

THE INTERNATIONAL WOMEN'S HEALTH COALITION

The Cairo Consensus

The Right Agenda for the Right Time

The Cairo Consensus: The Right Agenda for the Right Time is the International Women's Health Coalition's (IWHC) analysis of the remarkable consensus forged at the United Nations' International Conference on Population and Development (ICPD) in Cairo, in September 1994.

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Preface

The Cairo Consensus: The Right Agenda for the Right Time is the International Women's Health Coalition's (IWHC) analysis of the remarkable consensus forged at the United Nations' International Conference on Population and Development (ICPD) in Cairo, in September 1994.

Section I explores the consensus: what it was, how it came about, and what it may mean for population-related policies into the 21st century. Section II contains a brief summary of the main points in each chapter of the Program of Action agreed on in Cairo. Section III quotes directly from some of the most important paragraphs in the Program, including those critical to achieving the consensus.

We believe that the conference and the document it produced are a watershed. The conference showed what is possible when the international community acts with goodwill and integrity to overcome differences to address major challenges. The Program of Action leads the way for new

approaches to population and development, with women's health, their empowerment, and rights at their center. We hope that this publication clarifies what our governments agreed to in Cairo. More important, we hope it inspires and enables you to work to ensure that national governments and the international community act to move the Cairo consensus from rhetoric to reality.

JOAN B. DUNLOP
President
International Women's Health Coalition

"This is the first time since the end of the cold war, indeed, since the end of the Second World War, that issues closely intertwined with matters deeply rooted in our values, religious principles, beliefs and worldly practices were tackled concurrently."

AMRE MOUSSA, MINISTER OF FOREIGN AFFAIRS OF EGYPT
Closing Statement to the ICPD

THE CAIRO CONSENSUS

The Programme Of Action

"When we adopt the Program of Action....We promise to make men and women equal before the law, but also to rectify disparities, and to promote women's needs more actively than men's until we can safely say that equality has been reached."

GRO HARLEM BRUNDTLAND, PRIME MINISTER OF NORWAY
Opening Statement to the ICPD

"These are the battles that we must fight, not only as a nation but as a global community. These are the battles on which history-and our people-will judge us. These are the battles to which the mosque and the church must contribute, along with Governments and non-governmental organizations and families."

BENAZIR BHUTTO, PRIME MINISTER OF PAKISTAN
Opening Statement to the ICPD

On September 13, 1994, in Cairo, at the conclusion of the International Conference on Population and Development (ICPD), 184 governments reached an unprecedented consensus on a new 20-year Program of Action to achieve a balance between the world's people and its resources. This remarkable plan broadens our understanding of "population" by integrating population-related and development policies. This transformation in the meaning of "population" was due in large part to the significant influence exerted by non-governmental organizations (NGOs), especially women's groups from all over the world, in preparations for ICPD, in drafting the Program of Action, and at ICPD itself.

Previous international agreements on population set demographic targets for limiting the world's

population, and focused on contraceptive services as the central means to achieve them. In stark contrast, in Cairo, the international community recognized the interrelationships between consumption and production patterns, economic development, population growth and structure, and environmental degradation. Governments, through the Program of Action, endorsed a wide range of policies and programs to address these complex relationships and to ensure health, empowerment, and rights for all fundamental elements of sustainable development around the world.

The Program of Action calls for reforms in the global economy to place greater emphasis on social development and to support the most vulnerable members of society, including the poor, and especially women, who represent the majority of the world's poor. For the first time, the reproductive and sexual health and reproductive rights of women are central to an international agreement on population.

"Compared with any earlier document on population and development, this Program of Action is detailed in its analysis; specific in its objectives; precise in its recommendations and transparent in its methodology. In our field, it represents a quantum leap to a higher state of energy."

DR. NAFIS SADIK, SECRETARY GENERAL OF THE ICPD Closing Statement to the ICPD

The ICPD Program of Action:

- recognizes the detrimental impact of consumption and production patterns on the world's resources and the global environment, as well as the impact of population growth;
- integrates population-related policies into development policies designed to eradicate poverty, achieve equity, respect human rights, and protect the environment;
- applies basic human rights principles explicitly to population policies and programs; rejects coercion (including incentives or disincentives), violence, and discrimination; and re-asserts that all people have the right to good quality health care;
- details actions required to ensure women's empowerment in the political, social, economic, and cultural lives of their communities, not simply improvements in their status and roles;
- recognizes the central role of sexuality and gender relations in women's health and rights;
- asserts that men should take responsibility for their own sexual behavior, their fertility, the transmission of sexually transmitted diseases (STDs), and the welfare of their partners and the children they father;
- calls for, and defines, reproductive and sexual health care that provides good quality, comprehensive information and services for all, including adolescents;
- recognizes unsafe abortion as a major public health issue and urges governments to reduce the incidence of unsafe abortion, ensure that services are safe when they are not against the law, offer reliable and compassionate counseling for all women who have unwanted pregnancies, and provide humane care for all women who suffer the consequences of unsafe abortion.

