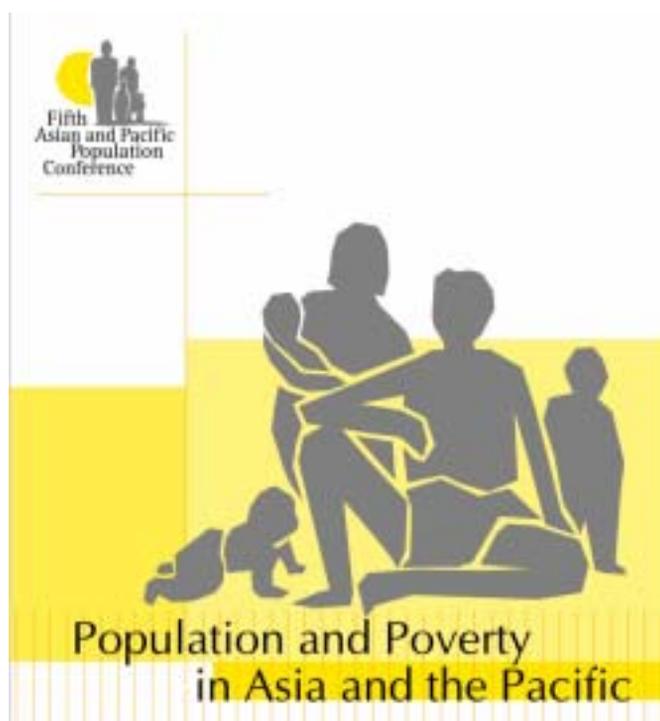


Asian Population Studies Series No. 159

Fifth Asian and Pacific Population Conference

**Report and Plan of Action
on Population and Poverty**



United Nations

Economic and Social Commission for Asia and the Pacific

Asian Population Studies Series No. 159

**Fifth Asian and Pacific Population Conference
Report and Plan of Action on Population and Poverty**



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REPORT OF THE FIFTH ASIAN AND PACIFIC POPULATION CONFERENCE

I. ORGANIZATION

1. The Ministerial Segment of the Fifth Asian and Pacific Population Conference was held at Bangkok on 16 and 17 December 2002. It was organized jointly by the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the United Nations Population Fund (UNFPA).

2. Representatives of the following members and associate members of ESCAP took part in both the Ministerial Segment and Senior Officials Segment of the Conference: Armenia; Australia; Azerbaijan; Bangladesh; Bhutan; Brunei Darussalam; Cambodia; China; Democratic People's Republic of Korea; Fiji; France; Georgia; Hong Kong, China; India; Indonesia; Iran (Islamic Republic of); Japan; Kazakhstan; Lao People's Democratic Republic; Macao, China; Malaysia; Maldives; Mongolia; Myanmar; Nepal; Netherlands; New Caledonia; New Zealand; Pakistan; Papua New Guinea; Philippines; Republic of Korea; Russian Federation; Samoa; Solomon Islands; Sri Lanka; Thailand; Turkey; United Kingdom of Great Britain and Northern Ireland; United States of America; Vanuatu; and Viet Nam. A total of 26 ministers from 23 countries participated in the week-long Conference.

3. By virtue of rule 3 of the Commission's rules of procedure, representatives of Austria, Canada, Denmark, the Holy See, Italy, Sweden and Timor-Leste also attended.

4. Representatives of the United Nations Department of Economic and Social Affairs and the Economic Commission for Africa attended in a consultative capacity.

5. Representatives of the following United Nations bodies attended: Office of the United Nations High Commissioner for Refugees, Secretariat of the United Nations Convention to Combat Desertification, United Nations Children's Fund, United Nations Development Fund for Women, United Nations Development Programme and United Nations Human Settlements Programme (Habitat).

6. Representatives of the following specialized agencies were present in a consultative capacity: International Labour Organization, Food and Agriculture Organization of the United Nations, United Nations Educational, Scientific and Cultural Organization, World Health Organization and World Bank.

7. The following intergovernmental organizations attended as observers: Asian Development Bank, Economic Cooperation Organization, European Union, International Organization for Migration, Mekong River Commission, Pacific Islands Forum Secretariat and Partners in Population and Development.

