal u-länder mot en skrivning om makroekonomisk politik och anförde att detta var ett område som inte omfattades av vad konferensen skulle behandla. Formuleringen "en gynnsam makroekonomisk politik" kvarstod dock. Vidare ansåg Kina att hänvisningen i texten till mänskliga rättigheter var onödig eftersom de redan omnämndes i dokumentets inledande principer. G 77 föreslog en alternativ formulering som betonade nationella hänsyn medan EU:s förslag lade emfas vid de internationellt erkända mänskliga rättigheterna. En kompromiss mellan de två kunde nås vid konferensens sista dag.

## 4.4 Handlingsprogrammet

Efter år av förberedelser och en veckas intensivt förhandlande i Kairo kunde *handlingsprogrammet antas i konsensus den 13 september 1994*. Programmet, vars rekommendationer sträcker sig över över de kommande tjugo åren, ger uttryck för en ny syn på befolkningsfrågan som bland annat betonar sambanden med ekonomisk utveckling och miljö, kvinnors roll, tillgången till reproduktiv hälsa inklusive familjeplanering samt utbildning. Det 116-sidiga dokumentet behandlar både orsaker till och konsekvenser av befolkningsutvecklingen, indelat på teman i sexton kapitel.

### I Preambeln

Dokumentets inledande kapitel är av övergripande karaktär och beskriver bakgrunden till konferensen samt redogör för dess breda mandat. Kairokonferensen ses i förhållande till tidigare befolkningskonferenser liksom till några av FN:s andra världskonferenser. Sambanden mellan befolkning, hållbar ekonomisk utveckling och långsiktigt hållbar utveckling betonas, liksom nödvändigheten av ökade resurser för insatser på området. Övergripande målsättningar för befolk-



ning och utveckling formuleras, och både kvantitativa och kvalitativa mål sätts upp för de kommande tjugo åren.

## II Principerna

Det inledande avsnittet i principkapitlet bekräftar att handlingsprogrammet ska verkställas i enlighet med nationell lagstiftning och religiösa, etiska och kulturella hänsyn samt i enlighet med internationellt erkända mänskliga rättigheter. Därefter följer femton principer som ska ligga till grund för insatser för befolkning och utveckling. Principerna bygger uteslutande på tidigare internationella överenskommelser och flera är direktcitat ur olika FN-dokument. Bland annat betonas främjandet av jämställdhet mellan kvinnor och män, individens rätt till utveckling samt andra mänskliga rättigheter, tillgång till utbildning och reproduktiv hälsa och vikten av en hållbar ekonomisk utveckling.

## III Sambanden mellan befolkning, bärkraftig ekonomisk tillväxt och varaktigt hållbar utveckling

Kapitlet är uppdelat i tre underrubriker som behandlar integrering av befolknings- och utvecklingsstrategier, befolkning, hållbar ekonomisk utveckling och fattigdom samt befolkning och miljö. Alla faktorer är beroende av och påverkar varandra, såsom fattigdom, kvinnors roll och inflytande, befolkningsökning och -struktur, produktions- och konsumtionsmönster, miljöhänsyn och ekonomisk tillväxt. Befolkningsrelaterade insatser måste i ökad utsträckning spegla denna interdependens liksom insatser på många andra områden, inte minst miljöområdet, måste integrera befolknings- och utvecklingsaspekter. Kapitlet knyter an till Agenda 21, handlingsprogrammet från konferensen om miljö och utveckling i Rio 1992, och betonas att befolkningsrelaterade insatser bör utformas i enlighet med Agenda 21:s rekommendationer.

## IV Jämställdhet mellan kvinnor och män samt kvinnans roll

I kapitlets första avsnitt, om kvinnors makt och status, föreslås åtgärder för att nå full jämställdhet mellan kvinnor och män, öka kvinnors

deltagande i beslutsfattande på alla områden samt tillförsäkra dem en fullgod utbildning. I nästa avsnitt behandlas flickors situation och behovet av att motarbeta diskriminering av flickor i exempelvis utbildning och hälsovård samt stärka flickors självkänsla och välmående. Avslutningsvis betonas att en attitydförändring måste ske hos männen så att de tar ett ökat ansvar för sin sexualitet, sin familj och sin sociala situation.

## V Familjen – dess roll, rättigheter, sammansättning och struktur

Familjen i dess olika former, inte minst de med ensamstående föräldrar, måste ges ökat stöd genom lagstiftning. Ekonomisk och social politik måste i ökad utsträckning ta hänsyn till familjens och enskilda familjemedlemmars behov. Speciellt viktigt är det att genom olika åtgärder stödja dem som befinner sig i särskilt svåra situationer. Jämställdheten inom familjen måste främjas, framförallt kvinnors och barns men även handikappades och äldres position.

## VI Befolkningstillväxt och befolkningsstruktur

Kapitlet saknar demografiska mål men betonar istället vikten av att nå en balans mellan befolkning och resurser. I de fall obalans råder bör man genom olika åtgärder underlätta en demografisk övergång, genom bland annat satsningar på de sociala sektorerna samt kamp mot fattigdom och mödra- och barnadödlighet. Kapitlet tar vidare upp situationen för ungdomar och barn, gamla, handikappade samt ursprungsbefolkningar. Särskild uppmärksamhet bör ägnas dessa gruppers behov, och åtgärder vidtas för att exempelvis undanröja diskriminering eller på andra sätt underlätta dessa gruppers livssituation.

## VII Reproduktiva rättigheter och reproduktiv hälsa

De breda begreppen reproduktiva rättigheter och reproduktiv hälsa, inklusive familjeplanering och sexuell hälsa har vunnit tydligt genomslag. I kapitlet bekräftas att par och individer själva bestämmer över sitt barnafödande och att de ska ha tillgång till information, reproduktiv hälsovård av hög kvalitet inklusive familjeplanering samt preventivmedel, i enlighet med nationella hänsyn. Tydligt avstånd tas från alla former av tvång och förtryck eller demografiska målsättningar.

Kampen mot sexuellt överförbara sjukdomar, i synnerhet HIV/AIDS, bör ges ökad prioritet. Vad gäller ungdomars sexualitet betonas bland annat vikten av att genom information och vägledning främja ett ansvarsfullt och hälsosamt sexualliv samt minska antalet tonårsgraviteter.

### VIII Hälsa, morbiditet och mortalitet

Kapitlet behandlar primär- och annan sjukvård, mödra- och barnadödlighet, kvinnors och barns hälsa samt HIV/AIDS. Dokumentet föreskriver att dödligheten ska sänkas, livskvaliteten förbättras och tillgången till primärvård tillförsäkras. Speciella åtgärder måste vidtas för att sänka mödra- och barnadödligheten, bland annat genom att förbättra både mödrars och spädbarns allmänna hälso- och näringsstillstånd. Osäkra aborter betraktas som ett allvarligt hot mot kvinnors hälsa och i de länder där de inte är emot lagen skall de göras säkra. Kvinnor som drabbas av komplikationer efter illegala aborter ska tillförsäkras adekvat vård. Dokumentet betonar att abort inte förespråkas som preventivmedel. Vad gäller HIV/AIDS måste åtgärder vidtas för att dämpa spridningen, öka informationen, garantera redan smittade god vård samt intensifiera forskningen kring sjukdomen.

### IX Befolkningsdistribution, urbanisering och intern migration

Inledningsvis betonas att en balans mellan olika regioner och områden i ett land måste eftersträvas. Orsakerna till intern migration, urbanisering o.d., bör klarläggas och åtgärder vidtas för att minska ekonomiska och sociala skillnader mellan landsbygd och tätort samt motverka en obalanserad befolkningsdistribution. De problem som är förknippade med kraftig urbanisering bör avhjälpas genom bland annat en mer effektiv stadsplanering och ett ökat folkligt deltagande i lokala beslut. Skrivningarna manar till ökat stöd för interna flyktingar och fördömer alla former av tvångsflyttning.

### X Internationell migration

Kapitlet diskuterar internationell migration och utveckling, gästarbete och liknande grupper, illegal invandring samt flyktingar. Orsakerna till internationell migration, såsom fattigdom, miljöproblem,

krig och andra katastrofer, måste angripas. Behovet av internationellt samarbete är stort och bör bedrivas bland annat för att underlätta för migranter att återvända till sina ursprungsländer och att återförenas med sina familjer. Speciella åtgärder bör vidtas för att skydda migranter mot diskriminering eller exploatering, underlätta deras integrering i nya samhällen och motverka rasfientlighet.

### XI Befolkning, utveckling och utbildning

Kapitlet betonar utbildningens fundamentala betydelse för utveckling och uppmanar alla länder att senast år 2015 ha uppnått universell tillgång till grundskola. Speciell tonvikt ska läggas vid flickors skolgång, kampen mot analfabetism samt alternativa undervisningsformer. Människors kunskaper om befolkningsfrågor bör höjas genom exempelvis undervisning i skolan, kampanjer, media etc.

### XII Teknologi, forskning och utveckling

Forskning på olika områden är av stor vikt för insatser på befolkningssområdet. Tillförlitlig och jämförbar demografisk information är viktig vid utformandet av befolkningsrelevant politik, medan exempelvis biomedicinsk forskning utvecklar nya och mer ändamålsenliga preventivmedel. Ökade resurser bör kanaliseras till forskning om reproduktiv hälsa samt om ekonomiska och sociala förhållanden.

### XIII Nationella åtgärder

Kapitlets tre avsnitt behandlar nationell politik, genomförande och kapacitetupbyggnad samt resursmobilisering. Befolkningsaspekter måste införlivas i nationell politik av olika slag, liksom deltagandet av olika grupper i utformandet av politiken främjas. Åtgärder bör vidtas för att höja effektiviteten och insynen i samt kvaliteteten på befolknings- och utvecklingspolitik och för ett ökat informationsutbyte och datainsamlande. Ökade resurser måste mobiliseras på lokal, nationell och internationell nivå för befolkningsrelaterade program. Handlingsprogrammets verkställande i u-länder och övergångsekonomierna kommer uppskattningsvis kosta US\$ 17 miljarder år 2000 och US\$ 21,7 mdr år 2015.



#### XIV Internationellt samarbete

Den internationella ansvarsfördelningen samt nya finansiella åtaganden avhandlas i detta kapitel. Givarländerna uppmanas att uppfylla FN:s mål om att avsätta 0,7% av bruttonationalprodukten för biståndssatser samt öka den andel av det totala biståndet som går till befolknings- och utvecklingsinsatser. Att internationellt samarbete på området måste överensstämma med nationella hänsyn och internationellt erkända mänskliga rättigheter betonas.

#### XV Samarbete med enskilda organisationer och näringsliv

Målen är att öka samarbetet mellan regeringar och myndigheter å ena sidan och enskilda organisationer och näringslivet å den andra. Enskilda organisationer kan spela en viktig roll inte minst när det gäller att utforma och verkställa befolkningsinsatser, medan näringslivet bland annat kan tillhandahålla olika tjänster eller produkter som preventivmedel på ett effektivt sätt.

#### XVI Uppföljning av handlingsprogrammet

Kapitlet diskuterar hur uppföljningen av handlingsprogrammet ska bedrivas på nationell, regional och internationell nivå. (Se vidare 6 Uppföljande behandling av handlingsprogrammet.)

## 5 Förhandlingarna och resultaten ur ett svenskt perspektiv

Kairokonferensens handlingsprogram blev ur svensk synvinkel ett i stora drag *tillfredsställande dokument*. Sverige arbetade under den förberedande processen för att befolkningsutvecklingen skulle ses i ett brett sammanhang, ett perspektiv som vann gehör och kom att genomsyra slutdokumentet. Från svensk sida drevs också en rad frågor som fick god behandling i dokumentet, såsom kvinnors makt och inflytande, reproduktiv hälsa och rättigheter samt samarbete med enskilda organisationer. Andra ur svensk synvinkel centrala problem fick inte den uppmärksamhet som Sverige hade eftersträvat. Detta gäller bland annat frågan om ungdomars sexualitet, begreppet sexuell hälsa och rättigheter, balansen mellan resursförbrukning och befolkningsutveckling samt finansiella åtaganden för handlingsprogrammets verkställande. Dokumentet är vidare svagt vad gäller rekommendationer för att handskas med den befolkningstillväxt som under alla omständigheter är att vänta.

Det kan också noteras att handlingsprogrammet i stora drag överensstämmer med de svenska biståndspolitiska målen. Bland annat betonas dokumentet fattigdomsbekämpning, ekonomisk och social utjämning, vikten av en demokratisk utveckling samt respekt för mänskliga rättigheter.

Kairokonferensen innebar ett betydande och i slutdokumentet befast genomslag för en *ny, integrerad syn på befolkningsfrågor*. Övergången till detta breda betraktelsesätt utgör utan tvekan ett *paradigm-skifte*, och ligger väl i linje med den syn som Sverige företräder. Befolkningsutvecklingen påverkar och påverkas av en rad faktorer i samhället och handlingsprogrammet betonar tydligt sambanden mellan befolkning, utveckling och miljö liksom med exempelvis utbildning, hälsovård och kvinnors roll. Faktorena är sinsemellan beroende och åtgärder måste följaktligen vidtas på alla områden. I den svenska positionen är det centralt att åtgärder vidtas i egen rätt och inte utifrån dess eventuella effekter på befolkningstillväxten, något som också bekräftas i handlingsprogrammet.

Synsättet baseras på människors behov och miljö och rekommenderar åtgärder utifrån dessa istället för att som tidigare låta globala demografiska fakta ligga till grund för en befolkningspolitik som alltför ofta innebar inskränkningar av individers frihet. Handlingsprogrammet tar klart avstånd från tvång och demografiska målsättningar och betonar istället individens fria val. Ur svensk synvinkel är befästandet i dokumentet av *individens rätt* till ansvar och fria val mycket betydelsefullt.

Handlingsprogrammets skrivningar om *kvinnors status* och makt kan också anses banbrytande och överensstämmer väl med den svenska positionen. Dokumentet genomsyras av ett framåtsträvande perspektiv som ställer jämställdhet mellan kvinnor och män i centrum. Kvinnors inflytande i familjen och i samhälleliga beslutsprocesser, deras ekonomiska makt samt deras hälsa och tillgång till utbildning ska säkras. Tillfredsställande är också att männens roll och behovet av attitydförändringar hos männen betonas, liksom nödvändigheten av specialinsatser för flickor exempelvis för att säkra deras skolgång. Handlingsprogrammet innehåller vidare ett välkommet fördomande av kvinnlig omskärelse.

I handlingsprogrammet såväl som i den svenska positionen understryks vikten av universell *tillgång till primärvård och till grundskola* liksom behovet av insatser för att sänka mödra- och barnadödligheten. Dokumentet befäster att osäkra aborter utgör ett allvarligt hot mot kvinnors hälsa, vilket måste ses som ett framsteg. Dessutom manar dokumentet till ökade satsningar på förebyggande åtgärder mot oönskade graviditeter. Sverige hade dock velat se en mer långtgående skrivning, exempelvis omfattande kvinnans rätt till abort om hon inte ser något alternativ.

Konferensen har vidare inneburit ett av Sverige emottett genomslag för ett bredare perspektiv på människors sexualitet, fertilitet och reproduktiva hälsa. Begreppet *reproduktiv hälsa och rättigheter*, som också omfattar sexuell hälsa och familjeplanering, är klart definierat och vedertaget i handlingsprogrammet. Utgångspunkten är människors välmående, och familjeplanering har blivit en del av folkhälsan istället för av en av staten reglerad befolkningspolitik. Perspektivet befäster att insatser på området ska ske i enlighet med grundläggande mänskliga rättigheter. Det är dock beklagligt att inte människors sexuella rättigheter fick samma allmänna erkännande.

Sverige drev hårt under den förberedande processen och i Kairo att *ungdomars situation* skulle uppmärksammas. Handlingsprogrammet riktar också uppmärksamhet mot ungdomars specifika behov men inte

i den utsträckning Sverige hade önskat, i synnerhet inte vad gäller ungdomars sexuella och reproduktiva hälsa.

Ett avsnitt i handlingsprogrammet som väl överensstämmer med den svenska linjen är det som uppmanar regeringar att i ökad utsträckning samarbeta med den privata sektorn, både enskilda organisationer och näringsliv. Dokumentet talar om *partnerskap med enskilda organisationer* på ett, givet omständigheterna, nydanande sätt. Dessutom utgör processen inför Kairo och själva konferensen ett gott exempel på hur samarbetet mellan regeringar, FN-systemet och enskilda organisationer kan bedrivas.

Betoningen i dokumentet av det civila samhället, liksom av individens rättigheter, tyder på en bred uppslutning kring en *demokratisk grundsyn*. Samtidigt har det inkluderats skrivningar i handlingsprogrammet som riskerar att urholka den respekt för internationellt erkända mänskliga rättigheter som föreskrivs. Programmet stadfäster att verkställande ska ske i enlighet med nationella hänsyn, en formulering som i princip kan användas för att försvara eventuella brister i respekten för mänskliga rättigheter eller ett förhalat verkställande. Å andra sidan var skrivningen om nationers självbestämmande sannolikt en förutsättning för flera länders antagande av programmet.

Sverige betraktar handlingsprogrammet som svagt på flera viktiga punkter, bland annat vad gäller mobilisering av de finansiella resurser som kommer behövas för programmets verkställande. Kostnadsuppskattningarna i dokumentet hade gjorts utifrån ett bristfälligt underlag och omfattade inte det spektrum av åtgärder som programmet förespråkade. Att handlingsprogrammet inte innehåller tillförlitliga uppgifter om kostnaderna för dess verkställande är en uppenbar brist. Inte heller görs i dokumentet några egentliga åtaganden från givarnas sida om additionella resurser för de åtgärder som rekommenderas. Beslutet att hänskjuta 20/20-initiativet till det sociala toppmötet i Köpenhamn välkomnades dock av Sverige.

Behandlingen av *miljödimensionen* är vidare otillräcklig, trots dokumentets betoning av sambanden mellan befolkning, utveckling och miljö. Kairokonferensen borde i större utsträckning ha integrerat resultaten från miljökonferensen i Rio i sitt handlingsprogram och förmått gå vidare på vägen mot hållbar utveckling. Sverige hade önskat ett dokument i högre grad präglad av dikotomin befolkningstillväxt – tillgängliga resurser. Framförallt borde ländernas ansvar för ohållbara produktions- och konsumtionsmönster uppmärksammas mer.

En fundamental fråga som knappt kom upp till diskussion i Kairo är vidare hur man ska handskas med den befolkningsökning som oberoende av alla insatser kommer äga rum. Morgondagens föräldrar är



redan födda, och de kommer i sin tur föda barn som alla har lika rätt till utbildning, hälsa, boende och arbete. Vad måste vi göra för att säkra de kommande generationernas livskvalitet? De sammanträdande länderna lämnade inget svar på hur utmaningen ska mötas.

Avslutningsvis bör poängteras att det stora värdet av befolknings- och utvecklingskonferensen i Kairo inte enbart ligger i det handlingsprogram som den utmynnade i eller den samsyn som nåddes länder emellan i flera centrala frågor. *Processen* inför, under och efter Kairo är en av utbyte av erfarenheter och av lärande och fördjupad förståelse. Sverige deltog i och påverkade i en inte obetydlig utsträckning processen, men processen påverkade givetvis också Sverige.

## 6 Uppföljande behandling av handlingsprogrammet

Uppföljningsarbetet ska bedrivas på tre nivåer: nationell, regional och internationell. På den nationella nivån har regeringarna det övergripande ansvaret för programmets verkställande, vilket dock bör ske i samarbete med andra samhällsgrupper. Regeringarna ska också, liksom internationella och enskilda organisationer och andra, säkra handlingsprogrammets breda spridning och främja den allmänna kännedomen om dess innehåll. Handlingsprogrammet betonar att genomförandet på alla nivåer ska ske i nära samarbete med enskilda organisationer.

Regionala organisationer uppmanas att se över sina verksamheter i ljuset av konferensens resultat, och det regionala arbete som bedrevs inför konferensen ska följas upp, bland annat av FN:s regionala ekonomiska kommissioner. Samarbete u-länder emellan i syfte att verkställa programmet bör öka. På internationell nivå kommer additionella resurser och tekniskt bistånd behövas för verkställandet av programmet och det internationella givarsamfundet uppmanas att öka sitt bilaterala och multilaterala bistånd för befolkningsrelaterade insatser.

Inom FN kommer arbetet med anledning av handlingsprogrammet att bedrivas på tre nivåer. FN:s generalförsamling har det överordnade policyansvaret och ges i uppdrag att regelbundet organisera en översyn av handlingsprogrammets genomförande. ECOSOC tilldelas ansvaret för samordning och vägledning inom FN, medan FN:s befolkningskommission får i uppgift att övervaka och utvärdera programmets verkställande. Befolkningskommissionen ska omorganiseras inför arbetet med de nya uppgifterna och för att bättre representera det breda synsätt som vann gehör under konferensen.

Vidare anmodas generalförsamlingen och ECOSOC att granska olika FN-organisationers roller och mandat i syfte att åstadkomma en mer effektiv ansvarsfördelning på området. FN-organ uppmanas att se över sin verksamhet och eventuellt modifiera den i enlighet med handlingsprogrammet samt att rapportera till generalförsamlingen och till ECOSOC.

FN:s 49:e generalförsamling tog under hösten 1995 upp Kairokonferensens slutdokument till behandling, och bekräftade i resolution 49/128 de mandat och den arbetsfördelning för uppföljning av konferensen som handlingsprogrammet föreskrev.

## Ledamöter till Nationalkommittén för FN:s konferens om befolkning och utveckling 1994

### Ordförande

Alf T Samuelsson, statssekreterare, UD/U

### Ledamöter

Jan Bergqvist, ledamot riksdagen (s)

Karl-Göran Biörsmark, ledamot riksdagen (fp)

Rickard Ulfvengren, ledamot riksdagen (nyd)

Marianne Jönsson, ledamot riksdagen (c)

Bertil Persson, ledamot riksdagen (m)

Ann Schlyter, arkitekt (v)

Erik-Olof Backlund, professor, universitetet i Bergen

Marc Bygdeman, professor, KS

Gösta Guteland, tf generaldirektör SCB

Christer Hallerby, statssekreterare, Kulturdepartementet

Kerstin Lindahl-Kiessling, professor, Emerita, KVA

Katarina Lindahl, förbundssekreterare, RFSU

Helena Nilsson, leg läkare, SIDA:s kvinnoråd

Bertil Mathsson, sakkunnig, Socialdepartementet

Sture Persson, sakkunnig, Miljödepartementet

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Birgitta Schmidt, direktör, Socialstyrelsen

Carl Tham, generaldirektör, SIDA

Anders Wijkman, generaldirektör, SAREC

### Sekreterare

Lars-Olof Edström, ambassadör, UD/U

### Biträdande sekreterare

Susanne Jacobsson, departementssekreterare, UD/U

## Sveriges positionspapper

FN höll i september 1994 en internationell konferens i Kairo om befolkning och utveckling, International Conference on Population and Development, ICPD. För att förbereda det svenska agerandet inför och under konferensen tillsatte regeringen i april 1992 en Nationalkommitté. I kommittén ingick företrädare för samtliga riksdagspartier, många departement och myndigheter som på något sätt är berörda av ämnet för konferensen, Kungl. Vetenskapsakademien, Karolinska Institutet och Riksförbundet för sexuell upplysning (RFSU). Ledamöterna framgår av bilaga 1. Kommittén har fungerat som rådgivande organ till regeringen och under arbetets gång har experter, myndigheter, organisationer och allmänheten fått ge sina synpunkter. Arbetsmetoden har varit bl a seminarier och debatter

Kommittén redovisar i detta dokument de resonemang som förts.

Den 16 mars 1994 ordnade regeringen, SIDA och SAREC inför Kairokonferensen ett offentligt samtal om befolkningsfrågorna och Sveriges agerande. Ett utkast till sitt principiella ställningstagande var ett av Nationalkommitténs bidrag till denna dialog. Andra var två skrifter, en om Kvinnor, barn och arbete i Sverige 1850-1993 och en om Sexualupplysning och reproduktiv hälsa under 1900-talet i Sverige. Dessa rapporter finns också i engelsk och fransk översättning.

Dessutom producerade både SIDA och SAREC flera skrifter inför Kairokonferensen, av vilka framförallt bör nämnas Population Policies Reconsidered (av Sen, Germaine och Chen) och Verkligheten bakom siffrorna (baserad på ett SIDA/SAREC-seminarium i Harare december 1993). Tillsammans utgjorde de ett samlat svenskt bidrag.

Från organisationer och personer fick Kommittén synpunkter och uppslag både vid det offentliga samtalet och tiden närmast efter detta. Dessa kommentarer har i stor utsträckning kunnat beaktas och därigenom berikat Kommitténs arbete.

En reflexion som ger sig själv vid en genomläsning av det svenska positionspapperet och handlingsprogrammet från ICPD är att många av ställningstagandena är likartade. Särskilt påfallande är detta i fråga om synen på betydelsen av att uppmärksamma kvinnornas makt och status; begreppet reproduktiv hälsa och de enskilda organisationernas betydelse. Men Kommittén lyfte här till fram tonåringarna som grupp mycket tydligare än vad som skedde i Kairo. Inte heller uppmärksam-



made ICPD lika eftertryckligt som kommittén behovet av att skaffa fram jobb, skolor, hälsovård och annan social service åt de många nya miljarder människor som tillkommer som en följd av den redan givna folkökningen.

Av flera skäl kunde Kommittén bara diskutera utkast till positionsrapport inför Kairokonferensen, främst för att det skulle finnas en möjlighet till påverkan för dem som så ville. Denna slutliga version har sekretariatet färdigställt på grundval av Kommitténs ställningstaganden. Men sekretariatet och inte ledamöterna i Kommittén bär ansvaret för den slutliga utformningen och formuleringarna.

I texten används begreppet Nord samlat om länderna i OECD-kretsen och de s.k. övergångsekonomierna. Syd är på motsvarande vis ett kortord för den grupp länder som i FN vanligen kallas sig 77-gruppen och Kina, dvs i stor utsträckning sådana som oftast omnämns som utländer.

## Sammanfattning

### 1 Problemet

Den rikaste femtedelen av mänskligheten förbrukar fyra femtedelar av jordens resurser. Denna rika femtedel står också för huvudparten av de miljöfarliga utsläppen i världen. Även fattiga länder tär på sina naturresurser trots låg levnadsstandard. Samtidigt som inkomstklyftorna har ökat mellan den rikaste femtedelen och den fattigaste femtedelen av mänskligheten har den rika världens livsstil spridit sig över hela världen. Detta leder till ett växande resursslöseri och miljöförstöring i kombination med fattigdom, folkomflyttningar och en accelerande folkökning. Dessa trender är ohållbara i ett längre perspektiv. De förvärras emellertid av att jordens befolkning med all sannolikhet kommer att fördubblas från nuvarande cirka 5,7 miljarder till mellan nio och tio miljarder inom loppet av de närmaste femtio till sextio åren oavsett alla ansträngningar att begränsa antalet barn per syskonkull. Av hundra förlossningar äger 94 rum i Syd.

Det råder ett samband mellan fattigdom och höga befolkningstal.

Det väpnade våldet och krig i olika former försvårar lösningar på dessa gigantiska problem och kan ofta spädas på av befolkningsutvecklingen.

Men folkökning i sig behöver inte vara ett hinder för sociala framsteg. Under de senaste trettio åren har också stora positiva förändringar ägt rum. Så t.ex. har utbudet av rent vatten ökat med mer än två tredjedelar under de senaste tjugo åren, och två tredjedelar av jordens befolkning har tillgång till hälsovård. På tjugo år har antalet barn i grundskolan gått upp från omkring 70 procent till runt 80 procent, trots folkökning.

### 2 Ideologin

Kommittén företräder en syn som betonar livskvalitet och en hållbar utveckling. Begreppet hållbar utveckling har definierats som en utveckling som tillgodoser dagens behov utan att äventyra kommande generationers möjligheter att tillgodose sina behov. I begreppet livskvalitet ligger bl.a. att slå vakt om människovärdet och förbättra livsvillkoren och ge människor ökade valmöjligheter. Medinflytande och kamp mot fattigdom i alla dess ytringar är en del av det som ligger i detta synsätt. Nationalkommittén anlägger ett utvecklingsperspektiv som utgår från en helhet. Befolkningsfrågorna är en dimension av samhällsutvecklingen och följaktligen en del av en förändringsprocess. Kultur, ekonomi och sociala förhållanden skiljer sig åt från ett land till ett annat. Av detta följer att samhällen är olika och kräver specifika åtgärder och analyser.

### 3 Vem bestämmer?

Många av de faktorer som ligger bakom obalansen mellan antalet människor och resurserna har samband med fattigdomen som sådan. Många gånger går en snabb folkökning att återföra på att kvinnan är eftersatt i fråga om ekonomi, social och rättslig status och hälsa och möjlighet att själv forma sitt liv och påverka sin egen fertilitet. Barnets värde i samhället hänger intimt samman med denna fråga. Parallella förbättringar i fråga om jämställdhet och i fråga om synen på barn och deras roll är olika sidor av samma mynt.

En analys av maktförhållanden i stort och smått är således viktiga för en förståelse av vilka krafter som skapar obalanser mellan befolkning och resurser och av längs vilka linjer lösningar bör sökas. Mer demokrati, i mening en rimligare fördelning än dagens av rättigheter, skyldigheter och möjligheter mellan män och kvinnor och mellan rika

och fattiga, blir ett av de starkaste kraven som framgår av en sådan analys.

#### 4 Vems behov och vems rätt?

FN:s Förklaring om de mänskliga rättigheterna och jämförliga instrument utgår från individen och hennes rättigheter. I detta ligger också att var och en ska kunna välja fritt om man vill ha barn, hur många och när. Kommittén förordar som riktlinje för en svensk hållning och politik i befolkningsfrågor vad som skulle kunna vara godtagbart även i det svenska samhället. Annars skulle följden bli en dubbel etik - den ena skulle handla om oss och vad vi skulle finna godtagbart för egen del, och den andra skulle gälla alla andra.

#### 5 Vems är ansvaret?

De nationella regeringarna bär ett ofrånkomligt huvudansvar för den sociala och hållbara ekonomiska utvecklingen i ett land och för dess konsekvenser. Ett resultat av en förd nationell politik kan bli att en mängd människor känner sig tvingade att lämna sin hembygd.

Det internationella samfundet måste på olika sätt - genom handel, investeringar, skuldåtgärder och bistånd - öka resursflödet till de fattigaste och mest utsatta samhällena som detta förutom kommer att ha små möjligheter att hantera sina utvecklingsproblem. Särskilt satsningar på de sociala sektorerna och på kapacitets- och institutionsbyggande är hävstänger för förändring av en nationell politik. I fråga om de globala miljöproblemen måste ansvaret av uppenbara skäl ligga på internationell nivå. Näringslivet och marknaden är också viktiga aktörer som påverkar befolkningsutvecklingen.

#### 6 Vad behöver göras?

Nationalkommittén vill starkt betona behovet av att Kairokonferensen leder till handling. Det måste vara tydligt vem som ska göra vad på vilken nivå och med vilka medel.

- En varaktigt bestående balans mellan befolkning och naturresursernas utnyttjande bör vara ett gemensamt ansvar för alla länder. De rika länderna har ett huvudansvar för att förändra sina nu-

varande produktions- och konsumtionsmönster. Grundvalarna för detta arbete skapades vid FN:s konferens om Miljö och utveckling, UNCED, i Rio de Janeiro 1992. Kommittén pekar på resultatet av den konferensen och konstaterar att det innehåller en dagordning som det då rådde enighet om.

De rika länderna har också ett ansvar för att se till att de fattiga länderna i Syd har reella möjligheter att ta sin del av ansvaret.

Ett bättre underlag behövs för att bedöma hur män respektive kvinnor utnyttjar och tar ett långsiktigt ansvar för naturresurser.