Among its accomplishments, the Program of Action calls for:

- significant changes in how most governments, donors, and international agencies make policy decisions and implement programs; the bases on which policy decisions are made; and how program personnel are supervised and rewarded;
- recognition of the important roles, rights, and responsibilities of NGOs-particularly women's groups-in designing and implementing population-related development policies and programs;
- substantial budget reallocations to increase investment in "human development" by national governments and bilateral and multilateral donors;
- measures to lessen the negative impacts on social services and human well-being of economic policies, such as structural adjustment programs and debt repayment schedules.

WHY THE CAIRO CONSENSUS WAS POSSIBLE

Consensus on the ICPD Programme of Action-both the content and the way it was achieved-is a stunning example of what the nations of the world can achieve together in the post-Cold War era.

* The consensus provides the foundation for practical progress toward a number of interrelated sustainable development objectives, which are set out in each chapter of the Programme of Action. Governments were able to agree on such a sweeping new agenda because most were committed to respect and accommodate diverse views and values to reach consensus.

Some have asserted that the "dangers" of "population explosion" and the continuing global economic recession prompted this remarkable consensus. When the ICPD was placed on the United Nations' calendar some ten years ago, the motivation was primarily demographic. In the past ten years, however, changes have occurred that resulted in a very different basis for consensus and action.

NEW INSIGHTS-NO MORE QUICK FIXES

During the past decade, the deepening of poverty and inequity within and across countries has been increasingly recognized as a function of inappropriate economic and development policies, not primarily population pressures. Indeed, during the 1980s, the "lost decade of development," services to meet basic human needs, including education and health services, decreased; economic growth stagnated or declined; debt burdens increased; and terms of trade worsened. Continuing abuses of political, civil, social, and economic rights, not "overpopulation," have been the main causes of mass migration within and between countries. Population growth is now agreed to be only one of the multiple and complex factors that have led to global environmental degradation.

It has been widely acknowledged that shortcomings in the design and implementation of family planning programs have hampered achievement of improved human welfare and population goals.

Finally, political and religious fundamentalist forces obstruct efforts to reduce and eliminate the severe inequalities that exist between girls and boys, and women and men.

At the same time, women's organizations and movements emerged as part of the wider development of civil society in many parts of the world. These women's groups promoted new visions and strategies for just and equitable development. The combination of these factors led governments in Cairo to redefine population policies recognizing that there is no quick fix.

The concept of rights is the most important...it roots population policies in justice and not just demographic language or targets.

JOAN DUNLOP

"Women's Rights Held Hostage"

Terra Viva, 9/8/94

THE ART OF THE POSSIBLE - STRATEGIES AND ACTIONS

Negotiations before and during ICPD required delicate balancing of diverse values, stark political and economic power imbalances, and other significant social and cultural differences among governments. A demographic crisis rationale, arguing solely in terms of the need for population control, far from providing the basis for consensus, would have made consensus impossible. All governments had to recognize and address inequities between countries and reconcile substantially different views on fundamental human rights. They also had to accommodate strong NGO pressure, especially on economic and sustainable development issues, women's rights, and women's and adolescents' sexual and reproductive health and rights. The vast majority of government delegations who wanted consensus had to counter the pressure of those few delegations who oppose reproductive and sexual health and rights as elaborated in the Programme of Action. Ultimately, consensus on the Programme of Action was possible because government delegations:

Avoided "demographic imperative" language: While demographic projections are included in Chapter 6 of the Programme of Action, governments and agencies eschewed such language as "explosion" and "danger" when discussing population. They agreed that the document should not have explicit demographic targets. Rather, given its broad vision, the document establishes goals for reducing maternal, infant, and child mortality; for providing universal access to reproductive health services, including family planning; and for closing the gender gap in education.

Linked population and consumption: Northern * governments and agencies that previously asserted that population growth is the primary or most pressing cause of environmental degradation were willing to recognize that unsustainable patterns of production and consumption, especially in industrialized countries, are an enormous burden on the world's ecosystems, and on the quality of human life. Governments recognized that production and consumption patterns are as important as (if not more important than) high population growth rates. This accommodation was a fundamental political breakthrough.

Recognized the "right to development": Many Northern governments had previously been reluctant to recognize the "right to development" or have been concerned that references to this right not take precedence over the human rights of individuals. In Cairo, some of these governments, notably the United States, joined Southern governments in negotiations to persuade

others who did not want strong "right-to-development" language in the document. The amount, as well as the substance, of language on development in the Programme of Action goes far beyond previous population documents and bridges the traditional North-South divide on these issues, a divide which has inhibited international consensus in the past.

It is a conference on the human rights of women. It is a conference addressing the emancipation of one half of humanity nothing less.