8. Observers from the following non-governmental organizations were present in general consultative status: Asian Forum of Parliamentarians on Population and Development, HelpAge International, International Council of Women, International Movement ATD (Aide à Toute Détresse) Fourth World, International Planned Parenthood Federation and Rotary International. Observers from the following organizations in special consultative status also attended: Asian Women's Human Rights Council, Asian-Pacific Resource and Research Centre for Women, Association of United Families International, Australian Council for Overseas Aid, David M. Kennedy Center for International Studies, Development Alternatives with Women for a New Era, Family Care International, Family Health International, International Council on Management of Population Programmes, International Union for the Scientific Study of Population, International Women's Health Coalition, International Women's Rights Action Watch, IPAS, Japanese Organization for International Cooperation in Family Planning, Marie Stopes International, National Bar Association, National Right to Life Educational Trust Fund, Planned Parenthood Federation of America, Population Council and Swedish Association for Sex Education.

9. Representatives of the Asia Pacific Forum on Women, Law and Development, Committee for International Cooperation in National Research in Demography, Indian Committee of Youth Organizations, Population Action International, Shirkat Gah, Women's Resource Centre and International Federation of Red Cross and Red Crescent Societies also attended.

A. Opening of the Ministerial Segment

10. The Executive Secretary of ESCAP read out a message from the Secretary-General of the United Nations, who observed that the region had made commendable progress in lowering fertility and mortality rates, increasing the longevity of women and men and reducing poverty through economic growth. However, much more needed to be done. Large numbers of people were still living in abject poverty, too many women and girls were kept out of the development process and illiteracy was thwarting efforts to achieve economic and social development. He stated that the millennium development goals, particularly the eradication of extreme poverty and hunger, could not be achieved if the issues of population and reproductive health were not squarely addressed. Stronger efforts would have to be made to promote women's rights, and greater investment made in education and health, including reproductive health and family planning. Fortunately, a number of instruments were available to guide such development work, not only the millennium development goals, but also the Programme of Action of the International Conference on Population and Development (ICPD) and the Platform for Action of the Fourth World Conference on Women. He hoped that the present Conference would provide new impetus for the full and thorough implementation of those blueprints and thereby advance the population and development agenda for the twenty-first century.

11. In his own statement, the Executive Secretary of ESCAP stated that addressing population issues was integral to national efforts to alleviate poverty and accelerate social and economic development. Over the previous 40 years, ESCAP had played a central role in the field of population. It had initiated debate, it had provided a forum for discussion and it was assisting developing countries through regional population projects, technical assistance and advisory services, and training and information dissemination activities. In enumerating the many challenges that existed in the region, he acknowledged that they could not be confronted effectively unless the issues of population and reproductive health were dealt with. Yet there was hope because the Asian and Pacific region as a whole had a record of success in improving health and education levels and increasing life expectancy. He pointed out, however, that almost all the countries in South Asia lagged behind in terms of their fertility and infant, child and maternal mortality rates, as well as educational and employment opportunities for women. The Pacific island countries and territories, the least developed countries and the landlocked countries also faced special problems owing to their small size, geographical isolation and resource constraints. Noting that the Bali Declaration

on Population and Sustainable Development (adopted at the Fourth Asian and Pacific Population Conference in 1992) and the ICPD Programme of Action had helped to ensure the success of the previous decade of work in the field of population and development, he was confident that the present Conference would create a fresh vision to guide future actions in the field.

12. In her address, the Executive Director of UNFPA observed that commitment to the ICPD Programme of Action was well reflected in the great advances made by many countries in the region in the areas of population in general and reproductive health and reproductive rights in particular. Such an expression of commitment would not have been complete and such advances would not have been achieved without partnership with parliamentarians and non-governmental organizations (NGOs). The ICPD Programme of Action clearly stated the link between poverty and population; reinforcing the consensus and promoting its practical goals were the aim of the present Conference. After describing the progress achieved under the Programme of Action, she pointed out that there had been strong support for it from all quarters, across the political spectrum and in countries and communities with diverse cultures and religions. She further pointed out that the language of the ICPD Programme of Action was extremely clear: there was no hidden agenda, or any secret codes supporting abortion. Quoting the relevant paragraphs of the Programme of Action, she said: "In no case should abortion be promoted as a method of family planning... Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion... 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". The ICPD goals were absolutely essential to the achievement of seven of the eight millennium development goals. Promoting reproductive health and rights was indispensable for achieving economic growth and poverty reduction. She described the situation with regard to maternal mortality and morbidity, HIV/AIDS and changing demographics. In the context of HIV/AIDS and the reproductive health needs of adolescents, UNFPA was making young people a priority focus. She described how the ICPD Programme of Action and the Key Actions of ICPD+5 remained feasible, affordable and effective. She concluded by encouraging the Conference not only to safeguard the ICPD Programme of Action but also to move its implementation forward.

