CHAPTER 5

Reproductive rights and reproductive health

SUMMARY

The Programme of Action called on countries to ensure that universal voluntary access to a full range of reproductive health-care information and services is achieved by 2015, recognizing also that sexual health is part of reproductive health. Reproductive rights were defined as the right and freedom of couples and individuals to make reproductive decisions free from coercion, discrimination and violence. Recognizing family planning as a means rather than a demographic end in itself, the Programme of Action emphasized that family planning programmes must enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have in hand the information and means to do so. At the time of the Cairo Conference, HIV and AIDS were not high on the political agenda and were seen mostly in the context of sexually transmitted infections. Thus, the Programme of Action called for preventing, reducing the incidence of, and providing treatment for sexually transmitted diseases, including HIV and AIDS. It highlighted the relationship between human sexuality and gender relations, calling for equity and mutual respect between the genders regarding responsible sexuality. The Cairo Declaration called particular attention to the reproductive health needs of adolescents and urged that they be actively involved in the planning, implementation and evaluation of development activities concerning reproductive health, prevention of early pregnancies, sexuality education and prevention of HIV and AIDS.

Since 1994, reproductive rights and reproductive health have been a highly recurrent theme in the Commission. Two entire resolutions were devoted to the topic in 2002 and 2011, and reproductive rights and reproductive health were prominent in resolutions addressing other issues as well. The Commission has also expanded the linkages between reproductive health and reproductive rights and other topics related to population and development. For example, the Commission has focused repeatedly on the importance of sexual and reproductive health and reproductive rights for poverty elimination. Resolutions have also recognized linkages between sexual and reproductive health and HIV, migration, education and gender equality, and have underscored the importance of addressing those linkages as part of poverty reduction strategies.

Resolutions have gone beyond the Programme of Action by identifying the health-care needs, including for sexual and reproductive health, of special population groups, such as international migrants, urban and rural residents and people affected by humanitarian crises. They have called on Governments, in collaboration with civil society and international organizations, to respond to those needs. In 2012, the Commission reiterated the need for Governments to ensure that all women and men have access to comprehensive information about, and access to, a choice of the widest possible range of safe, effective, affordable and acceptable modern methods of family planning, including long-acting contraceptive methods and male and female condoms. The resolution of the forty-sixth session in 2013 went further, calling on Member States to address the consequences of sexual violence and to provide emergency contraception and safe abortion in circumstances where such services are permitted by national law.

Maternal health, mortality, and morbidity are also recurrent themes, including in the resolution of the forty-fourth session, which encouraged Governments to prioritize universal access to sexual and reproductive health to eliminate preventable maternal mortality and morbidity. While the Programme of Action emphasized that early marriage and early motherhood could severely curtail educational and employment opportunities, resolutions of the forty-second and forty-fourth sessions further emphasized that underage and forced marriages and early pregnancies increased the risk of maternal mortality and
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morbidity. The Commission also expanded attention to the rights of adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. The Commission pushed forward the language on HIV and AIDS, recognizing the epidemic as a global health emergency, and calling on Governments to provide universal access to HIV prevention, treatment, care and support, free of discrimination and with a gender perspective, to meet the goal of halting and reversing the spread of HIV and AIDS by 2015. Resolutions also recommended that policy and programme linkages and coordination between HIV and AIDS and sexual and reproductive health should be strengthened and included in national development plans and poverty reduction strategies.

EXCERPTS FROM THE PROGRAMME OF ACTION

Chapter VII: Reproductive Rights and Reproductive Health

A. Reproductive rights and reproductive 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.

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.
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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

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)

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.
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D. Human sexuality and gender relations

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

Objectives

7.44. The objectives are:

(a) To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion 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.
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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.

Excerpts from resolutions and entire resolutions

Entire resolutions:
- Resolution 2002/1 – Reproductive rights and reproductive health, including human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Resolution 2011/1 – Fertility, reproductive health and development

Resolution 1996/2†
Follow-up to the International Conference on Population and Development

[...]

10. **Emphasizes** the importance of information, education and communication as a strategy for furthering follow-up action on the International Conference on Population and Development, particularly in the areas of reproductive rights and reproductive health, and urges the Population Division to highlight the efforts of Governments in this regard in relevant reports prepared for the Commission;

11. **Welcomes** the encouraging evidence of actions being undertaken by Governments, international organizations and the non-governmental sector in response to the challenges of the Programme of Action of the Conference related to reproductive rights and reproductive health, and stresses the need for such action to be accelerated and widened, in particular the need to mobilize additional financial resources, as called for in the Programme of Action; [...]

