

CHAPTER 6

Health, morbidity and mortality

SUMMARY

The Programme of Action emphasized that the accessibility, availability, acceptability and affordability of health-care services and facilities should be increased so as to provide access to basic health care for all. In particular, the Cairo Declaration called on Governments to promote child survival and health, to promote women's health and safe motherhood, to achieve a rapid and substantial reduction in maternal morbidity and mortality, and to reduce disparities in health and survival observed between developing and developed countries and within countries. It also called for prevention and reduction of the spread of HIV in order to minimize its impact, increased awareness of the consequences of HIV infection and AIDS, and addressing the social, economic, gender and racial inequities that increase vulnerability to the disease. Importantly, compared to previous population conferences, the Programme of Action introduced two new concepts: safe motherhood and unsafe abortion, in accordance with World Health Organization (WHO) definitions.

Since 1994, four resolutions have explicitly addressed health, morbidity and mortality, or some aspect of this chapter. Many other resolutions focusing on different themes have broached these issues as they related to the main theme of a particular session of the Commission. In general, the Commission has urged governments to strengthen primary health care and health systems. The Commission has reiterated that health and poverty are interlinked and that achieving health-related goals is central to sustainable development. The Commission has also addressed evolving health trends, strengthening language on the core health issues emphasized in the Programme of Action. For example, the Commission in recent years has urged 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.

While the Programme of Action characterized HIV/AIDS as a pandemic, concern about the threat posed by it rose in subsequent years. The resolution of the thirty-eighth session of the Commission in 2005 referred to HIV/AIDS as an emergency. The Commission has urged that efforts to achieve universal access to HIV prevention, treatment, care and support be intensified, highlighting the feminization of the pandemic in some regions, the effects of the disease on children, adolescents and youth, and the need to develop vaccines and microbicides. In 2009, recognizing the contribution of the Programme of Action to the internationally agreed development goals, including the Millennium Development Goals (MDGs), the Commission stressed the importance of meeting the MDG target to halt and reverse the spread of HIV by 2015.

The Commission has also highlighted emerging health trends and interrelationships of health with new and emerging population trends. The Commission has called attention to health challenges that were not emphasized in the Programme of Action, such as neglected tropical diseases or road accidents. Furthermore, the Commission has acknowledged the increasing burden of non-communicable diseases and the double burden for many health systems still coping with communicable diseases. It has called for addressing major risk factors for non-communicable diseases, including, inter alia, preventing tobacco use and increasing awareness of healthy diet and physical activity. The Commission has recently stressed the importance of education and health literacy in improving health outcomes over a lifetime, with particular focus on adolescents and youth. Resolutions on particular population groups, such as migrants, adolescents and youth, older persons, or urban and rural residents, have recognized the health care needs of those groups and related implications for health systems. For example, in the case of migration, the resolution of the forty-sixth session of the Commission in 2013 called on states to consider reviewing

HIV-related restrictions on the entry, stay and residence of migrants in order to eliminate remaining restrictions in accordance with national commitments. Resolutions have also drawn attention to the negative effects of the emigration of highly-skilled workers on development in countries of origin, often in the health-related sectors, and called for ethical recruitment of health-care workers.

EXCERPTS FROM THE PROGRAMME OF ACTION

Chapter VIII: Health, Morbidity and Mortality[§]

A. Primary health care and the health-care sector

Objectives

8.3. The objectives are:

- (a) To increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people in accordance with national commitments to provide access to basic health care for all;
- (b) To increase the healthy life-span and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries.

Actions

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

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

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

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

8.8. All countries should re-examine training curricula and the delegation of responsibilities within the health-care delivery system in order to reduce frequent, unnecessary and costly reliance on physicians and on secondary- and tertiary-care facilities, while maintaining effective referral services. Access to health-care services for all people and especially for the most underserved and vulnerable groups must be ensured. Governments should seek to make basic

[§] 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.

health-care services more sustainable financially, while ensuring equitable access, by integrating reproductive health services, including maternal and child health and family-planning services, and by making appropriate use of community-based services, social marketing and cost-recovery schemes, with a view to increasing the range and quality of services available. The involvement of users and the community in the financial management of health-care services should be promoted.

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

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

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

B. Child survival and health

Objectives

8.15. The objectives are:

- (a) To promote child health and survival and to reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girl infants and children;
- (b) To improve the health and nutritional status of infants and children;
- (c) To promote breast-feeding as a child-survival strategy.

Actions

8.16. Over the next 20 years, through international cooperation and national programmes, the gap between average infant and child mortality rates in the developed and the developing regions of the world should be substantially narrowed, and disparities within countries, those between geographical regions, ethnic or cultural groups, and socio-economic groups should be eliminated. Countries with indigenous people should achieve infant and under-5 mortality levels among their indigenous people that are the same as those of the general population. Countries should strive to reduce their infant and under-5 mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under-5 mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further.

8.17. All Governments should assess the underlying causes of high child mortality and should, within the framework of primary health care, extend integrated reproductive health-care and child-health services, including safe motherhood,¹ child-survival programmes and family-planning services, to all the population and particularly to the most vulnerable and underserved groups. Such services should include prenatal care and counselling, with special emphasis on high-risk pregnancies and the prevention of sexually transmitted diseases and HIV infection; adequate delivery assistance; and neonatal care, including exclusive breast-feeding, information on optimal breast-

feeding and on proper weaning practices, and the provision of micronutrient supplementation and tetanus toxoid, where appropriate. Interventions to reduce the incidence of low birth weight and other nutritional deficiencies, such as anaemia, should include the promotion of maternal nutrition through information, education and counselling and the promotion of longer intervals between births. All countries should give priority to efforts to reduce the major childhood diseases, particularly infectious and parasitic diseases, and to prevent malnutrition among children, especially the girl child, through measures aimed at eradicating poverty and ensuring that all children live in a sanitary environment and by disseminating information on hygiene and nutrition. It is also important to provide parents with information and education about child care, including the use of mental and physical stimulation.

