

ASIA-PACIFIC HIGH-LEVEL FORUM DECLARATION ON POPULATION AND DEVELOPMENT: FIFTEEN YEARS AFTER CAIRO

BANGKOK, 16-17 SEPTEMBER 2009





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A. BACKGROUND

1. Fifteen years ago, the world came together at the International Conference on Population and Development (ICPD) in Cairo and agreed by consensus on a 20-year Programme of Action that integrated a comprehensive range of population, development and human rights issues, necessary for ensuring that each person lives a healthy and dignified life.
2. Since then, the Asian and Pacific region has seen increased access to sexual and reproductive health and reduced gender gaps in education. This has led to improved living standards, increased opportunities and choices for both women and men, and improved health and well-being for millions of people. This also had a positive impact on poverty reduction and economic development. However, there remain considerable challenges and gaps, including as a result of the economic crisis, that need to be addressed in order to attain internationally agreed development goals including the Millennium Development Goals (MDGs).
3. **This is a moment of opportunity.** With only five years remaining until the end of the ICPD Programme of Action, and being past the mid-point of the MDGs, it is urgent for countries to identify gaps and challenges, to consolidate lessons learned over the last 15 years, and to reaffirm their commitments, while redoubling efforts, sustaining the achievements and increasing resources to accelerate progress towards the fulfillment of the ICPD Programme of Action and the MDGs.



B. DECLARATION

4. **Recalling** the ICPD Programme of Action adopted in Cairo in 1994 and Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development adopted in 1999;
5. **Recalling** the Fourth World Conference on Women held in Beijing in 1995 and the Beijing Declaration and Platform for Action and their subsequent reviews;
6. **Recalling** the Millennium Declaration and its revised MDGs monitoring framework, including the new target under MDG 5 to “achieve, by 2015, universal access to reproductive health”;
7. **Recalling** the Plan of Action on Population and Poverty adopted by the Fifth Asian and Pacific Population Conference in 2002;
8. **Recalling** the outcomes of all the relevant United Nations conferences and summits of the 1990s, including all conventions, treaties and protocols;
9. **Convinced** that the promotion of human rights, empowerment of women and gender equality are key requirements for development;
10. **Acknowledging** the links between improved sexual and reproductive health and gender equality and equity, socio-economic development and poverty reduction;

11. **Acknowledging** the complex interrelationships between population, economic growth and sustainable development, as well as population distribution, environmental concerns including climate change, urbanization and migration;*
12. **Noting** that the region is home to the largest generation of young people ever;
13. **Noting** that many countries in the region are facing rapid population ageing;
14. **Noting** that the region is vulnerable to frequent natural disasters;
15. **Concerned** by the uneven progress within the region in implementing the ICPD Programme of Action and achieving the MDGs, especially the relatively slow progress made in the region in reducing maternal mortality and ensuring equitable access to reproductive health information and services for all population groups, including the most vulnerable;
16. **Concerned** by the continued high levels of violence against women and girls and the devastating consequences for them, their families, communities and the state;

* The delegation of the Russian Federation expressed a general reservation on this paragraph. It considered that the substantive intergovernmental negotiations on the issue of climate change should take place within the process of the United Nations Framework Convention on Climate Change (UNFCCC).



17. **Recognizing** that the global economic crisis will have adverse consequences for aid flows and the anticipated high level increases in investments in infrastructure, particularly on education and health, which are indispensable for the development of quality human resources needed to power the engine of economic growth and prosperity;

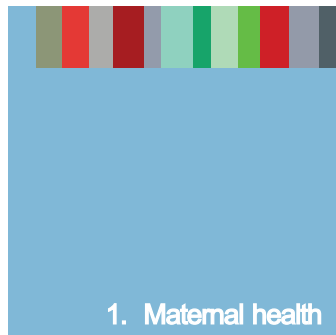
18. **Further recognizing** that the crisis could jeopardize current progress and future gains in the achievement of development in many developing countries, with damaging fallout for the achievement of the MDGs, including gender-sensitive and gender-responsive policies;

19. **Recalling** the documented evidence that investments in the social sector, particularly in health and education, enhance the linkage between population dynamics and sustainable development and lead to higher productivity, more savings and more productive investments, resulting in faster economic growth;

20. **Stressing** the crucial need for all development policies and support to address the linkage between the development of human capital in developing countries and financing for development in a more systematic and coherent way;

21. **We, the delegates of the Asia-Pacific High-Level Forum on ICPD at 15, reaffirm our commitment to fully implement the ICPD Programme of Action by 2014 through concerted actions in the following areas:**





22. Maternal mortality and morbidity constitute the greatest health inequity. It is an indicator of economic and social development, social justice and human rights. Poor reproductive health outcomes are rooted in poverty, and the subordination of women as well as inadequate quality information and services for reproductive health. Survival of mothers and maternal health determine the survival and health of their children, particularly during the newborn period. Almost half of the world's maternal deaths occur in Asia and the Pacific. The region also has the lowest rate of deliveries assisted by skilled birth attendants. If the current trends persist, it is clear that the region will not achieve MDG 5 on Improving Maternal Health by 2015.