- Det är viktigt att utreda skillnaderna mellan ekonomiska resurser och kompetens. Bistånd till de fattigaste och mest utsatta samhällena utgör bara en del av lösningen på problemet. I stället gäller det att vi får mer rättvisa handelsförhållanden, skuldåtgärder för de mest utsatta länderna och ökade investeringar i Syd och i övergångsekonomierna, så att en utveckling kan komma igång av egen kraft. Detta skulle också kunna motverka en påtvingad utvandring.  
Ofta kan och bör medel omdisponeras från militära ändamål till sådana som gynnar en varaktig hållbar utveckling.
- De nationella regeringarna bär ett huvudansvar för en hållbar politik på befolkningsrelevanta områden. En demokratisk kultur och demokratiska värderingar är ett av fundamenten för en sådan politik. Ett annat är en tydlig satsning på de sociala sektorerna.
- Jämställdheten mellan män och kvinnor är en grundläggande faktor. Behovet av utbildning för kvinnor bör särskilt lyftas fram, liksom satsningar på kvinnors och barns hälsa. Mäns attityder, roller och ansvar måste förändras som ett av leden i ett sådant långsiktigt arbete för jämställdhet och demokrati.
- En central grupp i varje samhälle är barnen och tonåringarna. Barnens rätt och villkor måste stå i fokus. Åtgärder för att säkra barnens överlevnad och hälsa detta är ett led i en politik som gynnar en balanserad befolkningsutveckling. Tonåringar behöver hjälp och stöd inte minst när det gäller frågor som rör sex och samlevnad.
- Det är viktigt att satsa på reproduktiv hälsa, inklusive sexualupplysning. Det handlar om vård under graviditet och förlossning men också om tillgång till säkra aborter. Reproduktiv hälsa inbegriper



skydd mot sexuellt överförd smitta, inklusive HIV/AIDS, samt tillgång till sexualupplysning, rådgivning om preventivmedel och säkra aborter. Det rör graviditet och barnafödande, mödra- och barnvård samt möjlighet för människor att själva reglera sin fertilitet, dvs att få preventivmedel och sexualrådgivning.

Det är lika självklart att människor ska ha tillgång till preventivmedel på sina egna villkor och till sexualrådgivning som det är att alla barn ska kunna gå i skola och var och en ha möjlighet att åtnjuta hälso- och sjukvård. Det är också viktigt att radikalt minska risken för kvinnor i fattiga samhällen att avlida under graviditet och barnsörd.

Regeringar ska se till att samhället har fungerande, hållbar och adekvat service i fråga om reproduktiv hälsa.

- Möjlighet till säker och legal abort ska finnas för de kvinnor som anser en abort är oundviklig. I många länder är abort den vanligaste eller t.o.m. enda metoden för födelsekontroll. Detta är oacceptabelt. Lika förkastligt är bruket av fosterdiagnostik i syfte att abortera kvinnliga foster på grund av könet.
- Handikappgrupper är ofta särskilt eftersatta och behöver speciell uppmärksamhet och riktade stödåtgärder i syfte att förbättra deras livssituation även inom det här området.
- Det svenska biståndet bör successivt öka sina insatser inom de områden som här har skisserats. Nationalkommittén ser biståndet som en väg att främja demokrati och uppnå en bättre balans mellan befolkningsutvecklingen och jordens resurser.

## 7 Nya viktiga aspekter har kommit fram

Befolkningsfrågor har debatterats i internationella sammanhang under många årtionden. Många av frågorna i dagens debatt har funnits med hela tiden. Men forskningen och händelseutvecklingen i sig har aktualiserat frågorna på ett nytt sätt och har fått oss att inse att det rör sig om en process där en helhetssyn är viktig. Fyra viktiga förändringar kan här lyftas fram:

1. Under konferensen om Miljö och utveckling i Rio 1992 betonades vikten av produktions- och konsumtionsmönstren. Det *ömsesidiga* beroendet mellan Nord och Syd blev synligt och blev en viktig insikt. Vårt gemensamma behov av ett varaktigt hållbart utnyttjande och en

rättvis fördelning av naturresurser gör befolkningsfrågorna ytterligt brådskande och angelägna.

2. Mäns och kvinnors skilda perspektiv, roller och ansvar har mer och mer kommit i fokus, också för forskningen. Jämställdhet och demokrati har sålunda blivit en integrerad del av analysen och av kraven på handling. Detta är ett perspektiv som bör genomsyra planer och åtgärder.

3. WHO:s generaldirektör har definierat vad som menas med reproduktiv hälsa. Inte minst nödvändigheten av att hämma spridningen av HIV/AIDS har aktualiserat behovet av att ta upp det sexuella beteendet i ett bredare perspektiv där sexualupplysning och rådgivning om födelsekontroll (preventivmedel och abort) ingår som viktiga pusselbitar.

4. Tonåringars behov av sexualundervisning och preventivmedel är ett stort behov i hela världen. Detta är ett internationellt kontroversiellt ämne där de nordiska länderna bör kunna gå i bräschen för andra länder genom att öka medvetenheten om problemen och beträtta om våra erfarenheter.

## Nationalkommitténs ståndpunkter

Här följer en något fylligare redogörelse för kommitténs slutsatser:

### Det internationella samarbetet

Före FN:s konferens i Kairo 1994 om Befolkning och utveckling ICPD hölls den internationella konferensen om miljö och utveckling, UNCED i Rio 1992 och denna konferens följde av FN:s konferens om de Mänskliga rättigheterna i Wien 1993. Under 1995 kommer både FN:s sociala toppmöte i Köpenhamn och en kvinnokonferens i Peking att anordnas. Dessa fem konferenser hör innehållsmässigt ihop och det är viktigt att det finns en kontinuitet i de beslut som fattas.

## Utgångspunkter

Befolkningsfrågor kan betraktas ur många olika synvinklar. Olika definitioner av dessa frågor leder till olika slutsatser om vilka åtgärder som behöver sättas in - även om dessa inte behöver utesluta andra alternativ. Den svenska Nationalkommittén vill därför redovisa utgångspunkterna för sitt arbete.

### 1 Utvecklingsperspektivet

Den svenska Nationalkommittén för befolkningsfrågor har valt att behandla befolkningsfrågorna ur ett utvecklingsperspektiv. Ett sådant synsätt innebär att det dynamiska samspelet mellan skilda krafter i ett samhälle står i centrum. Befolkningsutvecklingen är en del av en utvecklingsprocess där människor är beroende av varandra. Förändringar i folkmängden och flyttmönster betingas av kulturella, sociala och ekonomiska faktorer i samhället. Sättet att närma sig problemen och att hitta lösningar på dem kan därför variera mellan olika samhällen och tidsperioder och ofta handlar det om en rad åtgärder av skilda slag. I Sverige ligger t ex befolkningsökningen på en sådan nivå att befolkningen nästan förnyas sig själv utan att regering eller riksdag har formulerat några demografiska mål. Den svenska utvecklingen är ett resultat av många faktorer som har att göra med politiska beslut inom ekonomi, socialpolitik och jämställdhets- och familjepolitik. En förbättring av livsvillkoren i det svenska samhället hör till de centrala elementen i förändringsprocessen. Utgångspunkten var en situation då familjerna var stora, bostadsförhållandena dåliga och hälso- och sjukvården ännu inte uppbyggd i Sverige. En viktig faktor bakom den ökade livskvaliteten i Sverige är att kvinnornas ställning förstärktes och att föräldrar kan skaffa så många barn de önskar.

Är en liknande utveckling möjlig på andra håll i världen? Hur lång tid skulle det ta? Följer utvecklingen samma förlopp eller kommer den, som så mycket annat, att accelerera i dagens värld? Det som väcker oro inför framtiden är den folkökning utan motstycke i historien som sker idag, i kombination med orimliga produktions- och konsumtionsmönster. Jordens folkmängd kommer sannolikt att ha fördubblats till mitten av nästa sekel, oavsett vad vi kan göra för att påverka familjeplaneringen. Det innebär en befolkning på 10-11 miljarder människor på jorden inom 50-60 år. Stora ansträngningar kommer att behövas för att motverka att det blir en liten privilegierad elit som lägger beslag på de materiella och ekonomiska resurserna som

följer på framstegen. Alla människor har rätt att få ta del av en rimlig livskvalitet - där också begrepp som frihet och respekt för individen ingår. En internationell utjämning av levnadsförhållandena måste ha som mål att vi globalt sett förbrukar mindre än vi gör idag i den rika världen.

Varför är då en befolkningsökning i denna takt och på en sådan nivå ett problem? De områden i samhället som drabbas är inte enbart ekonomin och de sociala förhållandena utan också naturresurserna och miljön. En mycket stor och snabb folkökning i förening med sinande resurser kan leda till migration och till konflikter och spänningar i samhället.

#### Fattigdom

Fattigdom och höga födelsetal hör ofta ihop. Bilden är komplex och mångtydig, och både kulturella och religiösa faktorer spelar in. En fattig miljö där en hög grad av jämställdhet råder och där kvinnor har mer att säga till om, kan till exempel ha en lika låg eller t o m lägre fertilitet än en betydligt rikare region med en mindre grad av jämställdhet mellan könen. Bland fattiga människor finns speciella omständigheter i livssituationen som gynnar stora barnkullar. Familjens storlek, om de bor i staden eller på landet och vilken typ av produktion människorna deltar i påverkar familjens storlek, liksom trygghet respektive osäkerhet om framtiden.

För den fattige utgör barnen det enda kapital han har. Barn behövs på åkrarna, för att hämta vatten och bränsle och se efter småsyskon, medan föräldrarna arbetar. Barn kan ge inkomster som daglönare, tiggare eller prostituerade. De kan behövas för att ta hand om föräldrarna när dessa blir gamla. Detta är en realitet bortom konventioner och deklARATIONER om barns rättigheter.

Ett viktigt mål för de internationella utvecklingsansträngningarna är kampen mot fattigdomen och försöken att minska de vidgade klyftorna i världen mellan rika och fattiga. Klyftan mellan jordens fattigaste femtedel och jordens rikaste femtedel har ökat under de senaste 30 åren, mätt i medelinkomster. Hur länge kommer människor att acceptera att de är så fattiga jämfört med andra? Det är mot denna bakgrund migrationen får ses. Stora skaror av människor söker lyckan på annat håll.

I Syd har man å ena sidan en för blygsamt använd köpkraft. Detta leder till slitage på naturen. I Nord använder man å andra sidan sin köpkraft på ett skadligt sätt så att miljön utarmas och energislöseriet förvärras.



Även om kampen mot fattigdom har andra mål än att bromsa folkökningen i sig är detta ofta en förutsättning för att takten i befolkningsökningen ska dämpas. Den fattiges mål handlar om överlevnad. Om individen skall kunna sätta målet högre, även för sin familj, krävs positiva förändringar i miljön och en framtid att tro på. Konsekvenserna av en brist på framtidstro blir att människor ger sig iväg.

Åtgärder för att minska fattigdomen i världen ser alltså Kommittén som en väsentlig del av en politik som leder till en varaktigt hållbar balans mellan befolkningen och användningen av resurser.

#### *Konsumtions- och produktionsmönster*

Människor samverkar dynamiskt med sina resurser och med miljön. Livsbetingelserna ger både möjligheter och begränsningar för människans utveckling. Detta ekonomiska, sociala, kulturella och teknologiska samspel är komplicerat och pågår ständigt. Naturen påverkar människan och människan påverkar naturen. En varsam och bestående utveckling förutsätter en rimlig balans mellan befolkning, konsumtion och resurser. Här gäller det att satsa på produktions- och konsumtionsmönster och livsstilar som inte bryter sönder ekologiska samband eller utarmar jordens resurser.

Man kan här skilja mellan tre olika slags kapital, där man sällan kan byta ut en sorts kapital mot en annan typ av tillgångar utan att betala ett högt pris:

1. Humankapitalet. Människorna kan påverkas via utbildning, forskning, tillgången till upplysning och hälsovård o s v
2. Industriellt kapital – d v s allt som tillverkas eller produceras
3. Naturkapitalet: metaller, fossila bränslen, växtlighet, djur, organismer, klimat och allt annat som ingår i ekosystemet.

För att ekvationen skall bli meningsfull måste uppgifter om befolkningen och befolkningstillväxten ställas i relation till de tillgängliga resurserna. Redan en liten befolkningstillväxt kan vålla problem i ett område som redan har tårt på sitt naturkapital eller där man har nått taket för vad ekonomin kan bära i form av social service o s v.

På många håll i världen, framför allt i de rika industriländerna i Nord, utgörs problemet i stället av de gängse produktions- och konsumtionsmönstren och livsstilen i sig. Den svenska genomsnittsfamiljens två barn ter sig ur energiförbrukningssynpunkt som en 20-barnsfamilj, jämfört med en fattig familj i Syd. Detta är en viktig aspekt som bör lyftas fram i debatten. Kommittén menar därför att konferensen i Kairo handlar om att ta ett *gemensamt ansvar* för alla länder och folk.

## 2 Demokrati och jämställdhet

Kravet på jämställdhet mellan män och kvinnor ser Nationalkommittén som en av sina centrala värderingar. Det är som regel mannens perspektiv och värderingar som traditionellt väger tyngst i förhållandet mellan kvinna och man, och i en del samhällen intar kvinnan en andra klassens roll. Ibland definieras hennes underordnade roll via lagstiftningen, men ofta har hon sämre rättigheter av hävd och p g a förhärskande kulturmönster i samhället. Barnens rättigheter och ställning i samhället är ofta nära knutna till kvinnans rättigheter och ställning.

Djupast sett handlar problemet om demokratins fundament i samhället. Nationalkommittén ser därför demokratiska värderingar som en integrerad och kanske rentav avgörande del av de förutsättningar som behövs för att uppnå balans mellan befolkningstillväxt och tillgängliga resurser. Kärnfrågan utgörs av vem som har den reella makten i samhället och hur denna makt utövas.

## 3 Individen i centrum

För Nationalkommittén står människans valmöjligheter och värdighet i centrum. Denna grundsyn anknyter till FN:s konferens 1993 om de mänskliga rättigheterna, och den har även en praktisk innebörd. Behoven kan nämligen te sig annorlunda beroende på vem som definierar dem. FN:s Human Development Report har visat i vilken utsträckning framstegstakten i ett samhälle hör samman med en grundsyn där människor ges möjligheter att använda sin inneboende förmåga. Både argument som gäller mänskliga rättigheter och utvecklingsargument talar för att låta individen bli centrum.

## 4 Etiska principer

Som en följd av denna individcentrerade grundsyn är allt tvång mot individen och alla kränkningar av hennes värdighet oacceptabla. Riktlinjen är att för svenskt agerande också internationellt acceptera endast sådana åtgärder och värderingar som även skulle vara försvarbara i det svenska samhället. Konsekvensen skulle annars bli en dubbel etik: en som gällde oss själva och en annan som gällde de andra. Kommittén är medveten om att olika samhällen har varierande kulturella och historiska erfarenheter och referensramar som kan kräva speciellt hänsynstagande. Sådant som känns djupt främmande eller kränkande i ett

svenskt sammanhang kan dock svenska officiella företrädare knappast försvara eller förespråka någon annanstans i världen.

## 5 Terminologi

Begrepp som *befolkningspolitik*, *befolkningsfrågor*, *befolkningsmål*, *befolkningsinsatser* och *befolkningsdynamiska faktorer* förekommer ofta i den internationella debatten, inte minst i FN-skrifter. Innebörden av dessa uttryck skiftar, även i en och samma text. Ibland avser man demografiska fakta, ibland preventivmedelsrådgivning och ibland handlar det om utvecklingspolitiska mål. Även ordet *befolkning* används ofta på ett diffust sätt som öppnar för många olika tolkningar. Det vore bättre om man talade om *demografiska mål*, *preventivmedel*, *hälsa*, om det är detta som avses och reservera ordet *befolkning* för ett vidare och mer exakt angivet fenomen.

Uttrycket *familjeplanering* är inte heller invändningsfritt, eftersom det utestänger tonåringar och personer som vill ha ett sexualliv utan att för den sakens skull planera en familj eller skaffa barn. Här är det ofta bättre att försöka precisera vad man menar genom att använda uttryck som *födelsekontroll*, *preventivmedelsrådgivning* eller *sexualupplysning*.

Frågan om terminologin har stor praktisk betydelse, eftersom det avgör hur texter tas emot och förstås av läsaren. Ett ord som *befolkningspolitik* - ofta använd i internationella sammanhang - kan i ex skapa obehagliga associationer till Hitlertyskland och etnisk rensning.

Ord som *befolkningsrelevant politik* är att föredra. Då framgår det tydligare att det är valfrihet och respekt för individen, livskvalitet och människovärde som gäller - utan att utesluta ett demografiskt perspektiv på samhällsutvecklingen.

## 6 Uppdraget

Kommittén har slutligen tolkat sitt uppdrag så att man bör ge synpunkter och råd beträffande ett svenskt agerande inom befolkningsområdet både internationellt och bilateralt, t ex via biståndet. Kommittén utgår från en rad principiella överväganden i sina slutsatser och förslag som bygger på en analys där man skiljer mellan följderna av en snabb folkökning och olika yttre faktorer som betingar denna ökning.

## Skilda aktörer och roller

Det är viktigt att hålla isär vad de olika aktörerna på området kan och bör göra och att se till att de kompletterar varandra. Regeringar, biståndsorgan, internationella organisationer, enskilda organisationer och företag har alla sina viktiga roller att spela.

1. *Nationella regeringar* har det centrala ansvaret för den samlade sociala och ekonomiska politiken i landet. En bestående och ansvarsmedveten utveckling också inom befolkningsområdet förutsätter adekvata åtgärder på denna nivå. Stöd utifrån kan komplettera de inhemska åtgärderna och hjälpa till att få igång de projekt som landet själv vill satsa på men kan aldrig sätta en inhemsk politik.

Nationalkommittén vill starkt understryka detta nationella ansvar.

I det berörda landet måste man ha de resurser som en stabil utveckling fordrar. Nationalkommittén noterar att några länder uttrycker oro över den demografiska obalansen i världen och menar att problemets lösning ligger i ökat bistånd. Om denna tendens avspeglar ett ointresse hos

beslutsfattare i andra delar av världen bör man ta itu med detta problem och försöka få igång en dialog.

2. *Biståndet* är oljan i motorn. Bränslet i tanken utgörs av andra krafter. Biståndet måste stå i samklang med vad mottagarlandet önskar. Om mottagarlandets politiska ledning har en positiv vilja till förändring kan bistånd inom kritiska områden göra nytta. Bistånd vars inriktning går mot strömmen eller som innebär enstaka punktinsatser är sällan meningsfull. Hur viktigt det än är med bistånd utgör detta bara en liten del av lösningen på befolkningsproblemen.

Nationalkommittén förordar en ökning av svenska biståndsinsatser som bidrar till en balans mellan befolkningsstillväxten och resurserna. Kommittén utgår från att denna viljeyttring möter ett motsvarande intresse och en tydlig markering hos regeringarna i mottagarländerna.

3. *Internationella organisationer* t ex FN:s befolkningsfond, UNFPA, och Internationella familjeplaneringsfederationen, IPPF, har en viktig uppgift när det gäller att medvetandegöra och väcka opinion. De har en global överblick och kan ofta hjälpa till med utformningen av en nationell politik när det gäller befolkningsutvecklingen. De har en mer omfattande och allsidig kapacitet när det gäller analys och datainsamling än vad många regeringar mäktar med. Dessa internationella organisationer kan ofta påvisa effektiva metoder att lösa de olika problemen i ett land.



Tack vare det multilaterala systemet har flera av dessa problem lyfts fram, t ex frågan om mänskliga rättigheter och om barnens ställning i samhället. Svagheter är att de olika organen ansvarar var och en för sin sektor; UNESCO utbildning, vetenskap och kultur, WHO för hälsa, FAO för jordbruk o s v. Detta försvårar ett samlat grepp om de mer övergripande problemen. Det finns en risk att de olika organisationerna måste hålla sig till sina egna revir och att de definierar problemet och formulerar lösningar på ett sätt som passar just deras mandat. Det blir allt svårare med samverkan över sektorer och gränser och att dra åt samma håll, ett problem som också gäller de flesta nationella regeringar. Revir- och anslagstaktiska överväganden gör att andra sektorer intresse för befolkningsfrågor ofta upplevs som ett hot och ett intrång snarare än som ett stöd.

4. *Enskilda organisationer och folkrörelser* kan via opinionsbildning och egna projekt spela en viktig roll för befolkningsfrågorna. Särskilt bör framhållas betydelsen av att kvinnor i Syd får stöd på sina egna villkor och via sina egna organisationer.

5. *Näringslivet* skulle i större omfattning än i dag kunna göra direkta insatser som skulle få en avsevärd betydelse också för dämpningen av befolkningstillväxten i de delar av Syd där en snabb folkökning är ett problem. Jämställdhets- och kvinnoaspekter skulle t ex mer systematiskt kunna beaktas i samband med anställningar och personalutvecklingsarbetet. Företagshälsovården i Syd och i länder med övergångsekonomi borde kunna inriktas i ökad utsträckning på reproduktiv hälsa – där sexualrådgivning och preventivmedelsinformation ingår.

6. *Forskarsamhället* bör i högre utsträckning uppmärksamma frågor som rör ett ansvarsmedvetet utnyttjande av naturresurserna, miljövänlig teknologi, ekonomiska och institutionella instrument för samhällsförbättringar, jämställdhetsfrågor, fertilitet och nya typer av preventivmedel - för att bara antyda några av de områden där ytterligare forskning krävs.

7. *Enskilda människor.* Sist men inte minst bör man erinra om att den främsta drivkraften för förändringar i alla länder är enskilda människor. De har en uppgift att agera och påverka efter bästa förmåga.

## Vad innebär obalans mellan befolkning och resurser?

Analysen av befolkningsfrågorna blir tydligare om man skiljer mellan följderna av en accelererande tillväxt av folkmängden å ena sidan och faktorer som påverkar befolkningstillväxten å den andra. Båda faktorerna hänger samman i ett dynamiskt växelspel, men analysen blir tydligare om de diskuteras var och en för sig. Samtidigt är det viktigt att notera att processer kan gå snabbare nu än vad som var möjligt under tidigare tidsperioder. Den demografiska transitionen som ofta tog ett sekel eller mer i Europa tog i vissa ostasiatiska länder bara lite mer än en tredjedel av den tiden. Den minskade dödligheten i många u-länder blev ett resultat av modern medicinsk teknologi, medan de sociala processerna inte påverkades i samma utsträckning. Gapet mellan dödlighet och fruktsamhet kom därför under en tid att stabiliseras på en ganska hög nivå. Under en sådan ojämn process genereras en inbyggd tillväxt från de generationer som redan har fötts.

Politik och samhällsplanering måste utgå från givna förändringsfaktorer. Detta gäller både i Nord och i Syd. Svenska kommuner måste t ex under vissa tidsperioder bygga daghem och skolor i stor skala, medan de under andra perioder tvingas lägga ner dem på grund av förändringar i barnkullarnas storlek. Läget är dynamiskt och kräver en aktiv ekonomisk och social politik tillsammans med åtgärder som mer direkt inverkar på fertiliteten. Men i ett fattigt u-land är resurserna att klara förändringar minimala, vilket bäddar för svårlösta problem under många decennier framöver. De utsatta samhällena behöver extra stöd inom olika sektorer för att klara detta, framför allt en förbättrad ekonomi. En oundviklig konsekvens av mindre familjer och ökad livslängd är t ex stora samhällskostnader för vård och boende bland de äldre. Utmaningarna i ett samhälle med en snabb folkökning kan sammanfattas i fem punkter:

1. Den sociala servicen måste kunna hålla jämna steg med folkökningen. Om fertiliteten i samhället är hög och folkmängden ökar mycket snabbt, kommer inte hälsocentralerna och skolorna att räcka till. Om familjerna är stora får allt färre människor tillgång till utbildning och hälsovård. Resurser måste avsättas till åtgärder som motverkar denna obalans. Ofta har, som i NIC-länderna i Sydostasien, en ekonomisk uppgång varit förknippad med satsningar på de sociala sektorerna, enligt fördelningspolitiska mål. Där har gemene man och

kvinnor i ett historiskt perspektiv fått det bättre beträffande utbildning och hälsovård samtidigt som familjerna har blivit mindre.

2. Möjligheterna till avlönade jobb minskar om ännu fler skall konkurrera om jobben. Detta måste samhället motverka genom en ekonomisk politik som gynnar investeringar och som skapar fler arbetstillfällen. Ytterst handlar det om inrikespolitiska prioriteringar inom landet. En orimligt stor andel av världens resurser går idag till vapen och krigsmakt, även i länder som är mycket fattiga. Skryt- och prestigeprojekt kan förekomma i länder som inte anser sig ha råd med fungerande utbildning, hälsovård eller fler arbetstillfällen för att möta behoven från en snabbt växande befolkning.

De allvarligaste missförhållandena ligger utanför den sfär som Syd har inflytande över. Skevheter i den internationella handeln, skuldsättningsproblematiken och ekonomiska beroendeförhållanden, tillgång till teknisk utveckling och andra externa faktorer skapar stora svårigheter för länderna i Syd. På den makroekonomiska scenen hittar vi således de viktigaste faktorerna bakom utvecklingen. Det är dessa faktorer som måste påverkas så att världen på sikt kan få en befolkningstillväxt som är varaktigt hållbar.

3. Migrationen ökar, både inom länder och över nationsgränserna. Orsakerna kan vara t ex en snabb befolkningstillväxt, stort födelseöverskott i städerna och en fortsatt inflyttning till städerna från landsbygden. Samtidigt konkurrerar fler ungdomar än någonsin om de få jobb som finns på landsbygden. Nya arbetstillfällen hinner inte skapas i samma takt som befolkningen växer. Kontakten med de rika ländernas livsstil och upptrissade förväntningar om högre livskvalitet kommer att leda till ännu större folkflyttningar i framtiden. Andra viktiga, icke direkt befolkningsrelaterade orsaker till migrationen kan vara fattigdom och svag ekonomisk tillväxt, inrikespolitisk instabilitet, miljöförstöring och naturkatastrofer samt internationella konflikter.

4. På många håll i världen är gränsen nådd för vad de tillgängliga naturresurserna tål. Produktion och konsumtion skapar både brist-situationer och föroreningar i Nord och Syd. Tillgången på sötvatten är begränsad. Den naturliga vattentillgången ger en viss mängd vatten som kan utnyttjas innan man börjar tära på det lokala vattenkapitalet. Jordar förstörs. Skogar avverkas också som en följd av befolkningstrycket.

5. Växande koncentrationer av människor som lever i djup misär erbjuder en grogrund för politisk extremism och våld. Detta utgör ett potentiellt hot mot både freden och mot strävandena att förstärka demokratin och de mänskliga rättigheterna.

## Strategiska problem

Det finns många faktorer i samhället som påverkar befolkningens fertilitet. En förståelse av vilka lokala villkor som gäller i synen på barn och barnafödande är förutsättningen för att rätt politik kan föras.

Nationalkommittén har diskuterat dessa faktorer och identifierat ett antal strategiska områden som behöver lyftas fram. Dessa strategiska områden utgörs av

1. Den nationella politiken,
2. Jämställdhets- och kvinnoaspekter,
3. Barnens ställning och livsvillkor samt
4. Reproduktiv hälsa och sexualundervisning.

Ett annat viktigt område utgörs av migrationen som i vissa regioner kan ha avgörande betydelse för synen på barnen och hur stor familj man skall skaffa sig.

### 1 Nationell politik

Hur effektiv en viss insats på befolkningsområdet blir, beror på vilka politiska och ekonomiska styrmedel som finns tillgängliga och hur realistiska målen är. Viktigt är att en framgångsrik ekonomisk politik kombineras med hänsynen till naturresurserna.

Den ekonomiska utvecklingen kan komma hela befolkningen till godo via en ökad ekonomisk och social standard. Många av länderna i Asien har t ex satsat kraftigt på utbildning och hälsovård, inklusive reproduktiv hälsa, minskad barnadödlighet och sjunkande födelsetal. Denna utveckling har skett parallellt med en imponerande ekonomisk uppgång.

Insatserna för barnbegränsning har dock på många håll skett under former som tangerar eller överskrider gränsen för vad som är etiskt godtagbart - sett till individens intresse och med tanke på respekten för de mänskliga rättigheterna. Internationellt sett finns en tendens att brutalisera spridningen av preventivmedel. Tillgång till preventivmedel skall vara en rättighet och en service, men användningen måste ske på individens egna villkor. Dessutom bör man ta särskilda hänsyn till kvinnornas behov av självbestämmande och integritet.

Kampen mot fattigdom och förbättrade levnadsvillkor och social service är centrala element i kampen för en ökad balans mellan folkmängd och resurser på jorden.



Socialpolitiken, jämställdhetspolitiken, miljö- utbildnings- och hälsovårdspolitiken har avgörande betydelse för födelsetalen i ett samhälle med vissa givna ekonomiska förutsättningar. En prioritering av de sociala sektorerna eller med andra ord satsning på ökad livskvalitet, är en gemensam nämnare för de flesta länder som har varit med om en nedgång i tidigare höga födelsetal. Många länder som har kroniska problem med en snabb och stor befolkningsökning uppvisar stora brister i ett eller flera av dessa sektorer. Utvecklingen ter sig särskilt cynisk mot bakgrund av de stora satsningar som samtidigt kan förekomma i försvarsbudgeten.

Framväxten av en demokratisk kultur bör enligt Nationalkommittén kunna bidra till en ökad jämvikt mellan antalet invånare och resurser. I ett samhälle där individen och fenomenet livskvalitet sätts i centrum, blir det naturligt att prioritera barnens väl och ve högt. Då skaffar föräldrar sig bara så många barn som man kan ge goda uppväxtvillkor.

Ökad jämställdhet och jämnare fördelning av makten, rättigheterna och skyldigheterna mellan könen är en av förutsättningarna för en stark och levande demokrati. Demokrati växer ju fram underifrån i ett samhälle.

Därför är det särskilt angeläget att betona betydelsen av ökad jämställdhet och därmed befrämjande av kvinnors ställning i samhället och insatser för att värna om barnens villkor och rättigheter.

Ett centralt behov är också fungerande institutioner – t ex rättsapparaten och de gemensamma normer som finns i samhället – så att demokratin kan vidmakthållas. I de länder där demokratiska institutioner har en svag ställning bör dessa stärkas och man bör metodiskt och långsiktigt satsa på att den dynamiska utvecklingen i samhället kan komma till stånd. Här kan Sverige, liksom flertalet länder i Nord tjäna som exempel på att denna utveckling är möjlig.

En politik som sätter upp mål för hur många barn varje familj får ha eller hur stor befolkningstillväxten får vara är främmande för Nationalkommittén. Kvantitativa mål av detta slag kan lätt missbrukas som tvång mot den enskilde. Utvecklingen i många länder visar att minskade barnkullar i stället hänger samman med åtgärder som går ut på att ge social trygghet och valfrihet så att kvinnor t ex själva kan bestämma om och när de vill ha barn.

Även om situationen i Sverige ser annorlunda ut än den gör i de fattiga länderna i Syd anser Nationalkommittén att de svenska erfarenheterna kan ha relevans för u-länderna. Sverige var för hundra år sedan ett relativt sett mycket fattigt land, och vi hade återkommande missväxt och hungersnöd. Barnkullarna var stora och barnadödligheten

skrämmande stor. En fjärdedel av befolkningen utvandrade till andra länder, främst Nordamerika, för att hitta sin försörjning. Bilden liknar den vi ser i vissa länder i Syd idag.

## 2 Könsroller och könsperspektiv

En bestående och framsynt utveckling förutsätter att både kvinnor och män aktivt deltar i samhällslivet. Att satsa på kvinnorna blir därmed ett mål i sig. En viktig effekt av att kvinnorna ges en starkare ställning i samhället är att befolkningsutvecklingen blir lugnare och mer balanserad. Ur ett kvinnoperspektiv återstår mycket att göra inom följande delområden:

### A Social och ekonomisk utveckling

När ett samhälle får bättre ekonomi är det ofta männen, inte kvinnorna som drar det längsta strået. Detta är ett ämne också för forskningen, där man bör studera hur olika planerade förändringar påverkar kvinnor och hur utvecklingen sedan blir när förändringarna genomförs.

### B Lagstiftningen

Ett lands lagar måste återspegla både kvinnors och mäns rättigheter i stort och smått. Det kan gälla socialförsäkringssystemet men också rätten att äga jord och fastigheter liksom familjepolitiska konsekvenser för kvinnans och mannens juridiska ställning.

### C Utbildning

Jämställdhet inom utbildning är ett mål i sig. Fortfarande halkar dock flickor och kvinnor efter och av tre analfabeter i världen är två kvinnor. Samma obalans mellan könen ser vi bland de barn som slutar skolan efter sitt fjärde skolår. Att säkra en jämställd utbildning är en viktig fråga i sig. Men även för att få till stånd en balanserad befolkningsutveckling behöver åtgärder vidtas för att rätta till balansen. Detta utgör i praktiken en av de viktigaste åtgärderna för att minska de höga födelsetalen i fattiga länder. Sambandet mellan satsning på utbildning för kvinnor och sänkt fertilitet är väl belagt, även om det också finns undantag från regeln.