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

C. Women's health and safe motherhood

Objectives

8.20. The objectives are:

(a) To promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries. On the basis of a commitment to women's health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion;²

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

Actions

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

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

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

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

8.25. In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion² as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions.

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

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

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

Objectives

8.29. The objectives are:

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

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

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

Actions

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

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factors underlying the spread of HIV infection should be investigated, and programmes to address the problems faced by those left orphaned by the AIDS pandemic should be developed.

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

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

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

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

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

¹ Safe motherhood aims at attaining optimal maternal and newborn health. It implies reduction of maternal mortality and morbidity and enhancement of the health of newborn infants through equitable access to primary health care, including family planning, prenatal, delivery and post-natal care for the mother and infant, and access to essential obstetric and neonatal care (World Health Organization, *Health Population and Development*, WHO Position Paper, Geneva, 1994 (WHO/FHE/94.1)).

² Unsafe abortion is defined as a procedure for terminating an unwanted pregnancy either by person lacking the necessary skills or in an environment lacking the minimal medical standards or both (based on World Health Organization, *The Prevention and Management of Unsafe Abortion*, Report of a Technical Working Group, Geneva, April 1992 (WHO/MSM/92.5)).

EXCERPTS FROM RESOLUTIONS AND ENTIRE RESOLUTIONS

Entire resolutions:

- Resolution 1998/1 – Health and mortality
- Resolution 2002/1 – Reproductive rights and reproductive health, including human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Resolution 2005/1 – Population, development and HIV/AIDS, with particular emphasis on poverty
- Resolution 2010/1 – Health, morbidity, mortality and development

Resolution 1998/1 Health and mortality

The Commission on Population and Development,

Recalling health-related recommendations of the Programme of Action of the International Conference on Population and Development,¹

Reaffirming the commitment of Member States to the implementation of these recommendations and, in particular, to the objective of reducing disparities among and within countries in health, morbidity and mortality,

Expressing concern that global challenges, including emerging and re-emerging infectious diseases such as malaria, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and tuberculosis, are significant new threats to gains achieved thus far in infant, child and maternal mortality and to countries' efforts to improve reproductive health, child health and adolescent health,

Expressing concern also that many developing countries face constraints, such as in financial and human resources, that hinder their capacity to assure better health conditions and life expectancy for their population, as well as the capacity to monitor health and mortality trends,

Expressing further concern that, as life expectancy has decreased, male mortality has increased and a number of other health and vital indicators have worsened in countries with economies in transition as well as in some developing countries, many countries (seventy-one countries as projected by the United Nations) are not expected to accomplish their life expectancy goals by the year 2005, and about 44 per cent of developing countries are not expected to meet the goals for the year 2000 for infant and under-five mortality,

Recognizing that progress in implementing the health-related recommendations and achieving significant health gains depends on preventing disease, promoting healthy lifestyles and improving health systems,

1. *Calls upon* the relevant bodies of the United Nations system to work in close coordination with each other, and with other international organizations and non-governmental organizations, in cooperation with Governments, in strengthening national capacities to collect, analyse and utilize health and mortality data at both national and local levels, in the priority areas of the Programme of Action of the International Conference on Population and Development, including infant, child, adolescent and maternal health and mortality; sexual and reproductive health, with special attention to family planning, sexually transmitted infections and human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS); and violence against women and children and female genital mutilation and other harmful practices; and in the areas of infectious disease, substance abuse and measurement of adult mortality and morbidity;

2. *Requests* the Population Division of the United Nations Secretariat and United Nations Population Fund to explore ways and means, such as the establishment of an internationally accessible electronic database, to facilitate the exchange of information among all relevant actors on various levels concerning best practices and lessons learned in the implementation of the Programme of Action;

3. *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 related to health and mortality, and stresses the need for strengthening such actions, in particular in the least developed countries;

4. *Calls* for assistance to developing countries to strengthen their national health services, including, inter alia, transfer of technology for building their capacity to produce basic and essential drugs;

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5. *Calls upon* Governments, in particular donor Governments, to support, with the assistance of international and non-governmental organizations, efforts to determine the causes of the stagnation or increase of mortality among the adult population of countries with economies in transition, as well as in some developing countries, and to act upon that knowledge to shape public-health interventions and other appropriate measures to combat such detrimental trends;

6. *Urges* Governments to consider undertaking information, education and communication campaigns that raise awareness about widespread health risks, and emphasize behavioural changes that have proved to be effective in reducing those risks, especially in relation to the spread of HIV infection, maternal mortality and infant mortality, in the prevention of the detrimental health effects of smoking, in the promotion of a healthy diet and in the abatement of deaths and injuries due to accidents, as well as positive effects of reproductive health interventions;

7. *Calls upon* Governments to renew and reaffirm their commitment to the objective of reducing disparities in health and mortality, among countries and within countries, particularly those disparities related to socio-economic differentials, and to give special emphasis to the needs of the disadvantaged and vulnerable groups of society;

8. *Urges* Governments, assisted upon request by the international community, to strengthen their efforts to achieve the health and mortality goals set by the Programme of Action, in cooperation with non-governmental organizations, the private sector and local communities.