† This resolution was recommended by the Commission on Population and Development to the Economic and Social Council for adoption and was subsequently adopted by the Council.
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Resolution 2002/1
Reproductive rights and reproductive health, including human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)

The Commission on Population and Development,

Reaffirming the Programme of Action of the International Conference on Population and Development,\(^1\) in particular those recommendations relating to reproductive rights and reproductive health,

Reaffirming also the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development,\(^2\) in particular those relating to reproductive rights and reproductive health,\(^3\)

Reaffirming further the Beijing Platform for Action\(^4\) and the further actions and initiatives to implement the Beijing Declaration\(^5\) and the Platform for Action adopted at the twenty-third special session of the General Assembly,\(^6\) in particular those recommendations relating to reproductive rights and reproductive health,

Bearing in mind the goals and objectives of the United Nations Millennium Declaration\(^7\) and the outcome of other major United Nations conferences and summits and their reviews, in particular on population and development,

Bearing in mind also the Universal Declaration of Human Rights\(^8\) and the Declaration of Commitment on HIV/AIDS,\(^9\)

Recalling that the theme for the thirty-fifth session of the Commission on Population and Development was “Reproductive rights and reproductive health, with special reference to human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)”;

1. Requests the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat to continue its research and requests the United Nations Population Fund to continue its programming on reproductive rights and reproductive health, in close collaboration with each other and with all other relevant funds, programmes and agencies of the United Nations system;

2. Also requests that the Population Division, in collaboration with the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) (UNAIDS) and other relevant funds, programmes and agencies, strengthen its work on the demographic aspects and impact of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS);

3. Further requests that the Population Division incorporate the findings from this and other relevant research on reproductive rights and reproductive health, including the interrelationship with HIV/AIDS, in its contribution to the next review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development\(^1\) scheduled for 2004 and, to the extent appropriate, to the annual reviews of the Declaration of Commitment on HIV/AIDS\(^9\) as well as to any other relevant review processes.

\(^2\) General Assembly resolution S-21/2, annex.
\(^3\) Ibid., sect. IV.
\(^4\) *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.
\(^5\) Ibid., annex I.
\(^6\) General Assembly resolution S-23/2, annex, and Assembly resolution S-23/3, annex.
\(^7\) See General Assembly resolution 55/2.
\(^8\) See General Assembly resolution 217 A (III).
\(^9\) See General Assembly resolution S-26/2, annex.
Resolution 2005/1
Population, development and HIV/AIDS, with particular emphasis on poverty

[...]

11. Emphasizes the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health and their inclusion in national development plans, including poverty reduction strategies and sector-wide approaches where they exist, as a necessary strategy for fighting the HIV/AIDS pandemic and mitigating its impact on population that could result in more relevant and cost-effective interventions with greater impact;

12. Urges Governments to implement measures to increase capacities of adults and adolescents to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culture- and gender-sensitive framework;

[...]

21. Encourages the design and implementation of programmes to enable men, including young men, to adopt safe and responsible sexual and reproductive behaviour and to use effective methods to prevent the spread of HIV/AIDS;

22. Stresses the importance of strengthening programmes and partnerships, including public-private partnerships, to mobilize the required technical and financial resources as part of a broad-based approach to the prevention of HIV, including through reproductive and sexual health care, as the mainstay of the national, regional and international response to the pandemic, and calls for the support of the international community in closing the funding gaps for sexual and reproductive health programmes;

[...]

Resolution 2005/2
Contribution of the implementation of the Programme of Action of the International Conference on Population and Development, in all its aspects, to the achievement of the internationally agreed development goals, including those contained in the United Nations Millennium Declaration

[...]

3. Emphasizes the importance of integrating the goal of universal access to reproductive health by 2015 set at the International Conference on Population and development into strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, in particular those related to improving maternal health, reducing infant and child mortality, promoting gender equality, combating HIV/AIDS, eradicating poverty and achieving universal access to primary education;

4. Also emphasizes the need to strengthen policy and programme linkages and coordination between HIV/AIDS and sexual and reproductive health and their inclusion in national development plans, including poverty reduction strategies where they exist and sector-wide approaches where they exist, as a necessary strategy to fight the HIV/AIDS pandemic and to mitigate its impact on populations, which could result in more relevant and cost-effective interventions with greater impact;

[...]

7. Stresses that promoting women’s reproductive health, their full enjoyment of all human rights and fundamental freedoms, their empowerment, their equal access to resources and their freedom from gender-based violence is essential to achieving gender equality, addressing the feminization of poverty and halving poverty by 2015;

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Resolution 2007/1
Changing age structures of populations and their implications for development

[...]

19. Urges Governments to promote healthy living at all ages and in all spheres of health, including sexual and reproductive health, in particular the improvement of maternal, child and adolescent health, and efforts to reduce maternal and child mortality, and to take steps to prepare health-care systems to meet the challenges posed by changing age structures;

[...]

Resolution 2008/1
Population distribution, urbanization, internal migration and development

[...]