### D Mödra- och barnhälsovård

I fattiga länder i Syd går ofta en femtedel av hälsobudgeten till mödra- och barnhälsovård. Det räcker inte. Ett skäl till att fattiga människor skaffar sig stora familjer är den stora barnadödligheten. Om fler barn

kan överleva och få vara friska, kommer människorna att föredra att bilda mindre familjer. I många av dessa länder skulle förlossningsvården behöva decentraliseras för att man skulle kunna uppnå detta mål.

#### *E Frihet från våld*

Kvinnomisshandel och våldtäkter förekommer alltför ofta, och varje samhälle har ansvar för åtgärder som leder till ökad trygghet för kvinnor. Våldet mot kvinnor är en del av det sexualiserade strukturella våldet, där även incest och andra sexuella övergrepp, pornografi, prostitution och sexuella trakasserier utgör andra sidor av samma mynt. Detta våld är ett uttryck för brist på jämställdhet i samhället d v s en ojämlik fördelning av makten mellan könen.

För att kunna komma åt detta våld behöver vi veta mer om kvinnors livsvillkor och vi måste få en könsuppdelad statistik som ger kunskaper om våldets utbredning och belägger hur utsatta kvinnor och barn är.

#### *F Bostäder*

Att kvinnan är beroende av en man för att ha någonstans att bo är ett vanligt fenomen i hela världen. Om förhållandet spricker, står hon där utan bostad.

#### *G Kultur och tradition*

Lokala traditioner och kulturmönster kan bidra till en balanserad befolkningsutveckling. Ingen kultur är statisk och all utveckling förutsätter att även traditionella mönster förändras. Kulturellt betingad diskriminering av flickor kan ibland ta sig uttryck i att nyfödda flickbarn dödas och att kvinnor könsstympas. Kvinnlig omskärelse förekommer fortfarande och är uttryck för en av de mest extrema former av diskriminering. Nationalkommittén finner det särskilt angeläget att bekämpa en sådan kvinnosyn.

#### *H Mansrollen*

De ovannämnda punkterna innebär att männen på sikt måste ompröva sina roller, attityder och beteenden. Männen måste också ta sitt ansvar för hur kvinnor och barn har det och inse att också de tjänar på att samhället blir mer jämlikt.

### **3 Barn och tonåringar**

Insatser för att förbättra barnens situation i samhället går hand i hand med strävandena att uppnå en ökad jämställdhet mellan kvinnor och män. Även här finns ett påtagligt samband mellan barnens levnadsvillkor och befolkningstalen. En anledning till att många fattiga par skaffar sig stora barnkullar är, som tidigare har nämnts, risken att barnet avlider i späda ålder. Det finns de som trots detta och sakligt oriktigt hävdar att förbättringar i barns villkor och hälsotillstånd bidrar till den snabba befolkningsökningen i världen. Dessa debattörer ser barnet som fiende och hot – inte som en tillgång och en möjlighet – en grym människouppfattning som Nationalkommittén inte delar.

Tonåringarna, som befinner sig på gränsen mellan barn och vuxen är en annan eftersatt grupp i världen. De behöver stöd när det gäller att hitta fram till sin egen ansvarsmedvetna sexualitet med allt vad det innebär av preventivmedel och skydd mot smittsamma könsjukdomar. Om samhället förtränger dessa problem, drabbas särskilt flickorna, som får bära skammen för en oönskad graviditet. Nationalkommittén har i en separat skrift lyft fram denna fråga och önskar att de svenska företrädarna i Kairo och annorstädes kraftfullt driver tonårsfrågor.

### **4 Handikappade**

En grupp som behöver särskilda stödinsatser är de handikappade. Vi måste få stopp på diskriminering av handikappgrupper ur juridiska, ekonomiska och sociala aspekter. Inom ramen för ICPD bör man särskilt uppmärksamma de handikappades möjlighet att bilda familj och att kunna delta tillsammans med andra medborgare i samhällets ekonomiska och sociala utveckling.

### **5 Reproduktiv hälsa**

Detta område bör få ökad uppmärksamhet. När det gäller könsjukdomar ser vi t ex att flickor och kvinnor är mer sårbara än män när det gäller risken att sötas ut ur gemenskapen. Problemet med socialt stigma har aktualiserats av HIV/AIDS-epidemien liksom frågan om hur kunskap om preventivmedel skall kunna föras ut. Nationalkommittén vill betona att frågan om smittskydd och preventivmedel borde tas upp i ett sammanhang, inom ramen för det överordnade begreppet sexuell och reproduktiv hälsa. Det finns t ex en risk att mindre effek-



tiva p-medel lanseras, som visserligen skyddar mot smitta men inte kan förhindra oönskade graviditeter lika effektivt.

Kraven på preventivmedel är att de skall vara lättillgängliga, billiga och säkra. Det är lika självklart att människor skall kunna ha tillgång till p-medel som att de skall kunna få sexualrådgivning, hälsovård och utbildning. Här återstår dock mycket arbete.

Vissa av de p-medel som nu är i bruk kan uppfattas som övergrepp av kvinnor, eftersom de inte har någon kontroll själv över hur och när de fungerar. Behovet är stort av att det utvecklas fler alternativ bland de manliga preventivmedlen.

Det är viktigt att p-medelsrådgivning och sexualrådgivning kan erbjudas på betydligt fler ställen i samhället än på mödra- och barnavårdscentralerna.

#### Aborter

Varje år sker ungefär 60 miljoner aborter i världen - varav uppskattningsvis hälften är illegala. Aborter förekommer i alla samhällen. Beslutet att göra abort grundas på en rad faktorer; hur kvinnans sociala och ekonomiska situation ser ut, vilken ställning kvinnan har i samhället och vilka möjligheter hon har att själv påverka sin fruktbarhet. Dessutom inverkar attityderna till sexualitet i samhället och skamstämpeln på ogifta mödrar. Formerna för abort och följderna för den enskilda kvinnan växlar oerhört mellan olika länder. Lagstiftningen avgör om aborten skall ske legalt eller illegalt och landets sjukvårdsresurser avgör om hennes framtida väl och ve. Varje år avlider 200 000 kvinnor i världen till följd av illegala och/eller oskickligt utförda aborter och otaliga kvinnor drabbas av följsjukdomar och bestående men.

I många länder med begränsad tillgång till p-medel eller där de är förbjudna är abort den vanligaste formen av födelsekontroll. Detta är oacceptabelt. Lika förkastligt är bruket av fosterdiagnostik i syfte att abortera fostret om det är en flicka. Att så sker tyder på en för oss främmande syn på människovärdet i allmänhet och kvinnans värde i synnerhet.

En fjärdedel av jordens befolkning bor i länder där abort är förbjuden. Möjligheten till säker och legal abort för de kvinnor som inte ser någon annan möjlighet är dock en viktig reform för att minska risken för sjuklighet och död bland kvinnor. De erfarenheter vi har i Sverige av att via lagstiftning om rätt till abort och abortförebyggande åtgärder visar att det går att framgångsrikt minska antalet aborter.

## 6 Sexualundervisningen

Förr ansvarade det traditionella samhället ofta för att ungdomarna fick undervisning om sex och samlevnad. Det är ju i tonåren som flickor och pojkar skall lära sig vad en ansvarsmedveten sexualitet innebär. Dessa seder har dock försvagats i många länder i Syd. På många håll i världen utnyttjas även mycket unga flickor sexuellt och blir gravida redan som tonåringar.

## 7 Migrationen

Omkring 100 miljoner människor beräknas idag leva i ett annat land än där de är födda. Migrationen kan också ha en positiv sida, då människor från olika kulturer kan mötas och utbyta erfarenheter. Man räknar dock med att det i världen idag finns 17 miljoner människor som lever som flyktingar och asylsökande och minst 20 miljoner människor har tvingats iväg av olidliga förhållanden i hemlandet, t ex torra och miljökatastrofer.

Stora okontrollerade folkströmmar innebär mänskligt lidande både för de som flyttar och för de länder som tar emot dem. Det är därför angeläget att så långt möjligt undanröja orsakerna till flykt. För att åstadkomma detta krävs inte bara en politik som befrämjar demokratiska strävanden och mänskliga rättigheter utan också en ekonomisk och social utveckling.

Migrationsfrågor och flyktingpolitik bör därför sättas in i ett vidare perspektiv och samordnas med biståndsinsatser och befolkningsfrågor. Den svenska politiken kan sammanfattas i nio punkter:

1. Det är ett mål för allt mellanstatligt och internationellt samarbete att främja demokrati, respekt för mänskliga rättigheter och skydd för minoriteter.

2. Vi måste verka för en mer jämlik världshandel. Tullbarriärer i de rika länderna motverkar en ekonomisk utveckling i länder som behöver skapa ett högre välbefinnande och en bättre livskvalitet för sin befolkning.

3. Bistånd skall ges till länder med särskilt allvarliga problem. Vi behöver också få till stånd en bättre uppföljning av hur den förda handels- och biståndspolitikerna inverkar på migrationen.

4. Människor på flykt måste få ett internationellt skydd. Genèvekonventionen räcker inte. Det krävs regionala överenskommelser för att skydda bl a krigsflyktingar.

5. Kvinnornas, barnens och tonåringarnas särskilda behov måste uppmärksammas i ökad utsträckning. Under en flykt, då alla normala skyddsfunktioner sätts ur spel, drabbas kvinnor ofta av både diskrimi-

nering och av rena övergrepp. Även när det gäller det långsiktiga biståndsbehovet bör man ta särskild hänsyn till dessa gruppers behov. Det är t ex viktigt att kvinnorna också kan skaffa sig utbildning och möjlighet att försörja sig i det nya landet.

7. Möjligheterna för flyktingarna att integreras i sitt nya hemland måste underlättas.

8. Många flyktingar vill återvända till sina hemländer. Åtgärder som underlättar detta bör vara ett centralt tema för flyktingpolitiken. Sådana stödprogram bör omfatta hela processen: tiden i asyllandet, hemresan och under etableringsfasen i hemlandet.

9. Förhållandena i världens flyktingläger måste få ökad uppmärksamhet. Det är av stor vikt att finna varaktiga lösningar på flyktingproblemen t ex genom frivillig återflyttning, integration i det första asyllandet eller en omplacering till ett tredje nytt hemland.

## Sveriges delegationen till konferensen

### Ordförande

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### Vice ordförande

Alf Samuelsson, statssekreterare, UD/U

### Ombud

Lennart Båge, departementsråd, UD/U

Lars-Olof Edström, ambassadör, UD/U

Per Lindström, ambassadör, UD/U

Catherine von Heidenstam, minister, UD/Pol

Charlotte von Redlich, kansliråd, Socialdepartementet

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Eva Wallstam, byråchef, SIDA

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Katarina Lindahl, förbundssekreterare, RFSU

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### Sekreterare

Sara Tidala, assistent, UD/U

Yvonne Westin, assistent, ambassaden Kairo



## Inger Davidssons anförande i Generaldebatten

We are gathered here to take decisions that will profoundly affect our own lives and the quality of life of our children and their children.

The world's nations are interdependent and share a mutual responsibility for achieving sustainable development. One fifth of mankind is responsible for four fifths of the world's total energy consumption, resource utilization and waste. The average family in Sweden has two children. Compared with a poor family in a developing country this corresponds from a resource utilization point of view to a twenty-child family. In a longer-term perspective existing production and consumption patterns are unsustainable. Consequently the richer segments of the world population have a special responsibility to bring about changes in production and consumption patterns conducive to sustainable development in their own countries.

Yet, we also know that the world population will increase dramatically by the middle of the next century. Also very poor societies will have to provide perhaps twice as many jobs and social services as today. Can the poorest societies meet the challenge entirely on their own? In all probability the answer is no. A massive international development effort is necessary. The situation in many parts of the world is further aggravated by forced migration, people seeking jobs and homes in areas where the carrying capacity of the environment and the social infrastructure is strained.

Sweden is one of a small group of countries that have well surpassed the UN goal of 0.7 percent of GDP for development assistance. We have already increased our development cooperation in the areas covered by the Plan of Action of this conference, such as sexual and reproductive health and support to women's organizations. It is our firm intention to strengthen our cooperation in this field.

Taking into account the needs arising out of this conference, it is imperative that many more countries realize the target of 0.7 percent. If all the OECD countries did, an additional USD 60 billion would be mobilized each year for development purposes. That would mean a doubling of the efforts of today.

Having said this, however, I must also make it clear that a main responsibility for funding and action always lies with the national governments concerned. Aid can and should supplement such efforts but cannot take their place.

Bilaga 4  
Inger Davidssons  
anförande i  
generaldebatten

Mr. Chairman,

The Swedish government sees the empowerment of women as one of the most important policies on the agenda of this conference.

The empowerment of women must however be championed in its own right, not just as a means in a population policy. The competence and potential of both women and men must be recognized in all fields of society. Education for women is just one of many important policies emanating from such a view. Others are the woman's economic independence, her right to land, her right to credit and her sexual and reproductive rights on her own terms. In this context, the right of individuals and couples to make informed choices about the number and spacing of their children constitutes a cornerstone.

The empowerment of women will however not come about without corresponding changes in male behaviour and attitudes; men must be prepared to abstain some of their power in order for power to be truly shared. Men also have to take their part in the work with home and children.

Partnership between men and women on an equal footing is fundamentally a democratic issue, as Prime Minister Brundtland pointed out in her keynote address at the opening of this conference. A democratic culture and democratic values in society, responsible governance if you like, are linked to a democratic culture in the family. Respect for others, mutual rights and obligations, and a capacity to sort out conflicting interests must also be learned and trained in the family.

It is vital that family values foster human rights, human dignity, democracy and equality between men and women.

Human rights, human dignity, respect for the individual and freedom of choice are central elements in Sweden's stance on the issues on the agenda here at Cairo.

I specifically wish to raise the issue of human rights in a gender context, because women are the victims in practically all societies of structurally defined violence, emanating from the unequal power relationship between men and women. Violence occurs also in the

family. My government strongly urges the international community to implement the UN declaration on violence against women.

I also wish to place on record our condemnation of the selective abortion of female foetuses, the practise of female infanticide and female genital mutilation.

Mr. Chairman,

Much media interest in this conference has focussed on the question of abortion. This has unfortunately been to the detriment of the other issues. The Swedish position is that we cannot idly accept the tens of millions of unsafe abortions that take place worldwide every year. They are induced by the women themselves or by backstreet butchers, resulting in deaths, sterility or morbidity for the women involved.

They furthermore often jeopardize the survival of the children that the woman already has. The victims of unsafe abortions are mostly poor and uneducated women and teenage girls; affluent women generally have a safe abortion option open to them.

Experience shows that abortions take place whether the national legislation permits them or not. Making abortions illegal hence does not solve the problem of unsafe abortion; on the contrary it increases maternal morbidity and deaths and removes the issue from the national statistics.

In Sweden we agonized over this question for decades, but in the 70's came to the conclusion that the abortion option in the early stages of a pregnancy should be open to the choice of the woman when she sees no other possibility. One main objective in our policy in this field has however been and continues to be a strong emphasis on preventive measures. Availability of services, information and education can reduce the abortion rate significantly.

In Sweden we recognize that the NGO's have played a decisive role for bringing about today's Swedish policy and society's acceptance of it.

I have no intention whatsoever of trying to impose Swedish views or legislation on this subject. Each society must find its own solutions to the alarming and unacceptable prevalence of unsafe abortions. My plea is simply this: Let us address this question squarely and recognize it for what it is - a major threat to women's health - and act accordingly.

Mr. Chairman,

Adolescents and youth are a key group for the concerns we are gathered here to discuss. They and their children are the agents of change and development. Not least important is the fact that attitudes affecting gender equity are developed during these formative years. The incidence of unsafe abortions, of sexually transmitted diseases including AIDS/HIV makes it even more imperative than ever that young people in society, both boys and girls, receive adequate and confidential guidance - not least through school - with regard to their sexuality, and that they have access to contraceptives.

The draft document of the conference brings up the concept of reproductive health. My government welcomes this and is also prepared to support the broad definition of this term put forward by the Director-General of the WHO. Our strong wish is that this conference will endorse the wider approach implicit in the word sexual and reproductive health. In the Swedish view it is necessary to see all the elements, including family planning, as part of this new concept.

Finally, I wish to end on a note of urgency and action. Few items on the international agenda are more important in the long-term than the one before us today. Let us who are assembled at this conference take the Plan of Action's issues seriously.

The only way we can do this is to translate them into concrete action, domestically and internationally. The time is *now*. The responsibility is ours.

Thank you



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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Chapter I

PREAMBLE

1.1. The 1994 International Conference on Population and Development occurs at a defining moment in the history of international cooperation. With the growing recognition of global population, development and environmental interdependence, the opportunity to adopt suitable macro- and socio-economic policies to promote sustained economic growth in the context of sustainable development in all countries and to mobilize human and financial resources for global problem-solving has never been greater. Never before has the world community had so many resources, so much knowledge and such powerful technologies at its disposal which, if suitably redirected, could foster sustained economic growth and sustainable development. None the less, the effective use of resources, knowledge and technologies is conditioned by political and economic obstacles at the national and international levels. Therefore, although ample resources have been available for some time, their use for socially equitable and environmentally sound development has been seriously limited.

1.2. The world has undergone far-reaching changes in the past two decades. Significant progress in many fields important for human welfare has been made through national and international efforts. However, the developing countries are still facing serious economic difficulties and an unfavourable international economic environment, and the number of people living in absolute poverty has increased in many countries. Around the world many of the basic resources on which future generations will depend for their survival and well-being are being depleted and environmental degradation is intensifying, driven by unsustainable patterns of production and consumption, unprecedented growth in population, widespread and persistent poverty, and social and economic inequality. Ecological problems, such as global climate change, largely driven by unsustainable patterns of production and consumption, are adding to the threats to the well-being of future generations. There is an emerging global consensus on the need for increased international cooperation in regard to population in the context of sustainable development, for which Agenda 21 <sup>1/</sup> provides a framework. Much has been achieved in this respect, but more needs to be done.

1.3. The world population is currently estimated at 5.6 billion. While the rate of growth is on the decline, absolute increments have been increasing, currently exceeding 86 million persons per annum. Annual population increments are likely to remain above 86 million until the year 2015. <sup>2/</sup>

1.4. During the remaining six years of this critical decade, the world's nations by their actions or inactions will choose from among a range of alternative demographic futures. The low, medium and high variants of the United Nations population projections for the coming 20 years range from a low of 7.1 billion people to the medium variant of 7.5 billion and a high of 7.8 billion. The difference of 720 million people in the short span of 20 years exceeds the current population of the African continent. Further into the future, the projections diverge even more significantly. By the year 2050, the United Nations projections range from 7.9 billion to the medium variant of 9.8 billion and a high of 11.9 billion. Implementation of the goals and

objectives contained in the present 20-year Programme of Action, which address many of the fundamental population, health, education and development challenges facing the entire human community, would result in world population growth during this period and beyond at levels below the United Nations medium projection.

1.5. The International Conference on Population and Development is not an isolated event. Its Programme of Action builds on the considerable international consensus that has developed since the World Population Conference at Bucharest in 1974 <sup>3/</sup> and the International Conference on Population at Mexico City in 1984, <sup>4/</sup> to consider the broad issues of and interrelationships between population, sustained economic growth and sustainable development, and advances in the education, economic status and empowerment of women. The 1994 Conference was explicitly given a broader mandate on development issues than previous population conferences, reflecting the growing awareness that population, poverty, patterns of production and consumption and the environment are so closely interconnected that none of them can be considered in isolation.

1.6. The International Conference on Population and Development follows and builds on other important recent international activities, and its recommendations should be supportive of, consistent with and based on the agreements reached at the following:

(a) The World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, held in Nairobi in 1985; <sup>5/</sup>

(b) The World Summit for Children, held in New York in 1990; <sup>6/</sup>

(c) The United Nations Conference on Environment and Development, held in Rio de Janeiro in 1992; <sup>7/</sup>

(d) The International Conference on Nutrition, held in Rome in 1992; <sup>8/</sup>

(e) The World Conference on Human Rights, held in Vienna in 1993; <sup>2/</sup>

(f) The International Year of the World's Indigenous People, 1993, <sup>10/</sup> which would lead to the International Decade of the World's Indigenous People; <sup>11/</sup>

(g) The Global Conference on the Sustainable Development of Small Island Developing States, held in Barbados in 1994; <sup>12/</sup>

(h) The International Year of the Family, 1994. <sup>13/</sup>

1.7. The Conference outcomes are closely related to and will make significant contributions to other major conferences in 1995 and 1996, such as the World Summit for Social Development, <sup>14/</sup> the Fourth World Conference on Women: Action for Equality, Development and Peace, <sup>15/</sup> the Second United Nations Conference on Human Settlements (Habitat II), the elaboration of the Agenda for Development, as well as the celebration of the fiftieth anniversary of the United Nations. These events are expected to highlight further the call of the 1994 Conference

for greater investment in people, and for a new action agenda for the empowerment of women to ensure their full participation at all levels in the social, economic and political lives of their communities.

1.8. Over the past 20 years, many parts of the world have undergone remarkable demographic, social, economic, environmental and political change. Many countries have made substantial progress in expanding access to reproductive health care and lowering birth rates, as well as in lowering death rates and raising education and income levels, including the educational and economic status of women. While the advances of the past two decades in areas such as increased use of contraception, decreased maternal mortality, implemented sustainable development plans and projects and enhanced educational programmes provide a basis for optimism about successful implementation of the present Programme of Action, much remains to be accomplished. The world as a whole has changed in ways that create important new opportunities for addressing population and development issues. Among the most significant are the major shifts in attitude among the world's people and their leaders in regard to reproductive health, family planning and population growth, resulting, *inter alia*, in the new comprehensive concept of reproductive health, including family planning and sexual health, as defined in the present Programme of Action. A particularly encouraging trend has been the strengthening of political commitment to population-related policies and family-planning programmes by many Governments. In this regard, sustained economic growth in the context of sustainable development will enhance the ability of countries to meet the pressures of expected population growth; will facilitate the demographic transition in countries where there is an imbalance between demographic rates and social, economic and environmental goals; and will permit the balance and integration of the population dimension into other development-related policies.

1.9. The population and development objectives and actions of the present Programme of Action will collectively address the critical challenges and interrelationships between population and sustained economic growth in the context of sustainable development. In order to do so, adequate mobilization of resources at the national and international levels will be required as well as new and additional resources to the developing countries from all available funding mechanisms, including multilateral, bilateral and private sources. Financial resources are also required to strengthen the capacity of national, regional, subregional and international institutions to implement this Programme of Action.

1.10. The two decades ahead are likely to produce a further shift of rural populations to urban areas as well as continued high levels of migration between countries. These migrations are an important part of the economic transformations occurring around the world, and they present serious new challenges. Therefore, these issues must be addressed with more emphasis within population and development policies. By the year 2015, nearly 56 per cent of the global population is expected to live in urban areas, compared to under 45 per cent in 1994. The most rapid rates of urbanization will occur in the developing countries. The urban population of the developing regions was just 26 per cent in 1975, but is projected to rise to 50 per cent by 2015. This change will place enormous strain on existing social services and



infrastructure, much of which will not be able to expand at the same rate as that of urbanization.

1.11. Intensified efforts are needed in the coming 5, 10 and 20 years, in a range of population and development activities, bearing in mind the crucial contribution that early stabilization of the world population would make towards the achievement of sustainable development. The present Programme of Action addresses all those issues, and more, in a comprehensive and integrated framework designed to improve the quality of life of the current world population and its future generations. The recommendations for action are made in a spirit of consensus and international cooperation, recognizing that the formulation and implementation of population-related policies is the responsibility of each country and should take into account the economic, social and environmental diversity of conditions in each country, with full respect for the various religious and ethical values, cultural backgrounds and philosophical convictions of its people, as well as the shared but differentiated responsibilities of all the world's people for a common future.

1.12. The present Programme of Action recommends to the international community a set of important population and development objectives, as well as qualitative and quantitative goals that are mutually supportive and of critical importance to these objectives. Among these objectives and goals are: sustained economic growth in the context of sustainable development; education, especially for girls; gender equity and equality; infant, child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health.

1.13. Many of the quantitative and qualitative goals of the present Programme of Action clearly require additional resources, some of which could become available from a reordering of priorities at the individual, national and international levels. However, none of the actions required - nor all of them combined - is expensive in the context of either current global development or military expenditures. A few would require little or no additional financial resources, in that they involve changes in lifestyles, social norms or government policies that can be largely brought about and sustained through greater citizen action and political leadership. But to meet the resource needs of those actions that do require increased expenditures over the next two decades, additional commitments will be required on the part of both developing and developed countries. This will be particularly difficult in the case of some developing countries and some countries with economies in transition that are experiencing extreme resource constraints.

1.14. The present Programme of Action recognizes that over the next 20 years Governments are not expected to meet the goals and objectives of the International Conference on Population and Development single-handedly. All members of and groups in society have the right, and indeed the responsibility, to play an active part in efforts to reach those goals. The increased level of interest manifested by non-governmental organizations, first in the context of the United Nations Conference on Environment and Development and the World Conference on Human Rights, and now in these deliberations, reflects an important and in many places rapid change in the relationship between Governments and a variety of non-governmental institutions. In nearly all

countries new partnerships are emerging between government, business, non-governmental organizations and community groups, which will have a direct and positive bearing on the implementation of the present Programme of Action.

1.15. While the International Conference on Population and Development does not create any new international human rights, it affirms the application of universally recognized human rights standards to all aspects of population programmes. It also represents the last opportunity in the twentieth century for the international community to collectively address the critical challenges and interrelationships between population and development. The Programme of Action will require the establishment of common ground, with full respect for the various religious and ethical values and cultural backgrounds. The impact of this Conference will be measured by the strength of the specific commitments made here and the consequent actions to fulfil them, as part of a new global partnership among all the world's countries and peoples, based on a sense of shared but differentiated responsibility for each other and for our planetary home.

Chapter II

PRINCIPLES

The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.

International cooperation and universal solidarity, guided by the principles of the Charter of the United Nations, and in a spirit of partnership, are crucial in order to improve the quality of life of the peoples of the world.

In addressing the mandate of the International Conference on Population and Development and its overall theme, the interrelationships between population, sustained economic growth and sustainable development, and in their deliberations, the participants were and will continue to be guided by the following set of principles:

Principle 1

All human beings are born free and equal in dignity and rights. Everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Everyone has the right to life, liberty and security of person.

Principle 2

Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature. People are the most important and valuable resource of any nation. Countries should ensure that all individuals are given the opportunity to make the most of their potential. They have the right to an adequate standard of living for themselves and their families, including adequate food, clothing, housing, water and sanitation.

Principle 3

The right to development is a universal and inalienable right and an integral part of fundamental human rights, and the human person is the central subject of development. While development facilitates the enjoyment of all human rights, the lack of development may not be invoked to justify the abridgement of internationally recognized human rights. The right to development must be fulfilled so as to equitably meet the population, development and environment needs of present and future generations.

principle 4

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community.

principle 5

Population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of life of all people.

Principle 6

Sustainable development as a means to ensure human well-being, equitably shared by all people today and in the future, requires that the interrelationships between population, resources, the environment and development should be fully recognized, properly managed and brought into harmonious, dynamic balance. To achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate policies, including population-related policies, in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

Principle 7

All States and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development, in order to decrease the disparities in standards of living and better meet the needs of the majority of the people of the world. The special situation and needs of developing countries, particularly the least developed, shall be given special priority. Countries with economies in transition, as well as all other countries, need to be fully integrated into the world economy.

Principle 8

Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.



Principle 9

The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners.

Principle 10

Everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child. Education should be designed to strengthen respect for human rights and fundamental freedoms, including those relating to population and development. The best interests of the child shall be the guiding principle of those responsible for his or her education and guidance; that responsibility lies in the first place with the parents.

Principle 11

All States and families should give the highest possible priority to children. The child has the right to standards of living adequate for its well-being and the right to the highest attainable standards of health, and the right to education. The child has the right to be cared for, guided and supported by parents, families and society and to be protected by appropriate legislative, administrative, social and educational measures from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sale, trafficking, sexual abuse, and trafficking in its organs.

Principle 12

Countries receiving documented migrants should provide proper treatment and adequate social welfare services for them and their families, and should ensure their physical safety and security, bearing in mind the special circumstances and needs of countries, in particular developing countries, attempting to meet these objectives or requirements with regard to undocumented migrants, in conformity with the provisions of relevant conventions and international instruments and documents. Countries should guarantee to all migrants all basic human rights as included in the Universal Declaration of Human Rights.

Principle 13

Everyone has the right to seek and to enjoy in other countries asylum from persecution. States have responsibilities with respect to refugees as set forth in the Geneva Convention on the Status of Refugees and its 1967 Protocol.

Principle 14

In considering the population and development needs of indigenous people, states should recognize and support their identity, culture and interests, and enable them to participate fully in the economic, political and social life of the country, particularly where their health, education and well-being are affected.

Principle 15

Sustained economic growth, in the context of sustainable development, and social progress require that growth be broadly based, offering equal opportunities to all people. All countries should recognize their common but differentiated responsibilities. The developed countries acknowledge the responsibility that they bear in the international pursuit of sustainable development, and should continue to improve their efforts to promote sustained economic growth and to narrow imbalances in a manner that can benefit all countries, particularly the developing countries.

Chapter III

INTERRELATIONSHIPS BETWEEN POPULATION, SUSTAINED ECONOMIC  
GROWTH AND SUSTAINABLE DEVELOPMENT

A. Integrating population and development strategies

Basis for action

3.1. The everyday activities of all human beings, communities and countries are interrelated with population change, patterns and levels of use of natural resources, the state of the environment, and the pace and quality of economic and social development. There is general agreement that persistent widespread poverty as well as serious social and gender inequities have significant influences on, and are in turn influenced by, demographic parameters such as population growth, structure and distribution. There is also general agreement that unsustainable consumption and production patterns are contributing to the unsustainable use of natural resources and environmental degradation as well as to the reinforcement of social inequities and of poverty with the above-mentioned consequences for demographic parameters. The Rio Declaration on Environment and Development and Agenda 21, adopted by the international community at the United Nations Conference on Environment and Development, call for patterns of development that reflect the new understanding of these and other intersectoral linkages. Recognizing the longer term realities and implications of current actions, the development challenge is to meet the needs of present generations and improve their quality of life without compromising the ability of future generations to meet their own needs.

3.2. Despite recent declines in birth rates in many countries, further large increases in population size are inevitable. Owing to the youthful age structure, for numerous countries the coming decades will bring substantial population increases in absolute numbers. Population movements within and between countries, including the very rapid growth of cities and the unbalanced regional distribution of population, will continue and increase in the future.

3.3. Sustainable development implies, *inter alia*, long-term sustainability in production and consumption relating to all economic activities, including industry, energy, agriculture, forestry, fisheries, transport, tourism and infrastructure, in order to optimize ecologically sound resource use and minimize waste. Macroeconomic and sectoral policies have, however, rarely given due attention to population considerations. Explicitly integrating population into economic and development strategies will both speed up the pace of sustainable development and poverty alleviation and contribute to the achievement of population objectives and an improved quality of life of the population.

Objectives

3.4. The objectives are to fully integrate population concerns into:

(a) Development strategies, planning, decision-making and resource allocation at all levels and in all regions, with the goal of meeting the needs, and improving the quality of life, of present and future generations;

(b) All aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development.

Actions

3.5. At the international, regional, national and local levels, population issues should be integrated into the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development. Development strategies must realistically reflect the short-, medium- and long-term implications of, and consequences for, population dynamics as well as patterns of production and consumption.

3.6. Governments, international agencies, non-governmental organizations 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 that take into account patterns of production and consumption and seek to bring about population trends consistent with the achievement of sustainable development and the improvement of the quality of life.

3.7. 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 all relevant government agencies responsible for economic, environmental and social policies and programmes.

3.8. 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, non-governmental organizations and the private sector, and by improvement of the knowledge base through research and national and local capacity-building.

3.9. 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. Developed countries should take the lead in achieving sustainable consumption patterns and effective waste management.