¹ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

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 Action⁴ and the further actions and initiatives to implement the Beijing Declaration⁵ 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 Declaration⁷ 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 Rights⁸ 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 Development¹ scheduled for 2004 and, to the extent appropriate, to the annual reviews of the Declaration of Commitment on HIV/AIDS⁹ as well as to any other relevant review processes.

¹ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

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

The Commission on Population and Development,

Recognizing that the implementation of the Programme of Action of the International Conference on Population and Development¹ and the key actions for its further implementation² are integrally linked to global efforts to eradicate poverty and achieve sustainable development and that the achievement of the goals of the Programme of Action is consistent with and makes an essential contribution to the attainment of the development goals set out in the United Nations Millennium Declaration,³

Recalling General Assembly resolution 58/236 of 23 December 2003 entitled “Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS”, resolution 49/2 on women, the girl child and HIV/AIDS of the Commission on the Status of Women, and Assembly resolution 58/179 of 22 December 2003 entitled “Access to medication in the context of pandemics such as HIV/AIDS, tuberculosis and malaria”,

Welcoming the decision to convene, on 2 June 2005, a high-level meeting of the General Assembly to review the progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS,⁴

Noting that poverty and inequality increase people’s vulnerabilities to HIV, posing increased risks of infection to populations in every region, while at the same time undermining the socio-economic conditions of people living with HIV,

Deeply concerned that the global HIV/AIDS pandemic disproportionately impacts women and girls, and that the majority of new HIV infections occur among young people,

Emphasizing that gender equality and the empowerment of women and girls are fundamental elements in the reduction of their vulnerability to HIV/AIDS, and emphasizing also that the advancement of women and girls is key to reversing the pandemic,

Noting with profound concern that 39.4 million people worldwide are living with HIV/AIDS, and that the HIV/AIDS pandemic claimed 3.1 million lives in 2004 and to date has orphaned 15 million children,

Noting with deep concern that the number of new cases of HIV infection remains unacceptably high, especially among individuals at high vulnerability and/or risk, as the infection spreads in the general population,

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particularly to women of reproductive age and adolescent girls, with the number of people living with HIV and AIDS increasing,

Recognizing that the internationally agreed development goals including those contained in the Millennium Declaration will not be achieved without, inter alia, an intensified, expanded and effective global response to HIV/AIDS, since it affects population dynamics, shortens life expectancy and slows economic growth through lost productivity and other factors that undermine development,

Reaffirming that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, and reaffirming also the importance of the elimination of all forms of stigma imposed on and discrimination directed against people living with or at risk of HIV/AIDS, including the most vulnerable,

Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health,

Recognizing also that economic and social development, and an enabling policy and legislative environment as well as sufficient resources, are essential for an effective and truly multisectoral response to the epidemic,

Acknowledging that prevention, care, support and treatment for those infected or affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combating the epidemic,

Emphasizing that the majority of HIV infections are sexually transmitted and that the infection is also associated with exposure to infected blood and mother-to-child transmission, that HIV and sexual and reproductive ill health have mostly common root causes, and that HIV transmission is influenced by a number of social factors including inequality, poverty, gender inequality and marginalization of those individuals at high vulnerability and/or risk,

Taking note of the report of the Secretary-General on world population monitoring, focusing on population, development and HIV/AIDS, with particular emphasis on poverty,⁵

Bearing in mind the reports of the International Conference on Population and Development⁶ and on the key actions for the further implementation of the Programme of Action,⁷ in their entirety,

1. *Reaffirms* the Programme of Action of the International Conference on Population and Development¹ and the key actions for its further implementation;²

2. *Also reaffirms* the goals, targets and actions set forth in the Declaration of Commitment on HIV/AIDS,⁴ which complement and reinforce those in the Programme of Action of the International Conference on Population and Development and its five-year review and the internationally agreed development goals, including those contained in the United Nations Millennium Declaration;³

3. *Stresses with deep concern* that the HIV/AIDS emergency, with its devastating scale and impact, requires urgent actions in all fields and at all levels;

4. *Stresses* that HIV/AIDS contributes to the intensification of poverty in many countries, affecting individuals, families and communities as well as every sector of society, reduces human capital and has profound and long-lasting effects on the country's social and economic development, and that combating this trend requires urgent and sustained long-term action and coordinated response in all fields and at all levels;

5. *Reaffirms* the need for Governments, supported by relevant actors, all stakeholders including civil society and the private sector, to intensify national efforts and international cooperation in the implementation of the Declaration of Commitment on HIV/AIDS;

6. *Recognizes* that the HIV pandemic is having a devastating impact on children, that the global number of orphans continues to increase, and that other children are vulnerable because they have an ill parent, live in poor households that have taken in orphans, live in child-headed households, or are discriminated against, and that more than 2 million children are living with HIV/AIDS themselves; and stresses the need to strengthen multisectoral responses in this regard, including psychosocial support to children and families infected and affected by HIV/AIDS;

7. *Stresses* the importance of building up national competence and capacity to provide impact assessment of the epidemic which should be used in planning for prevention, treatment and care, and for addressing HIV/AIDS;

8. *Urges* the international community to complement and supplement, through increased international development assistance, efforts of the developing countries that commit increased national funds to fighting the HIV/AIDS epidemic, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially sub-Saharan Africa, and the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and countries in other affected regions whose resources for dealing with the epidemic are seriously limited;