11. Urges Governments to promote healthy living in both rural and urban areas in all spheres of health, including sexual and reproductive health, in particular the improvement of maternal, child and adolescent health, and efforts to reduce maternal and child mortality, in the light of the challenges and opportunities presented by population distribution, urbanization, internal migration and development;

[...]

Resolution 2009/1
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

[...]

7. Urges Governments, in order to ensure 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, to, inter alia, protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including by eliminating all forms of discrimination against girls and women, working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life, empowering women and girls, promoting and protecting women’s and girls’ right to education at all levels, providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality, enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation, developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

8. Also urges States to enact and strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses and, in addition, to enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage and to raise the minimum age for marriage where necessary;

9. Further urges Governments and development partners, including through international cooperation, in order to improve maternal health, reduce maternal and child morbidity and mortality and prevent and respond to HIV/AIDS, to strengthen health systems and ensure that they prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and post-natal care, especially breastfeeding and infant and women’s health care, prevention and appropriate treatment of infertility, quality services for the management of complications arising from abortion, reducing the recourse to abortion.
through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning, treatment of sexually transmitted infections and other reproductive health conditions and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

[...]

13. **Reiterates** the need for Governments to ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable, evidence-based and acceptable methods of family planning, including barrier methods, and to the requisite supplies so that they are able to exercise free and informed reproductive choices;

[...]

15. **Recognizes** that the largest generation of adolescents ever in history is now entering sexual and reproductive life and that their access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms, as well as voluntary abstinence and fidelity are essential to achieving the goals set out in Cairo 15 years ago;

16. **Calls upon** Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-care service, information and education needs of adolescents to enable them to deal in a positive and responsible way with their sexuality;

[...]

18. **Also urges** Governments to integrate HIV/AIDS prevention, treatment, care and support into primary, maternal and child health-care programmes and integrate sexual and reproductive health information and services into HIV/AIDS plans and strategies, so as to increase coverage of antiretroviral treatment and prevent all forms of transmission of HIV, including mother-to-child transmission, protecting human rights and fighting stigma and discrimination by empowering women to exercise their right to have control over and decide freely and responsibly on matters related to their sexuality, free of coercion, discrimination and violence;

[...]

27. **Recognizes** that sexual and reproductive health and reproductive rights and women’s rights and empowerment deserve increased attention in humanitarian assistance and post-crisis recovery, and therefore emphasizes the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved with providing support to countries and regions affected by crises to address the specific needs of those affected in a comprehensive and coherent manner;

[...]

**Resolution 2010/1**

Health, morbidity, mortality and development

[...]

12. **Urges** Governments, in order to ensure 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, to, inter alia, protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including by eliminating all forms of discrimination against girls and women; working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life; empowering women and girls, promoting and protecting women’s and girls’ right to education at all levels; providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality; enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent
of the intending spouses; ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence; combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation; developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

13. **Urges** Governments to redouble efforts to reduce maternal morbidity and mortality by ensuring that universal access to reproductive health, including family planning, is achieved by 2015; that health systems provide a continuum of antenatal and neonatal health care, including delivery assistance by skilled health workers and emergency obstetric care; that women receive nutritional support; and that sexual and reproductive health information and services are integrated into HIV/AIDS plans and strategies;

14. **Also urges** Governments to intensify efforts to provide quality delivery care, including during the often neglected early post-natal period, as such care improves health outcomes for both women and children;

15. **Calls upon** Governments to scale up significantly efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, and the goal of halting and reversing the spread of HIV/AIDS by 2015, particularly by integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, by strengthening efforts to eliminate the mother-to-child transmission of HIV, and by preventing and treating other sexually transmitted diseases;

[...]

Resolution 2011/1

**Fertility, reproductive health and development**

*The Commission on Population and Development,*

**Recalling** the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation,

**Recalling also** the United Nations Millennium Declaration and the 2005 World Summit Outcome, including the Millennium Development Goals and other internationally agreed development goals, and the Beijing Platform for Action;

**Recalling further** the outcome document of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals, “Keeping the promise: united to achieve the Millennium Development Goals”;

**Recalling** the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

**Recalling also** all General Assembly resolutions related to global public health, including those related to global health and foreign policy,

**Recognizing** that the full implementation of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, including those related to sexual and reproductive health and reproductive rights, which would also contribute to the implementation of the Beijing Platform for Action, as well as those on population and development, education and gender equality, is integrally linked to global efforts to eradicate poverty and achieve sustainable development and that population dynamics are all-important for development,

**Reaffirming** that development is a central goal in itself and that sustainable development in its economic, social and environmental aspects constitutes a key element of the overarching framework of United Nations activities,