B. Population, sustained economic growth and poverty

Basis for action

3.10. Population policies should take into account, as appropriate, development strategies agreed upon in multilateral forums, in particular the International Development Strategy for the Fourth United Nations Development Decade, 16/ the Programme of Action for the Least Developed Countries for the 1990s, 17/ the



outcomes of the eighth session of the United Nations Conference on Trade and Development, and of the Uruguay Round of multilateral trade negotiations, Agenda 21 and the United Nations New Agenda for the Development of Africa in the 1990s. 18/

3.11. Gains recorded in recent years in such indicators as life expectancy and national product, while significant and encouraging, do not, unfortunately, fully reflect the realities of life of hundreds of millions of men, women, adolescents and children. Despite decades of development efforts, both the gap between rich and poor nations and the inequalities within nations have widened. Serious economic, social, gender and other inequities persist and hamper efforts to improve the quality of life for hundreds of millions of people. The number of people living in poverty stands at approximately 1 billion and continues to mount.

3.12. All countries, more especially developing countries where almost all of the future growth of the world population will occur, and countries with economies in transition, face increasing difficulties in improving the quality of life of their people in a sustainable manner. Many developing countries and countries with economies in transition face major development obstacles, among which are those related to the persistence of trade imbalances, the slow-down in the world economy, the persistence of the debt-servicing problem, and the need for technologies and external assistance. The achievement of sustainable development and poverty eradication should be supported by macroeconomic policies designed to provide an appropriate international economic environment, as well as by good governance, effective national policies and efficient national institutions.

3.13. Widespread poverty remains the major challenge to development efforts. Poverty is often accompanied by unemployment, malnutrition, illiteracy, low status of women, exposure to environmental risks and limited access to social and health services, including reproductive health services which, in turn, include family planning. All these factors contribute to high levels of fertility, morbidity and mortality, as well as to low economic productivity. Poverty is also closely related to inappropriate spatial distribution of population, to unsustainable use and inequitable distribution of such natural resources as land and water, and to serious environmental degradation.

3.14. Efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing. Slower population growth has in many countries bought more time to adjust to future population increases. This has increased those countries' ability to attack poverty, protect and repair the environment, and build the base for future sustainable development. Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life.

3.15. Sustained economic growth within the context of sustainable development is essential to eradicate poverty. Eradication of poverty will contribute to slowing population growth and to achieving early population stabilization. Investments in fields important to the eradication of poverty, such as basic

education, sanitation, drinking water, housing, adequate food supply and infrastructure for rapidly growing populations, continue to strain already weak economies and limit development options. The unusually high number of young people, a consequence of high fertility rates, requires that productive jobs be created for a continually growing labour force under conditions of already widespread unemployment. The numbers of elderly requiring public support will also increase rapidly in the future. Sustained economic growth in the context of sustainable development will be necessary to accommodate those pressures.

#### Objective

3.16. The objective is to raise the quality of life for all people through appropriate population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in the context of sustainable development and sustainable patterns of consumption and production, human resource development and the guarantee of all human rights, including the right to development as a universal and inalienable right and an integral part of fundamental human rights. Particular attention is to be given to the socio-economic improvement of poor women in developed and developing countries. As women are generally the poorest of the poor and at the same time key actors in the development process, eliminating social, cultural, political and economic discrimination against women is a prerequisite of eradicating poverty, promoting sustained economic growth in the context of sustainable development, ensuring quality family planning and reproductive health services, and achieving balance between population and available resources and sustainable patterns of consumption and production.

#### Actions

3.17. Investment in human resource development, in accordance with national policy, must be given priority in population and development strategies and budgets, at all levels, with programmes specifically directed at increased access to information, education, skill development, employment opportunities, both formal and informal, and high-quality general and reproductive health services, including family planning and sexual health care, through the promotion of sustained economic growth within the context of sustainable development in developing countries and countries with economies in transition.

3.18. Existing inequities and barriers to women in the workforce should be eliminated and women's participation in all policy-making and implementation, as well as their access to productive resources, and ownership of land, and their right to inherit property should be promoted and strengthened. Governments, non-governmental organizations and the private sector should invest in, promote, monitor and evaluate the education and skill development of women and girls and the legal and economic rights of women, and in all aspects of reproductive health, including family planning and sexual health, in order to enable them to effectively contribute to and benefit from economic growth and sustainable development.

3.19. High priority should be given by Governments, non-governmental organizations and the private sector to meeting the needs, and increasing the

opportunities for information, education, jobs, skill development and relevant reproductive health services, of all underserved members of society. 12/

3.20. Measures should be taken to strengthen food, nutrition and agricultural policies and programmes, and fair trade relations, with special attention to the creation and strengthening of food security at all levels.

3.21. Job creation in the industrial, agricultural and service sectors should be facilitated by Governments and the private sector through the establishment of more favourable climates for expanded trade and investment on an environmentally sound basis, greater investment in human resource development and the development of democratic institutions and good governance. Special efforts should be made to create productive jobs through policies promoting efficient and, where required, labour-intensive industries, and transfer of modern technologies.

3.22. The international community should continue to promote a supportive economic environment, particularly for developing countries and countries with economies in transition in their attempt to eradicate poverty and achieve sustained economic growth in the context of sustainable development. In the context of the relevant international agreements and commitments, efforts should be made to support those countries, in particular the developing countries, by promoting an open, equitable, secure, non-discriminatory and predictable international trading system; by promoting foreign direct investment; by reducing the debt burden; by providing new and additional financial resources from all available funding sources and mechanisms, including multilateral, bilateral and private sources, including on concessional and grant terms according to sound and equitable criteria and indicators; by providing access to technologies; and by ensuring that structural adjustment programmes are so designed and implemented as to be responsive to social and environmental concerns.

### C. Population and environment

#### Basis for action

3.23. At the United Nations Conference on Environment and Development, the international community agreed on objectives and actions aimed at integrating environment and development which were included in Agenda 21, other Conference outcomes and other international environmental agreements. Agenda 21 has been conceived as a response to the major environment and development challenges, including the economic and social dimensions of sustainable development, such as poverty, consumption, demographic dynamics, human health and human settlement, and to a broad range of environmental and natural resource concerns. Agenda 21 leaves to the International Conference on Population and Development further consideration of the interrelationships between population and the environment.

3.24. Meeting the basic human needs of growing populations is dependent on a healthy environment. These human dimensions need to be given attention in developing comprehensive policies for sustainable development in the context of population growth.

1.25. Demographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development.

1.26. Pressure on the environment may result from rapid population growth, distribution and migration, especially in ecologically vulnerable ecosystems. Urbanization and policies that do not recognize the need for rural development also create environmental problems.

1.27. Implementation of effective population policies in the context of sustainable development, including reproductive health and family-planning programmes, require new forms of participation by various actors at all levels in the policy-making process.

#### Objectives

1.28. Consistent with Agenda 21, the objectives are:

(a) To ensure that population, environmental and poverty eradication factors are integrated in sustainable development policies, plans and programmes;

(b) To reduce both unsustainable consumption and production patterns as well as negative impacts of demographic factors on the environment in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

#### Actions

1.29. Governments at the appropriate level, with the support of the international community and regional and subregional organizations, should formulate and implement population policies and programmes to support the objectives and actions agreed upon in Agenda 21, other Conference outcomes and other international environmental agreements, taking into account the common but differentiated responsibilities reflected in those agreements. Consistent with the framework and priorities set forth in Agenda 21, the following actions, inter alia, are recommended to help achieve population and environment integration:

(a) Integrate demographic factors into environment impact assessments and other planning and decision-making processes aimed at achieving sustainable development;

(b) Take measures aimed at the eradication of poverty, with special attention to income-generation and employment strategies directed at the rural poor and those living within or on the edge of fragile ecosystems;

(c) Utilize demographic data to promote sustainable resource management, especially of ecologically fragile systems;



(d) Modify unsustainable consumption and production patterns through economic, legislative and administrative measures, as appropriate, aimed at fostering sustainable resource use and preventing environmental degradation;

(e) Implement policies to address the ecological implications of inevitable future increases in population numbers and changes in concentration and distribution, particularly in ecologically vulnerable areas and urban agglomerations.

3.30. Measures should be taken to enhance the full participation of all relevant groups, especially women, at all levels of population and environmental decision-making to achieve sustainable management of natural resources.

3.31. Research should be undertaken on the linkages among population, consumption and production, the environment and natural resources, and human health as a guide to effective sustainable development policies.

3.32. Governments, non-governmental organizations and the private sector should promote public awareness and understanding for the implementation of the above-mentioned actions.

#### Chapter IV

#### GENDER EQUALITY, EQUITY AND EMPOWERMENT OF WOMEN

##### A. Empowerment and status of women

###### Basis for action

4.1. The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In addition, it is essential for the achievement of sustainable development. The full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household. In all parts of the world, women are facing threats to their lives, health and well-being as a result of being overburdened with work and of their lack of power and influence. In most regions of the world, women receive less formal education than men, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized. The power relations that impede women's attainment of healthy and fulfilling lives operate at many levels of society, from the most personal to the highly public. Achieving change requires policy and programme actions that will improve women's access to secure livelihoods and economic resources, alleviate their extreme responsibilities with regard to housework, remove legal impediments to their participation in public life, and raise social awareness through effective programmes of education and mass communication. In addition, improving the status of women also enhances their decision-making capacity at all levels in all spheres of life, especially in the area of sexuality and reproduction. This, in turn, is essential for the long-term success of population programmes. Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women.

4.2. Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in the development process. More than 40 years ago, the Universal Declaration of Human Rights asserted that "everyone has the right to education". In 1990, Governments meeting at the World Conference on Education for All in Jomtien, Thailand, committed themselves to the goal of universal access to basic education. But despite notable efforts by countries around the globe that have appreciably expanded access to basic education, there are approximately 960 million illiterate adults in the world, of whom two thirds are women. More than one third of the world's adults, most of them women, have no access to printed knowledge, to new skills or to technologies that would improve the quality of their lives and help them shape and adapt to social and economic change. There are 130 million children who are not enrolled in primary school and 70 per cent of them are girls.

Objectives

4.3. The objectives are:

(a) To achieve equality and equity based on harmonious partnership between men and women and enable women to realize their full potential;

(b) To ensure the enhancement of women's contributions to sustainable development through their full involvement in policy- and decision-making processes at all stages and participation in all aspects of production, employment, income-generating activities, education, health, science and technology, sports, culture and population-related activities and other areas, as active decision makers, participants and beneficiaries;

(c) To ensure that all women, as well as men, are provided with the education necessary for them to meet their basic human needs and to exercise their human rights.

Actions

4.4. Countries should act to empower women and should take steps to eliminate inequalities between men and women as soon as possible by:

(a) Establishing mechanisms for women's equal participation and equitable representation at all levels of the political process and public life in each community and society and enabling women to articulate their concerns and needs;

(b) Promoting the fulfilment of women's potential through education, skill development and employment, giving paramount importance to the elimination of poverty, illiteracy and ill health among women;

(c) Eliminating all practices that discriminate against women; assisting women to establish and realize their rights, including those that relate to reproductive and sexual health;

(d) Adopting appropriate measures to improve women's ability to earn income beyond traditional occupations, achieve economic self-reliance, and ensure women's equal access to the labour market and social security systems;

(e) Eliminating violence against women;

(f) Eliminating discriminatory practices by employers against women, such as those based on proof of contraceptive use or pregnancy status;

(g) Making it possible, through laws, regulations and other appropriate measures, for women to combine the roles of child-bearing, breast-feeding and child-rearing with participation in the workforce.

4.5. All countries should make greater efforts to promulgate, implement and enforce national laws and international conventions to which they are party, such as the Convention on the Elimination of All Forms of Discrimination against Women, that protect women from all types of economic discrimination and from

sexual harassment, and to implement fully the Declaration on the Elimination of Violence against Women and the Vienna Declaration and Programme of Action adopted at the World Conference on Human Rights in 1993. Countries are urged to sign, ratify and implement all existing agreements that promote women's rights.

4.6. Governments at all levels should ensure that women can buy, hold and sell property and land equally with men, obtain credit and negotiate contracts in their own name and on their own behalf and exercise their legal rights to inheritance.

4.7. Governments and employers are urged to eliminate gender discrimination in hiring, wages, benefits, training and job security with a view to eliminating gender-based disparities in income.

4.8. Governments, international organizations and non-governmental organizations should ensure that their personnel policies and practices comply with the principle of equitable representation of both sexes, especially at the managerial and policy-making levels, in all programmes, including population and development programmes. Specific procedures and indicators should be devised for gender-based analysis of development programmes and for assessing the impact of those programmes on women's social, economic and health status and access to resources.

4.9. Countries should take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and children. This implies both preventive actions and rehabilitation of victims. Countries should prohibit degrading practices, such as trafficking in women, adolescents and children and exploitation through prostitution, and pay special attention to protecting the rights and safety of those who suffer from these crimes and those in potentially exploitable situations, such as migrant women, women in domestic service and schoolgirls. In this regard, international safeguards and mechanisms for cooperation should be put in place to ensure that these measures are implemented.

4.10. Countries are urged to identify and condemn the systematic practice of rape and other forms of inhuman and degrading treatment of women as a deliberate instrument of war and ethnic cleansing and take steps to assure that full assistance is provided to the victims of such abuse for their physical and mental rehabilitation.

4.11. The design of family health and other development interventions should take better account of the demands on women's time from the responsibilities of child-rearing, household work and income-generating activities. Male responsibilities should be emphasized with respect to child-rearing and housework. Greater investments should be made in appropriate measures to lessen the daily burden of domestic responsibilities, the greatest share of which falls on women. Greater attention should be paid to the ways in which environmental degradation and changes in land use adversely affect the allocation of women's time. Women's domestic working environments should not adversely affect their health.



4.12. Every effort should be made to encourage the expansion and strengthening of grass-roots, community-based and activist groups for women. Such groups should be the focus of national campaigns to foster women's awareness of the full range of their legal rights, including their rights within the family, and to help women organize to achieve those rights.

4.13. Countries are strongly urged to enact laws and to implement programmes and policies which will enable employees of both sexes to organize their family and work responsibilities through flexible work-hours, parental leave, day-care facilities, maternity leave, policies that enable working mothers to breast-feed their children, health insurance and other such measures. Similar rights should be ensured to those working in the informal sector.

4.14. Programmes to meet the needs of growing numbers of elderly people should fully take into account that women represent the larger proportion of the elderly and that elderly women generally have a lower socio-economic status than elderly men.

#### B. The girl child

##### Basis for action

4.15. Since in all societies discrimination on the basis of sex often starts at the earliest stages of life, greater equality for the girl child is a necessary first step in ensuring that women realize their full potential and become equal partners in development. In a number of countries, the practice of prenatal sex selection, higher rates of mortality among very young girls, and lower rates of school enrolment for girls as compared with boys, suggest that "son preference" is curtailing the access of girl children to food, education and health care. This is often compounded by the increasing use of technologies to determine foetal sex, resulting in abortion of female fetuses. Investments made in the girl child's health, nutrition and education, from infancy through adolescence, are critical.

##### Objectives

4.16. The objectives are:

(a) To eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection;

(b) To increase public awareness of the value of the girl child, and concurrently, to strengthen the girl child's self-image, self-esteem and status;

(c) To improve the welfare of the girl child, especially in regard to health, nutrition and education.

##### Actions

4.17. Overall, the value of girl children to both their family and society must be expanded beyond their definition as potential child-bearers and caretakers and reinforced through the adoption and implementation of educational and social policies that encourage their full participation in the development of the societies in which they live. Leaders at all levels of the society must speak out and act forcefully against patterns of gender discrimination within the family, based on preference for sons. One of the aims should be to eliminate excess mortality of girls, wherever such a pattern exists. Special education and public information efforts are needed to promote equal treatment of girls and boys with respect to nutrition, health care, education and social, economic and political activity, as well as equitable inheritance rights.

4.18. Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education.

4.19. Schools, the media and other social institutions should seek to eliminate stereotypes in all types of communication and educational materials that reinforce existing inequities between males and females and undermine girls' self-esteem. Countries must recognize that, in addition to expanding education for girls, teachers' attitudes and practices, school curricula and facilities must also change to reflect a commitment to eliminate all gender bias, while recognizing the specific needs of the girl child.

4.20. Countries should develop an integrated approach to the special nutritional, general and reproductive health, education and social needs of girls and young women, as such additional investments in adolescent girls can often compensate for earlier inadequacies in their nutrition and health care.

4.21. Governments should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses. In addition, Governments should strictly enforce laws concerning the minimum legal age of consent and the minimum age at marriage and should raise the minimum age at marriage where necessary. Governments and non-governmental organizations should generate social support for the enforcement of laws on the minimum legal age at marriage, in particular by providing educational and employment opportunities.

4.22. Governments are urged to prohibit female genital mutilation wherever it exists and to give vigorous support to efforts among non-governmental and community organizations and religious institutions to eliminate such practices.

4.23. Governments are urged to take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children and use of girls in prostitution and pornography.

C. Male responsibilities and participation

Basis for action

4.24. Changes in both men's and women's knowledge, attitudes and behaviour are necessary conditions for achieving the harmonious partnership of men and women. Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government. It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.

Objective

4.25. The objective is to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.

Actions

4.26. The equal participation of women and men in all areas of family and household responsibilities, including family planning, child-rearing and housework, should be promoted and encouraged by Governments. This should be pursued by means of information, education, communication, employment legislation and by fostering an economically enabling environment, such as family leave for men and women so that they may have more choice regarding the balance of their domestic and public responsibilities.

4.27. Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children.

4.28. Governments should take steps to ensure that children receive appropriate financial support from their parents by, among other measures, enforcing child-support laws. Governments should consider changes in law and policy to ensure men's responsibility to and financial support for their children and families. Such laws and policies should also encourage maintenance or reconstitution of the family unit. The safety of women in abusive relationships should be protected.

4.29. National and community leaders should promote the full involvement of men in family life and the full integration of women in community life. Parents and

Schools should ensure that attitudes that are respectful of women and girls as equals are instilled in boys from the earliest possible age, along with an understanding of their shared responsibilities in all aspects of a safe, secure and harmonious family life. Relevant programmes to reach boys before they become sexually active are urgently needed.



Chapter V

THE FAMILY, ITS ROLES, RIGHTS, COMPOSITION AND STRUCTURE

A. Diversity of family structure and composition

Basis for action

5.1. While various forms of the family exist in different social, cultural, legal and political systems, the family is the basic unit of society and as such is entitled to receive comprehensive protection and support. The process of rapid demographic and socio-economic change throughout the world has influenced patterns of family formation and family life, generating considerable change in family composition and structure. Traditional notions of gender-based division of parental and domestic functions and participation in the paid labour force do not reflect current realities and aspirations, as more and more women in all parts of the world take up paid employment outside the home. At the same time, widespread migration, forced shifts of population caused by violent conflicts and wars, urbanization, poverty, natural disasters and other causes of displacement have placed greater strains on the family, since assistance from extended family support networks is often no longer available. Parents are often more dependent on assistance from third parties than they used to be in order to reconcile work and family responsibilities. This is particularly the case when policies and programmes that affect the family ignore the existing diversity of family forms, or are insufficiently sensitive to the needs and rights of women and children.

Objectives

5.2. The objectives are:

- (a) To develop policies and laws that better support the family, contribute to its stability and take into account its plurality of forms, particularly the growing number of single-parent households;
- (b) To establish social security measures that address the social, cultural and economic factors behind the increasing costs of child-rearing;
- (c) To promote equality of opportunity for family members, especially the rights of women and children in the family.

Actions

5.3. Governments, in cooperation with employers, should provide and promote means to facilitate compatibility between labour force participation and parental responsibilities, especially for single-parent households with young children. Such means could include health insurance and social security, day-care centres and facilities for breast-feeding mothers within the work premises, kindergartens, part-time jobs, paid parental leave, paid maternity leave, flexible work schedules, and reproductive and child health services.

5.4. When formulating socio-economic development policies, special consideration should be given to increasing the earning power of all adult members of economically deprived families, including the elderly and women who work in the home, and to enabling children to be educated rather than compelled to work. Particular attention should be paid to needy single parents, especially those who are responsible wholly or in part for the support of children and other dependants, through ensuring payment of at least minimum wages and allowances, credit, education, funding for women's self-help groups and stronger legal enforcement of male parental financial responsibilities.

5.5. Governments should take effective action to eliminate all forms of coercion and discrimination in policies and practices. Measures should be adopted and enforced to eliminate child marriages and female genital mutilation. Assistance should be provided to persons with disabilities in the exercise of their family and reproductive rights and responsibilities.

5.6. Governments should maintain and further develop mechanisms to document changes and undertake studies on family composition and structure, especially on the prevalence of one-person households, and single-parent and multigenerational families.

B. Socio-economic support to the family

Basis for action

5.7. Families are sensitive to strains induced by social and economic changes. It is essential to grant particular assistance to families in difficult life situations. Conditions have worsened for many families in recent years, owing to lack of gainful employment and measures taken by Governments seeking to balance their budget by reducing social expenditures. There are increasing numbers of vulnerable families, including single-parent families headed by women, poor families with elderly members or those with disabilities, refugee and displaced families, and families with members affected by AIDS or other terminal diseases, substance dependence, child abuse and domestic violence. Increased labour migrations and refugee movements are an additional source of family tension and disintegration and are contributing to increased responsibilities for women. In many urban environments, millions of children and youths are left to their own devices as family ties break down, and hence are increasingly exposed to risks such as dropping out of school, labour exploitation, sexual exploitation, unwanted pregnancies and sexually transmitted diseases.

Objective

5.8. The objective is to ensure that all social and economic development policies are fully responsive to the diverse and changing needs and to the rights of families and their individual members, and provide necessary support and protection, particularly to the most vulnerable families and the most vulnerable family members.

Actions

5.9. Governments should formulate family-sensitive policies in the field of housing, work, health, social security and education in order to create an environment supportive of the family, taking into account its various forms and functions, and should support educational programmes concerning parental roles, parental skills and child development. Governments should, in conjunction with other relevant parties, develop the capacity to monitor the impact of social and economic decisions and actions on the well-being of families, on the status of women within families, and on the ability of families to meet the basic needs of their members.

5.10. All levels of Government, non-governmental organizations and concerned community organizations should develop innovative ways to provide more effective assistance to families and the individuals within them who may be affected by specific problems, such as extreme poverty, chronic unemployment, illness, domestic and sexual violence, dowry payments, drug or alcohol dependence, incest, and child abuse, neglect or abandonment.

5.11. Governments should support and develop the appropriate mechanisms to assist families caring for children, the dependent elderly and family members with disabilities, including those resulting from HIV/AIDS, encourage the sharing of those responsibilities by men and women, and support the viability of multigenerational families.

5.12. Governments and the international community should give greater attention to, and manifest greater solidarity with, poor families and families that have been victimized by war, drought, famine, natural disasters and racial and ethnic discrimination or violence. Every effort should be made to keep their members together, to reunite them in case of separation and to ensure access to government programmes designed to support and assist those vulnerable families.

5.13. Governments should assist single-parent families, and pay special attention to the needs of widows and orphans. All efforts should be made to assist the building of family-like ties in especially difficult circumstances, for example, those involving street children.

Chapter VI

POPULATION GROWTH AND STRUCTURE

A. Fertility, mortality and population growth rates

Basis for action

6.1. The growth of the world population is at an all-time high in absolute numbers, with current increments approaching 90 million persons annually. According to United Nations projections, annual population increments are likely to remain close to 90 million until the year 2015. While it had taken 123 years for world population to increase from 1 billion to 2 billion, succeeding increments of 1 billion took 33 years, 14 years and 13 years. The transition from the fifth to the sixth billion, currently under way, is expected to take only 11 years and to be completed by 1998. World population grew at the rate of 1.7 per cent per annum during the period 1985-1990, but is expected to decrease during the following decades and reach 1.0 per cent per annum by the period 2020-2025. Nevertheless, the attainment of population stabilization during the twenty-first century will require the implementation of all the policies and recommendations in the present Programme of Action.

6.2. The majority of the world's countries are converging towards a pattern of low birth and death rates, but since those countries are proceeding at different speeds, the emerging picture is that of a world facing increasingly diverse demographic situations. In terms of national averages, during the period 1985-1990, fertility ranged from an estimated 0.5 children per woman in Rwanda to 1.3 children per woman in Italy, while expectation of life at birth, an indicator of mortality conditions, ranged from an estimated 41 years in Sierra Leone to 78.3 years in Japan. In many regions, including some countries with economies in transition, it is estimated that life expectancy at birth has decreased. During the period 1985-1990, 44 per cent of the world population were living in the 114 countries that had growth rates of more than 2 per cent per annum. These included nearly all the countries in Africa, whose population-doubling time averages about 24 years, two thirds of those in Asia and one third of those in Latin America. On the other hand, 66 countries (the majority of them in Europe), representing 23 per cent of the world population, had growth rates of less than 1 per cent per annum. Europe's population would take more than 380 years to double at current rates. These disparate levels and differentials have implications for the ultimate size and regional distribution of the world population and for the prospects for sustainable development. It is projected that between 1995 and 2015 the population of the more developed regions will increase by some 120 million, while the population of the less developed regions will increase by 1,727 million.

Objective

6.3. Recognizing that the ultimate goal is the improvement of the quality of life of present and future generations, the objective is to facilitate the demographic transition as soon as possible in countries where there is an imbalance between demographic rates and social, economic and environmental goals, while fully respecting human rights. This process will contribute to the



stabilization of the world population, and, together with changes in unsustainable patterns of production and consumption, to sustainable development and economic growth.

#### Actions

6.4. Countries should give greater attention to the importance of population trends for development. Countries that have not completed their demographic transition should take effective steps in this regard within the context of their social and economic development and with full respect of human rights. Countries that have concluded the demographic transition should take necessary steps to optimize their demographic trends within the context of their social and economic development. These steps include economic development and poverty alleviation, especially in rural areas, improvement of women's status, ensuring of universal access to quality primary education and primary health care, including reproductive health and family-planning services, and educational strategies regarding responsible parenthood and sexual education. Countries should mobilize all sectors of society in these efforts, including non-governmental organizations, local community groups and the private sector.

6.5. In attempting to address population growth concerns, countries should recognize the interrelationships between fertility and mortality levels and aim to reduce high levels of infant, child and maternal mortality so as to lessen the need for high fertility and reduce the occurrence of high-risk births.

### B. Children and youth

#### Basis for action

6.6. Owing to declining mortality levels and the persistence of high fertility levels, a large number of developing countries continue to have very large proportions of children and young people in their populations. For the less developed regions as a whole, 36 per cent of the population is under age 15, and even with projected fertility declines, that proportion will still be about 30 per cent by the year 2015. In Africa, the proportion of the population under age 15 is 45 per cent, a figure that is projected to decline only slightly, to 40 per cent, in the year 2015. Poverty has a devastating impact on children's health and welfare. Children in poverty are at high risk for malnutrition and disease and for falling prey to labour exploitation, trafficking, neglect, sexual abuse and drug addiction. The ongoing and future demands created by large young populations, particularly in terms of health, education and employment, represent major challenges and responsibilities for families, local communities, countries and the international community. First and foremost among these responsibilities is to ensure that every child is a wanted child. The second responsibility is to recognize that children are the most important resource for the future and that greater investments in them by parents and societies are essential to the achievement of sustained economic growth and development.

#### Objectives

6.7. The objectives are:

(a) To promote to the fullest extent the health, well-being and potential of all children, adolescents and youth as representing the world's future human resources, in line with the commitments made in this respect at the World Summit for Children and in accordance with the Convention on the Rights of the Child;

(b) To meet the special needs of adolescents and youth, especially young women, with due regard for their own creative capabilities, for social, family and community support, employment opportunities, participation in the political process, and access to education, health, counselling and high-quality reproductive health services;

(c) To encourage children, adolescents and youth, particularly young women, to continue their education in order to equip them for a better life, to increase their human potential, to help prevent early marriages and high-risk child-bearing and to reduce associated mortality and morbidity.

#### Actions

6.8. Countries should give high priority and attention to all dimensions of the protection, survival and development of children and youth, particularly street children and youth, and should make every effort to eliminate the adverse effects of poverty on children and youth, including malnutrition and preventable diseases. Equal educational opportunities must be ensured for boys and girls at every level.

6.9. Countries should take effective steps to address the neglect, as well as all types of exploitation and abuse, of children, adolescents and youth, such as abduction, rape and incest, pornography, trafficking, abandonment and prostitution. In particular, countries should take appropriate action to eliminate sexual abuse of children both within and outside their borders.

6.10. All countries must enact and strictly enforce laws against economic exploitation, physical and mental abuse or neglect of children in keeping with commitments made under the Convention on the Rights of the Child and other relevant United Nations instruments. Countries should provide support and rehabilitation services to those who fall victims to such abuses.

6.11. Countries should create a socio-economic environment conducive to the elimination of all child marriages and other unions as a matter of urgency, and should discourage early marriage. The social responsibilities that marriage entails should be reinforced in countries' educational programmes. Governments should take action to eliminate discrimination against young pregnant women.

6.12. All countries must adopt collective measures to alleviate the suffering of children in armed conflicts and other disasters, and provide assistance for the rehabilitation of children who become victims of those conflicts and disasters.

6.13. Countries should aim to meet the needs and aspirations of youth, particularly in the areas of formal and non-formal education, training, employment opportunities, housing and health, thereby ensuring their integration and participation in all spheres of society, including participation in the political process and preparation for leadership roles.

6.14. Governments should formulate, with the active support of non-governmental organizations and the private sector, training and employment programmes. Primary importance should be given to meeting the basic needs of young people, improving their quality of life, and increasing their contribution to sustainable development.

6.15. Youth should be actively involved in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases. Access to, as well as confidentiality and privacy of, these services must be ensured with the support and guidance of their parents and in line with the Convention on the Rights of the Child. In addition, there is a need for educational programmes in favour of life planning skills, healthy lifestyles and the active discouragement of substance abuse.

#### C. Elderly people

##### Basis for action

6.16. The decline in fertility levels, reinforced by continued declines in mortality levels, is producing fundamental changes in the age structure of the population of most societies, most notably record increases in the proportion and number of elderly persons, including a growing number of very elderly persons. In the more developed regions, approximately one person in every six is at least 60 years old, and this proportion will be close to one person in every four by the year 2025. The situation of developing countries that have experienced very rapid declines in their levels of fertility deserves particular attention. In most societies, women, because they live longer than men, constitute the majority of the elderly population and, in many countries, elderly poor women are especially vulnerable. The steady increase of older age groups in national populations, both in absolute numbers and in relation to the working-age population, has significant implications for a majority of countries, particularly with regard to the future viability of existing formal and informal modalities for assistance to elderly people. The economic and social impact of this "ageing of populations" is both an opportunity and a challenge to all societies. Many countries are currently re-examining their policies in the light of the principle that elderly people constitute a valuable and important component of a society's human resources. They are also seeking to identify how best to assist elderly people with long-term support needs.

##### Objectives

6.17. The objectives are:

(a) To enhance, through appropriate mechanisms, the self-reliance of elderly people, and to create conditions that promote quality of life and enable them to work and live independently in their own communities as long as possible or as desired;

(b) To develop systems of health care as well as systems of economic and social security in old age, where appropriate, paying special attention to the needs of women;

(c) To develop a social support system, both formal and informal, with a view to enhancing the ability of families to take care of elderly people within the family.

##### Actions

6.18. All levels of government in medium- and long-term socio-economic planning should take into account the increasing numbers and proportions of elderly people in the population. Governments should develop social security systems that ensure greater intergenerational and intragenerational equity and solidarity and that provide support to elderly people through the encouragement of multigenerational families, and the provision of long-term support and services for growing numbers of frail older people.

6.19. Governments should seek to enhance the self-reliance of elderly people to facilitate their continued participation in society. In consultation with elderly people, Governments should ensure that the necessary conditions are developed to enable elderly people to lead self-determined, healthy and productive lives and to make full use of the skills and abilities they have acquired in their lives for the benefit of society. The valuable contribution that elderly people make to families and society, especially as volunteers and caregivers, should be given due recognition and encouragement.

6.20. Governments, in collaboration with non-governmental organizations and the private sector, should strengthen formal and informal support systems and safety nets for elderly people and eliminate all forms of violence and discrimination against elderly people in all countries, paying special attention to the needs of elderly women.

#### D. Indigenous people

##### Basis for action

6.21. Indigenous people have a distinct and important perspective on population and development relationships, frequently quite different from those of the populations with which they interrelate within national boundaries. In some regions of the world, indigenous people, after long periods of population loss, are experiencing steady and in some places rapid population growth resulting



from declining mortality, although morbidity and mortality are generally still much higher than for other sections of the national population. In other regions, however, they are still experiencing a steady population decline as a result of contact with external diseases, loss of land and resources, ecological destruction, displacement, resettlement and disruption of their families, communities and social systems.