9. *Stresses* the need for an integrated approach in national responses to the HIV/AIDS epidemic that includes an action framework to facilitate the coordination of work by all partners, one national HIV/AIDS framework, one national HIV coordinating body and one agreed country-level monitoring and evaluation system, all of which allow for the inclusiveness and flexibility needed to foster and promote effective locally developed solutions; and commends the Joint United Nations Programme on HIV/AIDS for its leadership in engaging the support of Governments, civil society organizations, the private sector, and international cooperation and multilateral agencies for making the “Three Ones” a reality;

10. *Notes with deep concern* that the HIV pandemic is straining resources in the health sector and in this regard stresses the need to strengthen health systems, including through international cooperation, by addressing the severe shortage of skilled health personnel as a major obstacle to the expansion of programmes to fight the HIV/AIDS pandemic and to improve sexual and reproductive health;

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;

13. *Also urges* Governments to take all necessary measures to empower women and strengthen their economic independence, and to promote and protect the full enjoyment of all human rights and fundamental freedoms in order to enable all individuals to protect themselves from HIV infection, sexually transmitted infections and reproductive ill health;

14. *Stresses* the importance of ensuring that young women and men have access to information, education, including peer education and youth-specific HIV education, sexual education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection and reproductive ill health, in full partnership with young persons, parents, families, educators and health-care providers;

15. *Also stresses* the importance of building local capacity by working with national programmes and local organizations to create an effective and sustainable response to the HIV/AIDS epidemic;

16. *Urges* Governments to expand access to care and treatment to those in need, particularly those living in poverty, including the prevention of mother-to child transmission, in a progressive and sustainable manner, and treatment of opportunistic diseases as well as the effective use of antiretroviral medication, and to promote access to safe, low-cost and effective drugs and related pharmaceutical products;

17. *Reaffirms* the need to strengthen pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order to further promote innovation and the development of domestic industry consistent with international law;

18. *Urges* relevant United Nations organizations as well as other relevant international organizations to further support national efforts for the implementation of the Declaration of Commitment on HIV/AIDS and to address the issue of the cost, availability and affordability of drugs and related technology;

19. *Stresses* the importance of implementing the decision of the General Council of the World Trade Organization of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration on the Agreement on Trade-related Aspects of Intellectual Property Rights and public health;

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20. *Urges* Governments to enact, strengthen or enforce, as appropriate, public policies, laws, regulations or other measures to combat all forms of discrimination directed against and stigma imposed on people living with HIV/AIDS and individuals at high vulnerability and risk;

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;

23. *Encourages* increased investments in HIV/AIDS-related research nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and also encourages the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines and microbicides when they become available;

24. *Urges* the international community to provide urgently the resources needed for an expanded and comprehensive response to HIV/AIDS, in particular as identified by the Joint United Nations Programme on HIV/AIDS and its cosponsors, and to also provide full funding for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and welcomes its decision to create a voluntary replenishment mechanism to assure more predictable funding;

25. *Encourages* the United Nations Population Fund, in close collaboration with the Joint United Nations Programme on HIV/AIDS and other relevant funds, programmes and agencies, to continue to implement HIV prevention strategies, recognizing that sexual and reproductive health programmes are key entry points for HIV prevention, and taking into account the need for a comprehensive approach to prevention and treatment, commends the Fund for its Global Strategy for Reproductive Health Commodity Security and urges all countries in a position to do so as well as other development partners to contribute to the trust fund;

26. *Commends* the commitment made by the World Health Organization and the Joint United Nations Programme on HIV/AIDS to working with the international community to support developing countries in achieving the “3 by 5” target, that is to say, the target of providing antiretroviral medicines to 3 million people infected with HIV/AIDS by the end of 2005, urges Governments to continue to work collaboratively with the World Health Organization and the Joint United Nations Programme on HIV/AIDS beyond 2005 towards the goal of making HIV/AIDS prevention and treatment services accessible to all who need them;

27. *Requests* the Secretary-General to continue to strengthen the work of the Secretariat as well as other relevant funds, programmes and agencies on the gender dynamics and demographic aspects of HIV/AIDS in a comprehensive manner, including on infant, child and maternal mortality and its impact on population and development, and to reflect this in his reports to the forthcoming sessions of the Commission on Population and Development.

¹ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

² General Assembly resolution S-21/2, annex.

³ See General Assembly resolution 55/2.

⁴ General Assembly resolution S-26/2, annex.

⁵ E/CN.9/2005/3.

⁶ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18).

⁷ See General Assembly resolution S-21/2 and *Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 3 (A/S-21/5/Rev.1)*.

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;

[...]

Resolution 2006/2

International migration and development

[...]

18. *Recalls* the commitments contained in the 2001 Declaration of Commitment on HIV/AIDS to develop and begin to implement national, regional and international strategies that would facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;

[...]

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;

20. *Notes* that HIV/AIDS affects the structure of the population in many developing countries, notably in Africa, and poses significant challenges to the economic and social stability in the most affected countries, and encourages Governments to address the rising rates of HIV infection among young people to ensure HIV-free future generations through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skills-based, youth-specific HIV education, mass-media interventions and the provision of youth-friendly health services;

21. *Recognizes* the gravity of the public health problems afflicting many developing countries and least developed countries, especially those resulting from HIV/AIDS, tuberculosis, malaria and other communicable diseases, and encourages Governments to adopt measures that address these challenges;

[...]

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;

[...]

15. *Encourages* Governments, in formulating and implementing policies, strategies and programmes on HIV/AIDS prevention, treatment, care and support and on other communicable diseases, to focus on the diverse and special needs of urban and rural populations and of migrant populations, including temporary migrants, and emphasizes the need to address the overall expansion and feminization of the HIV/AIDS pandemic;

[...]