**Recognizing** 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, their right to attain the highest
standard of sexual and reproductive health, and their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents,

Recognizing also that all populations of the world are undergoing a historically unique transition from high levels of fertility and mortality to low levels of fertility and mortality, known as the demographic transition, which has strong effects on the age structure of populations, and cognizant of the fact that countries are at different stages of this transition, with some countries still experiencing high levels of fertility and some countries experiencing fertility that is below replacement level,

Recognizing further that in the first stage of the demographic transition, when mortality is falling, the proportion of children increases, that in the second stage, when both fertility and mortality are falling, the proportion of adults of working age increases, and that in the third stage, when fertility and mortality reach low levels, only the proportion of older persons increases,

Recognizing that the second stage of the demographic transition presents a window of opportunity for development and that the translation of this window of opportunity into benefits for development requires national policies and an international economic environment conducive to investment, employment, sustained economic development and further integration and full participation of developing countries in the global economy,

Recognizing also the close relation between fertility and poverty eradication and the negative correlation between very high fertility levels and development indicators, and stressing that, since countries are at different stages of the demographic transition and experience different social and economic conditions, development and policy implications vary from country to country depending on their level of social and economic development,

Noting that 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,

Noting that 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, and that 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,

Noting that, 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 and that these young populations have health, education and employment needs to be met by families, local communities, countries and the international community,

Recognizing that the world community has a special responsibility to ensure that all children receive an education of improved quality and that they complete primary school even if it is more difficult to meet educational needs when there is rapid population growth,

Recognizing also the right of women and girls to education at all levels as well as access to life skills and sex education based on full and accurate information and, with respect to girls and boys, in a manner consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, in order to help women and girls, men and boys, to develop knowledge to enable them to make informed and responsible decisions to reduce early childbearing and maternal mortality, to promote access to prenatal and post-natal care and to combat sexual harassment and gender-based violence,

Recognizing further that the availability of safer, more effective, affordable and acceptable methods of modern contraception, although still inadequate in some respects, has permitted greater opportunities for individual choice and responsible decision-making in matters of reproduction and that this ability to decide both the number and spacing of children has directly improved the immediate and long-term health of women, children and families,

Acknowledging that hundreds of millions of women and men lack access to safe, affordable, effective and acceptable forms of modern contraception and that, based on the current large unmet demand for reproductive health services, including family planning, and the expected growth in numbers of women and men of reproductive age, demand for these services will continue to grow over the next several decades, especially for the younger, poorer, less educated and rural segments of the population, who face greater barriers to access these services,
Recognizing that under-age and forced marriage and early sexual relationships have adverse psychological effects on girls and that early pregnancy and early motherhood entail complications during pregnancy and delivery and a risk of maternal mortality and morbidity that is much greater than average, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, including in the area of emergency obstetric care, cause high levels of obstetric fistula and maternal mortality and morbidity,

Encouraging States to create a socio-economic environment conducive to the elimination of all child marriages and other unions as a matter of urgency, to discourage early marriage and to reinforce the social responsibilities that marriage entails in their educational programmes,

Recognizing that pregnancy that occurs late in reproductive life also presents a higher risk of complications during pregnancy and delivery,

Expressing deep concern that an estimated 358,000 women died in 2008 from largely preventable complications related to pregnancy and childbirth and that maternal health remains one area constrained by some of the largest health inequities in the world,

Welcoming the Secretary-General’s Global Strategy for Women’s and Children’s Health, undertaken by a broad coalition of partners, in support of national plans and strategies, in order to significantly reduce the number of maternal, newborn and under-five child deaths as a matter of immediate concern by scaling up a priority package of high-impact interventions and integrating efforts in sectors such as health, education, gender equality, water and sanitation, poverty reduction and nutrition, and welcoming also the various national, regional and international initiatives on all the Millennium Development Goals, including those undertaken bilaterally and through South-South cooperation, in support of national plans and strategies in sectors such as health, education, gender equality, energy, water and sanitation, poverty reduction and nutrition as a way to reduce the number of maternal, newborn and under-five child deaths,

Recalling that the Programme of Action requires for its full implementation adequate and sustained mobilization and availability of resources at the national and international levels, as well as new and additional resources for developing countries from all available funding mechanisms, including multilateral, bilateral and private sources, and that Governments are not expected to meet the goals and objectives of the Programme of Action single-handedly, and expressing concern that funding levels do not meet current needs,

Recognizing that one of the serious global challenges that has a negative impact on reproductive health and development is trafficking in persons, which requires a concerted international response through full and effective implementation of such international mechanisms as the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing that Convention, as well as the United Nations Global Plan of Action to Combat Trafficking in Persons,

Taking note of the reports of the Secretary-General on fertility, reproductive health and development and on the monitoring of population programmes, focusing on fertility, reproductive health and development, and taking note also of the reports of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development and on world demographic trends, 10