13. In his address to the Conference, the Director-General of the International Planned Parenthood Federation congratulated the Governments and NGOs in the region for the major advances that had been made in improving the

sexual and reproductive health of women and men, improving the lives of mothers and children and curbing population growth. Although a strong partnership supported the ICPD Programme of Action, he expressed disappointment at seeing that the financial commitments made at Cairo had not been met and that the goal of full and complete access to sexual and reproductive health information and services was missing from a recently agreed international instrument. Fulfilment of the Cairo goals was absolutely fundamental to the millennium development goals and without reproductive freedom, a significant reduction of poverty was not possible. He regretted the reversal in the position of a major Power that had previously played a leadership role at the Cairo Conference. He also regretted that the growing emphasis on sector-wide approaches and health sector reform seemed to have been accompanied by diminishing concern with reproductive health. He further regretted that HIV/AIDS programmes were increasingly being set up separately instead of being integrated within family planning and reproductive health service delivery structures and systems. He emphasized that HIV/AIDS was a reproductive health issue. He decried the lack of access to family planning services that was resulting in millions of women resorting to illegal and unsafe abortion. It was time to redouble efforts to disseminate the lessons learned from the Asian and Pacific experience to other parts of the developing world and to encourage South-South partnerships. He warned that, unless the Cairo Programme of Action and its recommendations were fully implemented, the millennium development goals could not be accomplished and poverty would not be significantly reduced.

14. His Excellency Mr. Thaksin Shinawatra, Prime Minister of Thailand, opened the Ministerial Segment, by saying that the recommendations emanating from the discussions at the Senior Officials Meeting (11-14 December 2002) provided the ministers with important guidance for interventions and policies to promote informed choice, create opportunities, reduce poverty and improve the welfare and quality of life of people in the region. The efforts of Governments should be focused on improving the lives of the people. Thailand had initiated innovative policies to improve access to health services for the poor, reduce poverty and improve income levels through its support to individual communities. Thailand had launched the “30-baht initiative”, a low-cost measure to ensure that adequate health care was not denied to any Thai citizen. It had also taken measures to promote reproductive rights and improve the reproductive health of its people and, in partnership with NGOs, had been able to contain the spread of the HIV/AIDS epidemic. The number of young people in the population had reached its peak and, because young people represented the future, it was necessary to maximize their potential and welfare. In that context, the issues of

teenage pregnancy and the high prevalence of HIV/AIDS among youth needed to be addressed. Eventually, however, Thailand's success in reducing fertility and moderating population growth would result in an ageing population and health-care needs radically different from and more costly than those of younger people. He emphasized that those considerations must be integrated into future policies and programmes and that the threat posed by HIV/AIDS must be addressed in cooperation with others. In Thailand's experience, NGOs, civil society organizations, community-based organizations and the private sector played a pivotal role in addressing population and development issues. Thailand remained committed to furthering the prosperity of its people and the people of the region.

B. Organization of the Ministerial Segment

15. At the first plenary meeting, on 16 December 2002, the ministers elected, by acclamation, Her Excellency Dato' Seri Shahrizat Abdul Jalil, Minister of Women and Family Development, Malaysia, Chairperson of the Ministerial Segment of the Conference.

16. The following were elected Vice-Chairpersons: His Excellency Mr. Ashot Yesayan, First Deputy Minister of Social Security, Armenia; His Excellency Mr. Ilgar Rahimov, Deputy Minister of Labour and Social Protection, Azerbaijan; His Excellency Mr. Zhang Weiqing, Minister, and His Excellency Mr. Wang Guoqiang, Vice-Minister, both of the State Family Planning Commission, China; Her Excellency Ms. Ro Teimumu Kepa, Minister of Education, Fiji; His Excellency Mr. George Tsereteli, Deputy Chairman of the Parliament, Georgia; His Excellency Mr. Shri A. Raja, Minister of State for Health and Family Welfare, India; His Excellency Mr. Jusuf Kalla, Coordinating Minister for People's Welfare, Indonesia; His Excellency Dr. Mohammad Esmail Akbari, Deputy for Health, Ministry of Health and Medical Education, Islamic Republic of Iran; His Excellency Mr. Yoshio Kimura, Senior Vice-Minister of Health, Labour and Welfare, Japan; Her Excellency Ms. Bounphang Mounphouxay, Vice-Minister of Education, and His Excellency Dr. Bounkouan Phichit, Vice-Minister of Health, Lao People's Democratic Republic; His Excellency Mr. Ibrahim Hussain Zaki, Minister of Planning and National Development, Maldives; His Excellency Mr. Shiileg Batbayar, Minister, and His Excellency Mr. Ravdan Jadambaa, State Secretary, both of the Ministry of Social Welfare and Labour, Mongolia; His Excellency U Maung Aung, Deputy Minister of Immigration and Population, Myanmar; His Excellency Mr. Gopal Dahit, Assistant Minister of Population and Environment, Nepal; His Excellency Mr. Manuel Dayrit, Secretary, Department of Health, and Her Excellency Ms. Maria Lourdes V. Ramiro Lopez, Assistant