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

[...]

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;

[...]

12. *Urges* Governments to strengthen international cooperation in order to assist in the development of human resources for health through technical assistance and training, as well as to increase universal access to health services, including in remote and rural areas, taking into account the challenges faced by developing countries in the retention of skilled health personnel;

[...]

14. *Calls upon* Governments and the international community to strengthen their efforts to lower infant and child mortality and ensure that all children, girls and boys alike, enjoy the highest attainable standard of physical and mental health, especially by combating malnutrition, taking measures to prevent and treat infectious and parasitic diseases and eliminating all forms of discrimination against the girl child;

[...]

17. *Urges* Governments to scale up significantly efforts towards achieving the goal of universal access to comprehensive HIV/AIDS prevention programmes, treatment, care and support by 2010, and the goal to halt and reverse the spread of HIV/AIDS by 2015;

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;

19. *Calls upon* Governments to strengthen initiatives that increase the capacities of women and adolescent girls 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, in accordance with the Programme of Action of the International Conference on Population and Development, and that integrate HIV/AIDS prevention, treatment, care and support, including voluntary counselling and testing and prevention education that promotes gender equality;

20. *Urges* Governments, supported by international cooperation and partnerships, to expand to the greatest extent possible the capacity to deliver comprehensive HIV/AIDS programmes in ways that strengthen existing national health and social systems, including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health and nutrition, programmes addressing tuberculosis, hepatitis C and sexually transmitted infections and programmes for children affected, orphaned or made vulnerable by HIV/AIDS, as well as into formal and informal education;

[...]

26. *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 the next generations;

[...]

Resolution 2010/1 Health, morbidity, mortality and development

The Commission on Population and Development,

Recalling the Programme of Action of the International Conference on Population and Development¹ and the key actions for its further implementation,²

Recalling also the United Nations Millennium Declaration³ and the 2005 World Summit Outcome,⁴ as well as General Assembly resolution 60/265 of 30 June 2006 on the follow-up to the development outcome of the 2005 World Summit, including the Millennium Development Goals and the other internationally agreed development goals,

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

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,⁵ 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,

Recalling all General Assembly resolutions related to global public health, including those related to global health and foreign policy,⁶

Welcoming the ministerial declaration of the 2009 high-level segment of the Economic and Social Council, on the theme "Implementing the internationally agreed goals and commitments in regard to global public health",⁷

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Welcoming also the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem, adopted at the high-level segment of the fifty-second session of the Commission on Narcotic Drugs, held in Vienna from 11 to 20 March 2009,⁸

Welcoming further the declaration adopted at the First Global Ministerial Conference on Road Safety: Time for Action, held in Moscow on 19 and 20 November 2009,

Taking note of the decision of the Economic and Social Council to devote the high-level segment of its substantive session of 2010 to the theme “Implementing the internationally agreed goals and commitments in regard to gender equality and the empowerment of women”,

Taking note with appreciation of the initiative of the Government of the Russian Federation to organize an international conference on non-communicable diseases in Moscow in June 2011,

Recalling that health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity,

Recognizing that population dynamics, development, human rights, and sexual and reproductive health and reproductive rights, which contribute to the implementation of the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, empowerment of young people and women, gender equality, rights of women and men to have control over and decide freely and responsibly on matters related to their sexuality and reproduction free of coercion, discrimination and violence, based on mutual consent, equal relationships between women and men, full respect of the integrity of the person and shared responsibility for sexual behaviour and its consequences, are important for achieving the goals of the Programme of Action of the International Conference on Population and Development,

Noting with concern that, despite some progress made in public health in the last decade, for millions of people throughout the world the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including, inter alia, access to medicines, vaccines and commodities, equipment and other supplies and to comprehensive primary health-care services, health promotion and disease prevention, still remains a distant goal and that, in many cases, especially for those living in poverty and populations in vulnerable or marginalized situations, this goal is becoming increasingly remote,

Emphasizing that poverty is a major common denominator in health-related issues and is responsible for the serious worsening, above all in developing countries, of the main health indicators, deterioration of living standards, shortening of the average life expectancy and persistence of, and in some cases, the increase in preventable diseases and deaths, particularly of children,

Expressing deep concern that hundreds of thousands of women die every year from largely preventable complications related to pregnancy or childbirth; that, for every death, an estimated twenty additional women and girls suffer from pregnancy related and childbirth-related injury, disability, infection and disease; that more than 200 million women worldwide lack access to safe, affordable and effective forms of contraception, and that complications from pregnancy and childbirth are one of the leading causes of death for women between the ages of 15 and 19, in particular in many developing countries,

Noting that, as reported by the World Health Organization, the causes of maternal death, in order of prevalence worldwide, include severe bleeding (haemorrhage), infections, complications due to unsafe abortion, high blood pressure in pregnancy (eclampsia), obstructed labour, and other direct causes, accounting for an estimated 80 per cent of maternal mortality worldwide, as well as other indirect causes,

Emphasizing that achieving the health-related Millennium Development Goals is essential to socio-economic development and poverty eradication, concerned by the relatively slow progress in achieving them, especially in reducing maternal mortality, and mindful that special consideration should be given to the situation in the least developed countries and in Africa,

Noting with concern that perinatal mortality continues to be alarmingly high in many countries, contributing substantially to the lack of progress in the reduction of child mortality and improved maternal health,

Expressing deep concern that some nine million children under five years of age die every year from conditions that are largely preventable and treatable and, in that context, reaffirming the objectives of the Programme of Action of the International Conference on Population and Development concerning the reduction of

infant and child mortality, and recognizing the importance of promotion and respect for the rights of the child for the achievement of health-related goals, in particular Millennium Development Goal⁴,