1. Reaffirms the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation; 2

2. Also reaffirms its strong commitment to the full implementation of the Programme of Action adopted at the International Conference on Population and Development in 1994, as well as the key actions for the further implementation of the Programme of Action agreed at the five-year review of the Programme of Action, and the Copenhagen Declaration on Social Development and the Programme of Action; 11

3. Welcomes the decision of the General Assembly in its resolution 65/234 of 22 December 2010 to extend the Programme of Action and the key actions for its further implementation beyond 2014 and ensure its follow-up in order to fully meet its goals and objectives;

4. Reaffirms the sovereign right of each country to implement recommendations of the Programme of Action or other proposals in the present resolution, consistent with national laws and development priorities, with
Chapter 5: Reproductive rights and reproductive health

full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights;

5. **Also reaffirms** that gender equality cannot be achieved without promoting and protecting the right of women to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health, and reaffirms further that expanding access to sexual and reproductive health information and health services is essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millennium Development Goals;

6. **Urges** Governments, in order to ensure 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, to, inter alia, protect and promote full respect for human rights and fundamental freedoms regardless of age and marital status, including by eliminating all forms of discrimination against girls and women, working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life, empowering women and girls, promoting and protecting the right of women and girls to education at all levels, providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality, enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation, developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

7. **Stresses** that States should 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, increase public awareness of the value of the girl child, and concurrently, strengthen the girl child’s self-image, self-esteem and status, and improve the welfare of the girl child, especially in regard to health, nutrition and education, and urges Governments to take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children and the use of girls in prostitution and pornography;

8. **Underlines** the central role of the global partnership for development and the importance of Goal 8 in achieving the Millennium Development Goals, and recognizes that, without substantial international support, several of the goals are likely to be missed in many developing countries by 2015;

9. **Stresses** the need to strengthen health systems so that they deliver equitable health outcomes as a basis for a comprehensive approach to achieving Millennium Development Goals 4, 5 and 6, underlining the need to build sustainable national health systems and strengthen national capacities through attention to, inter alia, service delivery, health systems financing, including appropriate budgetary allocations, the health workforce, health information systems, the procurement and distribution of medicines, vaccines and technologies, sexual and reproductive health care and political will in leadership and governance, and further stresses the need to promote the widest possible access to health-care services at the point of use, especially to those in vulnerable situations, through public policies that remove barriers to access to and use of health-care services;

10. **Encourages** Governments to prioritize universal access to sexual and reproductive health as part of health systems strengthening to eliminate preventable maternal mortality and morbidity and to take action at all levels to address the interlinked root causes of sexual and reproductive ill health, unintended pregnancy, complications arising from unsafe abortion, and maternal mortality and morbidity, including poverty, malnutrition, harmful practices, lack of accessible and appropriate health-care services, information and education, and gender inequality, taking into account people living in the most vulnerable situations, including persons with disabilities, displaced and refugee populations and irregular migrants, and paying particular attention to achieving gender equality and eliminating all forms of violence and discrimination against women and girls, with the full involvement of men;

11. **Urges** Governments to redouble efforts to eliminate preventable maternal morbidity and mortality by ensuring that universal access to reproductive health, including family planning, is achieved by 2015; that health systems provide a continuum of antenatal and neonatal health care, including delivery assistance by skilled health
workers and emergency obstetric care; that nutritional support is always available for women, and in particular during pregnancy and the breastfeeding period; and that sexual and reproductive health information and services are integrated into HIV and AIDS plans and strategies;

12. **Also urges** Governments and development partners, including through international cooperation, in order to improve maternal health, reduce maternal and child morbidity and mortality and prevent and respond to HIV and AIDS, to strengthen health systems and ensure that they prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and postnatal care, especially breastfeeding and infant and women’s health care, emergency obstetric care, prevention and appropriate treatment of infertility, quality services for the management of complications arising from abortion, reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning, prevention and treatment of sexually transmitted infections, including HIV, and other reproductive health conditions and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

13. **Emphasizes** the need to strengthen policy and programme linkages and coordination between HIV and AIDS and sexual and reproductive health and their inclusion in national development plans, including poverty reduction strategies and sector-wide approaches where they exist, as a necessary strategy for fighting the HIV and AIDS pandemic and mitigating its impact on population, which could result in more relevant and cost-effective interventions with greater impact;

14. **Calls upon** Governments to significantly scale up efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, free of discrimination and with a gender perspective, and the goal of halting and reversing the spread of HIV and AIDS by 2015, in particular by integrating HIV and AIDS interventions into programmes for primary health care, sexual and reproductive health, and maternal, neonatal and child health, including by strengthening efforts to eliminate the vertical transmission of HIV from mother to child, and by preventing and treating other sexually transmitted infections, and encouraging responsible sexual behaviour, including abstinence and fidelity, and expanded access to essential commodities, including male and female condoms and microbicides, through the adoption of measures to reduce costs and improve availability;