Key actions:

23. Provide evidence-based advocacy on the critical role of maternal health in achieving the MDGs and the need to increase investments in maternal and newborn health.

24. Strengthen mechanisms to reduce financial barriers to enable poor women access to quality maternal health services.

25. Expedite the achievement of MDG 5 on Improving Maternal Health, thereby realizing the right to maternal health, through ensuring universal access to comprehensive reproductive health services, in particular family planning, prenatal care, skilled birth attendance and emergency obstetric care through enhanced political commitment and adequate allocation of resources.

26. Highlight maternal health in poverty reduction frameworks, population and health policies and allocate adequate financial resources, and ensure their effective utilization.

27. Implement effective policies and programmes to address factors such as women's autonomy and empowerment, as well as accessibility to quality health care that will lead to improvement in reproductive health outcomes. Improved nutrition and education for girls in childhood and adolescence will also contribute to improved maternal health outcomes.

28. Implement and enforce policies and laws on minimum age of marriage, thereby preventing risks associated with low age at marriage and adolescent pregnancies.

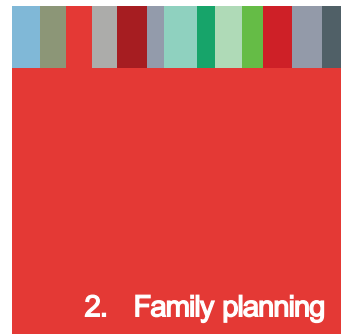
29. Empower the community through enhancing knowledge and changing behaviour to facilitate access to quality information, care and services.

30. Guarantee the availability of minimal physical infrastructure, including necessary and well-maintained obstetric equipment and the widest possible range of reproductive health commodities needed to provide the full range of emergency obstetric care services, according to internationally agreed standards, with a particular focus on marginalized groups and the poor.



31. Ensure the availability of quality human resources for the provision of maternal health services, including strengthened partnerships between skilled birth attendants and traditional birth attendants based on adequate forecasting of needs, retention plans for skilled health personnel, and the qualitative improvement of skills for such services by medical and paramedical staff – the latter in accordance with internationally agreed standards.
32. Ensure that women have access to services for the management of complications arising from abortion, compassionate post-abortion counseling and care, and necessary information so that they can make informed choices.
33. Work in partnership with civil society to address the socio-economic barriers to access to and utilization of sexual and reproductive health services.
34. Integrate the target on universal access to reproductive health by 2015 into national development plans, monitor and report on implementation of the target as part of national MDG reports.





35. Investments in family planning are economically sound and play an important role in economic development and poverty reduction. However, despite increases in the contraceptive prevalence rate due to the success of family planning programmes, the unmet need in the region remains high, hindering achievement of related reproductive health goals.

Key actions:

36. Enhance political commitment to reposition and revitalize family planning as a development agenda for achieving reproductive health outcomes as well as broader poverty reduction goals.

37. Ensure adequate financial investments in family planning, including for reproductive health commodity security, in collaboration with partners as part of broader poverty reduction efforts.

38. Fully integrate family planning, HIV and other sexually transmitted infection and reproductive tract infection programmes into essential reproductive health services.

39. Build capacity of service providers to deliver client-focused services with a special emphasis on culturally-sensitive delivery methods to address the needs of the most vulnerable sections of the population.

40. Reduce the high proportion of unmet need in family planning and improve access to a wide range of quality contraceptive services, and information, education and communications, especially to poor women and marginalized groups.



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3. Sexual and reproductive health, including for adolescents

41. Asia and the Pacific has the largest ever generation of young people between the ages of 10 and 24 years. This presents a great opportunity for countries to invest in the productive and healthy development of young people. Commitments made to provide age-appropriate, gender-sensitive, youth-friendly information and services, have largely remained limited to plans and policies. Where services are available, they have limited coverage in terms of population and geography and are not socially inclusive, often not reaching vulnerable and most at-risk young people.

Key actions:

42. Take urgent measures to strengthen health systems, to mobilize community support and to realign services to be more equitable, culturally-sensitive and socially acceptable, to ensure universal access to comprehensive, integrated and quality sexual and reproductive health services.