6.22. The situation of many indigenous groups is often characterized by discrimination and oppression, which are sometimes even institutionalized in national laws and structures of governance. In many cases, unsustainable patterns of production and consumption in the society at large are a key factor in the ongoing destruction of the ecological stability of their lands, as well as in an ongoing exertion of pressure to displace them from those lands. Indigenous people believe that recognition of their rights to their ancestral lands is inextricably linked to sustainable development. Indigenous people call for increased respect for indigenous culture, spirituality, lifestyles and sustainable development models, including traditional systems of land tenure, gender relations, use of resources and knowledge and practice of family planning. At national, regional and international levels, the perspectives of indigenous people have gained increasing recognition, as reflected, *inter alia*, in the presence of the Working Group on Indigenous Populations at the United Nations Conference on Environment and Development, and the proclamation by the General Assembly of the year 1993 as the International Year of the World's Indigenous People.

6.23. The decision of the international community to proclaim an International Decade of the World's Indigenous People, to commence on 10 December 1994, represents a further important step towards fulfilment of the aspirations of indigenous people. The goal of the Decade, which is the strengthening of international cooperation for the solution of problems faced by indigenous people in such areas as human rights, the environment, development, education and health, is acknowledged as directly related to the purpose of the International Conference on Population and Development and the present Programme of Action. Accordingly, the distinct perspectives of indigenous people are incorporated throughout the present Programme of Action within the context of its specific chapters.

#### Objectives

6.24. The objectives are:

(a) To incorporate the perspectives and needs of indigenous communities into the design, implementation, monitoring and evaluation of the population, development and environment programmes that affect them;

(b) To ensure that indigenous people receive population- and development-related services that they deem socially, culturally and ecologically appropriate;

(c) To address social and economic factors that act to disadvantage indigenous people.

#### Actions

6.25. Governments and other important institutions in society should recognize the distinct perspective of indigenous people on aspects of population and development and, in consultation with indigenous people and in collaboration with concerned non-governmental and intergovernmental organizations, should address their specific needs, including needs for primary health care and reproductive health services. All human rights violations and discrimination, especially all forms of coercion, must be eliminated.

6.26. Within the context of the activities of the International Decade of the World's Indigenous People, the United Nations should, in full cooperation and collaboration with indigenous people and their relevant organizations, develop an enhanced understanding of indigenous people and compile data on their demographic characteristics, both current and historical, as a means of improving the understanding of the population status of indigenous people. Special efforts are necessary to integrate statistics pertaining to indigenous populations into the national data-collection system.

6.27. Governments should respect the cultures of indigenous people and enable them to have tenure and manage their lands, protect and restore the natural resources and ecosystems on which indigenous communities depend for their survival and well-being and, in consultation with indigenous people, take this into account in the formulation of national population and development policies.

#### E. Persons with disabilities

##### Basis for action

6.28. Persons with disabilities constitute a significant proportion of the population. The implementation of the World Programme of Action concerning Disabled Persons (1983-1992) contributed towards increased awareness and expanded knowledge of disability issues, increased the role played by persons with disabilities and by concerned organizations, and contributed towards the improvement and expansion of disability legislation. However, there remains a pressing need for continued action to promote effective measures for the prevention of disability, for rehabilitation and for the realization of the goals of full participation and equality for persons with disabilities. In its resolution 47/88 of 16 December 1992, the General Assembly encouraged the consideration by, *inter alia*, the International Conference on Population and Development, of disability issues relevant to the subject-matter of the Conference.

##### Objectives

6.29. The objectives are:

(a) To ensure the realization of the rights of all persons with disabilities, and their participation in all aspects of social, economic and cultural life;

(b) To create, improve and develop necessary conditions that will ensure equal opportunities for persons with disabilities and the valuing of their capabilities in the process of economic and social development;

(c) To ensure the dignity and promote the self-reliance of persons with disabilities.

#### Actions

6.30. Governments at all levels should consider the needs of persons with disabilities in terms of ethical and human rights dimensions. Governments should recognize needs concerning, *inter alia*, reproductive health, including family planning and sexual health, HIV/AIDS, information, education and communication. Governments should eliminate specific forms of discrimination that persons with disabilities may face with regard to reproductive rights, household and family formation, and international migration, while taking into account health and other considerations relevant under national immigration regulations.

6.31. Governments at all levels should develop the infrastructure to address the needs of persons with disabilities, in particular with regard to their education, training and rehabilitation.

6.32. Governments at all levels should promote mechanisms ensuring the realization of the rights of persons with disabilities and reinforce their capabilities of integration.

6.33. Governments at all levels should implement and promote a system of follow-up of social and economic integration of persons with disabilities.

#### Chapter VII\*

##### REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH

7.1. This chapter is especially guided by the principles contained in chapter II and in particular the introductory paragraphs.

#### A. Reproductive rights and reproductive health

##### Basis for action

7.2. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

7.3. Bearing in mind the above definition, reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment,

\* The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 13 September 1994.



full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of such factors as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women and girls have over their sexual and reproductive lives. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.

7.4. The implementation of the present Programme of Action is to be guided by the above comprehensive definition of reproductive health, which includes sexual health.

#### Objectives

7.5. The objectives are:

(a) To ensure that comprehensive and factual information and a full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users;

(b) To enable and support responsible voluntary decisions about child-bearing and methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law and to have the information, education and means to do so;

(c) To meet changing reproductive health needs over the life cycle and to do so in ways sensitive to the diversity of circumstances of local communities.

#### Actions

7.6. All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, *inter alia*, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should

always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes.

7.7. Reproductive health-care programmes should be designed to serve the needs of women, including adolescents, and must involve women in the leadership, planning, decision-making, management, implementation, organization and evaluation of services. Governments and other organizations should take positive steps to include women at all levels of the health-care system.

7.8. Innovative programmes must be developed to make information, counselling and services for reproductive health accessible to adolescents and adult men. Such programmes must both educate and enable men to share more equally in family planning and in domestic and child-rearing responsibilities and to accept the major responsibility for the prevention of sexually transmitted diseases. Programmes must reach men in their workplaces, at home and where they gather for recreation. Boys and adolescents, with the support and guidance of their parents, and in line with the Convention on the Rights of the Child, should also be reached through schools, youth organizations and wherever they congregate. Voluntary and appropriate male methods for contraception, as well as for the prevention of sexually transmitted diseases, including AIDS, should be promoted and made accessible with adequate information and counselling.

7.9. Governments should promote much greater community participation in reproductive health-care services by decentralizing the management of public health programmes and by forming partnerships in cooperation with local non-governmental organizations and private health-care providers. All types of non-governmental organizations, including local women's groups, trade unions, cooperatives, youth programmes and religious groups, should be encouraged to become involved in the promotion of better reproductive health.

7.10. Without jeopardizing international support for programmes in developing countries, the international community should, upon request, give consideration to the training, technical assistance, short-term contraceptive supply needs and the needs of the countries in transition from centrally managed to market economies, where reproductive health is poor and in some cases deteriorating. Those countries, at the same time, must themselves give higher priority to reproductive health services, including a comprehensive range of contraceptive means, and must address their current reliance on abortion for fertility regulation by meeting the need of women in those countries for better information and more choices on an urgent basis.

7.11. Migrants and displaced persons in many parts of the world have limited access to reproductive health care and may face specific serious threats to their reproductive health and rights. Services must be particularly sensitive to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence.

B. Family planning

Basis for action

7.12. The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. The success of population education and family-planning programmes in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities. The principle of informed free choice is essential to the long-term success of family-planning programmes. Any form of coercion has no part to play. In every society there are many social and economic incentives and disincentives that affect individual decisions about child-bearing and family size. Over the past century, many Governments have experimented with such schemes, including specific incentives and disincentives, in order to lower or raise fertility. Most such schemes have had only marginal impact on fertility and in some cases have been counterproductive. Governmental goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients.

7.13. Over the past three decades, the increasing availability of safer methods of modern contraception, although still in some respects inadequate, has permitted greater opportunities for individual choice and responsible decision-making in matters of reproduction throughout much of the world. Currently, about 55 per cent of couples in developing regions use some method of family planning. This figure represents nearly a fivefold increase since the 1960s. Family-planning programmes have contributed considerably to the decline in average fertility rates for developing countries, from about six to seven children per woman in the 1960s to about three to four children at present. However, the full range of modern family-planning methods still remains unavailable to at least 350 million couples world wide, many of whom say they want to space or prevent another pregnancy. Survey data suggest that approximately 120 million additional women world wide would be currently using a modern family-planning method if more accurate information and affordable services were easily available, and if partners, extended families and the community were more supportive. These numbers do not include the substantial and growing numbers of sexually active unmarried individuals wanting and in need of information and services. During the decade of the 1990s, the number of couples of reproductive age will grow by about 18 million per annum. To meet their needs and close the existing large gaps in services, family planning and contraceptive supplies will need to expand very rapidly over the next several years. The quality of family-planning programmes is often directly related to the level and continuity of contraceptive use and to the growth in demand for services. Family-planning programmes work best when they are part of or linked to broader reproductive health programmes that address closely related health needs and when women are fully involved in the design, provision, management and evaluation of services.

Objectives

7.14. The objectives are:

- (a) To help couples and individuals meet their reproductive goals in a framework that promotes optimum health, responsibility and family well-being, and respects the dignity of all persons and their right to choose the number, spacing and timing of the birth of their children;
- (b) To prevent unwanted pregnancies and reduce the incidence of high-risk pregnancies and morbidity and mortality;
- (c) To make quality family-planning services affordable, acceptable and accessible to all who need and want them, while maintaining confidentiality;
- (d) To improve the quality of family-planning advice, information, education, communication, counselling and services;
- (e) To increase the participation and sharing of responsibility of men in the actual practice of family planning;
- (f) To promote breast-feeding to enhance birth spacing.

Actions

7.15. Governments and the international community should use the full means at their disposal to support the principle of voluntary choice in family planning.

7.16. All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.

7.17. Governments at all levels are urged to institute systems of monitoring and evaluation of user-centred services with a view to detecting, preventing and controlling abuses by family-planning managers and providers and to ensure a continuing improvement in the quality of services. To this end, Governments should secure conformity to human rights and to ethical and professional standards in the delivery of family planning and related reproductive health services aimed at ensuring responsible, voluntary and informed consent and also regarding service provision. In-vitro fertilization techniques should be provided in accordance with appropriate ethical guidelines and medical standards.



7.18. Non-governmental organizations should play an active role in mobilizing community and family support, in increasing access and acceptability of reproductive health services including family planning, and cooperate with Governments in the process of preparation and provision of care, based on informed choice, and in helping to monitor public- and private-sector programmes, including their own.

7.19. As part of the effort to meet unmet needs, all countries should seek to identify and remove all the major remaining barriers to the utilization of family-planning services. Some of those barriers are related to the inadequacy, poor quality and cost of existing family-planning services. It should be the goal of public, private and non-governmental family-planning organizations to remove all programme-related barriers to family-planning use by the year 2005 through the redesign or expansion of information and services and other ways to increase the ability of couples and individuals to make free and informed decisions about the number, spacing and timing of births and protect themselves from sexually transmitted diseases.

7.20. Specifically, Governments should make it easier for couples and individuals to take responsibility for their own reproductive health by removing unnecessary legal, medical, clinical and regulatory barriers to information and to access to family-planning services and methods.

7.21. All political and community leaders are urged to play a strong, sustained and highly visible role in promoting and legitimizing the provision and use of family-planning and reproductive health services. Governments at all levels are urged to provide a climate that is favourable to good-quality public and private family-planning and reproductive health information and services through all possible channels. Finally, leaders and legislators at all levels must translate their public support for reproductive health, including family planning, into adequate allocations of budgetary, human and administrative resources to help meet the needs of all those who cannot pay the full cost of services.

7.22. Governments are encouraged to focus most of their efforts towards meeting their population and development objectives through education and voluntary measures rather than schemes involving incentives and disincentives.

7.23. In the coming years, all family-planning programmes must make significant efforts to improve quality of care. Among other measures, programmes should:

(a) Recognize that appropriate methods for couples and individuals vary according to their age, parity, family-size preference and other factors, and ensure that women and men have information and access to the widest possible range of safe and effective family-planning methods in order to enable them to exercise free and informed choice;

(b) Provide accessible, complete and accurate information about various family-planning methods, including their health risks and benefits, possible side effects and their effectiveness in the prevention of the spread of HIV/AIDS and other sexually transmitted diseases;

(c) Make services safer, affordable, more convenient and accessible for clients and ensure, through strengthened logistical systems, a sufficient and continuous supply of essential high-quality contraceptives. Privacy and confidentiality should be ensured;

(d) Expand and upgrade formal and informal training in sexual and reproductive health care and family planning for all health-care providers health educators and managers, including training in interpersonal communications and counselling;

(e) Ensure appropriate follow-up care, including treatment for side effects of contraceptive use;

(f) Ensure availability of related reproductive health services on site or through a strong referral mechanism;

(g) In addition to quantitative measures of performance, give more emphasis to qualitative ones that take into account the perspectives of current and potential users of services through such means as effective management information systems and survey techniques for the timely evaluation of services;

(h) Family-planning and reproductive health programmes should emphasize breast-feeding education and support services, which can simultaneously contribute to birth spacing, better maternal and child health and higher child survival.

7.24. Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning, and in all cases provide for the humane treatment and counselling of women who have had recourse to abortion.

7.25. In order to meet the substantial increase in demand for contraceptives over the next decade and beyond, the international community should move, on an immediate basis, to establish an efficient coordination system and global, regional and subregional facilities for the procurement of contraceptives and other commodities essential to reproductive health programmes of developing countries and countries with economies in transition. The international community should also consider such measures as the transfer of technology to developing countries to enable them to produce and distribute high-quality contraceptives and other commodities essential to reproductive health services, in order to strengthen the self-reliance of those countries. At the request of the countries concerned, the World Health Organization should continue to provide advice on the quality, safety and efficacy of family-planning methods.

7.26. Provision of reproductive health-care services should not be confined to the public sector but should involve the private sector and non-governmental organizations, in accordance with the needs and resources of their communities, and include, where appropriate, effective strategies for cost recovery and service delivery, including social marketing and community-based services. Special efforts should be made to improve accessibility through outreach services.

C. Sexually transmitted diseases and prevention  
of human immunodeficiency virus (HIV)

Basis for action

7.27. The world-wide incidence of sexually transmitted diseases is high and increasing. The situation has worsened considerably with the emergence of the HIV epidemic. Although the incidence of some sexually transmitted diseases has stabilized in parts of the world, there have been increasing cases in many regions.

7.28. The social and economic disadvantages that women face make them especially vulnerable to sexually transmitted infections, including HIV, as illustrated, for example, by their exposure to the high-risk sexual behaviour of their partners. For women, the symptoms of infections from sexually transmitted diseases are often hidden, making them more difficult to diagnose than in men, and the health consequences are often greater, including increased risk of infertility and ectopic pregnancy. The risk of transmission from infected men to women is also greater than from infected women to men, and many women are powerless to take steps to protect themselves.

Objective

7.29. The objective is to prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS, and the complications of sexually transmitted diseases such as infertility, with special attention to girls and women.

Actions

7.30. Reproductive health programmes should increase their efforts to prevent, detect and treat sexually transmitted diseases and other reproductive tract infections, especially at the primary health-care level. Special outreach efforts should be made to those who do not have access to reproductive health-care programmes.

7.31. All health-care providers, including all family-planning providers, should be given specialized training in the prevention and detection of, and counselling on, sexually transmitted diseases, especially infections in women and youth, including HIV/AIDS.

7.32. Information, education and counselling for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, should become integral components of all reproductive and sexual health services.

7.33. Promotion and the reliable supply and distribution of high-quality condoms should become integral components of all reproductive health-care services. All relevant international organizations, especially the World Health Organization, should significantly increase their procurement. Governments and the international community should provide all means to reduce the spread and the rate of transmission of HIV/AIDS infection.

D. Human sexuality and gender relations

basis for action

7.34. Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationships between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behaviour. Responsible sexual behaviour, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women.

7.35. Violence against women, particularly domestic violence and rape, is widespread, and rising numbers of women are at risk from AIDS and other sexually transmitted diseases as a result of high-risk sexual behaviour on the part of their partners. In a number of countries, harmful practices meant to control women's sexuality have led to great suffering. Among them is the practice of female genital mutilation, which is a violation of basic rights and a major lifelong risk to women's health.

Objectives

7.36. The objectives are:

(a) To promote adequate development of responsible sexuality, permitting relations of equity and mutual respect between the genders and contributing to improving the quality of life of individuals;

(b) To ensure that women and men have access to the information, education and services needed to achieve good sexual health and exercise their reproductive rights and responsibilities.

Actions

7.37. Support should be given to integral sexual education and services for young people, with the support and guidance of their parents and in line with the Convention on the Rights of the Child, that stress responsibility of males for their own sexual health and fertility and that help them exercise those responsibilities. Educational efforts should begin within the family unit, in the community and in the schools at an appropriate age, but must also reach adults, in particular men, through non-formal education and a variety of community-based efforts.

7.38. In the light of the urgent need to prevent unwanted pregnancies, the rapid spread of AIDS and other sexually transmitted diseases, and the prevalence of sexual abuse and violence, Governments should base national policies on a better understanding of the need for responsible human sexuality and the realities of current sexual behaviour.



7.39. Active and open discussion of the need to protect women, youth and children from any abuse, including sexual abuse, exploitation, trafficking and violence, must be encouraged and supported by educational programmes at both national and community levels. Governments should set the necessary conditions and procedures to encourage victims to report violations of their rights. Laws addressing those concerns should be enacted where they do not exist, made explicit, strengthened and enforced, and appropriate rehabilitation services provided. Governments should also prohibit the production and the trade of child pornography.

7.40. Governments and communities should urgently take steps to stop the practice of female genital mutilation and protect women and girls from all such similar unnecessary and dangerous practices. Steps to eliminate the practice should include strong community outreach programmes involving village and religious leaders, education and counselling about its impact on girls' and women's health, and appropriate treatment and rehabilitation for girls and women who have suffered mutilation. Services should include counselling for women and men to discourage the practice.

#### E. Adolescents

##### Basis for action

7.41. The reproductive health needs of adolescents as a group have been largely ignored to date by existing reproductive health services. The response of societies to the reproductive health needs of adolescents should be based on information that helps them attain a level of maturity required to make responsible decisions. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction. This effort is uniquely important for the health of young women and their children, for women's self-determination and, in many countries, for efforts to slow the momentum of population growth. Motherhood at a very young age entails a risk of maternal death that is much greater than average, and the children of young mothers have higher levels of morbidity and mortality. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall for young women, early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term, adverse impact on their and their children's quality of life.

7.42. Poor educational and economic opportunities and sexual exploitation are important factors in the high levels of adolescent child-bearing. In both developed and developing countries, adolescents faced with few apparent life choices have little incentive to avoid pregnancy and child-bearing.

7.43. In many societies, adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially

vulnerable. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS, and they are typically poorly informed about how to protect themselves. Programmes for adolescents have proven most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programmes that respond to those needs.

##### Objectives

7.44. The objectives are:

(a) To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion <sup>20/</sup> and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group;

(b) To substantially reduce all adolescent pregnancies.

##### Actions

7.45. Recognizing the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters, countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse. In doing so, and in order to, *inter alia*, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs. In this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents.

7.46. Countries, with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.

7.47. Governments, in collaboration with non-governmental organizations, are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention. Programmes for the prevention and treatment of sexual abuse and incest and other reproductive health services should be provided. Such programmes should provide information to adolescents and make a conscious effort to strengthen positive social and cultural values. Sexually active adolescents will require special family-planning information, counselling and services, and those who become pregnant will require special support from their families and community during

pregnancy and early child care. Adolescents must be fully involved in the planning, implementation and evaluation of such information and services with proper regard for parental guidance and responsibilities.

7.48. Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. Governments and non-governmental organizations should promote programmes directed to the education of parents, with the objective of improving the interaction of parents and children to enable parents to comply better with their educational duties to support the process of maturation of their children, particularly in the areas of sexual behaviour and reproductive health.

Chapter VIII\*

HEALTH, MORBIDITY AND MORTALITY

A. Primary health care and the health-care sector

Basis for action

8.1. One of the main achievements of the twentieth century has been the unprecedented increase in human longevity. In the past half century, expectation of life at birth in the world as a whole has increased by about 20 years, and the risk of dying in the first year of life has been reduced by nearly two thirds. Nevertheless, these achievements fall short of the much greater improvements that had been anticipated in the World Population Plan of Action and the Declaration of Alma Ata, adopted by the International Conference on Primary Health Care in 1978. There remain entire national populations and sizeable population groups within many countries that are still subject to very high rates of morbidity and mortality. Differences linked to socio-economic status or ethnicity are often substantial. In many countries with economies in transition, the mortality rate has considerably increased as a result of deaths caused by accidents and violence.

8.2. The increases in life expectancy recorded in most regions of the world reflect significant gains in public health and in access to primary health-care services. Notable achievements include the vaccination of about 80 per cent of the children in the world and the widespread use of low-cost treatments, such as oral rehydration therapy, to ensure that more children survive. Yet these achievements have not been realized in all countries, and preventable or treatable illnesses are still the leading killers of young children. Moreover, large segments of many populations continue to lack access to clean water and sanitation facilities, are forced to live in congested conditions and lack adequate nutrition. Large numbers of people remain at continued risk of infectious, parasitic and water-borne diseases, such as tuberculosis, malaria and schistosomiasis. In addition, the health effects of environmental degradation and exposure to hazardous substances in the workplace are increasingly a cause of concern in many countries. Similarly, the growing consumption of tobacco, alcohol and drugs will precipitate a marked increase in costly chronic diseases among working age and elderly people. The impact of reductions in expenditures for health and other social services which have taken place in many countries as a result of public-sector retrenchment, misallocation of available health resources, structural adjustment and the transition to market economies has pre-empted significant changes in lifestyles, livelihoods and consumption patterns and is also a factor in increasing morbidity and mortality. Although economic reforms are essential to sustained economic

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\* The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 11 September 1994.



growth, it is equally essential that the design and implementation of structural adjustment programmes incorporate the social dimension.

#### Objectives

8.3. The objectives are:

(a) To increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people in accordance with national commitments to provide access to basic health care for all;

(b) To increase the healthy life-span and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries.

#### Actions

8.4. All countries should make access to basic health care and health promotion the central strategies for reducing mortality and morbidity. Sufficient resources should be assigned so that primary health services attain full coverage of the population. Governments should strengthen health and nutrition information, education and communication activities so as to enable people to increase their control over and improve their health. Governments should provide the necessary backup facilities to meet the demand created.

8.5. In keeping with the Declaration of Alma Ata, all countries should reduce mortality and morbidity and seek to make primary health care, including reproductive health care, available universally by the end of the current decade. Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years and by 2015 a life expectancy at birth greater than 70 years. Efforts to ensure a longer and healthier life for all should emphasize the reduction of morbidity and mortality differentials between males and females as well as among geographical regions, social classes and indigenous and ethnic groups.

8.6. The role of women as primary custodians of family health should be recognized and supported. Access to basic health care, expanded health education, the availability of simple cost-effective remedies, and the reappraisal of primary health-care services, including reproductive health-care services to facilitate the proper use of women's time, should be provided.

8.7. Governments should ensure community participation in health policy planning, especially with respect to the long-term care of the elderly, those with disabilities and those infected with HIV and other endemic diseases. Such participation should also be promoted in child-survival and maternal health programmes, breast-feeding support programmes, programmes for the early detection and treatment of cancer of the reproductive system, and programmes for the prevention of HIV infection and other sexually transmitted diseases.

8.8. All countries should re-examine training curricula and the delegation of responsibilities within the health-care delivery system in order to reduce frequent, unnecessary and costly reliance on physicians and on secondary- and tertiary-care facilities, while maintaining effective referral services. Access to health-care services for all people and especially for the most underserved and vulnerable groups must be ensured. Governments should seek to make basic health-care services more sustainable financially, while ensuring equitable access, by integrating reproductive health services, including maternal and child health and family-planning services, and by making appropriate use of community-based services, social marketing and cost-recovery schemes, with a view to increasing the range and quality of services available. The involvement of users and the community in the financial management of health-care services should be promoted.

8.9. Through technology transfer, developing countries should be assisted in building their capacity to produce generic drugs for the domestic market and to ensure the wide availability and accessibility of such drugs. To meet the substantial increase in demand for vaccines, antibiotics and other commodities over the next decade and beyond, the international community should strengthen global, regional and local mechanisms for the production, quality control and procurement of those items, where feasible, in developing countries. The international community should facilitate regional cooperation in the manufacture, quality control and distribution of vaccines.

8.10. All countries should give priority to measures that improve the quality of life and health by ensuring a safe and sanitary living environment for all population groups through measures aimed at avoiding crowded housing conditions, reducing air pollution, ensuring access to clean water and sanitation, improving waste management, and increasing the safety of the workplace. Special attention should be given to the living conditions of the poor and disadvantaged in urban and rural areas. The impact of environmental problems on health, particularly that of vulnerable groups, should be monitored by Governments on a regular basis.

8.11. Reform of the health sector and health policy, including the rational allocation of resources, should be promoted in order to achieve the stated objectives. All Governments should examine ways to maximize the cost-effectiveness of health programmes in order to achieve increased life expectancy, reduce morbidity and mortality and ensure access to basic health-care services for all people.

#### B. Child survival and health

##### Basis for action

8.12. Important progress has been made in reducing infant and child mortality rates everywhere. Improvements in the survival of children have been the main component of the overall increase in average life expectancy in the world over the past century, first in the developed countries and over the past 50 years in the developing countries. The number of infant deaths (i.e., of children under age 1) per 1,000 live births at the world level declined from 92 in 1970-1975 to

about 62 in 1990-1995. For developed regions, the decline was from 22 to 12 infant deaths per 1,000 births, and for developing countries from 105 to 69 infant deaths per 1,000 births. Improvements have been slower in sub-Saharan Africa and in some Asian countries where, during 1990-1995, more than one in every 10 children born alive will die before their first birthday. The mortality of children under age 5 exhibits significant variations between and within regions and countries. Indigenous people generally have higher infant and child mortality rates than the national norm. Poverty, malnutrition, a decline in breast-feeding, and inadequacy or lack of sanitation and of health facilities are all factors associated with high infant and child mortality. In some countries, civil unrest and wars have also had major negative impacts on child survival. Unwanted births, child neglect and abuse are also factors contributing to the rise in child mortality. In addition, HIV infection can be transmitted from mother to child before or during childbirth, and young children whose mothers die are at a very high risk of dying themselves at a young age.

8.13. The World Summit for Children, held in 1990, adopted a set of goals for children and development up to the year 2000, including a reduction in infant and under-5 child mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less. These goals are based on the accomplishments of child-survival programmes during the 1980s, which demonstrate not only that effective low-cost technologies are available but also that they can be delivered efficiently to large populations. However, the morbidity and mortality reductions achieved through extraordinary measures in the 1980s are in danger of being eroded if the broad-based health-delivery systems established during the decade are not institutionalized and sustained.

8.14. Child survival is closely linked to the timing, spacing and number of births and to the reproductive health of mothers. Early, late, numerous and closely spaced pregnancies are major contributors to high infant and child mortality and morbidity rates, especially where health-care facilities are scarce. Where infant mortality remains high, couples often have more children than they otherwise would to ensure that a desired number survive.

#### Objectives

8.15. The objectives are:

(a) To promote child health and survival and to reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girl infants and children;

(b) To improve the health and nutritional status of infants and children;

(c) To promote breast-feeding as a child-survival strategy.

#### Actions

8.16. Over the next 20 years, through international cooperation and national programmes, the gap between average infant and child mortality rates in the

developed and the developing regions of the world should be substantially narrowed, and disparities within countries, those between geographical regions, ethnic or cultural groups, and socio-economic groups should be eliminated. Countries with indigenous people should achieve infant and under-5 mortality levels among their indigenous people that are the same as those of the general population. Countries should strive to reduce their infant and under-5 mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under-5 mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further.

8.17. All Governments should assess the underlying causes of high child mortality and should, within the framework of primary health care, extend integrated reproductive health-care and child-health services, (including safe motherhood, <sup>21</sup>/ child-survival programmes and family-planning services, to all the population and particularly to the most vulnerable and underserved groups. Such services should include prenatal care and counselling, with special emphasis on high-risk pregnancies and the prevention of sexually transmitted diseases and HIV infection; adequate delivery assistance; and neonatal care, including exclusive breast-feeding, information on optimal breast-feeding and on proper weaning practices, and the provision of micronutrient supplementation and tetanus toxoid, where appropriate. Interventions to reduce the incidence of low birth weight and other nutritional deficiencies, such as anaemia, should include the promotion of maternal nutrition through information, education and counselling and the promotion of longer intervals between births. All countries should give priority to efforts to reduce the major childhood diseases, particularly infectious and parasitic diseases, and to prevent malnutrition among children, especially the girl child, through measures aimed at eradicating poverty and ensuring that all children live in a sanitary environment and by disseminating information on hygiene and nutrition. It is also important to provide parents with information and education about child care, including the use of mental and physical stimulation.

8.18. For infants and children to receive the best nutrition and for specific protection against a range of diseases, breast-feeding should be protected, promoted and supported. By means of legal, economic, practical and emotional support, mothers should be enabled to breast-feed their infants exclusively for four to six months without food or drink supplementation and to continue breast-feeding infants with appropriate and adequate complementary food up to the age of two years or beyond. To achieve these goals, Governments should promote public information on the benefits of breast-feeding; health personnel should receive training on the management of breast-feeding; and countries should examine ways and means to implement fully the WHO International Code of Marketing of Breast Milk Substitutes.



C. Women's health and safe motherhood

Basis for action

8.19. Complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world. At the global level, it has been estimated that about half a million women die each year of pregnancy-related causes, 99 per cent of them in developing countries. The gap in maternal mortality between developed and developing regions is wide: in 1988, it ranged from more than 700 per 100,000 live births in the least developed countries to about 26 per 100,000 live births in the developed regions. Rates of 1,000 or more maternal deaths per 100,000 live births have been reported in several rural areas of Africa, giving women with many pregnancies a high lifetime risk of death during their reproductive years. According to the World Health Organization, the lifetime risk of dying from pregnancy or childbirth-related causes is 1 in 20 in some developing countries, compared to 1 in 10,000 in some developed countries. The age at which women begin or stop child-bearing, the interval between each birth, the total number of lifetime pregnancies and the socio-cultural and economic circumstances in which women live all influence maternal morbidity and mortality. At present, approximately 90 per cent of the countries of the world, representing 96 per cent of the world population, have policies that permit abortion under varying legal conditions to save the life of a woman. However, a significant proportion of the abortions carried out are self-induced or otherwise unsafe, leading to a large fraction of maternal deaths or to permanent injury to the women involved. Maternal deaths have very serious consequences within the family, given the crucial role of the mother for her children's health and welfare. The death of the mother increases the risk to the survival of her young children, especially if the family is not able to provide a substitute for the maternal role. Greater attention to the reproductive health needs of female adolescents and young women could prevent the major share of maternal morbidity and mortality through prevention of unwanted pregnancies and any subsequent poorly managed abortion. Safe motherhood has been accepted in many countries as a strategy to reduce maternal morbidity and mortality.

Objectives

8.20. The objectives are:

(a) To promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries. On the basis of a commitment to women's health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion; 20/

(b) To improve the health and nutritional status of women, especially of pregnant and nursing women.

Actions

8.21. Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of

the 1990 levels by the year 2000 and a further one half by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.

8.22. All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants. The underlying causes of maternal morbidity and mortality should be identified, and attention should be given to the development of strategies to overcome them and for adequate evaluation and monitoring mechanisms to assess the progress being made in reducing maternal mortality and morbidity and to enhance the effectiveness of ongoing programmes. Programmes and education to engage men's support for maternal health and safe motherhood should be developed.

8.23. All countries, especially developing countries, with the support of the international community, should aim at further reductions in maternal mortality through measures to prevent, detect and manage high-risk pregnancies and births, particularly those to adolescents and late-parity women.

8.24. All countries should design and implement special programmes to address the nutritional needs of women of child-bearing age, especially those who are pregnant or breast-feeding, and should give particular attention to the prevention and management of nutritional anaemia and iodine-deficiency disorders. Priority should be accorded to improving the nutritional and health status of young women through education and training as part of maternal health and safe motherhood programmes. Adolescent females and males should be provided with information, education and counselling to help them delay early family formation, premature sexual activity and first pregnancy.

8.25. In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion 20/ as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the

need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions.

8.26. Programmes to reduce maternal morbidity and mortality should include information and reproductive health services, including family-planning services. In order to reduce high-risk pregnancies, maternal health and safe motherhood programmes should include counselling and family-planning information.