15. **Urges** Member States, with the appropriate technical and financial support from development partners when needed, to design and implement national cancer control plans and strategies that encompass prevention, early detection, treatment and palliation of cancers of the male and female reproductive systems, especially prostate, breast and cervical cancers, and to strengthen existing health services and health systems to increase the capacity to detect these cancers at earlier stages and allow prompt access to quality treatment;

16. **Reiterates** the need for Governments to ensure that all women and men have comprehensive information about, and access to and choice of the widest possible range of safe, effective, affordable and acceptable modern methods of family planning, including long-acting methods and male and female condoms, so that they are able to exercise free and informed reproductive choices, and stresses that Governments and development partners, through international cooperation, should ensure that family planning programmes have a sufficient and continuous supply of safe, effective, affordable and acceptable modern contraceptives;

17. **Calls upon** Governments to 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 urges countries to extend education to secondary and higher school levels, and to facilitate access to and completion of education at those levels;

18. **Recognizes** 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 on sexual and reproductive matters, and that 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 infections and sexual abuse, and recognizes that in doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs, and that in this context, countries
should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents;

19. **Reiterates** the need for Governments to ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable and acceptable methods of family planning, including male and female condoms, and to the requisite supplies, so that they are able to exercise free and informed reproductive choices;

20. **Recognizes** that the largest generation of adolescents in history is now entering sexual and reproductive life and that their access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms, as well as voluntary abstinence and fidelity are essential to achieving the goals set out in Cairo 17 years ago;

21. **Calls upon** Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-care service, information and education needs of adolescents, to enable them to deal in a positive and responsible way with their sexuality;

22. **Urges** Member States to enact and strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses and, in addition, to enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage, and to raise the minimum age for marriage where necessary;

23. **Calls upon** Governments to incorporate gender perspectives and human rights into health-sector policies, programmes and research activities, paying attention to the specific needs and priorities of women and girls, ensuring women’s right to the highest attainable standards of health and their access to affordable and adequate health-care services, including sexual, reproductive and maternal health care and lifesaving obstetric care, in accordance with the Programme of Action of the International Conference on Population and Development, and recognizes that lack of economic empowerment and independence has increased women’s vulnerability to a range of negative consequences, involving the risk of contracting HIV and AIDS, malaria, tuberculosis and other poverty-related diseases;

24. **Urges** Member States, the United Nations and civil society to include in their development priorities programmes that enable men to support women’s access to safe conditions for pregnancy and childbirth, contribute to family planning, prevent sexually transmitted infections and HIV and end violence against women and girls;

25. **Urges** Governments to strengthen basic infrastructure, human and technical resources and the provision of health facilities in order to improve health systems and ensure the accessibility, affordability and quality, especially in rural and remote areas, of health-care services, as well as sustainable access to safe drinking water and basic sanitation, bearing in mind the commitment to halving, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation as a means of fighting waterborne diseases;

26. **Encourages** Member States to adopt and implement legislation and policies to promote the reconciliation of paid work and family responsibilities through, inter alia, family-friendly and gender-sensitive work environments, the facilitation of breastfeeding for working mothers and the provision of the necessary care for working women’s children and other dependants and increased flexibility in working arrangements, and to ensure that both women and men have access to maternity, paternity, parental and other forms of leave and are not discriminated against when availing themselves of such benefits;

27. **Recognizes** the need to address the economic, social and psychological implications of infertility for individuals, couples and societies as a whole, and encourages Member States and development partners, including through international cooperation and resources, to facilitate access to prevention, required know-how and technologies for more effective and affordable treatment of infertility;

28. **Also recognizes** that children often form the majority within poor households, and therefore calls upon Governments to develop and implement appropriate social protection measures to provide for the basic needs of children in poor households, especially orphans and vulnerable children;

29. **Encourages** Governments, including through technical and financial support and cooperation, to prevent and address, as a matter of priority, deaths and complications related to pregnancy and childbirth, which are still the leading cause of death of women of reproductive age in many developing countries, recognizing that maternal mortality and morbidity have shown very little decline in the least developed countries, that the lack of safe
motherhood services is still one of the world’s urgent concerns and that reducing maternal mortality and morbidity saves women’s lives, protects family health, alleviates poverty and improves opportunities for future generations;

30. **Recognizes** that sexual and reproductive health and reproductive rights and women’s rights and empowerment deserve increased attention in humanitarian assistance and post-crisis recovery, and therefore emphasizes the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved in providing support to countries and regions affected by crises to address the specific needs of those affected in a comprehensive and coherent manner, in accordance with the Programme of Action of the International Conference on Population and Development;