STEPHEN LEWIS, FORMER CANADIAN AMBASSADOR TO THE UN
"Birth Control Divides U N Talks"
Globe & Mail, 9/5/94

If we had paid more attention to empowering women 30 years ago, we might not have to battle so hard for sustainable development today.

DR. NAFIS SADIQ, SECRETARY-GENERAL OF THE ICPD
"U.N. Report: To Stem Population, Empower Women"
Washington Post, 9/18/94

Addressed women's equality and men's responsibility: The Programme of Action explicitly recognizes that the world must move from rhetoric to action to correct the imbalances between men's and women's rights and opportunities. While there was little debate over the detailed strategies for women's empowerment in the draft document, compromises had to be reached on terms such as equity and equality. Some governments were reluctant to grant equal rights of inheritance, distribution of welfare and other benefits, treatment under the law, and employment and credit opportunities to women.

For the first time, a governmental document elaborates specific recommendations for encouraging men to take responsibility for their own sexual behavior, fertility, and the health and well-being of their partners and children.

Specified actions to improve people's lives and national circumstances: Governments could not ignore the relationships between families' desires for more than two children and such factors as deepening poverty, erosion of basic health and education infrastructure and services, shortcomings in family planning policies and programs, and the failure to substantially improve the opportunities and position of women. Governments that had previously promoted a narrow, technology - centered approach to population control agreed to recognize that these broader issues must be addressed. Governments that wanted even more ambitious changes in current approaches to population curtailed their demands so that consensus could be achieved.

Negotiated universally acceptable language on reproductive and sexual health and rights: These issues, among the most contentious at the conference, were resolved by careful definition of terms such as "unsafe abortion," "fertility regulation" (a technical term that includes abortion), "sexuality," and "adolescent access to services." This was possible largely because of a negotiating environment in which respect for differences in values and circumstances prevailed. Almost every government involved in the negotiation made accommodations to conflicting points of view. The Programme of Action thus includes far more progressive language than previous international population and development agreements.

Balanced individual human rights and national sovereignty: The Cairo document mandates that population programs and policies respect human rights and fundamental freedoms. It does not, however, go as far toward reinforcing the universality of human rights, over specific national cultural and religious, circumstances as many at the conference would have liked. Nonetheless, it has far stronger language on human rights than previous population documents. Consensus was achieved by balancing cultural values and beliefs, as well as national sovereignty, with existing human rights standards.

This conference is not about language. It is about our lives, the lives of millions of women.

ANASTASIA POSADSKAYA, HEAD
Moscow Center for Gender Studies
"U.N. Population Plan Empowers Women"
St. Petersburg Times, 9/12/94

Recognized that separate budget allocations, administrative structures, and personnel are part of the problem to be addressed: For 30 years the population field has sought and protected funds specifically segregated and allocated for family planning services and related research and policy. Other sectors, such as child survival and maternal and child health, similarly segregate funds. Segregating funds in this way has discouraged cross-sectoral collaboration and comprehensive programs around the world. Though the issue receives little public attention, this was and remains one of the more challenging aspects of the Cairo debate.

In Cairo, many delegations argued for changes in resource allocation that would reflect the comprehensive reproductive health concept of the Programme of Action, within the context of broader health and development policies. In the end, compromise was reached by retaining separate budgetary allocations for the various components of reproductive health, but acknowledging that the service delivery system provided under the family planning component should be available to deliver the entire package of reproductive health services. Similarly, governments agreed that family planning is not the core component or "spine" of reproductive health. Rather, a strong service delivery system-which accounts for 65% of the resources allocated -- is the core.

Because views also varied on the amounts of resources needed, the budgetary estimates contained in the Programme of Action will be reviewed and updated by the international community as it evaluates the implementation of the Programme of Action.

WOMEN IN ACTION

The underlying basis for consensus was created by the constituency most concerned --women. For the first time, a wide range of representatives of women's organizations from every region of the world were central to the negotiation of an international population document. Working together with a common purpose, women engaged at every stage of conference preparations and at every level to gain access to negotiations. Gradually, throughout the conference preparations, governments and international agencies recognized women as legitimate players. Women served as members of many government delegations, and led NGO efforts to lobby governments both during preparatory sessions and at the conference in Cairo. This involvement, along with governments' consultation with women's groups in many countries and at the UN throughout the ICPD process, gives the Cairo Programme of Action a legitimacy and a political base of support

that previous government policies and programs have never had.

At numerous points throughout the process of drafting and finalizing the document, when language accepted by the majority of governments and NGOs was threatened by a handful of delegations, women were the ones who mobilized to promote and protect the emerging consensus. Because women have been most affected by population policies and programs, they emerged as an unassailable moral force.

*In the end, only 17 nations expressed final reservations, each reservation being on specific chapters or paragraphs of the Programme of Action. No delegation reserved on the entire document.

*We use the terms "Northern" and "Southern" to refer to the country group blocs that are a feature of negotiations in the United Nations system. Donor countries (predominantly in the North) coordinate their positions, as do most developing countries (predominantly in the South).

