

The Commission on Population and Development

Within the UN system, the area of population and development is the concern of many agencies, such as the United Nations Population Division, the United Nations Population Fund (UNFPA) or the United Nations International Children's Emergency Fund (UNICEF). But a three-tiered system, composed by the General Assembly (GA), the Economic and Social Council (ECOSOC) and the Commission on Population and Development (CPD) is supposed to review and coordinate their work in this field of action. Actually, the "Population Commission" has been created in 1946. But, on December 19th, 1994, the GA decided to build a new commission called the Commission on Population and Development, whose aim would be to "*monitor, review and assess the implementation of the Programme of Action at the national, regional and international levels and advise the Council thereon*"¹. Then, each year, the 47 Member States elected by the ECOSOC gather to discuss what has been done and what is to be done in the matter of population and development.

Between March 30th and April 3rd 2009, the 42nd session of the Commission took place in UN headquarters in New-York. Its main theme was: "the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed goals, including the Millennium Development Goals".

The International Conference on Population and Development: the writing of Programme of Action² (September 1994)

The International Conference on Population and Development is the largest worldwide conference ever held on this matter. Organized by the Population Division of the United Nations and the United Nations Population Fund (UNFPA), the event gathered 11,000 participants from Governments, UN entities, NGOs and media in Cairo. More than 180 States took part in the long negotiations leading to the Programme of Action, **whose aim is to define objectives to reach and actions to achieve concerning population and development in the coming 20 years**. The ICPD didn't happen *ex nihilo*, such topics had already been discussed in the World Population Conference at Bucharest in 1974 and in the International Conference Population at Mexico City in 1984. A global consensus on how population, sustainable development, advances in education and empowerment of women were interrelated led to the adoption of the Programme of Action on September 13, 1994.

As a response to intolerable poverty, to social and economic deep inequalities, to ecological challenges, to the growth of the population and the increasing urbanization, the Programme of Action defines five qualitative and quantitative goals: "*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*" (preamble, 1.12). Then, 44 matters are approached all along the PoA (with regard to, for example, empowerment and status of women, persons with disabilities, HIV/AIDS, migrants, etc...), each of them being divided in three parts: the basis for action, the objectives and the actions. The crucial thing is that the empowerment of women is dressed as the central point of the PoA: their rights to education, their rights to sexual and reproductive health, their rights to be involved in decision-making processes are seen as an important achievement in itself but

¹ See the website about the commission: <http://www.un.org/esa/population/cpd/aboutcom.htm>

² The Programme of Action is available in French, Spanish and English on <http://www.un.org/popin/icpd2.htm>. All the quotations in this paragraph are got from this website.

also as a way to build a better world for everyone. Women's rights are brought up to the consideration of Human Rights.

For example, as a basis for action concerning "reproductive rights and reproductive health"(chapter VII, part A), the PoA stipulates for the first time an international definition of reproductive health, representing a progressive ground for future actions:

"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."(7.2);

The next paragraph precises: *"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."*(7.3)

And then, in accordance with this definition, the PoA calls on all countries to make reproductive health accessible for everyone, as soon as possible, and no later than 2015, reproductive health including: *"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."* (7.6)

Young people are also targeted by the PoA. Considering that early motherhood means a higher risk to die for both mother and child, that it can severely hold up the access of the young mother to education or to employment opportunities, that sexually active adolescents are at high risk contracting or transmitting sexually transmitted diseases (especially young women facing pressure to engage in sexual activity), because they don't know how to protect themselves, the PoA assumes that appropriate programmes to fulfill teenagers' needs have to be put in place urgently. *"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."*(7.47)

Such international statements represent a great march for women's cause, because although the PoA is not binding, governments made voluntary commitments to implement PoA. Now 15 years after Cairo it is time to fulfill promises.

The Millennium Development Goals

In September 2000, the United Nations Millennium Summit gathered many world leaders in the UN headquarters in New York. They all discussed the role of the United Nations. As a result they adopted priority **goals for 21st century**. 192 United Nations Member States have agreed to achieve these goals by the end of 2015, aware that it was a necessity to tackle more seriously economic, social and ecologic inequalities. The main purpose of writing a new agreement was to synthesize the international commitments made separately, to set quantifiable targets demanding clear outcomes and to reaffirm the need to work all together in democratic governance, developed countries having to help the developing ones.

In fact, 21 quantifiable targets have been claimed. These targets concern 8 main matters, which are:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a Global Partnership for Development³

Thus, for example, the targets for the 5th goal (improve maternal health) are “reduce by three quarters the maternal mortality ratio” and “achieve, by 2015, universal access to reproductive health”⁴.