31. **Underlines** the health and rehabilitation needs of victims of terrorism, encompassing both physical and mental health;

32. **Also underlines** its commitment to developing and implementing national strategies that promote public health in programmes or actions that respond to challenges faced by all populations affected by conflict, natural disasters and other humanitarian emergencies, and acknowledges that inequities in access to health care can increase during times of crisis and that special efforts should be made to maintain primary health-care functions during these periods, as well as to ensure that the needs of the poorest and most vulnerable are met during the post-crisis, peacebuilding and early recovery stages;

33. **Further underlines** the need of people living in situations of armed conflict and foreign occupation for a functioning public-health system, including access to health care and services;

34. **Welcomes** the adoption by the sixty-third World Health Assembly of the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel as a guide to respond to the concerns over the lack of and imbalanced distribution of health workers within countries and throughout the world, in particular the shortage in Africa, and the retention of health personnel, in a manner that strengthens the health systems of developing countries, countries with economies in transition and small island developing States;

35. **Calls upon** Governments, in formulating and implementing national development plans, budgets and poverty eradication strategies, to prioritize actions to address challenges relating to the impact of population dynamics on poverty and sustainable development, taking into account a differential approach to people living in the most vulnerable situations, keeping in mind that universal reproductive health-care services, commodities and supplies, as well as information, education, skill development, national capacity-building for population and development and transfer of appropriate technology and know-how to developing countries are essential for achieving the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals and can contribute to economic and social development and to poverty eradication;

36. **Encourages** Governments to ensure that 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;

37. **Also encourages** Governments and development partners to bring their investments in reproductive health in line with the revised cost estimates presented by the Secretary-General for each of the four programme components identified in chapter XIII of the Programme of Action of the International Conference on Population and Development, and calls upon Governments of both developed and developing countries to make every effort to mobilize the required resources to ensure that the health, development and human rights-related objectives of the Programme of Action are met, and urges Governments and development partners to cooperate closely to ensure that resources are used in a manner that ensures maximum effectiveness and is in full alignment with the needs and priorities of developing countries;

38. **Calls upon** the international community to assist Governments in reducing unmet needs for family planning by increasing financial resources for the implementation of the Programme of Action of the International Conference on Population and Development, especially in the area of family planning and commodities within primary health-care systems, ensuring that funding lines for family planning programmes and commodities are included in national budget formulations and that funding enables the development of quality, comprehensive and integrated reproductive health programmes;
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39. **Urges** Governments to monitor their progress towards the implementation of the Programme of Action, the key actions for its further implementation and the Millennium Development Goals at the local and national levels and, in this regard, to make special efforts to strengthen their vital registration and health information systems and to develop the capacity of relevant national institutions and mechanisms to generate population data, disaggregated by sex, age and other categories, as needed to monitor the improvement of maternal health, the achievement of the target of universal access to reproductive health and progress in empowering women and achieving gender equality, and to use these data for the formulation and implementation of population and development policies;

40. **Requests** the Secretary-General to continue, within the framework of the implementation of the Programme of Action, his substantive work on fertility, reproductive health and development, including integrating a gender and age perspective and other relevant perspectives into analyses and recommendations, in collaboration and coordination with relevant United Nations agencies, funds and programmes and other relevant international organizations, and to continue assessing the progress made in achieving the goals and objectives on fertility, reproductive health and development set out in the outcomes of the major United Nations conferences and summits, giving due consideration to their implications for development and poverty eradication and sustained, equitable and inclusive economic growth.

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3 See resolution 55/2.
4 See resolution 60/1.
5 Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995 (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.
6 See resolution 65/1.
11 Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995 (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II.
13 See E/CN.9/2011/5, chap. V.

**Resolution 2012/1**

Adolescents and youth

[…]  

7. **Urges** Governments to protect and promote human rights and fundamental freedoms regardless of age and marital status, including, inter alia, by eliminating all forms of discrimination against girls and women, by working more effectively to achieve equality between women and men in all areas of family responsibility, in sexual and reproductive life, and in education at all levels, and by protecting the human rights of adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health;

[…]  

12. **Urges** all States to enact and enforce legislation to protect all adolescents and youth, including those in situations of armed conflict, natural disasters or humanitarian emergencies, from all forms of violence, including gender-based violence and sexual violence, trafficking in persons and involvement in criminal activities, and to provide social and health services, including sexual and reproductive health services, and complaint and reporting mechanisms for the redress of violations of their human rights;

[…]
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17. Also calls upon Governments to support and encourage men in their important role as fathers and in helping their children transition successfully to adulthood, including by providing adequate financial support for their children and families, to promote positive male role models and programmes for boys to become gender-sensitive adults and to enable men to support, promote and respect women’s sexual and reproductive health and reproductive rights, recognizing the inherent dignity of all human beings;

[...]