Recognizing that communicable diseases, which have been prioritized by the Millennium Development Goals, such as HIV/AIDS, malaria and tuberculosis, as well as other communicable diseases and neglected tropical diseases, pose severe risks for the entire world and serious challenges to the achievement of development goals,

Recognizing also that an epidemiological transition is now under way in all regions of the world, indicating an increase in chronic and degenerative diseases, while high levels of infectious and parasitic diseases persist in many developing countries and countries with economies in transition that are confronting the double burden of fighting emerging and re-emerging communicable diseases, such as HIV/AIDS, tuberculosis and malaria, in parallel with the increasing threat of non-communicable diseases,

Recognizing further that the emergence of non-communicable diseases is imposing a heavy burden on society, one with serious social and economic consequences, and that there is a need to respond to cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, which represent a leading threat to human health and development,

Concerned about the persistence of health inequities, both among and within countries, and gender disparities that have resulted in detrimental health and mortality outcomes and are impeding the improvement of health among women, and noting that such inequities result from economic and social determinants that can be addressed by heeding the recommendations formulated by the Commission on Social Determinants of Health,⁹

Reaffirming that good public health is better achieved through a combination of good public health policies, including multisectoral policies that stress better nutrition, safe drinking water, hygiene, sanitation and sustainable urbanization and that effectively combat major risk factors,

Noting the increase in the prevalence of non-communicable diseases including, inter alia, cardiovascular diseases, chronic respiratory diseases, cancer and diabetes, in all countries and the developmental challenges posed by it, and recognizing the importance of reducing the prevalence of major risk factors for non-communicable diseases including, inter alia, tobacco use, harmful use of alcohol where its consumption is not against the law, abuse of narcotic drugs and psychotropic substances including amphetamine-type stimulants, unhealthy diets, obesity and lack of physical activity, as identified in the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-Communicable Diseases of the World Health Organization,

Taking note of the reports of the Secretary-General on health, morbidity, mortality and development¹⁰ and on the monitoring of population programmes, focusing on health, morbidity, mortality and development,¹¹ and taking note also of the report 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,¹²

1. *Reaffirms* the Programme of Action of the International Conference on Population and Development¹ and the key actions for its further implementation;²
2. *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;¹³
3. *Recognizes* that health and poverty are interlinked and that achieving the health-related goals is central to sustainable development, and encourages Governments to give priority attention to the health-related Millennium Development Goals at the upcoming High-level Plenary Meeting of the sixty-fifth session of the General Assembly;
4. *Encourages* Member States and international organizations to scale up actions aimed to accelerate progress on all health-related targets of the Millennium Development Goals, in particular universal access to reproductive health, immunization and key child survival interventions, HIV prevention, mitigation and treatment, prevention and treatment of neglected tropical diseases, prevention and treatment services for malaria and tuberculosis, and access to affordable safe water and sanitation, the achievement of which would have the greatest impact on public health and development;
5. *Reaffirms* the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, transparency, accountability and community participation and empowerment, as the basis for strengthening health systems, recalls in this regard the Declaration of Alma-Ata,¹⁴

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and recognizes the importance of providing comprehensive primary health-care services, including health promotion and universal access to disease prevention, curative care, palliative care and rehabilitation that are integrated and coordinated according to needs, while ensuring effective referral systems;

6. Recognizes traditional medicine as one of the resources of primary health-care services which could contribute to improved health-care services leading to improved health outcomes, including those targeted in the Millennium Development Goals, and urges States, in accordance with national capacities, priorities, relevant legislation and circumstances, to respect and preserve the knowledge of traditional medicine, treatments and practices, appropriately based on the circumstances in each country, and on evidence of safety, efficacy and quality;

7. Urges Governments to strengthen health systems so that they can deliver equitable health outcomes on the basis of a comprehensive approach by focusing appropriate attention on, inter alia, health financing, the health workforce, procurement and distribution of medicines and vaccines, infrastructure, information systems, service delivery, planning and implementation, universal access, and political will in leadership and governance;

8. Calls upon Governments to reduce health inequities by, inter alia, considering the recommendations formulated by the Commission on Social Determinants of Health,⁹ and urges the international community to support the efforts of States to address the social determinants of health and to strengthen their public policies aimed at promoting full access to health and social protection for, inter alia, the most vulnerable sectors of society, including, as appropriate, through action plans to promote risk-pooling and pro-poor social protection schemes, and to include support for the efforts of developing countries in building up and improving basic social protection floors;

9. Emphasizes the need to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people in accordance with national commitments to provide access to basic health care for all, as well as the need to increase the healthy lifespan and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries;

10. Recognizes, in that regard, the significant efforts undertaken by developing countries, including through South-South cooperation and triangular cooperation, and encourages the international community to enhance support for those efforts;

11. Emphasizes that advances in health depend, among other factors, on the promotion and protection of all human rights, the promotion of gender equality and the empowerment of women, and the elimination of gender-based discrimination, especially by ensuring equal opportunities for women and men in education, employment and access to social services, including health services; by instituting zero tolerance regarding violence against women and girls, including harmful traditional practices such as female genital mutilation or cutting; by preventing child and forced marriage; and by ensuring women's and men's access to the means to determine the number and spacing of their children;

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;

16. *Notes with concern* the feminization of the pandemic of HIV/AIDS, especially among young women, and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa and, in that regard, reaffirms the commitment to intensify efforts to ensure a wide range of prevention programmes that take account of local circumstances, ethics and cultural values, such as information, education and communication, as well as encouraging responsible sexual behaviour, including abstinence and fidelity, and expanded access to essential commodities, including female condoms and microbicides, through the adoption of measures to reduce costs and improve availability;