What the Consensus Means for Policies and Programs

Consensus on the ICPD Programme of Action provides the foundation for practical progress toward a number of interrelated sustainable development objectives, which are set out in each chapter of the Programme of Action. Implementation of the Programme, however, requires that:

- population agencies move beyond family planning as their main (if not their only) program mechanism and collaborate much more closely with health and development agencies;
- development sectors integrate population-related and human rights concerns into their policies and programs; and
- communities and their governments come to terms with imbalances in power and opportunities between men and women, and controversial and even taboo issues, such as sexuality and unwanted pregnancies.

To address such concerns and to achieve the overall objectives of the Programme of Action, governments will need to foster participatory processes that give leadership and responsibility to communities and NGOs. All concerned must ensure that women and the women's movement have opportunities and resources to assert their knowledge and leadership on behalf of themselves, their families, and their communities.

The people outside these walls would never have a voice at a conference like this if it weren't for women's groups and other NGOs.

BRIGID INDER
Pacific Island Association of NGOs
"The Legacy of the Women's Caucus"
ICPD Watch, 9/7/95

You see village women at this conference who were at those meetings holding their heads high, because they know they've had an impact on their future.

DR. ADEPEJU OLUKOYA, COORDINATOR
Women's Health Organization of Nigeria
"Lost in Translation: How to 'Empower Women' in Chinese"
Wall Street Journal, 9/13/94

Making Cairo Real

The Programme of Action by itself will not bring about change. It is a tool that people can use to hold their governments and international agencies accountable to the commitments they made in Cairo. While governments, donors, and international agencies have taken a major step forward in redefining the scope of population policy and the specific actions needed to achieve it, considerable work is required to determine how best to implement the plan in specific countries and agencies, and to ensure that action is taken.

BUILDING POLITICAL WILL

The actions undertaken by women throughout the Cairo process to bolster and forge political will and to establish themselves at the policy table are illustrative of the continuing action needed to implement the Programme of Action. For years women have been mobilizing, particularly in the South, to transform population programs and policies. After the United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro in 1992, women and women's organizations were particularly determined to affect population-related policies, which had received scant attention in Agenda 21, the action plan produced by that conference. Women decided that they must be a positive force at the ICPD.

In the two years between UNCED and ICPD, women mobilized around the world-at local, national, regional, and international levels-building solidarity, while recognizing and respecting their diversity. At national levels, women formed organizations, convened local and national meetings to articulate their views, lobbied governments, negotiated to be included on delegations, and did staff work for their governments. In many regions of the world, women raised funds for cross-national meetings and strategy sessions (at least four regional meetings took place from 1992-1994), as well as to enable participation in the intergovernmental regional preparatory meetings organized by the United Nations.

In January 1994, 215 women from 79 countries met to prepare for ICPD and to provide a forum for identifying commonalities on reproductive health and justice. This meeting produced the "Rio Statement on Reproductive Health and Justice," which sets population policy and reproductive and sexual health and rights in the broader context of macro-economic policies, sustainable development, and human rights concerns.

In the UN Preparatory Committee meetings and at ICPD itself, hundreds of women from around the world worked together as a Women's Caucus and in small, focused teams to define and lobby for women's concerns in the draft Programme of Action. Women were the most organized and strategically focused NGO group throughout the process.

It was my mother's life and my grandmother's life that brought me to this issue. And the hope that my daughter's life won't find the same needs unmet and uncared for.

GITA SEN, PROFESSOR Indian Institute of Management
"Vatican Is Target of Women's Protest"
The Earth Times, 9/9/94

It is also tragic that so many women have had to die from pregnancies before we realized that the traditional mother-and-child health programs, effective in saving the lives of so many children, have done too little to save the lives of women.

GRO HARLEM BRUNDTLAND, PRIME MINISTER OF NORWAY
Opening Statement to the ICPD

DELIVERING REPRODUCTIVE HEALTH

The task of implementing the Cairo agenda is particularly challenging in the arena of reproductive health. As reproductive health and related issues are central to the mission and expertise of IWHC, the following pages focus on how reproductive health can be made a reality.

Many population and family planning agencies, governments, and population donors are confused and tentative about how to reconfigure existing health care structures to provide reproductive health care, as defined in the Programme of Action (defined in Paragraph 7.2). This definition encompasses sexual health and views family planning as one component of broader health strategies.

Much of what has been written since the ICPD asserts that we do not know what reproductive health means at the program level, or that we cannot act until we have indicators and measures for assessing program outcomes. Some argue that existing structures for health and family planning simply cannot attempt to incorporate broader reproductive health approaches because they are underfunded, understaffed, and built on fragile and eroding primary health care systems. However, the mandate from Cairo was to change these circumstances. There is already much that we know. The rest we will learn by testing strategies and developing indicators rooted in realities, not theory.