Secretary, Department of Foreign Affairs, Philippines; His Excellency Mr. Kang Yoon-Koo, Assistant Minister for Planning and Management, Ministry of Health and Welfare, Republic of Korea; His Excellency Mr. Vladimir Sokolin, Chairman of the State Committee on Statistics, Russian Federation; His Excellency Mr. Sajith Premadasa, Deputy Minister of Health, Nutrition and Welfare, Sri Lanka; Her Excellency Ms. Sudarat Keyuraphan, Minister of Public Health, Thailand; Her Excellency Ms. Sally Keeble, Parliamentary Under-Secretary of State, Department for International Development, United Kingdom; His Excellency Mr. A.E. (Gene) Dewey, Assistant Secretary, Bureau of Population, Refugees, and Migration, Department of State, United States; and Her Excellency Ms. Le Thi Thu, Minister-Chairwoman, National Committee for Population, Family and Children, Viet Nam.

17. Dr. Siswanto Agus Wilopo, Deputy for Family Planning and Reproductive Health, National Family Planning Coordinating Board, Indonesia, was elected Rapporteur-General.

C. Agenda

18. The Ministerial Segment adopted the following agenda:
 1. Opening of the meeting.
 2. Election of officers.
 3. Opening of the exhibition.
 4. Adoption of the agenda.
 5. Report on the Senior Officials Meeting.
 6. (a) Country statements on achievements, emerging issues and challenges with regard to population and poverty;
(b) Statements from other organizations.
 7. Adoption of the Fifth Asian and Pacific Population Conference Plan of Action on Population and Poverty.
 8. Other matters.
 9. Adoption of the report.
 10. Closing of the meeting.

D. Report on the Senior Officials Meeting

19. The Rapporteur of the Senior Officials Meeting informed the Ministerial Segment of the highlights of the earlier meeting and pointed out that the draft plan of action could not be finalized by the Drafting Committee of the Senior Officials

Segment.

20. Thereafter, the United States representative asked the Chairperson of the Ministerial Segment to clarify a point. He stated that the United States proposal introduced at the Drafting Committee meeting of the Senior Officials Segment had not been mentioned in the text of the report of the Senior Officials Meeting.

21. The Chairperson requested the Chairman of the Drafting Committee to explain. In his clarification, the Chairman of the Drafting Committee confirmed that the United States proposal had been distributed to the senior officials at the time of the consideration of the Drafting Committee's report. After a request for clarification by the United Kingdom, the Chairperson confirmed that the only official document before the Ministerial Segment for consideration for adoption as a plan of action was the 13 December 10:30 p.m. draft plan of action.

22. The United States delegation then requested that its proposal be distributed as well at the Ministerial Segment of the Conference. After some discussion, the Chairperson directed the secretariat to distribute the United States proposal along with any other proposals that other delegations might wish to submit. Accordingly, the secretariat distributed copies of the United States proposal to the Ministerial Segment of the Conference as a non-formal document.

23. Thereafter, the United States representative, taking the floor again to offer some clarifications with respect to his country's position on the ICPD Programme of Action, stated that the United States was eager to help to produce a strong plan of action based on consensus. He further stated that the United States strongly supported the ICPD Programme of Action principle of putting human concerns at the centre of development efforts.

24. The United States representative mentioned the level of international assistance provided by his country to the developing world. With regard to reproductive health care, the United States had provided over US\$ 400 million to developing countries in 2001. With that funding, the United States supported the availability of many methods of family planning; his country was committed to the principle of choice in the determination of the number and spacing of children. He also described the level of assistance to HIV/AIDS programmes, i.e., US\$ 500 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria and millions of dollars more through bilateral assistance programmes.