23. Urges Governments and the international community to ensure that young people, on an equitable and universal basis, enjoy the highest attainable standard of physical and mental health by providing them with access to sustainable health and social services without discrimination, by paying special attention to nutrition, including eating disorders and obesity, prevention of non-communicable and communicable diseases, promotion of sexual and reproductive health, and mental health, and by supporting measures to prevent sexually transmitted diseases, including HIV and AIDS, to reduce road traffic fatalities and injuries, to prevent tobacco and illicit drug use and the harmful use of alcohol, and to encourage sports and recreation as well as the removal of all types of barriers to the ability of adolescents and youth to protect their health;

[...]

25. Recognizes 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 on sexual and reproductive matters, and that countries must ensure that the programmes and attitudes of health-care providers do not restrict the access by adolescents to appropriate services and the information they need, including on sexually transmitted infections and sexual abuse, and recognizes that in doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs, and that in this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents;

26. Calls upon Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-service, information and education needs of young people, with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, sexual and reproductive health, human rights and gender equality to enable them to deal in a positive and responsible way with their sexuality;

27. Urges Governments and development partners, including through international cooperation, in order to improve maternal health, reduce maternal and child morbidity and mortality, and prevent and respond to HIV and AIDS, to strengthen health systems and ensure that they prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and postnatal care, especially breastfeeding and infant and women’s health care, emergency obstetric care, prevention and appropriate treatment of infertility, quality services for the management of complications arising from abortion, reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning, prevention and treatment of sexually transmitted infections, including HIV, and other reproductive health conditions and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

28. Reiterates the need for Governments to ensure that all women and men have comprehensive information about, and access to, a choice of the widest possible range of safe, effective, affordable and acceptable modern methods of family planning, including long-acting methods and male and female condoms, so that they are able to exercise free and informed reproductive choices, and stresses that Governments and development partners, through international cooperation, should ensure that family planning programmes have a sufficient and continuous supply of safe, effective, affordable and acceptable modern contraceptives;

[...]

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New trends in migration: demographic aspects

[...]

30. Recognizes that migrants and displaced persons in many parts of the world have limited access to health care, including for sexual and reproductive health, and face specific threats to their reproductive health and rights, and calls upon Governments to provide services that are 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;

31. Calls upon Member States to intensify efforts to provide migrants with access to health and social services, including sexual and reproductive health services, information and education, and access to services for the prevention and treatment of HIV and AIDS and other communicable or non-communicable diseases, and for the care and support of persons living with these conditions; as well as to implement measures to prevent violence, including sexual violence, and to address the consequences by providing, inter alia, emergency contraception and safe abortion in circumstances where such services are permitted by national law;

[...]

Resolution 2014/1
Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

[...]

9. Urges Governments to address existing gaps in the implementation of the Programme of Action, including in such areas as respect for, and protection, promotion and fulfilment of, human rights, and gender equality and the empowerment of women and girls, as well as unequal progress in achieving universal and equitable access to health services, including for sexual and reproductive health, and newborn and child health, uneven progress in health conditions and life expectancy, and the elimination of violence and discrimination without distinction of any kind;

10. Recognizes 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 on sexual and reproductive matters, and that countries must ensure that the programmes and attitudes of health-care providers do not restrict the access by adolescents to appropriate services and the information they need, including on sexually transmitted infections and sexual abuse, and also recognizes that in doing so, and in order to address, inter alia, sexual abuse, these services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs, and that in this context countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents;

11. Urges Governments, the international community and all other relevant stakeholders to give particular attention to the areas of shortfall in the implementation of the Programme of Action, including, the elimination of preventable maternal morbidity and mortality through strengthening health systems, equitable and universal access to quality, integrated and comprehensive sexual and reproductive health services, and by ensuring the access of adolescents and youth to full and accurate information and education on sexual and reproductive health, including evidence-based comprehensive education on human sexuality, and promotion, respect, protection and fulfilment of all human rights, especially the human rights of women and girls, including sexual and reproductive health and reproductive rights, and by addressing the persistence of discriminatory laws and the unfair and discriminatory application of laws;

12. Also urges Governments and development partners, including through international cooperation, to improve maternal health, reduce maternal and child morbidity and mortality and prevent and respond to HIV and AIDS, to strengthen health systems and ensure that they prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and postnatal care, especially breastfeeding and infant and women’s health care, emergency obstetric care, prevention and appropriate
treatment of infertility, quality services for the management of complications arising from abortion, access to reliable information and compassionate counselling for women who have unwanted pregnancies, reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning, prevention and treatment of sexually transmitted infections, including HIV, and other reproductive health conditions and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action and the Millennium Development Goals;

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