Principles of Reproductive Health

Several principles should guide the process of turning reproductive health rhetoric into reality:

- We must begin with, and have as our ultimate objective, comprehensive, good quality reproductive and sexual health services, that foster women's rights and empowerment, while ensuring that men take responsibility for their own sexual behavior, fertility, and the well being of their partners and children.
- Programs and services should be developed to suit particular circumstances, contrary to

current requests for a "model" approach that implies "one size fits all."

- The process must be participatory and emphasize the involvement of women, beginning with the women from virtually every country who were active in the Cairo process.
- We can utilize the resources we already have more efficiently; we do not have to wait for new money, new data, or new staff.

How to Implement a Reproductive Health Approach

Each of the various players will, of course, face some constraints on how much initiative they can take, but all can contribute to implementing the new ICPD reproductive health approach. For governments, international agencies, and NGOs that have focused primarily on family planning, the first-and most urgent -- obligation is to ensure the quality of those services (i.e., medical technique, contraceptive choice, full and unbiased information about the advantages and disadvantages of all methods of fertility regulation, and respect for clients' health and rights). These agencies could then begin to adopt a "reproductive health approach to family planning" on a priority basis, as follows:

- Reconsider the range of appropriate contraceptive choices, taking into account whether any individual client and/or the majority of clients are likely to be at risk of STD/HIV infection. This would require, for example, analyzing whether IUDs should be offered to certain clients or in specific settings. It would also require serious reassessment of the need for increased investment in condom promotion by all family planning agencies, as either the primary contraceptive method or in combination with another method (whether modern or traditional).
- Greatly increase investments in, and experiments with, programs for men to make condom use a real and attractive choice for couples; increase investment in vasectomy education and services.
- Assess the appropriateness of current policies on contraceptive choices for women in the period immediately after birth.
- Create, through participatory processes, programs to provide information and services for adolescents, taking into account not only sexuality but gender relations.
- Develop counseling that is truly empowering. This counseling would ensure that women understand their fertility regulation choices and can effectively act on their decisions.

Counseling would help women understand how their bodies function, including the menstrual cycle, pregnancy, and the facts that the sperm determines the gender of the child, and the man can be the source of infertility in the couple. Such understanding would result in many benefits, not least of which is the potential for improved relations and negotiations between partners.

- Give highest priority in the fertility regulation research agenda to development of barrier methods that women control to protect themselves against STD/HIV infection, both with and without contraceptive action. High priority should also be given to creating more contraceptive choices for men.

- Build systematic relationships, including effective referral mechanisms, with maternal health, child health, gynecological, and STD/HIV programs, with the ultimate objective of integration.

Agencies that have been primarily concerned with maternal and child health (MCH) need to prioritize the "M" in MCH, which is still neglected despite the Safe Motherhood Initiative launched by the UN in 1987. These agencies also need to interact more effectively and systematically with family planning programs, STD/HIV programs, and women's health agencies. Likewise, STD/HIV programs can effectively include women in the general population as their clientele by providing referral to, and serving clients from, family planning and MCH programs.

Governments and donors can give higher priority to women's health by reallocating budgets and other resources, as well as redirecting research. Those few countries (e.g., Brazil, Colombia, and Australia) that already have comprehensive women's health policies, but have not implemented them or are pulling back, need to act now.

We already know a great deal about what needs to be done to make reproductive health and better health care for all -- women, children, and men -- a reality. Now, we must generate the will to act. Women and women's groups have central roles to play: as advocates (as in the Cairo process), service providers, researchers, lawyers, policy-makers, and community leaders.

The follow-up is in the hands of the people. We have to be careful we don't let governments off the hook.

SANDRA KABIR, FOUNDER - PRESIDENT
Bangladesh Women's Health Coalition
"Population Strategists Must Transfer Talk into Action"
Calgary Herald, 9/16/94

Conclusion

The word "Cairo" has, since the conclusion of the ICPD, become synonymous with a spirit of inclusion, cooperation, and consensus for a new generation of population-related policies based on human rights, equality and equity for women, reproductive health and rights, and partnership with NGOs. These policies also recognize the common, yet differentiated responsibilities of all countries-"devel oped" and "developing"-to ensure the world's future sustainability. The International Conference on Population and Development was a watershed event in international policy-making. What the Cairo document recognizes, in its scope and recommendations, is that only through women's empowerment and full participation in the political, social, and economic lives of their nations will development and progress for all be achieved.

We hope that the energy and vision of women that inspired decision-makers in Cairo will inspire us all in our work to ensure that the recommendations contained in the Cairo Programme of Action are made real by governments and international agencies around the world.

Change is possible; in fact, it is inevitable. The world will never be the same after Cairo.

Imagine how much progress we've made...we [have] come to agreement on a very, very progressive document. I think the world is never going to be the same after Cairo.