43. Develop strategies to strengthen community support (which includes parents, senior members of the family, faith-based organizations, NGOs) for youth-friendly adolescent sexual and reproductive health programmes and services, including comprehensive, rights-based, gender-sensitive and participatory sexuality education.

44. Integrate youth issues and policies in national development strategies and policies.
45. Upscale evidence-based programmes, including information and education, which provide a comprehensive approach to young people's sexual and reproductive health, including age-relevant, gender-sensitive and context-specific information, and life-skills education for young people in and out of school, especially in rural areas.
46. Provide youth-friendly sexual and reproductive health information and services which are accessible to young people, both integrated into primary health care and as youth-specific services where required, with a focus on reaching excluded and marginalized young people, especially young girls.
47. Create space for and empower young people to meaningfully participate in various stages and levels of policy and programme formulation in the context of national development processes.
48. Encourage leadership at all levels – national, provincial and local – especially in the areas of HIV and AIDS prevention.
49. Ensure universal access to prevention, treatment, care and support to address HIV and AIDS.
50. Combat stigma and discrimination through fostering positive attitudes among health providers and community towards persons living with HIV (PLHIV) and the introduction and enforcement of laws and through regulations that safeguard the rights of affected communities and PLHIV.



4. Gender equality and women's empowerment

51. Gender equality underpins all progress and is a prerequisite to the achievement of broader development goals. While many countries in the region have comprehensive laws and policy frameworks in place for promoting gender equality and addressing gender discrimination, there are major gaps in implementation. Deep-rooted structural gender inequity and harmful sociocultural norms and practices continue to persist.

Key actions:

52. Promote gender equality and equity through the adoption and implementation of laws and policies in line with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and other relevant international frameworks.

53. Recognize gender mainstreaming as an important strategy, including gender-responsive budgeting and planning, implementation and monitoring.

54. Strengthen accountability mechanisms for ensuring the full realization of women's sexual reproductive health and rights.

55. Empower women to actively participate in decision-making processes and increase the number of women who hold political office at all levels.

56. Put in place the necessary policies and institutional mechanisms to address exploitation and abuse, including trafficking of women and children and other harmful practices and forms of discrimination, such as son preference.

57. Invest in men and boys to transform norms and behaviours that perpetuate gender inequities and discriminatory practices and increase men's involvement in and responsibility for enhancing gender equality and women's and girls' empowerment at all levels.

58. Ensure that policies and programmes are guided by collection, analysis and use of suitably disaggregated data and other evidence on priority concerns and situations of women and men.



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5. Violence against women and girls

59. Despite progress made, all forms of violence against women and girls remain a major challenge to gender equality and fulfillment of women's and girls' rights in Asia and the Pacific. The pervasiveness and forms of violence impede the achievement of gender equality and universal reproductive and sexual health and rights, the objectives of the ICPD Programme of Action as well as the Millennium Development Goals and the Beijing Platform for Action.

Key actions:

60. Promote zero tolerance of violence against women and girls and implement policies that eliminate such violence, trafficking and exploitation of women and children, and commit to address sociocultural norms that are barriers to empowerment of women and girls.

61. Support national data collection and research on the prevalence, causes and consequences of various forms of violence against women and girls.

62. Monitor reform implementation and enforcement of laws related to prevention of and response to violence against women and girls.

63. Increase the evidence-base on violence against women and girls, and apply it to the formulation and revision of policies and programmes.

64. Develop strategies to engage men and boys in prevention of violence against women and girls.

65. Develop and implement national action plans for the elimination of violence against women and girls, including multi-sectoral programmes and actions to effectively prevent and address violence against women and girls.



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6. Population ageing

66. As a result of declining fertility and mortality, many countries in the region are experiencing a rapid transition in their age structure and face the onset of population ageing. Women comprise the greater number and proportion of older persons and the disparity between the numbers of women and men progressively increases with age.

Key actions:

67. Develop evidence-based policies, plans and programmes to address impact of ageing on economic growth and poverty reduction, taking into consideration the gender aspects of ageing, as well as the rights of the elderly.

68. Enhance national capacity to better understand the implications of population ageing, including feminization of ageing, public health consequences and the need to expand the traditional scope of public and community health organizations and develop appropriate policies.

69. Ensure that social protection plans are in place to address the needs of the elderly, taking into consideration the specific needs of older women and the most vulnerable elderly.

70. Promote self-reliance of older persons by facilitating their continued participation at all levels of economic and social activities, making full use of their skills and abilities, thereby reducing their dependence on intergenerational transfers.

71. Strengthen capacity of family caregivers, home-based care and community care including through the use of volunteers to address the needs of the elderly.