25. The United States representative emphasized his country's support for

the primary right of parents to educate their children in the sensitive matters of morality, religion and sexuality. He mentioned that funding had been provided by the United States for abstinence programmes for teenagers. Although the United States firmly believed that abstinence was the preferred, most responsible and healthiest choice for adolescents, it was not the only choice that the United States made available to them.

26. The United States delegation reaffirmed its support for those principles and goals of the ICPD Programme of Action that were consistent with a range of United States policies. However, the United States delegation would not endorse the entirety of the ICPD principles and recommendations because, in its view, some of them could constitute an endorsement of abortion.

27. With regard to the draft plan of action, he said that the United States delegation had made extensive efforts to seek language that would reflect its commitment to many of the overall goals of the ICPD Programme of Action, while still remaining faithful to its policy of not promoting abortion. The United States representative stated that the goal of the Conference should be to produce a consensus document that was acceptable to all members.

28. Following the intervention of the United States, a number of delegations expressed their support for the ICPD Programme of Action and indicated their wish to proceed with a review of the draft plan of action. In consideration of the lack of consensus for the draft at hand, the Chairperson directed that an ad hoc Ministerial Segment drafting committee be formed and that it report its conclusions within six hours, by 6 p.m. that day (16 December 2002).

29. The ad hoc committee was formed under the chairmanship of Mr. Makoto Atoh (Japan). Mr. Tomas Osias of the Philippines was appointed Rapporteur. The ad hoc drafting committee held a number of consultative meetings; however, a conclusion could not be reached by the deadline. The period given by the Conference Chairperson was extended to the morning of the next day, 17 December 2002, when the informal consultations were resumed. The majority of delegations attending the ad hoc committee meeting supported the draft plan of action which had been submitted by the senior officials and opted to remove the brackets in the document, with one adjustment. The Chairperson made rulings on the removal of the brackets and on the proposed adjustment. The delegation of the United States stated that in that case it was unable to support all the chapters of the document in hand because it had reservations, particularly on

two chapters of the draft.

30. It was decided to refer the unbracketed version of the draft plan of action to the plenary with a qualifying remark on the cover indicating that the document had received the support of all the participating delegations of the ad hoc committee, except for one delegation.

31. At that time, a point of order was raised by a delegation with regard to the footnote that was to be provided by the delegation of the United States. The Chairperson of the ad hoc committee ruled that the footnote would be placed on page 2 of the plan of action with an asterisk after the word "reaffirm". The statements and reservations could be placed at the end of the report in conformity with the procedure followed by other United Nations conference reports such as the report of ICPD (see annexes I-III).

32. The Chairperson closed the session to take the draft plan of action to the plenary.

II. SUMMARY OF STATEMENTS ON ACHIEVEMENTS, EMERGING ISSUES AND CHALLENGES WITH REGARD TO POPULATION AND POVERTY

33. While the ad hoc committee was working on the draft plan of action, the Ministerial Segment conducted a general debate on experiences concerning achievements, emerging issues and challenges with regard to population and poverty. Representatives of members and associate members, specialized agencies, United Nations bodies, programmes and offices, intergovernmental organizations and non-governmental organizations and observers addressed the Meeting. The speakers expressed their appreciation of the excellent organizational arrangements that had been made for the Conference by the secretariat.

34. Most countries reaffirmed their continued support for the ICPD Programme of Action and described how they had used it and the Bali Declaration, among other such plans of action, in the formulation of population and reproductive health policies and in the implementation of overall development programmes. They reiterated their support for the ICPD Programme of Action, without qualification, and would continue to support it at regional follow-up conferences. They recognized the importance of political commitment in initiating the concepts, strategies and development programmes needed to reduce poverty

and improve the quality of life of the people.

35. The Conference acknowledged that the ESCAP region was still home to most of the world's poor, although many countries had managed to reduce the number of people living in abject poverty. The Conference observed that population and reproductive health issues were inextricably linked to development and poverty: reproductive health services provided direct benefits for women's health and empowerment, for the health and life chances of their children, for reducing poverty and for combating the scourge of HIV/AIDS. The twin challenge of population concerns and poverty alleviation required a broad approach, including the fostering of economic growth and social development, and sustainability, as well as the establishment of safety nets for the poor.

36. With regard to reproductive health, the Conference emphasized that people, including adolescents, had the right to make their own choices and decisions, responsibly and on the basis of sound information. The Conference placed high priority on reproductive health services and rights, noting that there was a clear link between those aspects and the achievement of the millennium development goals. It was committed to a rights-based approach in the provision of those services. The Conference emphasized the need for reproductive health and family planning services that were easily accessible, affordable and acceptable. Governments were urged to resolve their population issues in a way that would respect their own national and cultural identity, values, tradition and religion. In that context, the Conference called for programmes that would strengthen the institution of the family.