The 42nd Commission on Population and Development

- The current situation

Actually, these Millennium Development Goals are unfortunately far from being reached. It can't be denied that United Nations Population Fund (UNFPA) has acted around the world to counter problems of poverty, unequal education, gender inequalities, etc.... For example, as far as maternal mortality is concerned, UNFPA has helped many countries to get policies and programs involved in maternal health. In Mozambique, a project established by UNFPA, Pathfinder International and young people reached youth through sport, school or youth clubs. Also, in Latin America, UNFPA built a partnership with the Andean Regional Health Organization to implement a regional plan on adolescent pregnancy prevention, which resulted in a declaration signed by Ministers for Health and Education of Latin America and the Caribbean, promising to provide comprehensive sex-education and sexual health promotion programmes, including on HIV prevention⁵.

But though, “the report of the Secretary-General on world population monitoring, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the

³ See the Millennium Development Goals on: <http://www.undp.org/mdg/goal3.shtml>

⁴ See targets of the 5th goal on <http://www.undp.org/mdg/goal5.shtml>

⁵ See the report of the Secretary-General: “Monitoring of population programmes, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals”, <http://daccessdds.un.org/doc/UNDOC/GEN/N09/212/10/PDF/N0921210.pdf?OpenElement> , part IV

Millennium Development Goals”⁶ explains that still 536,000 women died from pregnancy or childbirth in 2005, 99% of them in developing countries (especially in Sub-Saharan countries). A 13% annual decline of maternal mortality in less developed regions was required to reach the 5th goal of the Millennium Development Goals; but between 1990 and 2005, it has lowered by only 0,4%, almost nothing. One of the main cause is that the expected universal access to family planning is absolutely not achieved, although it could avoid around 40% of deaths through pregnancy or childbirth. Indeed, statistics show that if all non-satisfied requests for family planning were fulfilled, 52 millions of unwanted pregnancies could be avoided per year, preventing the death of 142,000 mothers. And yet, unsafe abortions are the causes of 13% of maternal deaths each year.

- *Which recommendations?*

During the 42nd session of CPD, representatives of governments, NGOs and UN entities assessed the world situation in order to find solutions to reach the international agreed goals. NGOs involved in this process urge the governments to show determination and financial commitments to this cause. Action Canada for Population and Development together with the Polish Federation for Women and Family Planning and other NGOs supported by ASTRA urged:

“UN Member States to reaffirm their commitment to achieving the MDG target on universal access to reproductive health, which includes, based on the concept of informed choice, the availability of accessible, affordable, appropriate and high-quality reproductive health services, particularly in the context of primary health care; appropriate education and information on sexual and reproductive health, including family planning; focused and effective prenatal care; maternal nutrition programs; control of infectious diseases; adequate delivery assistance that avoids excessive recourse to Caesarean sections, episiotomy, administration of oxytocin, and other medical procedures, and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; and post-natal care and family planning.”⁷

- *Conclusions*

A significant progress in the recognition of sexual and reproductive rights actually comes out in the resolution of the 42nd session of the CPD. The final text first reaffirms the necessary achievement of the “*universal access to reproductive health*” and re-recognizes this right as embracing “*certain human rights [resting] 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*” (paragraph PP17). Then, it urges governments to empower girls, particularly in view of the current issues of forced marriage, HIV/AIDS and maternal mortality, and to improve family planning services, even including abortion which must be “*safe and accessible, in circumstances where [it] is not against the law*” (paragraph OP9). Eventually, it is worth noticing that, for the first time in an international commitment, is recognized the right for “*young people [to] have information about and access to the widest possible range of safe, effective, affordable, evidence-based and acceptable methods of family*

⁶ See the report of the Secretary-General : “World population monitoring, focusing on the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals”,

<http://daccessdds.un.org/doc/UNDOC/GEN/N09/212/29/PDF/N0921229.pdf?OpenElement> , part IV

⁷ <http://daccessdds.un.org/doc/UNDOC/GEN/N09/213/14/PDF/N0921314.pdf?OpenElement>

planning, including barrier methods, and to the requisite supplies so that they are able to exercise free and informed reproductive choices” (paragraph OP13) without any restriction (such as “parents and other persons legally responsible for adolescents”, who were before recognized “the rights, duties and responsibilities to provide, in a manner consistent with the evolving capacities of the adolescent , appropriate direction and guidance in sexual and reproductive matters” (paragraph 7.45 of the Programme of Action)).

The whole final resolution is available on:

http://www.un.org/esa/population/cpd/cpd2009/CPD42_draft_resolution.pdf

These new agreements are undoubtedly good first steps towards the access for all to SRHR. We now have to work for its implementation and urge governments to act earnestly and without hesitation in this direction.