72. Promote adult education, including by providing opportunities within educational programmes for the exchange of knowledge and experience between generations, taking advantage of new technologies.

In countries that have yet to undergo the demographic transition:

73. Conduct analysis of the age structure over time, including that of the age dependency ratio, in order to guide long-term plans and policies.

74. Make substantial investments in sectors, including education and employment, in order to take advantage of the demographic bonus.





7. International migration

75. Cross-border and international migration have contributed to the region's economic growth with remittances increasing income levels. However, migrants rarely have access to basic social and health services, and women are particularly at risk of abuse and exploitation. Trafficking for labour and sexual exploitation is a major concern within the region. Migrants, often with little or no access to health services, are at higher risk of contracting HIV. External migration in some countries is contributing to loss of skills and capacities in the countries of origin, in many cases leading to critical labour shortages, for example of health workers.

Key actions:

76. Integrate matters relating to international migration into national development strategies, addressing social dimensions and specific issues related to gender.

77. Establish and strengthen systems to collect, analyze and disseminate comprehensive sex-disaggregated data on international migration and ensure that those data are used as a basis for policy formulation and planning processes.

78. Intensify partnership through bilateral and multilateral dialogue for addressing international migration, in respect of human and labour rights.

79. Adopt and implement appropriate policies and programmes between countries of origin and host countries to protect and provide legal and social services to migrant workers and their families, including sexual and reproductive health and rights, in accordance with the ICPD Programme of Action.

80. Work within Asia and the Pacific and the global community to accord special attention to internal and cross-border migrations which are driven by development-induced displacement, natural disasters and environmental changes.



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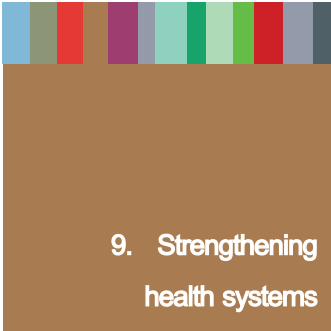
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81. The Asian and Pacific region faces frequent natural disasters, as well as conflict situations. Not only do these emergencies reverse development progress, they also result in displacement of populations; interruption of social and health services, including sexual and reproductive health services; and increased vulnerability to gender-based violence, exploitation and abuse. Women and girls have specific needs during crises.

Key actions:

82. Incorporate reproductive health into formulation and implementation of gender-sensitive, culturally-appropriate, national humanitarian preparedness, response and recovery plans, especially those targeting marginalized groups.



9. Strengthening health systems

83. A fully functional, efficient and quality health system is essential for the realization of the ICPD Programme of Action and the MDG health-related goals, including sexual and reproductive health and reproductive rights. Many countries in the region have health-care systems which are deficient in infrastructure and human resources. Countries should strengthen the capacity of health systems to ensure the availability, accessibility, acceptability and quality of services, with a particular focus on marginalized groups and the poor.

Key actions:

84. Increase and sustain investment for developing and maintaining infrastructure and building a skilled health work-force, especially at the primary health-care level, to address sexual and reproductive health.

85. Promote the collection, publication and dissemination of sex-disaggregated data in line with MDG indicators and focus on data addressing sexual and reproductive health and rights.

86. Facilitate and strengthen policy and programme linkages to integrate sexual and reproductive health and HIV and AIDS and STI services.

87. Strengthen referral and response systems to ensure timely and appropriate provision of services for sexual and reproductive health.
88. Strengthen evidence-based monitoring and evaluation systems at all levels on maternal and neonatal health as well as reproductive health and family planning.
89. Develop and implement policies and programmes for retention of the skilled health workforce vital for achieving the ICPD Programme of Action.
90. Ensure availability, accessibility and affordability of quality maternal health services.





Key actions:

91. Strengthen collaboration and coordination among Governments, donors, NGOs, civil society, private sector and other sectors, in the implementation of sexual and reproductive health and reproductive rights.

92. The international community should expedite action to assist countries to stay on course for achieving the MDGs, including through gender-sensitive and gender-responsive policies.

93. Donors should increase levels of development assistance, consistent with their commitments to developing countries, in order to ensure sustainability and achievement of the MDGs.

94. All development partners should take speedy action to meet their commitments to the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action to ensure development effectiveness.

95. In conclusion, we, the delegates of the Asia-Pacific High-level Forum on ICPD at 15 reaffirm our commitment to the promotion of the human rights of all the people of this region and to ensuring their access to the highest attainable standard of health, in the context of sustainable development. We end our Forum determined to implement the key actions contained in this Declaration in order to complete the unfinished agenda of the ICPD.







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