TIMOTHY E. WIRTH, UNDERSECRETARY OF STATE FOR GLOBAL AFFAIRS U.S.
Department of State
"180 Nations Adopt Population Plan"
Los Angeles Times, 9/14/94

Women have been uplifted. One more battle has been won. We leave this country with great satisfaction that we were party to this transformation. We feel more empowered now than when we came and this is something good to take home, it is worth sustaining. Thank you, bye for now, and see you in ACTION.

DR. FLORENCE MANGUYU
Co-chair, International NGO Steering Committee
Chairperson, NGO Forum '94
Closing Statement to the ICPD, 9/13/94

PROGRAMME OF ACTION CHAPTER SUMMARIES

The impact of this Conference will be measured by the strength of the specific commitments made here and the consequent actions to fulfill them, as part of a new global partnership among all the world's countries and peoples, based on a sense of our shared but differentiated responsibility for each other and for our planetary home.

The ICPD Programme of Action comprises 16 chapters and stretches to 118 pages. Here, the main points of each chapter are summarized in turn.

CHAPTER 1 Preamble

The Preamble places the International Conference on Population and Development in its historic context existing international policies on population and development issues; the series of other world conferences addressing linked issues; the state of the world that the ICPD addresses; and the immediate, midterm, and long-term challenges ahead. It stresses the linkages among the goals in the Programme of Action and the need for concerted effort to achieve them. It warns that, while the cost estimates for action may seem large at first glance, they pale in contrast to present-day, overall development spending or military expenditures.

CHAPTER II Principles

Chapter II sets out fifteen principles which guide the Programme of Action and its implementation. It states that everyone is entitled to fundamental rights which must be respected by population and development policies and programs, while fully respecting the various religious and ethical values and cultural backgrounds of a country's people. The Principles include the

following:

- Everyone is entitled to the rights and freedoms contained in the Universal Declaration on Human Rights and everyone has the right to development and a right to the means to realize their potential, including a decent standard of living;
- Women's rights are human rights and women have the right to fully and equally participate in society;
- Sustainable development is essential to the well-being of individuals; unsustainable patterns of consumption and production patterns should be changed, and poverty eradicated;
- Everyone has the right to a good standard of health and education;
- Children's rights should be protected as well as the family in its many forms in order to support individuals and strengthen society; and
- All countries have common, but differentiated responsibilities on the path toward sustainable development and sustainable economic growth.

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

CHAPTER III

Interrelationships Between Population, Sustained Economic Growth and Sustainable Development

Chapter III outlines the linkages between the activities and needs of growing numbers of people, and the finite capacity of natural resources and the environment to support such activities. It asserts that changes in consumption and production patterns will allow better, more equitable use of resources, while stabilizing population growth will free resources to eradicate poverty. In this context, population programs, rather than standing alone, must be integral to development strategies that address the widening poverty gap between and within countries and the growing number of people living in poverty. To this end, a supportive economic environment must be created through measures such as debt relief, fairer terms of trade, new and additional financial resources for human development, and more people-centered structural adjustment policies. Because women are the poorest of the poor in developed and developing countries, the chapter asserts that these policies must consider their needs. Women's empowerment is key to improving the duality of life for all.

CHAPTER IV

Gender Equality, Equity and Empowerment of Women

Chapter IV, addressing the imbalanced relations between women and men, elaborates on the need to empower women, protect the girl child, and achieve gender equity in all spheres of life. Gender equality and equity are recognized as ends in themselves, and also as essential elements of

sustainable development. As such, women's decision-making roles must be enhanced; women should receive the education necessary to meet their basic needs and exercise their basic rights; their economic self-reliance should be promoted; and their right to own property and their right to inheritance should be confirmed and extended. They should be protected from all forms of discrimination, violence, abuse, harassment, and exploitation. The girl child should be protected from discrimination, including sex-selection before birth, higher mortality after birth, lack of education, and poor nutrition. The value of the girl child to society must be increased and the legal age of marriage raised.

Recognizing that men must also be involved, this chapter devotes an entire section to asserting that men should assume more responsibility, not only for family planning, but for their own sexual and reproductive behavior, family income, children's education, and the well being of their partners and children. This section further states that violence against women must be eliminated.

CHAPTER V

The Family, Its Roles, Rights, Composition, and Structure

Chapter V recognizes that the family, in all its forms, is the basic unit of society and that population and development policies should promote the family in all its diversity. It pays particular attention to single-parent families and to families in which parents or caregivers are working. It argues that social policy must be geared to support vulnerable families, including the poor, those with elderly and disabled members, refugees and displaced persons, and those whose members suffer from AIDS and other terminal diseases, domestic violence and child abuse.

CHAPTER VI

Population Growth and Structure

Chapter VI states that countries where demographic growth outstrips economic growth face special challenges in ensuring quality of life based on human rights and sustainable development. In particular, development policies must ensure that young people are well cared for and their rights protected. These policies should provide opportunities for education and employment for their own merit, not only as a means to encourage later marriage and lower fertility. The chapter recognizes other groups with special needs. As the number of elderly people increases, policies should guarantee their self-reliance and health and social care and support, whether from family or society. The special situations of the world's indigenous peoples is also highlighted, and the Programme of Action requires that development and population programs be socially, culturally, and ecologically appropriate. Finally, the basic rights of disabled persons are recognized with stress on equal opportunity to ensure dignity and self-reliance.