8.27. All countries, as a matter of some urgency, need to seek changes in high-risk sexual behaviour and devise strategies to ensure that men share responsibility for sexual and reproductive health, including family planning, and for preventing and controlling sexually transmitted diseases, HIV infection and AIDS.

D. Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS)

Basis for action

8.28. The AIDS pandemic is a major concern in both developed and developing countries. WHO estimates that the cumulative number of AIDS cases in the world amounted to 2.5 million persons by mid-1993 and that more than 14 million people had been infected with HIV since the pandemic began, a number that is projected to rise to between 30 million and 40 million by the end of the decade if effective prevention strategies are not pursued. As of mid-1993, about four fifths of all persons ever infected with HIV lived in developing countries where the infection was being transmitted mainly through heterosexual intercourse and the number of new cases was rising most rapidly among women. As a consequence, a growing number of children are becoming orphans, themselves at high risk of illness and death. In many countries, the pandemic is now spreading from urban to rural areas and between rural areas and is affecting economic and agricultural production.

Objectives

8.29. The objectives are:

(a) To prevent, reduce the spread of and minimize the impact of HIV infection; to increase awareness of the disastrous consequences of HIV infection and AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing it; to address the social, economic, gender and racial inequities that increase vulnerability to the disease;

(b) To ensure that HIV-infected individuals have adequate medical care and are not discriminated against; to provide counselling and other support for people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that the individual rights and the confidentiality of persons infected with HIV are respected; to ensure that sexual and reproductive health programmes address HIV infection and AIDS;

(c) To intensify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.

Actions

8.30. Governments should assess the demographic and development impact of HIV infection and AIDS. The AIDS pandemic should be controlled through a multisectoral approach that pays sufficient attention to its socio-economic ramifications, including the heavy burden on health infrastructure and household income, its negative impact on the labour force and productivity, and the increasing number of orphaned children. Multisectoral national plans and strategies to deal with AIDS should be integrated into population and development strategies. The socio-economic factors underlying the spread of HIV infection should be investigated, and programmes to address the problems faced by those left orphaned by the AIDS pandemic should be developed.

8.31. Programmes to reduce the spread of HIV infection should give high priority to information, education and communication campaigns to raise awareness and emphasize behavioural change. Sex education and information should be provided to both those infected and those not infected, and especially to adolescents. Health providers, including family-planning providers, need training in counselling on sexually transmitted diseases and HIV infection, including the assessment and identification of high-risk behaviours needing special attention and services; training in the promotion of safe and responsible sexual behaviour, including voluntary abstinence, and condom use; training in the avoidance of contaminated equipment and blood products; and in the avoidance of sharing needles among injecting drug users. Governments should develop guidelines and counselling services on AIDS and sexually transmitted diseases within the primary health-care services. Wherever possible, reproductive health programmes, including family-planning programmes, should include facilities for the diagnosis and treatment of common sexually transmitted diseases, including reproductive tract infection, recognizing that many sexually transmitted diseases increase the risk of HIV transmission. The links between the prevention of HIV infection and the prevention and treatment of tuberculosis should be assured.

8.32. Governments should mobilize all segments of society to control the AIDS pandemic, including non-governmental organizations, community organizations, religious leaders, the private sector, the media, schools and health facilities. Mobilization at the family and community levels should be given priority. Communities need to develop strategies that respond to local perceptions of the priority accorded to health issues associated with the spread of HIV and sexually transmitted diseases.



8.33. The international community should mobilize the human and financial resources required to reduce the rate of transmission of HIV infection. To that end, research on a broad range of approaches to prevent HIV transmission and to seek a cure for the disease should be promoted and supported by all countries. In particular, donor and research communities should support and strengthen current efforts to find a vaccine and to develop women-controlled methods, such as vaginal microbicides, to prevent HIV infection. Increased support is also needed for the treatment and care of HIV-infected persons and AIDS patients. The coordination of activities to combat the AIDS pandemic must be enhanced. Particular attention should be given to activities of the United Nations system at the national level, where measures such as joint programmes can improve coordination and ensure a more efficient use of scarce resources. The international community should also mobilize its efforts in monitoring and evaluating the results of various efforts to search for new strategies.

8.34. Governments should develop policies and guidelines to protect the individual rights of and eliminate discrimination against persons infected with HIV and their families. Services to detect HIV infection should be strengthened, making sure that they ensure confidentiality. Special programmes should be devised to provide care and the necessary emotional support to men and women affected by AIDS and to counsel their families and near relations.

8.35. Responsible sexual behaviour, including voluntary sexual abstinence, for the prevention of HIV infection should be promoted and included in education and information programmes. Condoms and drugs for the prevention and treatment of sexually transmitted diseases should be made widely available and affordable and should be included in all essential drug lists. Effective action should be taken to further control the quality of blood products and equipment decontamination.

Chapter IX

POPULATION DISTRIBUTION, URBANIZATION AND INTERNAL MIGRATION

A. Population distribution and sustainable development

basis for action

9.1. In the early 1990s, approximately half of the Governments in the world, mostly those of developing countries, considered the patterns of population distribution in their territories to be unsatisfactory and wished to modify them. A key issue was the rapid growth of urban areas, which are expected to house more than half of the world population by 2005. Consequently, attention has mostly been paid to rural-urban migration, although rural-rural and urban-urban migration are in fact the dominant forms of spatial mobility in many countries. The process of urbanization is an intrinsic dimension of economic and social development and, in consequence, both developed and developing countries are going through the process of shifting from predominantly rural to predominantly urban societies. For individuals, migration is often a rational and dynamic effort to seek new opportunities in life. Cities are centres of economic growth, providing the impetus for socio-economic innovation and change. However, migration is also prompted by push factors, such as inequitable allocation of development resources, adoption of inappropriate technologies and lack of access to available land. The alarming consequences of urbanization visible in many countries are related to its rapid pace, to which Governments have been unable to respond with their current management capacities and practices. Even in developing countries, however, there are already signs of a changing pattern of population distribution, in the sense that the trend towards concentration in a few large cities is giving way to a more widespread distribution in medium-sized urban centres. This movement is also found in some developed countries, with people indicating preference for living in smaller places. Effective population distribution policies are those that, while respecting the right of individuals to live and work in the community of their choice, take into account the effects of development strategies on population distribution. Urbanization has profound implications for the livelihood, way of life and values of individuals. At the same time, migration has economic, social and environmental implications - both positive and negative - for the places of origin and destination.

Objectives

9.2. The objectives are:

(a) To foster a more balanced spatial distribution of the population by promoting in an integrated manner the equitable and ecologically sustainable development of major sending and receiving areas, with particular emphasis on the promotion of economic, social and gender equity based on respect for human rights, especially the right to development;

(b) To reduce the role of the various push factors as they relate to migration flows.

Actions

9.3. Governments formulating population distribution policies should ensure that the objectives and goals of those policies are consistent with other development goals, policies and basic human rights. Governments, assisted by interested local, regional and intergovernmental agencies, should assess on a regular basis how the consequences of their economic and environmental policies, sectoral priorities, infrastructure investment and balance of resources among regional, central, provincial and local authorities influence population distribution and internal migration, both permanent and temporary.

9.4. In order to achieve a balanced spatial distribution of production employment and population, countries should adopt sustainable regional development strategies and strategies for the encouragement of urban consolidation, the growth of small or medium-sized urban centres and the sustainable development of rural areas, including the adoption of labour-intensive projects, training for non-farming jobs for youth and effective transport and communication systems. To create an enabling context for local development, including the provision of services, Governments should consider decentralizing their administrative systems. This also involves giving responsibility for expenditure and the right to raise revenue to regional, district and local authorities. While vast improvements to the urban infrastructure and environmental strategies are essential in many developing countries to provide a healthy environment for urban residents, similar activities should also be pursued in rural areas.

9.5. To reduce urban bias and isolated rural development, Governments should examine the feasibility of providing incentives to encourage the redistribution and relocation of industries and businesses from urban to rural areas and to encourage the establishment of new businesses, industrial units and income-generating projects in rural areas.

9.6. Governments wishing to create alternatives to out-migration from rural areas should establish the preconditions for development in rural areas, actively support access to ownership or use of land and access to water resources, especially for family units, make and encourage investments to enhance rural productivity, improve rural infrastructure and social services and facilitate the establishment of credit, production and marketing cooperatives and other grass-roots organizations that give people greater control over resources and improve their livelihoods. Particular attention is needed to ensure that these opportunities are also made available to migrants' families remaining in the areas of origin.

9.7. Governments should pursue development strategies offering tangible benefits to investors in rural areas and to rural producers. Governments should also seek to reduce restrictions on international trade in agricultural products.

9.8. Governments should strengthen their capacities to respond to the pressures caused by rapid urbanization by revising and reorienting the agencies and mechanisms for urban management as necessary and ensuring the wide participation of all population groups in planning and decision-making on local development.

particular attention should be paid to land management in order to ensure economical land use, protect fragile ecosystems and facilitate the access of the poor to land in both urban and rural areas.

9.9. Countries are urged to recognize that the lands of indigenous people and their communities should be protected from activities that are environmentally unsound or that the indigenous people concerned consider to be socially and culturally inappropriate. The term "lands" is understood to include the environment of the areas which the people concerned traditionally occupy.

9.10. Countries should increase information and training on conservation practices and foster the creation of sustainable off-farm rural employment opportunities in order to limit the further expansion of human settlements to areas with fragile ecosystems.

9.11. Population distribution policies should be consistent with such international instruments, when applicable, as the Geneva Convention relative to the Protection of Civilian Persons in Time of War (1949), including article 49.

B. Population growth in large urban agglomerations

Basis for action

9.12. In many countries, the urban system is characterized by the overwhelming preponderance of a single major city or agglomeration. The tendency towards population concentration, fostered by the concentration of public and private resources in some cities, has also contributed to the rising number and size of mega-cities. In 1992, there were 13 cities with at least 10 million inhabitants and their number is expected to double by 2010, when most mega-cities will be located in the developing countries. The continued concentration of population in primate cities, and in mega-cities in particular, poses specific economic, social and environmental challenges for Governments. Yet large agglomerations also represent the most dynamic centres of economic and cultural activity in many countries. It is therefore essential that the specific problems of large cities be analysed and addressed, in full awareness of the positive contribution that large cities make to national economic and social development. The challenges faced by cities are often exacerbated by weak management capacities at the local level to address the consequences of population concentration, socio-economic development, environmental impacts and their interrelations.

Objective

9.13. The objective is to enhance the management of urban agglomerations through more participatory and resource-conscious planning and management, review and revise the policies and mechanisms that contribute to the excessive concentration of population in large cities, and improve the security and quality of life of both rural and urban low-income residents.



Actions

9.14. Governments should increase the capacity and competence of city and municipal authorities to manage urban development, to safeguard the environment, to respond to the need of all citizens, including urban squatters, for personal safety, basic infrastructure and services, to eliminate health and social problems, including problems of drugs and criminality, and problems resulting from overcrowding and disasters, and to provide people with alternatives to living in areas prone to natural and man-made disasters.

9.15. In order to improve the plight of the urban poor, many of whom work in the informal sector of the economy, Governments are urged to promote the integration of migrants from rural areas into urban areas and to develop and improve their income-earning capability by facilitating their access to employment, credit, production, marketing opportunities, basic education, health services, vocational training and transportation, with special attention to the situation of women workers and women heads of households. Child-care centres and special protection and rehabilitation programmes for street children should be established.

9.16. To finance the needed infrastructure and services in a balanced manner, taking into account the interests of the poor segments of society, local and national government agencies should consider introducing equitable cost-recovery schemes and increasing revenues by appropriate measures.

9.17. Governments should strengthen the capacity for land management, including urban planning, at all levels in order to take into account demographic trends and encourage the search for innovative approaches to address the challenges facing cities, with special attention to the pressures and needs resulting from the growth of their populations.

9.18. Governments should promote the development and implementation of effective environmental management strategies for urban agglomerations, giving special attention to water, waste and air management, as well as to environmentally sound energy and transport systems.

C. Internally displaced persons

Basis for action

9.19. During the past decade, awareness of the situation of persons who are forced to leave their places of usual residence for a variety of reasons has been rising. Because there is no single definition of internally displaced persons, estimates of their number vary, as do the causes of their migration. However, it is generally accepted that these causes range from environmental degradation to natural disasters and internal conflicts that destroy human settlements and force people to flee from one area of the country to another. Indigenous people, in particular, are in many cases subject to displacement. Given the forced nature of their movement, internally displaced persons often find themselves in particularly vulnerable situations, especially women, who may be subjected to rape and sexual assault in situations of armed conflict.

Internal displacement is often a precursor of outflows of refugees and externally displaced persons. Returning refugees may also be internally displaced.

Objectives

9.20. The objectives are:

(a) To offer adequate protection and assistance to persons displaced within their country, particularly women, children and the elderly, who are the most vulnerable, and to find solutions to the root causes of their displacement in view of preventing it and, when appropriate, to facilitate return or resettlement;

(b) To put an end to all forms of forced migration, including "ethnic cleansing".

Actions

9.21. Countries should address the causes of internal displacement, including environmental degradation, natural disasters, armed conflict and forced resettlement, and establish the necessary mechanisms to protect and assist displaced persons, including, where possible, compensation for damages, especially those who are not able to return to their normal place of residence in the short term. Adequate capacities for disaster preparedness should be developed. The United Nations, through dialogue with Governments and all intergovernmental and non-governmental organizations, is encouraged to continue to review the need for protection and assistance to internally displaced persons, the root causes of internal displacement, prevention and long-term solutions, taking into account specific situations.

9.22. Measures should be taken to ensure that internally displaced persons receive basic education, employment opportunities, vocational training and basic health-care services, including reproductive health services and family planning.

9.23. In order to reverse declining environmental quality and minimize conflict over access to grazing land, the modernization of the pastoralist economic system should be pursued, with assistance provided as necessary through bilateral and multilateral arrangements.

9.24. Governments, international organizations and non-governmental organizations are encouraged to strengthen development assistance for internally displaced persons so that they can return to their places of origin.

9.25. Measures should be taken, at the national level with international cooperation, as appropriate, in accordance with the Charter of the United Nations, to find lasting solutions to questions related to internally displaced persons, including their right to voluntary and safe return to their home of origin.

Chapter X

INTERNATIONAL MIGRATION

A. International migration and development

Basis for action

10.1. International economic, political and cultural interrelations play an important role in the flow of people between countries, whether they are developing, developed or with economies in transition. In its diverse types, international migration is linked to such interrelations and both affects and is affected by the development process. International economic imbalances, poverty and environmental degradation, combined with the absence of peace and security, human rights violations and the varying degrees of development of judicial and democratic institutions are all factors affecting international migration. Although most international migration flows occur between neighbouring countries, interregional migration, particularly that directed to developed countries, has been growing. It is estimated that the number of international migrants in the world, including refugees, is in excess of 125 million, about half of them in the developing countries. In recent years, the main receiving countries in the developed world registered a net migration intake of approximately 1.4 million persons annually, about two thirds of whom originated in developing countries. Orderly international migration can have positive impacts on both the communities of origin and the communities of destination, providing the former with remittances and the latter with needed human resources. International migration also has the potential of facilitating the transfer of skills and contributing to cultural enrichment. However, international migration entails the loss of human resources for many countries of origin and may give rise to political, economic or social tensions in countries of destination. To be effective, international migration policies need to take into account the economic constraints of the receiving country, the impact of migration on the host society and its effects on countries of origin. The long-term manageability of international migration hinges on making the option to remain in one's country a viable one for all people. Sustainable economic growth with equity and development strategies consistent with this aim are a necessary means to that end. In addition, more effective use can be made of the potential contribution that expatriate nationals can make to the economic development of their countries of origin.

Objectives

10.2. The objectives are:

- (a) To address the root causes of migration, especially those related to poverty;
- (b) To encourage more cooperation and dialogue between countries of origin and countries of destination in order to maximize the benefits of migration to

those concerned and increase the likelihood that migration has positive consequences for the development of both sending and receiving countries;

- (c) To facilitate the reintegration process of returning migrants.

ACTIONS

10.3. Governments of countries of origin and of countries of destination should seek to make the option of remaining in one's country viable for all people. To that end, efforts to achieve sustainable economic and social development, ensuring a better economic balance between developed and developing countries and countries with economies in transition, should be strengthened. It is also necessary to increase efforts to defuse international and internal conflicts before they escalate; to ensure that the rights of persons belonging to ethnic, religious or linguistic minorities, and indigenous people are respected; and to respect the rule of law, promote good governance, strengthen democracy and promote human rights. Furthermore, greater support should be provided for the attainment of national and household food security, for education, nutrition, health and population-related programmes and to ensure effective environmental protection. Such efforts may require national and international financial assistance, reassessment of commercial and tariff relations, increased access to world markets and stepped-up efforts on the part of developing countries and countries with economies in transition to create a domestic framework for sustainable economic growth with an emphasis on job creation. The economic situation in those countries is likely to improve only gradually and, therefore, migration flows from those countries are likely to decline only in the long term; in the interim, the acute problems currently observed will cause migration flows to continue for the short-to-medium term, and Governments are accordingly urged to adopt transparent international migration policies and programmes to manage those flows.

10.4. Governments of countries of origin wishing to foster the inflow of remittances and their productive use for development should adopt sound exchange rate, monetary and economic policies, facilitate the provision of banking facilities that enable the safe and timely transfer of migrants' funds, and promote the conditions necessary to increase domestic savings and channel them into productive investment.

10.5. Governments of countries of destination are invited to consider the use of certain forms of temporary migration, such as short-term and project-related migration, as a means of improving the skills of nationals of countries of origin, especially developing countries and countries with economies in transition. To that end, they should consider, as appropriate, entering into bilateral or multilateral agreements. Appropriate steps should be taken to safeguard the wages and working conditions of both migrant and native workers in the affected sectors. Governments of countries of origin are urged to facilitate the return of migrants and their reintegration into their home communities, and to devise ways of using their skills. Governments of countries of origin should consider collaborating with countries of destination and engaging the support of appropriate international organizations in promoting the return on a voluntary basis of qualified migrants who can play a crucial role in the transfer of knowledge, skills and technology. Countries of destination are



encouraged to facilitate return migration by adopting flexible policies, such as the transferability of pensions and other work benefits.

10.6. Governments of countries affected by international migration are invited to cooperate, with a view to integrating the issue into their political and economic agendas and engaging in technical cooperation to aid developing countries and countries with economies in transition in addressing the impact of international migration. Governments are urged to exchange information regarding their international migration policies and the regulations governing the admission and stay of migrants in their territories. States that have not already done so are invited to consider ratifying the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

10.7. Governments are encouraged to consider requests for migration from countries whose existence, according to available scientific evidence, is imminently threatened by global warming and climate change.

10.8. In cooperation with international and non-governmental organizations and research institutions, Governments should support the gathering of data on flows and stocks of international migrants and on factors causing migration, as well as the monitoring of international migration. The identification of strategies to ensure that migration contributes to development and international relations should also be supported. The role of international organizations with mandates in the area of migration should be strengthened so that they can deliver adequate technical support to developing countries, advise in the management of international migration flows and promote intergovernmental cooperation through, *inter alia*, bilateral and multilateral negotiations, as appropriate.

#### B. Documented migrants

##### Basis for action

10.9. Documented migrants are those who satisfy all the legal requirements to enter, stay and, if applicable, hold employment in the country of destination. In some countries, many documented migrants have, over time, acquired the right to long-term residence. In such cases, the integration of documented migrants into the host society is generally desirable, and for that purpose it is important to extend to them the same social, economic and legal rights as those enjoyed by citizens, in accordance with national legislation. The family reunification of documented migrants is an important factor in international migration. It is also important to protect documented migrants and their families from racism, ethnocentrism and xenophobia, and to respect their physical integrity, dignity, religious beliefs and cultural values. Documented migration is generally beneficial to the host country, since migrants are in general concentrated in the most productive ages and have skills needed by the receiving country, and their admission is congruent with the policies of the Government. The remittances of documented migrants to their countries of origin often constitute a very important source of foreign exchange and are instrumental in improving the well-being of relatives left behind.

##### Objectives

10.10. The objectives are:

(a) To ensure the social and economic integration of documented migrants, especially of those who have acquired the right to long-term residence in the country of destination, and their equal treatment before the law;

(b) To eliminate discriminatory practices against documented migrants, especially women, children and the elderly;

(c) To ensure protection against racism, ethnocentrism and xenophobia;

(d) To promote the welfare of documented migrants and members of their families;

(e) To ensure the respect of the cultural and religious values, beliefs and practices of documented migrants, in so far as they accord with national legislation and universally recognized human rights;

(f) To take into account the special needs and circumstances of temporary migrants.

##### Actions

10.11. Governments of receiving countries are urged to consider extending to documented migrants who meet appropriate length-of-stay requirements, and to members of their families whose stay in the receiving country is regular, treatment equal to that accorded their own nationals with regard to the enjoyment of basic human rights, including equality of opportunity and treatment in respect of religious practices, working conditions, social security, participation in trade unions, access to health, education, cultural and other social services, as well as equal access to the judicial system and equal treatment before the law. Governments of receiving countries are further urged to take appropriate steps to avoid all forms of discrimination against migrants, including eliminating discriminatory practices concerning their nationality and the nationality of their children, and to protect their rights and safety. Women and children who migrate as family members should be protected from abuse or denial of their human rights by their sponsors, and Governments are asked to consider extending their stay should the family relationship dissolve, within the limits of national legislation.

10.12. In order to promote the integration of documented migrants having the right to long-term residence, Governments of receiving countries are urged to consider giving them civil and political rights and responsibilities, as appropriate, and facilitating their naturalization. Special efforts should be made to enhance the integration of the children of long-term migrants by providing them with educational and training opportunities equal to those of nationals, allowing them to exercise an economic activity, and facilitating the naturalization of those who have been raised in the receiving country. Consistent with article 10 of the Convention on the Rights of the Child and all other relevant universally recognized human rights instruments, all Governments,

particularly those of receiving countries, must recognize the vital importance of family reunification and promote its integration into their national legislation in order to ensure the protection of the unity of the families of documented migrants. Governments of receiving countries must ensure the protection of migrants and their families, giving priority to programmes and strategies that combat religious intolerance, racism, ethnocentrism, xenophobia and gender discrimination and that generate the necessary public sensitivity in that regard.

10.13. Governments of countries of destination should respect the basic human rights of documented migrants as those Governments assert their right to regulate access to their territory and adopt policies that respond to and shape immigration flows. With regard to the admission of migrants, Governments should avoid discriminating on the basis of race, religion, sex and disability, while taking into account health and other considerations relevant under national immigration regulations, particularly considering the special needs of the elderly and children. Governments are urged to promote, through family reunion, the normalization of the family life of legal migrants who have the right to long-term residence.

10.14. Governments should consider providing assistance and cooperation for programmes that would address the adverse social and economic consequences of forced migration.

#### C. Undocumented migrants

##### Basis for action

10.15. It is the right of every nation State to decide who can enter and stay in its territory and under what conditions. Such right, however, should be exercised taking care to avoid racist or xenophobic actions and policies. Undocumented or irregular migrants are persons who do not fulfil the requirements established by the country of destination to enter, stay or exercise an economic activity. Given that the pressures for migration are growing in a number of developing countries, especially since their labour force continues to increase, undocumented or irregular migration is expected to rise.

##### Objectives

10.16. The objectives are:

- (a) To address the root causes of undocumented migration;
- (b) To reduce substantially the number of undocumented migrants, while ensuring that those in need of international protection receive it; to prevent the exploitation of undocumented migrants and to ensure that their basic human rights are protected;

(c) To prevent all international trafficking in migrants, especially, for the purposes of prostitution;

(d) To ensure protection against racism, ethnocentrism and xenophobia.

##### Actions

10.17. Governments of countries of origin and countries of destination are urged to cooperate in reducing the causes of undocumented migration, safeguarding the basic human rights of undocumented migrants including the right to seek and to enjoy in other countries asylum from persecution, and preventing their exploitation. Governments should identify the causes of undocumented migration and its economic, social and demographic impact as well as its implications for the formulation of social, economic and international migration policies.

10.18. Governments of both receiving countries and countries of origin should adopt effective sanctions against those who organize undocumented migration, exploit undocumented migrants or engage in trafficking in undocumented migrants, especially those who engage in any form of international traffic in women, youth and children. Governments of countries of origin, where the activities of agents or other intermediaries in the migration process are legal, should regulate such activities in order to prevent abuses, especially exploitation, prostitution and coercive adoption.

10.19. Governments, with the assistance of appropriate international organizations, should deter undocumented migration by making potential migrants aware of the legal conditions for entry, stay and employment in host countries through information activities in the countries of origin.

10.20. Governments of countries of origin of undocumented migrants and persons whose asylum claims have been rejected have the responsibility to accept the return and reintegration of those persons, and should not penalize such persons on their return. In addition, Governments of countries of origin and countries of destination should try to find satisfactory solutions to the problems caused by undocumented migration through bilateral or multilateral negotiations on, inter alia, readmission agreements that protect the basic human rights of the persons involved in accordance with relevant international instruments.

#### D. Refugees, asylum-seekers and displaced persons

##### Basis for action

10.21. In less than 10 years, from 1985 to 1993, the number of refugees has more than doubled, from 8.5 million to 19 million. This has been caused by multiple and complex factors, including massive violations of human rights. Most of those refugees find asylum in developing countries, often imposing great burdens on those States. The institution of asylum is under severe strain in industrialized countries for a variety of reasons, including the growing numbers of refugees and asylum-seekers and the misuse of asylum procedures by migrants attempting to circumvent immigration restrictions. While two thirds of all



countries in the world have ratified the 1951 Convention relating to the Status of Refugees or the 1967 Protocol, which establish standards for the protection of refugees, there is a need to strengthen the support for international protection of and assistance to refugees, especially refugee women and refugee children, who are particularly vulnerable. Displaced persons, who do not qualify for refugee status and are in some cases outside their country, are also vulnerable and need international assistance. Regional agreements to provide protection to persons fleeing war should be considered.

Objectives

10.22. The objectives are:

- (a) To reduce pressures leading to refugee movements and displacement by combating their root causes at all levels and undertaking related preventive action;
- (b) To find and implement durable solutions to the plight of refugees and displaced persons;
- (c) To ensure effective protection of and assistance to refugee populations, with particular attention to the needs and physical security of refugee women and refugee children;
- (d) To prevent the erosion of the institution of asylum;
- (e) To provide adequate health, education and social services for refugees and displaced persons;
- (f) To integrate refugee and returnee assistance and rehabilitation programmes into development planning, with due attention to gender equity.

Actions

10.23. Governments are urged to address the root causes of movements of refugees and displaced persons by taking appropriate measures, particularly with respect to conflict resolution; the promotion of peace and reconciliation; respect for human rights, including those of persons belonging to minorities; respect for independence, territorial integrity and sovereignty of States. Moreover, factors that contribute to forced displacements need to be addressed through initiatives related to the alleviation of poverty, democratization, good governance and the prevention of environmental degradation. Governments and all other entities should respect and safeguard the right of people to remain in safety in their homes and should refrain from policies or practices that force people to flee.

10.24. Governments are urged to strengthen their support for international protection and assistance activities on behalf of refugees and, as appropriate, displaced persons and to promote the search for durable solutions to their plight. In doing so, Governments are encouraged to enhance regional and international mechanisms that promote appropriate shared responsibility for the protection and assistance needs of refugees. All necessary measures should be

taken to ensure the physical protection of refugees - in particular, that of refugee women and refugee children - especially against exploitation, abuse and all forms of violence.

10.25. Adequate international support should be extended to countries of asylum to meet the basic needs of refugees and to assist in the search for durable solutions. Refugee populations should be assisted in achieving self-sufficiency. Refugees, particularly refugee women, should be involved in the planning of refugee assistance activities and in their implementation. In planning and implementing refugee assistance activities, special attention should be given to the specific needs of refugee women and refugee children. Refugees should be provided with access to adequate accommodation, education, health services, including family planning, and other necessary social services. Refugees are invited to respect the laws and regulations of their countries of asylum.

10.26. Governments should create conditions that would allow for the voluntary repatriation of refugees in safety and dignity. Rehabilitation assistance to repatriating refugees should, where possible, be linked to long-term reconstruction and development plans. The international community should provide assistance for refugee repatriation and rehabilitation programmes and for the removal of land mines and other unexploded devices that constitute a serious threat to the safety of returnees and the local population.

10.27. Governments are urged to abide by international law concerning refugees. States that have not already done so are invited to consider acceding to the international instruments concerning refugees - in particular, the 1951 Convention and the 1967 Protocol relating to the Status of Refugees. Governments are furthermore urged to respect the principle of non-refoulement (i.e., the principle of no forcible return of persons to places where their lives or freedom would be threatened because of race, religion, nationality, membership in a particular social group, or political opinion). Governments should ensure that asylum-seekers in the Government's territory have access to a fair hearing and should facilitate the expeditious processing of asylum requests, ensuring that guidelines and procedures for the determination of refugee status are sensitive to the particular situation of women.

10.28. In cases of sudden and massive arrivals of refugees and displaced persons in need of international protection, Governments of receiving countries should consider according to them at least temporary protection and treatment in accordance with internationally recognized standards and with national law, practices and regulations, until a solution to their plight can be found. Persons in need of protection should be encouraged to stay in safe areas and, to the extent possible and as appropriate, near their countries of origin. Governments should strengthen protection mechanisms and provide aid to assist the population in such areas. The principles of collective cooperation and international solidarity should be followed in assisting host countries, upon their request.

10.29. The problems of refugees and displaced persons arising from forced migration, including their right to repatriation, should be settled in

accordance with the relevant principles of the Charter of the United Nations, the Universal Declaration of Human Rights, other international instruments and relevant United Nations resolutions.

Chapter XI\*

POPULATION, DEVELOPMENT AND EDUCATION

A. Education, population and sustainable development

Basis for action

11.1. In the past 20 years, the world has experienced a rise in educational levels. Although the differences in educational attainment between males and females have shrunk, 75 per cent of illiterate persons in the world are women. Lack of basic education and low levels of literacy of adults continue to inhibit the development process in every area. The world community has a special responsibility to ensure that all children receive an education of improved quality and that they complete primary school. Education is an indispensable tool for the improvement of the quality of life. However, it is more difficult to meet educational needs when there is rapid population growth.

11.2. Education is a key factor in sustainable development: it is at the same time a component of well-being and a factor in the development of well-being through its links with demographic as well as economic and social factors. Education is also a means to enable the individual to gain access to knowledge, which is a precondition for coping, by anyone wishing to do so, with today's complex world. The reduction of fertility, morbidity and mortality rates, the empowerment of women, the improvement in the quality of the working population and the promotion of genuine democracy are largely assisted by progress in education. The integration of migrants is also facilitated by universal access to education, which respects the religious and cultural backgrounds of migrants.

11.3. The relationship between education and demographic and social changes is one of interdependence. There is a close and complex relationship among education, marriage age, fertility, mortality, mobility and activity. The increase in the education of women and girls contributes to greater empowerment of women, to a postponement of the age of marriage and to a reduction in the size of families. When mothers are better educated, their children's survival rate tends to increase. Broader access to education is also a factor in internal migration and the composition of the working population.

11.4. The education and training of young people should prepare them for career development and professional life in order to cope with today's complex world. It is on the content of the educational curricula and the nature of the training received that the prospects of gainful employment opportunities depend. Inadequacies in and discrepancies between the educational system and the production system can lead to unemployment and underemployment, a devaluing of qualifications and, in some cases, the exodus of qualified people from rural to

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\* The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 13 September 1994.



urban areas and to "brain drain". It is therefore essential to promote harmonious development of educational systems and economic and social systems conducive to sustainable development.

#### Objectives

11.5. The objectives are:

(a) To achieve universal access to quality education, with particular priority being given to primary and technical education and job training, to combat illiteracy and to eliminate gender disparities in access to, retention in, and support for, education;

(b) To promote non-formal education for young people, guaranteeing equal access for women and men to literacy centres;

(c) To introduce and improve the content of the curriculum so as to promote greater responsibility and awareness on the interrelationships between population and sustainable development; health issues, including reproductive health; and gender equity.

#### Actions

11.6. The eradication of illiteracy is one of the prerequisites for human development. All countries should consolidate the progress made in the 1990s towards providing universal access to primary education, as agreed upon at the World Conference on Education for All, held at Jomtien, Thailand, in 1990. All countries should further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and in any case before the year 2015. Attention should also be given to the quality and type of education, including recognition of traditional values. Countries that have achieved the goal of universal primary education are urged to extend education and training to, and facilitate access to and completion of education at secondary school and higher levels.