17. *Emphasizes* the urgency of combating the main causes of child morbidity and mortality, inter alia, pneumonia, diarrhoea, malaria and malnutrition, through vaccination, long-lasting insecticide-treated bednets, nutritional support, improved sanitation, access to safe drinking water, and access to effective medicines and other treatments, while strengthening health systems;

18. *Stresses* the need to sustain and strengthen progress made in combating tuberculosis and malaria and developing innovative strategies for tuberculosis and malaria prevention, detection and treatment, including strategies to treat co-infection of tuberculosis with HIV, multidrug resistant tuberculosis and extensively drug-resistant tuberculosis, including through ensuring the availability of affordable, good-quality and effective medicines and equipment;

19. *Urges* Governments to increase efforts to control and eliminate neglected tropical diseases, including through increased use of existing medicines, development of new medicines, research into new modes of vector control, and implementation of appropriate prevention strategies, as well as to make a concerted effort to eradicate poliomyelitis worldwide by intensifying immunization activities and adopting country-specific strategies to address the remaining barriers to stopping poliomyelitis transmission, and emphasizes the importance of strengthening health systems to address communicable diseases;

20. *Also urges* Governments to give increased attention to the prevention and control of non-communicable diseases, further taking into account the social and environmental determinants of non-communicable diseases by, inter alia, taking action to implement the World Health Organization Global Strategy for the Prevention and Control of Non-Communicable Diseases¹⁵ and its related Action Plan;

21. *Urges* Governments to develop and put into effect comprehensive and integrated illicit drug demand reduction policies, programmes and legal frameworks, including prevention and care in the health-care and social services, from primary prevention to early intervention to treatment and to rehabilitation and social reintegration, and in related support services, aimed at promoting health and social well-being, aiming to effectively reduce the direct and indirect adverse consequences of illicit drug abuse for individuals and all societies as a whole, in compliance with the three international drug control conventions and in accordance with national legislation;

22. *Emphasizes* the role of education and health literacy in improving health outcomes over a lifetime, and urges Governments to ensure that health education starts early in life and that special attention is paid to encouraging health-enhancing behaviour among adolescents and young people in a gender-sensitive manner, especially by discouraging the use of tobacco and alcohol, encouraging physical activity and balanced diets, and providing information on sexual and reproductive health that is consistent with their evolving needs and capacities so that they can make responsible and informed decisions in all issues related to their health and well-being and understand the synergies between the various health-related behaviours;

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

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24. *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;

25. *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;

26. *Expresses concern* at the continuing increase in road traffic fatalities and injuries worldwide, in particular in developing countries, calls for the implementation of existing General Assembly resolutions aimed at addressing global road safety issues and strengthening international cooperation in this field,¹⁶ and urges Governments to enact comprehensive laws and effective compliance and enforcement measures to protect all road users, including pedestrians, by setting appropriate speed limits and blood alcohol concentration limits, and by encouraging the use of appropriate protection mechanisms, including helmets, seat belts and child restraints;

27. *Recalls* the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property,¹⁷ and urges States, the relevant international organizations and other relevant stakeholders to support actively its wide implementation;

28. *Reaffirms* the right to use to the full the provisions contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights,¹⁸ the Doha Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health,¹⁹ the decision of the World Trade Organization General Council of 30 August 2003 on the implementation of paragraph 6 of the Doha Declaration²⁰ and, when formal acceptance procedures are completed, the amendment to article 31 of the Agreement, which provide flexibilities for the protection of public health and, in particular, to promote access to medicines for all, and encourage the provision of assistance to developing countries in this regard; and calls for a broad and timely acceptance of the amendment to article 31 of the Agreement on Trade-Related Aspects of Intellectual Property Rights, as proposed by the World Trade Organization General Council in its decision of 6 December 2005;²¹

29. *Encourages* all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines and to provide for safeguards against the abuse of such measures and procedures;

30. *Calls upon* Governments and the international community to develop health workforce strategies and to continue the ongoing work of the World Health Organization on a code of practice on international recruitment of health personnel with a view to its finalization, and to conduct a review of training, recruitment and retention policies in order to provide incentives for health workers to stay in underserved, remote and rural areas, taking into account the challenges facing developing countries in the retention of skilled health personnel, improve the conditions of work and increase the number of health workers to ensure the attainment of the health-related Millennium Development Goals, in particular by training more skilled birth attendants and midwives in low-income countries;

31. *Also calls upon* donor Governments and the international community to make international cooperation and assistance, in particular external funding, more predictable and better aligned with national priorities and to channel such assistance to recipient countries in ways that strengthen national health systems; welcomes the progress made in developing new, voluntary and innovative financing approaches and initiatives; and emphasizes that innovative financing mechanisms should supplement and not substitute for traditional sources of finance;

32. *Further calls upon* Governments, with the support of regional and international financial institutions and other national and international actors, to adopt appropriate measures to overcome the negative impacts of the economic and financial crises on health, ensuring that policies maintain commitment to the internationally agreed development goals, including the Millennium Development Goals;

33. *Urges* Governments to continue to address the environmental causes of ill health and their impact on development by integrating health concerns, including those of the most vulnerable populations, into strategies, policies and programmes for poverty eradication, sustainable development, and climate change adaptation and mitigation;

34. *Recognizes* that the lack of adequate funding remains a significant constraint to the full implementation of the Programme of Action of the International Conference on Population and Development, 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, including those from the Global Fund to Fight AIDS, Tuberculosis and Malaria, are used in a manner which ensures maximum effectiveness and in full alignment with the needs and priorities of developing countries;

35. *Reaffirms* the need to develop, make use of, improve and strengthen national health information systems and research capacity with, as appropriate, the support of international cooperation, in order to measure the health of national populations on the basis of disaggregated data, including by age and sex, so that, inter alia, health inequities can be detected and the impact of policies on health equity measured;

36. *Requests* the Secretary-General to continue, in the framework of the implementation of the Programme of Action of the International Conference on Population and Development, his substantive work on health, morbidity, mortality and development, including integrating a gender perspective into its 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 health, morbidity, mortality and development set out in the outcomes of the major United Nations conferences and summits, giving due consideration to their implications for development.