CHAPTER VII

Reproductive Rights and Reproductive Health

Chapter VII states that all couples and individuals have the right to attain the highest standard of sexual and reproductive health. This means that all couples and individuals have the reproductive right to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and that all decisions concerning reproduction should be made free from discrimination, coercion, and violence. Reproductive health care includes counselling, information, education, communication, and services for family planning; all stages of pregnancy and delivery; prevention and treatment of infertility; abortion (as specified in paragraph 8.25) and management of the consequences of unsafe abortion; prevention and

treatment of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs); human sexuality; and parenting.

This chapter recognizes that improvements should be made in the quality of care offered by family planning programs, including information on the widest range of safe and effective methods for regulation of fertility which are not against the law; information on side effects; safe, affordable, and accessible services; and follow-up care and access to other reproductive health services either on site or through referrals. The impact of STDs and HIV/AIDS on health, in particular women's health, is recognized as an important concern to be addressed through diagnosis and treatment in reproductive health services. Adolescent sexual and reproductive health needs are a key concern addressed in a separate section of the chapter, which states that adolescents should be able to receive confidential information, counseling, and services, while respecting the rights, duties, and responsibilities of parents.

CHAPTER VIII

Health, Morbidity and Mortality

By recommitting itself to the provision of basic health care to all, the international community should increase the health and life span of individuals and improve the quality of life of all people. Women, as the primary custodians of family health, should be better empowered to protect their own health. The disparities in child health and survival between and within countries should be reduced, including the excessive and preventable mortality of girl children. Reproductive health and child health services should be better integrated and should include safe motherhood programs. There should be a rapid, substantial reduction in maternal mortality and morbidity, with greater emphasis placed on maternal health within the primary health care system. Unsafe abortion is a major public health issue and a significant cause of maternal mortality and morbidity which needs to be addressed. The spread and impact of HIV/AIDS also should be reduced and HIV/AIDS-related information, counseling, and services integrated into reproductive health care. In particular, women should be educated on how to protect themselves. Quality of medical care for those with HIV/ AIDS should be improved and better support systems for patient's families developed.

CHAPTER IX

Population Distribution, urbanization and Internal Migration

While respecting human rights, including the right to development, countries need to establish balanced and sustainable population distribution. This means regional development strategies that consider population flows and the sustainable development of urban and rural areas, with particular attention to environmentally fragile areas. Urban planning should be more participatory and better integrate migrants, improving migrant income-earning capabilities, particularly for women and women-headed households. Attention should be paid to the financing of basic infrastructure and services, especially to improve the situation of the poor. Strategies to deal with internal migration and displacement should deal with the root causes of displacement. Disaster preparedness and other strategies should consider the situations of women, and policies to return and resettle the displaced should protect human rights.

CHAPTER X

International Migration

Whether dealing, with documented or undocumented migrants, refugees, asylum seekers, or

displaced persons, the root causes of their migration or displacement should be the focus of policies and programs. The rights of all individuals who migrate or are displaced, women and children in particular, should be protected, including from their sponsors. Migrants should be integrated socially and economically, their civil and political rights protected, and their cultural and other values respected. There should be an end to trafficking in migrants, and the system of asylum should be protected. All migrants, refugees, asylum seekers, and displaced persons should receive basic education and health services. Environmental threats and degradation must be accepted as causes of migration. Governments also should recognize the vital importance of family reunification for migrants and displaced persons.

CHAPTER XI

Population, Development and Education

Re commitment by the international community to universal access to education, nonformal education, literacy classes, and improved curricula can promote awareness of the relationships among population, sustainable development, health, and gender equity. Keeping adolescents and girl children in school should be a priority. Pregnant adolescents should be able to continue their education. Education policies should give attention to the future skill needs of the labor force, gender sensitivity, reproductive choices and responsibilities, and awareness of STDs and HIV/AIDS.

Increased public awareness of the linkages between population and development should help create a climate for personal responsibility and change, enhance the ability of couples and individuals to exercise their rights, and create the political will necessary to act on these issues.

CHAPTER XII

Technology, Research and Development

National capacity for demographic data collection, analysis, and dissemination should be increased, and data should be classified by age, sex, ethnicity, and geographical groupings. Research should take into account the needs of the community, adhere to legal and ethical standards, and consult and involve local communities and their institutions. This chapter points out the specific need for research on the social and labor force status of women. It states that priority should be attached to reproductive health research, specifically the factors that affect: reproductive and sexual health, to extending reproductive choice, and to ensuring the quality, safety and health aspects of methods of regulation of fertility. Attention also should be paid to the development of male and female barrier methods, microbicides and virucides, regulation of men's fertility, sex and gender roles, discrimination and violence, female genital mutilation, and sexual behavior and mores.