11.7. Investments in education and job training should be given high priority in development budgets at all levels, and should take into account the range and level of future workforce skill requirements.

11.8. Countries should take affirmative steps to keep girls and adolescents in school by building more community schools, by training teachers to be more gender sensitive, by providing scholarships and other appropriate incentives and by sensitizing parents to the value of educating girls, with a view to closing the gender gap in primary and secondary school education by the year 2005. Countries should also supplement those efforts by making full use of non-formal education opportunities. Pregnant adolescents should be enabled to continue their schooling.

11.9. To be most effective, education about population issues must begin in primary school and continue through all levels of formal and non-formal education, taking into account the rights and responsibilities of parents and the needs of children and adolescents. Where such programmes already exist,

curricula should be reviewed, updated and broadened with a view to ensuring adequate coverage of such important concerns as gender sensitivity, reproductive choices and responsibilities, and sexually transmitted diseases, including HIV/AIDS. To ensure acceptance of population education programmes by the community, population education projects should emphasize consultation with parents and community leaders.

11.10. Efforts in the training of population specialists at the university level should be strengthened and the incorporation of content relating to demographic variables and their interrelationships with development planning in the social and economic disciplines, as well as to health and the environment, should be encouraged.

#### B. Population information, education and communication

##### Basis for action

11.11. Greater public knowledge, understanding and commitment at all levels, from the individual to the international, are vital to the achievement of the goals and objectives of the present Programme of Action. In all countries and among all groups, therefore, information, education and communication activities concerning population and sustainable development issues must be strengthened. This includes the establishment of gender- and culturally sensitive information, education and communication plans and strategies related to population and development. At the national level, more adequate and appropriate information enables planners and policy makers to make more appropriate plans and decisions in relation to population and sustainable development. At the most basic level, more adequate and appropriate information is conducive to informed, responsible decision-making concerning health, sexual and reproductive behaviour, family life, and patterns of production and consumption. In addition, more and better information about the causes and benefits of migration can create a more positive environment for societies to address and respond to migration challenges.

11.12. Effective information, education and communication are prerequisites for sustainable human development and pave the way for attitudinal and behavioural change. Indeed, this begins with the recognition that decisions must be made freely, responsibly and in an informed manner, on the number and spacing of children and in all other aspects of daily life, including sexual and reproductive behaviour. Greater public knowledge and commitment in a democratic setting create a climate conducive to responsible and informed decisions and behaviour. Most important, they also pave the way for democratic public discussion and thereby make possible strong political commitment and popular support for needed action at the local, national and international levels.

11.13. Effective information, education and communication activities include a range of communication channels, from the most intimate levels of interpersonal communication to formal school curricula, from traditional folk arts to modern mass entertainment, and from seminars for local community leaders to coverage of global issues by the national and international news media. Multichannel approaches are usually more effective than any single communication channel.

All these channels of communication have an important role to play in promoting an understanding of the interrelationships between population and sustainable development. Schools and religious institutions, taking into account their values and teachings, may be important vehicles in all countries for instilling gender and racial sensitivity, respect, tolerance and equity, family responsibility and other important attitudes at all ages. Effective networks also exist in many countries for non-formal education on population and sustainable development issues through the workplace, health facilities, trade unions, community centres, youth groups, religious institutions, women's organizations and other non-governmental organizations. Such issues may also be included in more structured adult education, vocational training and literacy programmes, particularly for women. These networks are critical to reaching the entire population, especially men, adolescents and young couples. Parliamentarians, teachers, religious and other community leaders, traditional healers, health professionals, parents and older relatives are influential in forming public opinion and should be consulted during the preparation of information, education and communication activities. The media also offer many potentially powerful role models.

11.14. Current information, education and communication technologies, such as global interlinked telephone, television and data transmission networks, compact discs and new multimedia technologies, can help bridge the geographical, social and economic gaps that currently exist in access to information around the world. They can help ensure that the vast majority of the world's people are involved in debates at the local, national and global levels about demographic changes and sustainable human development, economic and social inequities, the importance of empowering women, reproductive health and family planning, health promotion, ageing populations, rapid urbanization and migration. Greater public involvement of national authorities and the community ensure the widespread diffusion of such technologies and the freer flow of information within and between countries. It is essential that parliaments have full access to the information necessary for decision-making.

#### Objectives

11.15. The objectives are:

(a) To increase awareness, knowledge, understanding and commitment at all levels of society so that families, couples, individuals, opinion and community leaders, non-governmental organizations, policy makers, Governments and the international community appreciate the significance and relevance of population-related issues, and take the responsible actions necessary to address such issues within sustained economic growth in the context of sustainable development;

(b) To encourage attitudes in favour of responsible behaviour in population and development, especially in such areas such environment, family, sexuality, reproduction, gender and racial sensitivity;

(c) To ensure political commitment to population and development issues by national Governments in order to promote the participation of both public and

private sectors at all levels in the design, implementation and monitoring of population and development policies and programmes;

(d) To enhance the ability of couples and individuals to exercise their basic right to decide freely and responsibly on the number and spacing of their children, and to have the information, education and means to do so.

#### Actions

11.16. Information, education and communication efforts should raise awareness through public education campaigns on such priority issues as: safe motherhood, reproductive health and rights, maternal and child health and family planning, discrimination against and valorization of the girl child and persons with disabilities; child abuse; violence against women; male responsibility; gender equality; sexually transmitted diseases, including HIV/AIDS; responsible sexual behaviour; teenage pregnancy; racism and xenophobia; ageing populations; and unsustainable consumption and production patterns. More education is needed in all societies on the implications of population-environment relationships, in order to influence behavioural change and consumer lifestyles and to promote sustainable management of natural resources. The media should be a major instrument for expanding knowledge and motivation.

11.17. Elected representatives at all levels, the scientific community, religious, political, traditional and community leaders, non-governmental organizations, parents' associations, social workers, women's groups, the private sector, qualified communication specialists and others in influential positions should have access to information on population and sustainable development and related issues. They should promote understanding of the issues addressed in the present Programme of Action and mobilize public opinion in support of the actions proposed.

11.18. Members of Parliament are invited to continue to promote wide awareness on issues related to population and sustainable development and to ensure the enactment of legislation necessary for effective implementation of the present Programme of Action.

11.19. A coordinated strategic approach to information, education and communication should be adopted in order to maximize the impact of various information, education and communication activities, both modern and traditional, which may be undertaken on several fronts by various actors and with diverse audiences. It is especially important that information, education and communication strategies be linked to, and complement, national population and development policies and strategies and a full range of services in reproductive health, including family planning and sexual health, in order to enhance the use of those services and improve the quality of counselling and care.

11.20. Information, education and communication activities should rely on up-to-date research findings to determine information needs and the most effective culturally acceptable ways of reaching intended audiences. To that end, professionals experienced in the traditional and non-traditional media should be enlisted. The participation of the intended audiences in the design,



implementation and monitoring of information, education and communication activities should be ensured so as to enhance the relevance and impact of those activities.

11.21. The interpersonal communication skills - in particular, motivational and counselling skills - of public, private and non-governmental organization service providers, community leaders, teachers, peer groups and others should be strengthened, whenever possible, to enhance interaction and quality assurance in the delivery of reproductive health, including family planning and sexual health services. Such communication should be free from coercion.

11.22. The tremendous potential of print, audiovisual and electronic media, including databases and networks such as the United Nations Population Information Network (POPIN), should be harnessed to disseminate technical information and to promote and strengthen understanding of the relationships between population, consumption, production and sustainable development.

11.23. Governments, non-governmental organizations and the private sector should make greater and more effective use of the entertainment media, including radio and television soap operas and drama, folk theatre and other traditional media to encourage public discussion of important but sometimes sensitive topics related to the implementation of the present Programme of Action. When the entertainment media - especially dramas - are used for advocacy purposes or to promote particular lifestyles, the public should be so informed, and in each case the identity of sponsors should be indicated in an appropriate manner.

11.24. Age-appropriate education, especially for adolescents, about the issues considered in the present Programme of Action should begin in the home and community and continue through all levels and channels of formal and non-formal education, taking into account the rights and responsibilities of parents and the needs of adolescents. Where such education already exists, curricula and educational materials should be reviewed, updated and broadened with a view to ensuring adequate coverage of important population-related issues and to counteract myths and misconceptions about them. Where no such education exists, appropriate curricula and materials should be developed. To ensure acceptance, effectiveness and usefulness by the community, education projects should be based on the findings of socio-cultural studies and should involve the active participation of parents and families, women, youth, the elderly and community leaders.

11.25. Governments should give priority to the training and retention of information, education and communication specialists, especially teachers, and of all others involved in the planning, implementation, monitoring and evaluation of information, education and communication programmes. It is necessary to train specialists who can contribute to the important conceptual and methodological development of education concerning population and related issues. Therefore, systems for professional training should be created and strengthened with specializations that prepare them to work effectively with Governments and with non-governmental organizations active in this field. In addition, there should be greater collaboration between the academic community and other entities in order to strengthen conceptual and methodological work and research in this field.

11.26. To enhance solidarity and to sustain development assistance, all countries need to be continuously informed about population and development issues. Countries should establish information mechanisms, where appropriate, to facilitate the systematic collection, analysis, dissemination and utilization of population-related information at the national and international levels, and networks should be established or strengthened at the national, subregional, regional and global levels to promote information and experience exchange.

Chapter XII\*

TECHNOLOGY, RESEARCH AND DEVELOPMENT

A. Basic data collection, analysis and dissemination

Basis for action

12.1. Valid, reliable, timely, culturally relevant and internationally comparable data form the basis for policy and programme development, implementation, monitoring and evaluation. While there have been marked improvements in the availability of population and related development data following important advances made during the past two decades in the methodologies and technology for data collection and analysis, many gaps remain with regard to the quality and coverage of baseline information, including vital data on births and deaths, as well as the continuity of data sets over time. Gender and ethnicity-specific information, which is needed to enhance and monitor the sensitivity of development policies and programmes, is still insufficient in many areas. Measurement of migration, particularly at the regional and international levels, is also among the areas least valid and least adequately covered. As a matter of principle, individuals, organizations and developing countries should have access, on a no-cost basis, to the data and findings based on research carried out in their own countries, including those maintained by other countries and international agencies.

Objectives

12.2. The objectives are:

(a) To establish a factual basis for understanding and anticipating the interrelationships of population and socio-economic - including environmental - variables and for improving programme development, implementation, monitoring and evaluation;

(b) To strengthen national capacity to seek new information and meet the need for basic data collection, analysis and dissemination, giving particular attention to information classified by age, sex, ethnicity and different geographical units, in order to use the findings in the formulation, implementation, monitoring and evaluation of overall sustainable development strategies and foster international cooperation, including such cooperation at the regional and subregional levels;

(c) To ensure political commitment to, and understanding of, the need for data collection on a regular basis and the analysis, dissemination and full utilization of data.

\* The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 13 September 1994.

Actions

12.3. Governments of all countries, particularly developing countries, assisted as appropriate through bilateral cooperation and international organizations and, where necessary, through interregional, regional and subregional cooperation, should strengthen their national capacity to carry out sustained and comprehensive programmes on collection, analysis, dissemination and utilization of population and development data. Particular attention should be given to the monitoring of population trends and the preparation of demographic projections and to the monitoring of progress towards the attainment of the health, education, gender, ethnic and social-equity goals, and of service accessibility and quality of care, as stated in the present Programme of Action.

12.4. Programmes for the collection, processing, analysis and timely dissemination and utilization of population and related development data should include disaggregation, including gender disaggregation, and coverage and presentation compatible with the needs of effective programme implementation on population and development. Interaction between the community of data users and data providers should be promoted in order to enable data providers to respond better to user needs. Research should be designed to take into account legal and ethical standards and should be carried out in consultation and partnership with, and with the active participation of, local communities and institutions, and the findings thereof should be made accessible and available to policy makers, decision makers, planners and managers of programmes for their timely use. Comparability should be ensured in all research and data collection programmes.

12.5. Comprehensive and reliable qualitative as well as quantitative databases, allowing linkages between population, education, health, poverty, family well-being, environment and development issues and providing information disaggregated at appropriate and desired levels, should be established and maintained by all countries to meet the needs of research as well as those of policy and programme development, implementation, monitoring and evaluation. Special attention should be given to assessing and measuring the quality and accessibility of care through the development of suitable indicators.

12.6. Demographic, socio-economic and other relevant information networks should be created or strengthened, where appropriate, at the national, regional and global levels to facilitate monitoring the implementation of programmes of action and activities on population, environment and development at the national, regional and global levels.

12.7. All data collection and analysis activities should give due consideration to gender-disaggregation, enhancing knowledge on the position and role of gender in social and demographic processes. In particular, in order to provide a more accurate picture of women's current and potential contribution to economic development, data collection should delineate more precisely the nature of women's social and labour force status and make that a basis for policy and programme decisions on improving women's income. Such data should address, inter alia, women's unpaid economic activities in the family and in the informal sector.



12.8. Training programmes in statistics, demography, and population and development studies should be designed and implemented at the national and regional levels, particularly in developing countries, with enhanced technical and financial support, through international cooperation and greater national resources.

12.9. All countries, with the support of appropriate organizations, should strengthen the collection and analysis of demographic data, including international migration data, in order to achieve a better understanding of that phenomenon and thus support the formulation of national and international policies on international migration.

#### B. Reproductive health research

##### Basis for action

12.10. Research, in particular biomedical research, has been instrumental in giving more and more people access to a greater range of safe and effective modern methods for regulation of fertility. However, not all persons can find a family-planning method that suits them and the range of choices available to men is more limited than that available to women. The growing incidence of sexually transmitted diseases, including HIV/AIDS, demands substantially higher investments in new methods of prevention, diagnosis and treatment. In spite of greatly reduced funding for reproductive health research, prospects for developing and introducing new methods and products for contraception and regulation of fertility have been promising. Improved collaboration and coordination of activities internationally will increase cost-effectiveness, but a significant increase in support from Governments and industry is needed to bring a number of potential new, safe and affordable methods to fruition, especially barrier methods. This research needs to be guided at all stages by gender perspectives, particularly women's, and the needs of users, and should be carried out in strict conformity with internationally accepted legal, ethical, medical and scientific standards for biomedical research.

##### Objectives

12.11. The objectives are:

(a) To contribute to the understanding of factors affecting universal reproductive health, including sexual health, and to expand reproductive choice;

(b) To ensure the initial and continued safety, quality and health aspects of methods for regulation of fertility;

(c) To ensure that all people have the opportunity to achieve and maintain sound reproductive and sexual health, the international community should mobilize the full spectrum of basic biomedical, social and behavioural and programme-related research on reproductive health and sexuality.

##### Actions

12.12. Governments, assisted by the international community and donor agencies, the private sector, non-governmental organizations and the academic community, should increase support for basic and applied biomedical, technological, clinical, epidemiological and social science research to strengthen reproductive health services, including the improvement of existing and the development of new methods for regulation of fertility that meet users' needs and are acceptable, easy to use, safe, free of long- and short-term side-effects and second-generation effects, effective, affordable and suitable for different age and cultural groups and for different phases of the reproductive cycle. Testing and introduction of all new technologies should be continually monitored to avoid potential abuse. Specifically, areas that need increased attention should include barrier methods, both male and female, for fertility control and the prevention of sexually transmitted diseases, including HIV/AIDS, as well as microbicides and virucides, which may or may not prevent pregnancy.

12.13. Research on sexuality and gender roles and relationships in different cultural settings is urgently needed, with emphasis on such areas as abuse, discrimination and violence against women; genital mutilation, where practised; sexual behaviour and mores; male attitudes towards sexuality and procreation, fertility, family and gender roles; risk-taking behaviour regarding sexually transmitted diseases and unplanned pregnancies; women's and men's perceived needs for methods for regulation of fertility and sexual health services; and reasons for non-use or ineffective use of existing services and technologies.

12.14. High priority should also be given to the development of new methods for regulation of fertility for men. Special research should be undertaken on factors inhibiting male participation in order to enhance male involvement and responsibility in family planning. In conducting sexual and reproductive health research, special attention should be given to the needs of adolescents in order to develop suitable policies and programmes and appropriate technologies to meet their health needs. Special priority should be given to research on sexually transmitted diseases, including HIV/AIDS, and research on infertility.

12.15. To expedite the availability of improved and new methods for regulation of fertility, efforts must be made to increase the involvement of industry, including industry in developing countries and countries with economies in transition. A new type of partnership between the public and private sectors, including women and consumer groups, is needed to mobilize the experience and resources of industry while protecting the public interest. National drug and device regulatory agencies should be actively involved in all stages of the development process to ensure that all legal and ethical standards are met. Developed countries should assist research programmes in developing countries and countries with economies in transition with their knowledge, experience and technical expertise and promote the transfer of appropriate technologies to them. The international community should facilitate the establishment of manufacturing capacities for contraceptive commodities in developing countries, particularly the least developed among them, and countries with economies in transition.

12.16. All research on products for regulation of fertility and sexual and reproductive health must be carried out in adherence to internationally accepted ethical and technical standards and cultural conditions for biomedical research. Special attention needs to be given to the continuous surveillance of contraceptive safety and side-effects. Users', in particular women's, perspectives and women's organizations should be incorporated into all stages of the research and development process.

12.17. Since unsafe abortion <sup>20/</sup> is a major threat to the health and lives of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted, as well as research on treatment of complications of abortions and post-abortion care.

12.18. There should be enhanced research on natural methods for regulation of fertility, looking for more effective procedures to detect the moment of ovulation during the menstrual cycle and after childbirth.

#### C. Social and economic research

##### Basis for action

12.19. During the past several decades, the formulation, implementation, monitoring and evaluation of population policies, programmes and activities have benefited from the findings of social and economic research highlighting how population change results from and impacts on complex interactions of social, economic and environmental factors. Nevertheless, some aspects of those interactions are still poorly understood and knowledge is lacking, especially with regard to developing countries, in areas relevant to a range of population and development policies, particularly concerning indigenous practices. Social and economic research is clearly needed to enable programmes to take into account the views of their intended beneficiaries, especially women, the young and other less empowered groups, and to respond to the specific needs of those groups and of communities. Research regarding the interrelations between global or regional economic factors and national demographic processes is required. Improved quality of services can be achieved only where quality has been defined by both users and providers of services and where women are actively involved in decision-making and service delivery.

##### Objectives

12.20. The objectives are:

(a) To promote socio-cultural and economic research that assists in the design of programmes, activities and services to improve the quality of life and meet the needs of individuals, families and communities, in particular all underserved groups; <sup>22/</sup>

(b) To promote the use of research findings to improve the formulation of policies and the implementation, monitoring and evaluation of programmes and

projects that improve the welfare of individuals and families and the needy to enhance their quality, efficiency and client-sensitivity, and to increase the national and international capacity for such research;

(c) To understand that sexual and reproductive behaviour occurs in varying socio-cultural contexts, and to understand the importance of that context for the design and implementation of service programmes.

##### Actions

12.21. Governments, funding agencies and research organizations should encourage and promote socio-cultural and economic research on relevant population and development policies and programmes, including indigenous practices, especially with regard to interlinkages between population, poverty alleviation, environment, sustained economic growth and sustainable development.

12.22. Socio-cultural and economic research should be built into population and development programmes and strategies in order to provide guidance for programme managers on ways and means of reaching underserved clients and responding to their needs. To this end, programmes should provide for operations research, evaluation research and other applied social science research. This research should be participatory in character. Mechanisms should be established with a view to ensuring that research findings are incorporated into the decision-making process.

12.23. Policy-oriented research, at the national and international levels, should be undertaken on areas beset by population pressures, poverty, over-consumption patterns, destruction of ecosystems and degradation of resources, giving particular attention to the interactions between those factors. Research should also be done on the development and improvement of methods with regard to sustainable food production and crop and livestock systems in both developed and developing countries.

12.24. Governments, intergovernmental organizations, non-governmental organizations concerned, funding agencies and research organizations are urged to give priority to research on the linkages between women's roles and status and demographic and development processes. Among the vital areas for research are changing family structures; family well-being; the interactions between women's and men's diverse roles, including their use of time, access to power and decision-making and control over resources; associated norms, laws, values and beliefs; and the economic and demographic outcomes of gender inequality. Women should be involved at all stages of gender research planning, and efforts should be made to recruit and train more female researchers.

12.25. Given the changing nature and extent of the spatial mobility of population, research to improve the understanding of the causes and consequences of migration and mobility, whether internal or international, is urgently needed. To provide a sound foundation for such research, special efforts need to be made to improve the quality, timeliness and accessibility of data on internal and international migration levels, trends and policies.



12.26. In the light of the persistence of significant mortality and morbidity differentials between population subgroups within countries, it is urgent to step up efforts to investigate the factors underlying such differentials, in order to devise more effective policies and programmes for their reduction. Of special importance are the causes of differentials, including gender differentials, in mortality and morbidity, particularly at younger and older ages. Increased attention should also be paid to the relative importance of various socio-economic and environmental factors in determining mortality differentials by region or socio-economic and ethnic group. Causes and trends in maternal, perinatal and infant morbidity and mortality also need further investigation.

Chapter XIII\*

NATIONAL ACTION

A. National policies and plans of action

Basis for action

13.1. During the past few decades, considerable experience has been gained around the world on how government policies and programmes can be designed and implemented to address population and development concerns, enhance the choices of people and contribute to broad social progress. As is the case with other social development programmes, experience has also shown, in instances where the leadership is strongly committed to economic growth, human resource development, gender equality and equity and meeting the health needs of the population, in particular the reproductive health needs, including family planning and sexual health, countries have been able to mobilize sustained commitment at all levels to make population and development programmes and projects successful.

13.2. While such success can be facilitated by developments in the overall social and economic context, and by success in other development efforts, population and development are intrinsically interrelated and progress in any component can catalyse improvement in others. The many facets of population relate to many facets of development. There is increased recognition of the need for countries to consider migration impacts, internal and international, in developing their relevant policies and programmes. There is also growing recognition that population-related policies, plans, programmes and projects, to be sustainable, need to engage their intended beneficiaries fully in their design and subsequent implementation.

13.3. The role of non-governmental organizations as partners in national policies and programmes is increasingly recognized, as is the important role of the private sector. Members of national legislatures can have a major role to play, especially in enacting appropriate domestic legislation for implementing the present Programme of Action, allocating appropriate financial resources, ensuring accountability of expenditure and raising public awareness of population issues.

Objectives

13.4. The objectives are:

(a) To incorporate population concerns in all relevant national development strategies, plans, policies and programmes;

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\* The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 13 September 1994.

(b) To foster active involvement of elected representatives of people, particularly parliamentarians, concerned groups, especially at the grass-roots level, and individuals, in formulating, implementing, monitoring and evaluating strategies, policies, plans and programmes in the field of population and development.

Actions

13.5. Governments, with the active involvement of parliamentarians, locally elected bodies, communities, the private sector, non-governmental organizations and women's groups, should work to increase awareness of population and development issues and formulate, implement and evaluate national strategies, policies, plans, programmes and projects that address population and development issues, including migration, as integral parts of their sectoral, intersectoral and overall development planning and implementation process. They should also promote and work to ensure adequate human resources and institutions to coordinate and carry out the planning, implementation, monitoring and evaluation of population and development activities.

13.6. Governments and parliamentarians, in collaboration with the international community and non-governmental organizations, should make the necessary plans in accordance with national concerns and priorities and take the actions required to measure, assess, monitor and evaluate progress towards meeting the goals of the present Programme of Action. In this connection, the active participation of the private sector and the research community is to be encouraged.

B. Programme management and human resource development

Basis for action

13.7. Building the capacity and self-reliance of countries to undertake concerted national action to promote sustained economic growth, to further sustainable national development and to improve the quality of life for the people is a fundamental goal. This requires the retention, motivation and participation of appropriately trained personnel working within effective institutional arrangements, as well as relevant involvement by the private sector and non-governmental organizations. The lack of adequate management skills, particularly in the least developed countries, critically reduces the ability for strategic planning, weakens programme execution, lessens the quality of services and thus diminishes the usefulness of programmes to their beneficiaries. The recent trend towards decentralization of authority in national population and development programmes, particularly in government programmes, significantly increases the requirement for trained staff to meet new or expanded responsibilities at the lower administrative levels. It also modifies the "skill mix" required in central institutions, with policy analysis, evaluation and strategic planning having higher priority than previously.

Objectives

13.8. The objectives are:

(a) To improve national capacities and the cost-effectiveness, quality and impact of national population and development strategies, plans, policies and programmes, while ensuring their accountability to all persons served, in particular the most vulnerable and disadvantaged groups in society, including the rural population and adolescents;

(b) To facilitate and accelerate the collection, analysis and flow of data and information between actors in national population and development programmes in order to enhance the formulation of strategies, policies, plans and programmes and monitor and evaluate their implementation and impact;

(c) To increase the skill level and accountability of managers and others involved in the implementation, monitoring and evaluation of national population and development strategies, policies, plans and programmes;

(d) To incorporate user and gender perspectives in training programmes and ensure the availability, motivation and retention of appropriately trained personnel, including women, for the formulation, implementation, monitoring and evaluation of national population and development strategies, policies, plans and programmes.

Actions

13.9. Countries should:

(a) Formulate and implement human resource development programmes in a manner that explicitly addresses the needs of population and development strategies, policies, plans and programmes, giving special consideration to the basic education, training and employment of women at all levels, especially at decision-making and managerial levels, and to the incorporation of user and gender perspectives throughout the training programmes;

(b) Ensure the nationwide and efficient placement of trained personnel managing population and development strategies, policies, plans and programmes;

(c) Continuously upgrade the management skills of service delivery personnel to enhance the cost-effectiveness, efficiency and impact of the social services sector;

(d) Rationalize remuneration and related matters, terms and conditions of service to ensure equal pay for equal work by women and men and the retention and advancement of managerial and technical personnel involved in population and development programmes, and thereby improve national execution of these programmes;

(e) Establish innovative mechanisms to promote experience-sharing in population and development programme management within and among countries at



subregional, regional, interregional and international levels in order to foster relevant national expertise;

(f) Develop and maintain databases of national experts and institutions of excellence in order to foster the use of national competence, giving special consideration to the inclusion of women and youth;

(g) Ensure effective communication with, and the involvement of, programme beneficiaries at all levels, in particular at rural levels, in order to ensure better overall programme management.

13.10. Governments should give special attention to the development and implementation of client-centred management information systems for population and development, and particularly for reproductive health, including family-planning and sexual health programmes, covering both governmental and non-governmental activities and containing regularly updated data on clientele, expenditures, infrastructure, service accessibility, output and quality of services.

#### C. Resource mobilization and allocation

##### Basis for action

13.11. Allocation of resources for sustained human development at the national level generally falls into various sectoral categories. How countries can most beneficially allocate resources among various sectors depends largely on each country's social, economic, cultural and political realities as well as its policy and programme priorities. In general, the quality and success of programmes benefit from a balanced allocation of resources. In particular, population-related programmes play an important role in enabling, facilitating and accelerating progress in sustainable human development programmes, especially by contributing to the empowerment of women, improving the health of the people (particularly of women and children, and especially in the rural areas), slowing the growth rate of demand for social services, mobilizing community action and stressing the long-term importance of social-sector investments.

13.12. Domestic resources provide the largest portion of funds for attaining development objectives. Domestic resource mobilization is, thus, one of the highest priority areas for focused attention to ensure the timely actions required to meet the objectives of the present Programme of Action. Both the public and the private sectors can potentially contribute to the resources required. Many of the countries seeking to pursue the additional goals and objectives of the Programme of Action, especially the least developed countries and other poor countries that are undergoing painful structural adjustments, are continuing to experience recessionary trends in their economies. Their domestic resource mobilization efforts to expand and improve their population and development programmes will need to be complemented by a significantly greater provision of financial and technical resources by the international community, as indicated in chapter XIV. In the mobilization of new and additional domestic resources and resources from donors, special attention needs to be given to

adequate measures to address the basic needs of the most vulnerable groups of the population, particularly in the rural areas, and to ensure their access to social services.

13.13. Based on the current large unmet demands for reproductive health services, including family planning, and the expected growth in numbers of women and men of reproductive age, demand for services will continue to grow very rapidly over the next two decades. This demand will be accelerated by growing interest in delayed child-bearing, better spacing of births and earlier completion of desired family size, and by easier access to services. Efforts to generate and make available higher levels of domestic resources, and to ensure their effective utilization, in support of service-delivery programmes and of associated information, education and communication activities, thus, need to be intensified.

13.14. Basic reproductive health, including family-planning services, involving support for necessary training, supplies, infrastructure and management systems, especially at the primary health-care level, would include the following major components, which should be integrated into basic national programmes for population and reproductive health:

(a) In the family-planning services component - contraceptive commodities and service delivery; capacity-building for information, education and communication regarding family planning and population and development issues; national capacity-building through support for training; infrastructure development and upgrading of facilities; policy development and programme evaluation; management information systems; basic service statistics; and focused efforts to ensure good quality care;

(b) In the basic reproductive health services component - information and routine services for prenatal, normal and safe delivery and post-natal care; abortion (as specified in paragraph 8.25); information, education and communication about reproductive health, including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections, as feasible; prevention of infertility and appropriate treatment, where feasible; and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS, and for pregnancy and delivery complications;

(c) In the sexually transmitted diseases/HIV/AIDS prevention programme component - mass media and in-school education programmes, promotion of voluntary abstinence and responsible sexual behaviour and expanded distribution of condoms;

(d) In the basic research, data and population and development policy analysis component - national capacity-building through support for demographic as well as programme-related data collection and analysis, research, policy development and training.

13.15. It has been estimated that, in the developing countries and countries with economies in transition, the implementation of programmes in the area of reproductive health, including those related to family planning, maternal health

and the prevention of sexually transmitted diseases, as well as other basic actions for collecting and analysing population data, will cost: \$17.0 billion in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010 and \$21.7 billion in 2015; these are cost-estimates prepared by experts, based on experience to date, of the four components referred to above. These estimates should be reviewed and updated on the basis of the comprehensive approach reflected in paragraph 13.14 of the present Programme of Action, particularly with respect to the costs of implementing reproductive health service delivery. Of this, approximately 65 per cent is for the delivery system. Programme costs in the closely related components which should be integrated into basic national programmes for population and reproductive health are estimated as follows:

(a) The family-planning component is estimated to cost: \$10.2 billion in 2000, \$11.5 billion in 2005, \$12.6 billion in 2010 and \$13.8 billion in 2015. This estimate is based on census and survey data which help to project the number of couples and individuals who are likely to be using family-planning information and services. Projections of future costs allow for improvements in quality of care. While improved quality of care will increase costs per user to some degree, these increases are likely to be offset by declining costs per user as both prevalence and programme efficiency increase;

(b) The reproductive health component (not including the delivery-system costs summarized under the family-planning component) is estimated to add: \$5.0 billion in 2000, \$5.4 billion in 2005, \$5.7 billion in 2010 and \$6.1 billion in 2015. The estimate for reproductive health is a global total, based on experience with maternal health programmes in countries at different levels of development, selectively including other reproductive health services. The full maternal and child health impact of these interventions will depend on the provision of tertiary and emergency care, the costs of which should be met by overall health-sector budgets;

(c) The sexually transmitted diseases/HIV/AIDS prevention programme is estimated by the WHO Global Programme on AIDS to cost: \$1.3 billion in 2000, \$1.4 billion in 2005 and approximately \$1.5 billion in 2010 and \$1.5 billion in 2015;

(d) The basic research, data and population and development policy analysis programme is estimated to cost: \$500 million in 2000, \$200 million in 2005, \$700 million in 2010 and \$300 million in 2015.

13.16. It is tentatively estimated that up to two thirds of the costs will continue to be met by the countries themselves and in the order of one third from external sources. However, the least developed countries and other low-income developing countries will require a greater share of external resources on a concessional and grant basis. Thus, there will be considerable variation in needs for external resources for population programmes, between and within regions. The estimated global requirements for international assistance are outlined in paragraph 14.11.

13.17. Additional resources will be needed to support programmes addressing population and development goals, particularly programmes seeking to attain the specific social- and economic-sector goals contained in the present Programme of

Action. The health sector will require additional resources to strengthen the primary health-care delivery system, child survival programmes, emergency obstetrical care and broad-based programmes for the control of sexually transmitted diseases, including HIV/AIDS, as well as the humane treatment and care of those infected with sexually transmitted diseases/HIV/AIDS, among others. The education sector will also require substantial and additional investments in order to provide universal basic education and to eliminate disparities in educational access owing to gender, geographical location, social or economic status etc.