¹ *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

² General Assembly resolution S-21/2, annex; *Official Records of the General Assembly, Twenty first Special Session, Supplement No. 3* (A/S-21/5/Rev.1); and A/S-21/PV.9.

³ See General Assembly resolution 55/2.

⁴ See General Assembly 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 General Assembly resolutions 63/33 and 64/108.

⁷ See *Official Records of the General Assembly, Sixty-fourth Session, Supplement No. 3* (A/64/3/Rev.1).

⁸ See *Official Records of the Economic and Social Council, 2009, Supplement No. 8* (E/2009/28), chap. I, sect. C; see also A/64/92-E/2009/98, sect. II.A.

⁹ See Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Final Report of the Commission on Social Determinants of Health* (Geneva, World Health Organization, 2008).

¹⁰ E/CN.9/2010/3.

¹¹ E/CN.9/2010/4.

¹² E/CN.9/2010/5.

¹³ *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.

¹⁴ See *Report of the International Conference on Primary Health Care, Alma-Ata, Kazakhstan, 6-12 September 1978* (Geneva, World Health Organization, 1978).

¹⁵ World Health Organization, *Fifty-third World Health Assembly, Geneva, 15-20 May 2000, Resolutions and Decisions, Annexes* (WHA53/2000/REC/1).

¹⁶ See General Assembly resolutions 57/309, 58/9, 58/289, 60/5, 62/244 and 64/255.

¹⁷ See World Health Organization, *Sixty-first World Health Assembly, Geneva, 19-24 May 2008, Resolutions and Decisions, Annexes* (WHA61/2008/REC/1), World Health Assembly resolution 61.21.

¹⁵ See *Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994* (GATT secretariat publication, Sales No. GATT/1994-7).

¹⁹ See World Trade Organization, document WT/MIN(01)/DEC/2.

²⁰ See World Trade Organization, document WT/L/540 and Corr.1.

²¹ World Trade Organization, document WT/L/641.

**Resolution 2011/1
Fertility, reproductive health and development**

[...]

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 post-natal 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;

[...]

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;

[...]

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;

[...]

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;

[...]

**Resolution 2012/1
Adolescents and youth**

[...]

10. *Calls upon* the international community to support ways to expand access to and the affordability of key products, such as vector control measures, including indoor residual spraying, long-lasting insecticide-treated nets, environmental management and vaccines, as well as by monitoring surveillance through rapid diagnostic tests, and artemisinin-based combination therapy for populations at risk of exposure to resistant strains of falciparum malaria in malaria-endemic countries, particularly in Africa, including through additional funds and innovative mechanisms, inter alia, for the financing and scaling-up of artemisinin production and procurement, as appropriate, to meet the increased need;

11. *Welcomes* the increased funding for malaria interventions and for research and development of preventive and control tools that will target children, adolescents and youth;

[...]

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;

24. *Also urges* Governments to strengthen basic infrastructure, human and technical resources, and the provision of health facilities so as to improve health systems, particularly for adolescents and youth, and to 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;

[...]

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;

[...]

29. *Calls upon* Governments to pay particular attention to adolescents and youth, especially young women and adolescent girls, in significantly scaling up efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, free of stigma and discrimination and with a gender perspective, and to provide comprehensive information, voluntary counselling and testing to adolescents and youth living with HIV as they transition into adulthood;

30. *Also calls upon* Governments to strengthen national social and child protection systems, and care and support programmes for adolescents and youth, in particular for young women and adolescent girls affected by and vulnerable to HIV, as well as their families and caregivers, including through the provision of equal opportunities to support the development to full potential of orphans and other children affected by and living with HIV, especially through equal access to education, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems, and provision of comprehensive information and support, including youth-friendly health centres, to children and their families and caregivers, especially age-appropriate HIV information to assist children living with HIV as they transition through adolescence, consistent with their evolving capacities;

[...]

Resolution 2013/1

New trends in migration: demographic aspects

[...]

18. *Reiterates* the need to consider how the migration of highly skilled persons, especially in the health, social and engineering sectors, affects the development efforts of developing countries and endorses the example of good practice set by the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel, whereby the international community is encouraged to support and promote the strengthening of health systems;

[...]

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;

[...]

33. *Encourages* Member States to consider identifying and reviewing any remaining HIV-related restrictions on the entry, stay and residence of migrants in order to eliminate the restrictions;

[...]

Resolution 2014/1

Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development

[...]

7. *Calls upon* Governments to intensify efforts to achieve universal access to HIV prevention, treatment, care and support without stigma and discrimination, especially for people living with HIV, and to eliminate mother-to-child transmission towards the vision of ending HIV/AIDS epidemic;

[...]

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

Chapter 6: Health, morbidity and mortality

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;

[...]

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;

[...]