CHAPTER XIII

National Action

Chapter XIII discusses how each country should incorporate population concerns into national development and planning strategies and involve more people, from all sectors of society, in shaping development decisions. Each country will need to ensure that there is a sufficient reservoir of trained management and personnel, both men and women. Financial and human resources for the implementation of the Programme of Action are to be found mostly at the national level. Resources should be mobilized not only for population programs as defined in the Programme of Action but also for socio-economic development that will improve the quality of

life for all and foster respect for individual human rights. It is estimated that the cost of implementing programs in the area of reproductive health -- including family planning, maternal and child health, and prevention of transmission of STDs -- will be US \$17 billion in the year 2000 for the developing world and countries with economies in transition. Two thirds of these costs should be met by national sources, with the greater share of concessional additional financial resources going to the least developed countries. Additional resources will be needed to strengthen primary health care systems, HIV/AIDS programs, child survival programs, emergency obstetrical care, education and empowerment of women and girls, environmental improvement, employment opportunities, and the wider range of development needs.

CHAPTER XIV

International Cooperation

Chapter XIV states that the international community's first responsibility is to create an enabling economic environment for the implementation of the Programme of Action that will allow for the development of people-centered national population and development strategies. The transfer of appropriate technology and the development of know-how at the national level are priorities. There should be better coordination of national priorities with donors, and shared responsibilities should be clarified at the national level. The chapter estimates that, in addition to meeting the target of 0.7% of GNP for overseas development assistance (ODA), complementary resources of approximately US \$5.7 billion will be needed in the year 2000 to implement and support national level commitments in the Programme of Action. Financing should be better coordinated and targeted. Funds should be directed to the least developed countries, should complement national strategies, and support underserved social sectors. Countries with economies in transition will need short term assistance. South-South cooperation could be stimulated.

CHAPTER XV

Partnership with the Non-Government Sector

Chapter XV calls for greater cooperation among all levels of government and the full range of NGOs in the discussion, design, implementation, coordination, monitoring, and evaluation of programs relating to population, development, and environment. In particular, the role of women's organizations must be recognized and strengthened. NGOs also should have access to the information and documentation needed to increase transparency of decision-making and accountability. NGOs should participate in delegations to relevant forums and meetings. Partnership between government and the private sector also should be strengthened, particularly regarding production and distribution of high quality reproductive health care and family planning commodities and contraceptives, making them accessible and affordable to low-income sectors of the population.

CHAPTER XVI

Follow-up to the Conference

This chapter calls for the creation of national follow-up mechanisms, which I would include the participation of NGOs and community groups, media, academia, and parliamentarians. National capacity to coordinate and monitor the implementation of the Programme of Action should be strengthened. National databases should be established to help achieve the goals articulated in the Programme of Action. National reports should be provided on a regular basis and, where compatible, should be prepared in the context of the national reporting on implementation of Agenda 21 (the recommendations of the Earth Summit). At the subregional and regional level, the

UN can play an important role in coordinating activities regarded as an integral part of the follow-up of other global conferences on development including, for example, the World Summit for Social Development and the Fourth World Conference on Women. At the international level, the UN General Assembly should agree on a regular review of ICPD implementation and the Economic and Social Council (ECOSOC) should play a role in systemic coordination of reporting on implementation. ECOSOC also should consider the roles of the United Nations Population Fund (UNFPA) and the Population Division, and all agencies of the UN should review strategies for implementing the Programme of Action.

Programme of Action Chapter Excerpts

The Cairo consensus was built on a series of compromises on a wide range of issues allowing all countries to reach agreement. The excerpts below include paragraphs that were either critical to the consensus or particularly contentious.

CHAPTER II

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 abridgment of internationally recognized human rights...."

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 programs. The human rights of women and the girl child are an inalienable, integral and indivisible part of human rights...."

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."

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 1, ICPD Programme of Action

CHAPTER III

Interrelationships Between Population, Sustained Economic Growth and Sustainable Development

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."

3.22

"... 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."

CHAPTER IV

Gender Equality, Equity and Empowerment of Women

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.

4.6

"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."

4.18

"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."

4.27

"Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, 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."

CHAPTER V

The Family Its Roles, Rights, Composition and Structure

"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 labor 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."

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...."

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."

6.7

"(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."

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."

CHAPTER VII

Reproductive Rights and Reproductive Health

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 through 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 counseling 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 relevant 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, 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 behavior; 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."

7.6

"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 counseling, 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 counseling, 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, also should 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."

7.34

"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 behavior. Responsible sexual behavior, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women.

7.45

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.

CHAPTER VIII

Health, Morbidity and Mortality

8.16

"...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."

8.21

"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. 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."

8.25

"In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and nongovernmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion* 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 be determined only at the national or local level according to the national legislative process. In circumstances in which 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 counseling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions."

*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)].