13.18. Additional resources will be needed for action programmes directed to improving the status and empowerment of women and their full participation in the development process (beyond ensuring their basic education). The full involvement of women in the design, implementation, management and monitoring of all development programmes will be an important component of such activities.

13.19. Additional resources will be needed for action programmes to accelerate development programmes; generate employment; address environmental concerns, including unsustainable patterns of production and consumption; provide social services; achieve balanced distributions of population; and address poverty eradication through sustained economic growth in the context of sustainable development. Important relevant programmes include those addressed in Agenda 21.

13.20. The resources needed to implement the present Programme of Action require substantially increased investments in the near term. The benefits of these investments can be measured in future savings in sectoral requirements; sustainable patterns of production and consumption and sustained economic growth in the context of sustainable development; and overall improvements in the quality of life.

#### Objective

13.21. The objective is to achieve an adequate level of resource mobilization and allocation, at the community, national and international levels, for population programmes and for other related programmes, all of which seek to promote and accelerate social and economic development, improve the quality of life for all, foster equity and full respect for individual rights and, by so doing, contribute to sustainable development.

#### Actions

13.22. Governments, non-governmental organizations, the private sector and local communities, assisted upon request by the international community, should strive to mobilize and effectively utilize the resources for population and development programmes that expand and improve the quality of reproductive health care, including family-planning and sexually transmitted diseases/HIV/AIDS prevention efforts. In line with the goal of the present Programme of Action to ensure universal availability of and access to high-quality reproductive health and family-planning services, particular emphasis must be put on meeting the needs of underserved population groups, including adolescents, taking into account the rights and responsibilities of parents and



the needs of adolescents and the rural and the urban poor, and on ensuring the safety of services and their responsiveness to women, men and adolescents. In mobilizing resources for these purposes, countries should examine new modalities such as increased involvement of the private sector, the selective use of user fees, social marketing, cost-sharing and other forms of cost recovery. However, these modalities must not impede access to services and should be accompanied with adequate "safety net" measures.

13.23. Governments, non-governmental organizations, the private sector and local communities, assisted upon request by the international community, should strive to mobilize the resources needed to reinforce social development goals, and in particular to satisfy the commitments Governments have undertaken previously with regard to Education for All (the Jostien Declaration), the multisectoral goals of the World Summit for Children, Agenda 21 and other relevant international agreements, and to further mobilize the resources needed to meet the goals in the present Programme of Action. In this regard, Governments are urged to devote an increased proportion of public-sector expenditures to the social sectors, as well as an increased proportion of official development assistance, stressing, in particular, poverty eradication within the context of sustainable development.

13.24. Governments, international organizations and non-governmental organizations should collaborate on an ongoing basis in the development of precise and reliable cost estimates, where appropriate, for each category of investment.

Chapter XIV\*

INTERNATIONAL COOPERATION

A. Responsibilities of partners in development

Basis for action

14.1. International cooperation has been proved to be essential for the implementation of population and development programmes during the past two decades. The number of financial donors has steadily increased and the profile of the donor community has increasingly been shaped by the growing presence of non-governmental and private-sector organizations. Numerous experiences of successful cooperation between developing countries have dispelled the stereotyped view of donors being exclusively developed countries. Donor partnerships have become more prevalent in a variety of configurations, so that it is no longer unusual to find Governments and multilateral organizations working closely together with national and international non-governmental organizations and segments of the private sector. This evolution of international cooperation in population and development activities reflects the considerable changes that have taken place during the past two decades, particularly with the greater awareness of the magnitude, diversity and urgency of unmet needs. Countries that formerly attached minimal importance to population issues now recognize them at the core of their development challenge. International migration and AIDS, for instance, formerly matters of marginal concern to a few countries, are currently high-priority issues in a large number of countries.

14.2. The maturing process undergone by international cooperation in the field of population and development has accentuated a number of difficulties and shortcomings that need to be addressed. For instance, the expanding number and configuration of development partners subjects both recipients and donors to increasing pressures to decide among a multitude of competing development priorities, a task which recipient Governments in particular may find exceedingly difficult to carry out. Lack of adequate financial resources and effective coordination mechanisms have been found to result in unnecessary duplication of efforts and lack of programme congruency. Sudden shifts in the development policies of donors may cause disruptions of programme activities across the world. Re-establishing and adhering to national priorities requires a new clarification of, and commitment to, reciprocal responsibilities among development partners.

Objectives

14.3. The objectives are:

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\* The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 13 September 1994.

(a) To ensure that international cooperation in the area of population and development is consistent with national population and development priorities centred on the well-being of intended beneficiaries and serves to promote national capacity-building and self-reliance;

(b) To urge that the international community adopt favourable macroeconomic policies for promoting sustained economic growth and sustainable development in developing countries;

(c) To clarify the reciprocal responsibilities of development partners and improve coordination of their efforts;

(d) To develop long-term joint programmes between recipient countries and between recipient and donor countries;

(e) To improve and strengthen policy dialogue and coordination of population and development programmes and activities at the international level, including bilateral and multilateral agencies;

(f) To urge that all population and development programmes, with full respect for the various religious and ethical values and cultural backgrounds of each country's people, adhere to basic human rights recognized by the international community and recalled in the present Programme of Action.

#### Actions

14.4. At the programme level, national capacity-building for population and development and transfer of appropriate technology and know-how to developing countries, including countries with economies in transition, must be core objectives and central activities for international cooperation. In this respect, important elements are to find accessible ways to meet the large commodity needs, of family-planning programmes, through the local production of contraceptives of assured quality and affordability, for which technology cooperation, joint ventures and other forms of technical assistance should be encouraged.

14.5. The international community should promote a supportive economic environment by adopting favourable macroeconomic policies for promoting sustained economic growth and development.

14.6. Governments should ensure that national development plans take note of anticipated international funding and cooperation in their population and development programmes, including loans from international financial institutions, particularly with respect to national capacity-building, technology cooperation and transfer of appropriate technology, which should be provided on favourable terms, including on concessional and preferential terms, as mutually agreed, taking into account the need to protect international property rights, as well as the special needs of developing countries.

14.7. Recipient Governments should strengthen their national coordination mechanisms for international cooperation in population and development, and in consultations with donors clarify the responsibilities assigned to various types

of development partners, including intergovernmental and international non-governmental organizations, based on careful consideration of their comparative advantages in the context of national development priorities and of their ability to interact with national development partners. The international community should assist recipient Governments to undertake these coordinating efforts.

#### B. Towards a new commitment to funding population and development

##### Basis for action

14.8. There is a strong consensus on the need to mobilize significant additional financial resources from both the international community and within developing countries and countries with economies in transition for national population programmes in support of sustainable development. The Amsterdam Declaration on a Better Life for Future Generations, adopted at the International Forum on Population in the Twenty-first Century, held at Amsterdam in 1989, called on Governments to double the total global expenditures in population programmes and on donors to increase substantially their contribution, in order to meet the needs of millions of people in developing countries in the fields of family planning and other population activities by the year 2000. However, since then, international resources for population activities have come under severe pressure, owing to the prolonged economic recession in traditional donor countries. Also, developing countries face increasing difficulties in allocating sufficient funds for their population and related programmes. Additional resources are urgently required to better identify and satisfy unmet needs in issues related to population and development, such as reproductive health care, including family-planning and sexual health information and services, as well as to respond to future increases in demand, to keep pace with the growing demands that need to be served, and to improve the scope and quality of programmes.

14.9. To assist the implementation of population and reproductive health care, including family-planning and sexual health programmes, financial and technical assistance from bilateral and multilateral agencies have been provided to the national and subnational agencies involved. As some of these began to be successful, it became desirable for countries to learn from one another's experiences, through a number of different modalities (e.g., long- and short-term training programmes, observation study tours and consultant services).

##### Objectives

14.10. The objectives are:

(a) To increase substantially the availability of international financial assistance in the field of population and development in order to enable developing countries and countries with economies in transition to achieve the goals of the present Programme of Action as they pursue their self-reliant and capacity-building efforts;



(b) To increase the commitment to, and the stability of, international financial assistance in the field of population and development by diversifying the sources of contributions, while striving to avoid as far as possible a reduction in the resources for other development areas. Additional resources should be made available for short-term assistance to the countries with economies in transition;

(c) To increase international financial assistance to direct South-South cooperation and to facilitate financing procedures for direct South-South cooperation.

#### Actions

14.11. The international community should strive for the fulfilment of the agreed target of 0.7 per cent of the gross national product for overall official development assistance and endeavour to increase the share of funding for population and development programmes commensurate with the scope and scale of activities required to achieve the objectives and goals of the present Programme of Action. A crucially urgent challenge to the international donor community is therefore the translation of their commitment to the objectives and quantitative goals of the present Programme of Action into commensurate financial contributions to population programmes in developing countries and countries with economies in transition. Given the magnitude of the financial resource needs for national population and development programmes (as identified in chapter XIII), and assuming that recipient countries will be able to generate sufficient increases in domestically generated resources, the need for complementary resource flows from donor countries would be in the order of (in 1993 US dollars): \$5.7 billion in 2000; \$6.1 billion in 2005; \$6.8 billion in 2010; and \$7.2 billion in 2015. The international community takes note of the initiative to mobilize resources to give all people access to basic social services, known as the 20/20 initiative, which will be studied further in the context of the World Summit for Social Development.

14.12. Recipient countries should ensure that international assistance for population and development activities is used effectively to meet national population and development objectives so as to assist donors to secure commitment to further resources for programmes.

14.13. The United Nations Population Fund, other United Nations organizations, multilateral financial institutions, regional banks and bilateral financial sources are invited to consult, with a view to coordinating their financing policies and planning procedures to improve the impact, complementarity and cost-effectiveness of their contributions to the achievement of the population programmes of the developing countries and countries with economies in transition.

14.14. Criteria for allocation of external financial resources for population activities in developing countries should include:

(a) Coherent national programmes, plans and strategies on population and development;

(b) The recognized priority to the least developed countries;

(c) The need to complement national financial efforts on population;

(d) The need to avoid obstacles to, or reversal of, progress achieved thus far;

(e) Problems of significant social sectors and areas that are not reflected in national average indicators.

14.15. Countries with economies in transition should receive temporary assistance for population and development activities in the light of the difficult economic and social problems these countries face at present.

14.16. In devising the appropriate balance between funding sources, more attention should be given to South-South cooperation as well as to new ways of mobilizing private contributions, particularly in partnership with non-governmental organizations. The international community should urge donor agencies to improve and modify their funding procedures in order to facilitate and give higher priority to supporting direct South-South collaborative arrangements.

14.17. Innovative financing, including new ways of generating public and private financing resources and various forms of debt relief should be explored.

14.18. International financial institutions are encouraged to increase their financial assistance, particularly in population and reproductive health, including family planning and sexual health care.

Chapter XV\*

PARTNERSHIP WITH THE NON-GOVERNMENTAL SECTOR

A. Local, national and international non-governmental organizations

Basis for action

15.1 As the contribution, real and potential, of non-governmental organizations gains clearer recognition in many countries and at regional and international levels, it is important to affirm its relevance in the context of the preparation and implementation of the present Programme of Action. To address the challenges of population and development effectively, broad and effective partnership is essential between Governments and non-governmental organizations (comprising not-for-profit groups and organizations at the local, national and international levels) to assist in the formulation, implementation, monitoring and evaluation of population and development objectives and activities.

15.2. Despite widely varying situations in their relationship and interaction with Governments, non-governmental organizations have made and are increasingly making important contributions to both population and development activities at all levels. In many areas of population and development activities, non-governmental groups are already rightly recognized for their comparative advantage in relation to government agencies, because of innovative, flexible and responsive programme design and implementation, including grass-roots participation, and because quite often they are rooted in and interact with constituencies that are poorly served and hard to reach through government channels.

15.3. Non-governmental organizations are important voices of the people, and their associations and networks provide an effective and efficient means of better focusing local and national initiatives and addressing pressing population, environmental, migration and economic and social development concerns.

15.4. Non-governmental organizations are actively involved in the provision of programme and project services in virtually every area of socio-economic development, including the population sector. Many of them have, in a number of countries, a long history of involvement and participation in population-related activities, particularly family planning. Their strength and credibility lies

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in the responsible and constructive role they play in society and the support their activities engender from the community as a whole. Formal and informal organizations and networks, including grass-roots movements, merit greater recognition at the local, national and international levels as valid and valuable partners for the implementation of the present Programme of Action. For such partnerships to develop and thrive, it is necessary for governmental and non-governmental organizations to institute appropriate systems and mechanisms to facilitate constructive dialogue, in the context of national programmes and policies, recognizing their distinct roles, responsibilities and particular capacities.

15.5. The experience, capabilities and expertise of many non-governmental organizations and local community groups in areas of direct relevance to the Programme of Action is acknowledged. Non-governmental organizations, especially those working in the field of sexual and reproductive health and family planning, women's organizations and immigrant and refugee support advocacy groups, have increased public knowledge and provided educational services to men and women which contribute towards successful implementation of population and development policies. Youth organizations are increasingly becoming effective partners in developing programmes to educate youth on reproductive health, gender and environmental issues. Other groups, such as organizations of the aged, migrants, organizations of persons with disabilities and informal grass-roots groups, also contribute effectively to the enhancement of programmes for their particular constituencies. These diverse organizations can help in ensuring the quality and relevance of programmes and services to the people they are meant to serve. They should be invited to participate with local, national and international decision-making bodies, including the United Nations system, to ensure effective implementation, monitoring and evaluation of the present Programme of Action.

15.6. In recognition of the importance of effective partnership, non-governmental organizations are invited to foster coordination, cooperation and communication at the local, national, regional and international levels and with local and national governments, to reinforce their effectiveness as key participants in the implementation of population and development programmes and policies. The involvement of non-governmental organizations should be seen as complementary to the responsibility of Governments to provide full, safe and accessible reproductive health services, including family-planning and sexual health services. Like Governments, non-governmental organizations should be accountable for their actions and should offer transparency with respect to their services and evaluation procedures.

Objective

15.7. The objective is to promote an effective partnership between all levels of government and the full range of non-governmental organizations and local community groups, in the discussion and decisions on the design, implementation, coordination, monitoring and evaluation of programmes relating to population, development and environment in accordance with the general policy framework of Governments, taking duly into account the responsibilities and roles of the respective partners.



Actions

15.8. Governments and intergovernmental organizations, in dialogue with non-governmental organizations and local community groups, and in full respect for their autonomy, should integrate them in their decision-making and facilitate the contribution that non-governmental organizations can make at all levels towards finding solutions to population and development concerns and, in particular, to ensure the implementation of the present Programme of Action. Non-governmental organizations should have a key role in national and international development processes.

15.9. Governments should ensure the essential roles and participation of women's organizations in the design and implementation of population and development programmes. Involving women at all levels, especially the managerial level, is critical to meeting the objectives and implementing the present Programme of Action.

15.10. Adequate financial and technical resources and information necessary for the effective participation of non-governmental organizations in the research, design, implementation, monitoring and evaluation of population and development activities should, if feasible and if requested, be made available to the non-governmental sector by Governments, intergovernmental organizations and international financial institutions in a manner that will not compromise their full autonomy. To ensure transparency, accountability and effective division of labour, these same institutions should make available the necessary information and documents to those non-governmental organizations. International organizations may provide financial and technical assistance to non-governmental organizations in accordance with the laws and regulations of each country.

15.11. Governments and donor countries, including intergovernmental organizations and international financial institutions, should ensure that non-governmental organizations and their networks are able to maintain their autonomy and strengthen their capacity through regular dialogue and consultations, appropriate training and outreach activities, and thus play a greater partnership role at all levels.

15.12. Non-governmental organizations and their networks and local communities should strengthen their interaction with their constituencies, ensure the transparency of their activities, mobilize public opinion, participate in the implementation of population and development programmes and actively contribute to the national, regional and international debate on population and development issues. Governments, where appropriate, should include representation of non-governmental organizations on country delegations to regional and international forums where issues on population and development are discussed.

B. The private sector

Basis for action

15.13. The private, profit-oriented sector plays an important role in social and economic development, including production and delivery of reproductive

health-care services and commodities, appropriate education and information relevant to population and development programmes. In a growing number of countries, the private sector has or is developing the financial, managerial and technological capacity to carry out an array of population and development activities in a cost-efficient and effective manner. This experience has laid the groundwork for useful partnerships which the private sector can further develop and expand. Private-sector involvement may assist or supplement but must not mitigate the responsibility of Governments to provide full, safe and accessible reproductive health services to all people. The private sector must also ensure that all population and development programmes, with full respect for the various religious and ethical values and cultural backgrounds of each country's people, adhere to basic rights recognized by the international community and recalled in the present Programme of Action.

15.14. Another aspect of the private sector's role is its importance as a partner for economic growth and sustainable development. Through its actions and attitudes, the private sector can make a decisive impact on the quality of life of its employees and often on large segments of society and their attitudes. Experience gained from these programmes is useful to Governments and non-governmental organizations alike in their ongoing efforts to find innovative ways of effectively involving the private sector in population and development programmes. A growing consciousness of corporate responsibilities increasingly is leading private-sector decision makers to search for new ways in which for-profit entities can constructively work with Governments and non-governmental organizations on population and sustainable development issues. By acknowledging the contribution of the private sector, and by seeking more programme areas for mutually beneficial cooperation, Governments and non-governmental organizations alike may strengthen the efficiency of their population and development activities.

Objectives

15.15. The objectives are:

(a) To strengthen the partnership between Governments, international organizations and the private sector in identifying new areas of cooperation;

(b) To promote the role of the private sector in service delivery and in the production and distribution, within each region of the world, of high-quality reproductive health and family-planning commodities and contraceptives, which are accessible and affordable to low-income sectors of the population.

Actions

15.16. Governments and non-governmental and international organizations should intensify their cooperation with the private, for-profit sector in matters pertaining to population and sustainable development in order to strengthen the contribution of that sector in the implementation of population and development programmes, including the production and delivery of quality contraceptive commodities and services with appropriate information and education, in a socially responsible, culturally sensitive, acceptable and cost-effective manner.

15.17. Non-profit and profit-oriented organizations and their networks should develop mechanisms whereby they can exchange ideas and experiences in the population and development fields with a view to sharing innovative approaches and research and development initiatives. The dissemination of information and research should be a priority.

15.18. Governments are strongly encouraged to set standards for service delivery and review legal, regulatory and import policies to identify and eliminate those policies that unnecessarily prevent or restrict the greater involvement of the private sector in efficient production of commodities for reproductive health, including family planning, and in service delivery. Governments, taking into account cultural and social differences, should strongly encourage the private sector to meet its responsibilities regarding consumer information dissemination.

15.19. The profit-oriented sector should consider how it might better assist non-profit non-governmental organizations to play a wider role in society through the enhancement or creation of suitable mechanisms to channel financial and other appropriate support to non-governmental organizations and their associations.

15.20. Private-sector employers should continue to devise and implement special programmes that help meet their employees' needs for information, education and reproductive health services, and accommodate their employees' needs to combine work and family responsibilities. Organized health-care providers and health insurers should also continue to include family planning and reproductive health services in the package of health benefits they provide.

Chapter XVI\*

FOLLOW-UP TO THE CONFERENCE

A. Activities at the national level

Basis for action

16.1. The significance of the International Conference on Population and Development will depend on the willingness of Governments, local communities, the non-governmental sector, the international community and all other concerned organizations and individuals to turn the recommendations of the Conference into action. This commitment will be of particular importance at the national and individual levels. Such a willingness to truly integrate population concerns into all aspects of economic and social activity and their interrelationships will greatly assist in the achievement of an improved quality of life for all individuals as well as for future generations. All efforts must be pursued towards sustained economic growth within the context of sustainable development.

16.2. The extensive and varied preparatory processes at the international, regional, subregional, national and local levels have constituted an important contribution to the formulation of the present Programme of Action. Considerable institutional development has taken place in many countries in order to steer the national preparatory process; greater awareness of population issues has been fostered through public information and education campaigns, and national reports have been prepared for the Conference. The great majority of countries participating in the Conference responded to an invitation to prepare comprehensive national population reports. The complementarity of those reports to others commissioned by recent international conferences and initiatives relating to environmental, economic and social development is noteworthy and encouraging. The importance of building on these activities in the follow-up to the Conference is fully acknowledged.

16.3. The main functions related to Conference follow-up include policy guidance, including building strong political support at all levels for population and development; resource mobilization; coordination and mutual accountability of efforts to implement the Programme of Action; problem solving and sharing of experience within and between countries; and monitoring and reporting of progress in the implementation of the Programme of Action. Each of these functions requires concerted and coordinated follow-up at the national and international levels, and must fully involve all relevant individuals and

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\* The Holy See expressed a general reservation on this chapter. The reservation is to be interpreted in terms of the statement made by the representative of the Holy See at the 14th plenary meeting, on 13 September 1994.



organizations, including non-governmental and community-based organizations. Implementation, monitoring and evaluation of the Programme of Action at all levels should be conducted in a manner consistent with its principles and objectives.

16.4. The implementation of the present Programme of Action at all levels must be viewed as part of an integrated follow-up effort to major international conferences, including the present Conference, the World Conference on Health for All, the World Conference on Education for All, the World Summit for Children, the United Nations Conference on the Least Developed Countries, the United Nations Conference on Environment and Development, the International Conference on Nutrition, the World Conference on Human Rights, the Global Conference on the Sustainable Development of Small Island Developing States, the World Summit for Social Development, the Fourth World Conference on Women and the United Nations Conference on Human Settlements (Habitat II).

16.5. The implementation of the goals, objectives and actions of the present Programme of Action will in many instances require additional resources.

#### Objective

16.6. The objective is to encourage and enable countries to fully and effectively implement the Programme of Action, through appropriate and relevant policies and programmes at the national level.

#### Actions

16.7. Governments should: (a) commit themselves at the highest political level to achieving the goals and objectives contained in the present Programme of Action and (b) take a lead role in coordinating the implementation, monitoring and evaluation of follow-up actions.

16.8. Governments, organizations of the United Nations system and major groups, in particular non-governmental organizations, should give the widest possible dissemination to the Programme of Action and should seek public support for the goals, objectives and actions of the Programme of Action. This may involve follow-up meetings, publications and audio-visual aids and both print and electronic media.

16.9. All countries should consider their current spending priorities with a view to making additional contributions for the implementation of the Programme of Action, taking into account the provisions of chapters XIII and XIV and the economic constraints faced by developing countries.

16.10. All countries should establish appropriate national follow-up, accountability and monitoring mechanisms in partnership with non-governmental organizations, community groups and representatives of the media and the academic community, as well as with the support of parliamentarians.

16.11. The international community should assist interested Governments in organizing appropriate national-level follow-up, including national capacity-building for project formulation and programme management, as well as

strengthening of coordination and evaluation mechanisms to assess the implementation of the present Programme of Action.

16.12. Governments, with the assistance of the international community, where necessary, should as soon as possible set up or enhance national databases to provide baseline data and information that can be used to measure or assess progress towards the achievement of the goals and objectives of the present Programme of Action and other related international documents, commitments and agreements. For the purpose of assessing progress, all countries should regularly assess their progress towards achieving the objectives and goals of the Programme of Action and other related commitments and agreements and report, on a periodic basis, in collaboration with non-governmental organizations and community groups.

16.13. In the preparation of those assessments and reports, Governments should outline successes achieved, as well as problems and obstacles encountered. Where possible, such national reports should be compatible with the national sustainable development plans that countries will prepare in the context of the implementation of Agenda 21. Efforts should also be made to devise an appropriate consolidated reporting system, taking into account all relevant United Nations conferences having national reporting requirements in related fields.

#### B. Subregional and regional activities

##### Basis for action

16.14. Activities undertaken at both the subregional and regional levels have been an important aspect of preparations for the Conference. The outcome of subregional and regional preparatory meetings on population and development has clearly demonstrated the importance of acknowledging, alongside both international and national actions, the continuing contribution of subregional and regional action.

##### Objective

16.15. The objective is to promote implementation of the present Programme of Action at the subregional and regional levels, with attention to specific subregional and regional strategies and needs.

##### Actions

16.16. Regional commissions, organizations of the United Nations system functioning at the regional level, and other relevant subregional and regional organizations should play an active role within their mandates regarding the implementation of the present Programme of Action through subregional and regional initiatives on population and development. Such action should be coordinated among the organizations concerned at the subregional and regional levels, with a view to ensuring efficient and effective action in addressing specific population and development issues relevant to the regions concerned, as appropriate.

16.17. At the subregional and regional levels:

(a) Governments in the subregions and regions and relevant organizations are invited, where appropriate, to reinforce existing follow-up mechanisms, including meetings for the follow-up of regional declarations on population and development issues;

(b) Multidisciplinary expertise should, where necessary, be utilized to play a key role in the implementation and follow-up of the present Programme of Action;

(c) Cooperation in the critical areas of capacity-building, the sharing and exchange of information and experiences, know-how and technical expertise should be strengthened with the appropriate assistance of the international community, taking into account the need for a partnership with non-governmental organizations and other major groups, in the implementation and follow-up of the Programme of Action at the regional level;

(d) Governments should ensure that training and research in population and development issues at the tertiary level are strengthened, and that research findings and implications are widely disseminated.

#### C. Activities at the international level

##### Basis for action

16.18. The implementation of the goals, objectives and actions of the present Programme of Action will require new and additional financial resources from the public and private sectors, non-governmental organizations and the international community. While some of the resources required could come from the reordering of priorities, additional resources will be needed. In this context, developing countries, particularly the least developed countries, will require additional resources, including on concessional and grant terms, according to sound and equitable indicators. Countries with economies in transition may also require temporary assistance in the light of the difficult economic and social problems these countries face at present. Developed countries, and others in a position to do so, should consider providing additional resources, as needed, to support the implementation of the decisions of this Conference through bilateral and multilateral channels, as well as through non-governmental organizations.

16.19. South-South cooperation at all levels is an important instrument of development. In this regard, such cooperation - technical cooperation among developing countries - should play an important part in the implementation of the present Programme of Action.

##### Objectives

16.20. The objectives are:

(a) To ensure full and consistent support, including financial and technical assistance from the international community, including the United

Nations system, for all efforts directed at the implementation of the present Programme of Action at all levels;

(b) To ensure a coordinated approach and a clearer division of labour in population-relevant policy and operational aspects of development cooperation. This should be supplemented by enhanced coordination and planning in the mobilization of resources;

(c) To ensure that population and development issues receive appropriate focus and integration in the work of the relevant bodies and entities of the United Nations system.

##### Actions

16.21. The General Assembly is the highest intergovernmental mechanism for the formulation and appraisal of policy on matters relating to the follow-up to this Conference. To ensure effective follow-up to the Conference, as well as to enhance intergovernmental decision-making capacity for the integration of population and development issues, the Assembly should organize a regular review of the implementation of the present Programme of Action. In fulfilling this task, the Assembly should consider the timing, format and organizational aspects of such a review.

16.22. The General Assembly and the Economic and Social Council should carry out their respective responsibilities, as entrusted to them in the Charter of the United Nations, in the formulation of policies and the provision of guidance to and coordination of United Nations activities in the field of population and development.

16.23. The Economic and Social Council, in the context of its role under the Charter, vis-à-vis the General Assembly and in accordance with Assembly resolutions 45/264, 46/235 and 48/162, should assist the General Assembly in promoting an integrated approach and in providing system-wide coordination and guidance in the monitoring of the implementation of the present Programme of Action and in making recommendations in this regard. Appropriate steps should be taken to request regular reports from the specialized agencies regarding their plans and programmes related to the implementation of this Programme of Action, pursuant to Article 64 of the Charter.

16.24. The Economic and Social Council is invited to review the reporting system within the United Nations system regarding population and development issues, taking into account the reporting procedures that are required in follow-up to other international conferences, with a view to establishing, where possible, a more coherent reporting system.

16.25. Within their respective mandates and in accordance with General Assembly resolution 48/162, the Assembly, during its forty-ninth session, and the Economic and Social Council, in 1995, should review the roles, responsibilities, mandates and comparative advantages of both the relevant intergovernmental bodies and the organs of the United Nations system addressing population and development, with a view to:



(a) Ensuring the effective and efficient implementation, monitoring and evaluation of the United Nations operational activities that will be undertaken on the basis of the present Programme of Action;

(b) Improving the efficiency and effectiveness of the current United Nations structures and machinery responsible for implementing and monitoring population and development activities, including strategies for addressing coordination and for intergovernmental review;

(c) Ensuring clear recognition of the interrelationships between policy guidance, research, standard-setting and operational activities for population and development, as well as the division of labour between the bodies concerned.

16.26. As part of this review, the Economic and Social Council should, in the context of General Assembly resolution 48/162, consider the respective roles of the relevant United Nations organs dealing with population and development, including the United Nations Population Fund and the Population Division of the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat, regarding the follow-up to the present Programme of Action.

16.27. The General Assembly, at its forty-ninth session, in accordance with its resolution 48/162, is invited to give further consideration to the establishment of a separate Executive Board of the United Nations Population Fund, taking into account the results of the above-mentioned review and bearing in mind the administrative, budgetary and programme implications of such a proposal.

16.28. The Secretary-General of the United Nations is invited to consult with the various bodies of the United Nations system, as well as with international financial institutions and various bilateral aid organizations and agencies, with a view to promoting an exchange of information among them on the requirements for international assistance and to reviewing, on a regular basis, the specific needs of countries in the field of population and development, including emergency and temporary needs, and maximizing the availability of resources and their most effective utilization.

16.29. All specialized agencies and related organizations of the United Nations system are invited to strengthen and adjust their activities, programmes and medium-term strategies, as appropriate, to take into account the follow-up to the Conference. Relevant governing bodies should review their policies, programmes, budgets and activities in this regard.

#### Notes

1/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigenda), resolution 1, annex II.

2/ The source for the population figures in paragraphs 1.3 and 1.4 is World Population Prospects: The 1994 Revision (United Nations publication, forthcoming).

3/ See Report of the United Nations World Population Conference, Bucharest, 19-30 August 1974 (United Nations publication, Sales No. E.75.XIII.3).

4/ See Report of the International Conference on Population, Mexico City, 6-14 August 1984 (United Nations publication, Sales No. E.84.XIII.8 and corrigenda).

5/ See Report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, Nairobi, 15-26 July 1985 (United Nations publication, Sales No. E.85.IV.10).

6/ See First Call for Children (New York, United Nations Children's Fund, 1990).

7/ See Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992 (United Nations publication, Sales No. E.93.I.8 and corrigenda).

8/ See The Final Report of the International Conference on Nutrition, Rome, 5-11 December 1992 (Rome, Food and Agriculture Organization of the United Nations, 1993).

9/ See Report of the World Conference on Human Rights, Vienna, 14-25 June 1993 (A/CONF.157/24 (Part I)).

10/ General Assembly resolution 47/75.

11/ General Assembly resolution 48/163.

12/ See Report of the Global Conference on the Sustainable Development of Small Island Developing States, Bridgetown, Barbados, 25 April-6 May 1994 (United Nations publication, Sales No. 94.I.18 and corrigenda).

13/ General Assembly resolution 44/82.

14/ General Assembly resolution 47/92.

15/ Resolutions 36/8 and 37/7 of the Commission on the Status of Women (Official Records of the Economic and Social Council, 1992, Supplement No. 4 (E/1992/24), chap. I, sect. C, and ibid., 1993, Supplement No. 7 (E/1993/27), chap. I, sect. C).

16/ General Assembly resolution 45/199, annex.

17/ See Report of the Second United Nations Conference on the Least Developed Countries, Paris, 3-14 September 1990 (A/CONF.147/18), part one.

18/ General Assembly resolution 46/151, annex, sect. II.

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19/ Children, as appropriate, adolescents, women, the aged, the disabled, indigenous people, rural populations, urban populations, migrants, refugees, displaced persons and slum-dwellers.

20/ Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both (based on World Health Organization, The Prevention and Management of Unsafe Abortion, Report of a Technical Working Group, Geneva, April 1992 (WHO/MSM/92.5)).

21/ Safe motherhood aims at attaining optimal maternal and newborn health. It implies reduction of maternal mortality and morbidity and enhancement of the health of newborn infants through equitable access to primary health care, including family planning, prenatal, delivery and post-natal care for the mother and infant, and access to essential obstetric and neonatal care (World Health Organization, Health Population and Development, WHO Position Paper, Geneva, 1994 (WHO/PHE/94.1)).

22/ Which could include children, adolescents, women, the aged, the disabled, indigenous people, rural populations, urban populations, migrants, refugees, displaced persons and slum-dwellers.