37. In shifting away from vertical, project-oriented structures, many countries had integrated service delivery so that reproductive health and family planning services were delivered within their public health programmes as well as those for reducing poverty, achieving universal education, empowering women, improving social security and public health systems, and meeting the needs of youth. A number of countries had invested heavily in those efforts to improve the quality of life of their people.

38. The Conference observed that many countries in the region had reoriented their reproductive health and family planning programmes away from targets towards the human-centred and quality-service approaches endorsed by the ICPD Programme of Action. However, in some countries there was still a substantial unmet need for contraception; in others, although the contraceptive prevalence rate had increased over the years, the dropout rate was quite high.

39. The Conference expressed alarm over increases in HIV infections and called for vigorous measures to combat the spread of HIV/AIDS in a comprehensive, coordinated and sustained manner.

40. The Conference emphasized the importance of education in empowering the people, especially women and girls. Some had increased the duration of mandatory schooling for young people and introduced lifelong education programmes for the elderly.

41. Ageing was an issue for some countries of the region. The Conference noted that changes in the population age structure were producing serious effects on social security systems, especially regarding medical and nursing care, and pension arrangements.

42. The importance of partnership arrangements with international and national development agencies, NGOs and academic institutions was highlighted in a number of areas. The Conference stated that South-South cooperation was needed to fight poverty and attain development goals. In the context of mobilizing resources at both the national and international levels, the Conference called for innovative means of reaching the ICPD goals, including partnership with the private sector, civil society and other relevant stakeholders.

43. In addition to those statements, the recommendations adopted by the Asian Parliamentarians Meeting on ICPD Implementation and the NGO Forum on Population and Poverty in Asia and the Pacific, both of which meetings had been held on 12 and 13 December 2002, were presented to the Ministerial Segment of the Conference.

III. ADOPTION OF THE FIFTH ASIAN AND PACIFIC POPULATION CONFERENCE PLAN OF ACTION ON POPULATION AND POVERTY

44. The draft plan of action, as formulated by the ad hoc Ministerial Segment drafting committee, was brought to the plenary for review. At the plenary, the representative of the United States expressed regret over what he felt was a reversal of the consensus at the Second Preparatory Committee Meeting in October 2002, and he placed on record that the United States did not support,

promote or endorse either abortion or under-age sex for unmarried adolescents. He said that, for the United States, the term reproductive health services did not include abortion.

45. At the request of the United States delegation, section F of the draft plan of action was put to a recorded vote. The voting resulted in 31 “yes” votes, 1 “no” vote and 2 abstentions; one country was not present during the voting on section F. At the request of the United States delegation, section G of the draft plan of action was put to a recorded vote. The voting resulted in 32 “yes” votes, 1 “no” vote and 2 abstentions (see annex II, p. 44).

46. After the voting, the United States delegation, in explanation of the “no” vote, reiterated its concerns about abortion and sex for unmarried adolescents. Most of the delegations that had cast “yes” votes expressed their positions, reaffirming their commitment to the ICPD Programme of Action, and recognized that its implementation was the sovereign right of each country consistent with its national laws and development priorities. Those delegations confirmed their position that neither sections F and G nor the ICPD Programme of Action promoted abortion or under-age sex. In the order in which they spoke, they were: Philippines, China, Malaysia, Russian Federation, Islamic Republic of Iran, Cambodia, Bangladesh, Japan, Viet Nam, Australia, Netherlands, New Zealand, Pakistan, Indonesia, Papua New Guinea, India, France, Turkey, Fiji, Mongolia, Maldives, Thailand, Lao People’s Democratic Republic, Bhutan, Democratic People’s Republic of Korea, Solomon Islands, Azerbaijan and Republic of Korea.

47. After the voting, the Conference adopted the Fifth Asian and Pacific Population Conference Plan of Action on Population and Poverty by consensus (see annex I).

IV. OTHER MATTERS

48. No other matter was considered.

V. ADOPTION OF THE REPORT

49. The Rapporteur-General introduced the report of the Ministerial Segment. During the discussion of the report, a number of corrections and

suggestions were made to reflect the discussion and the decisions taken during the Ministerial Segment. In particular, one delegation sought clarification and a ruling from the Chair concerning the last paragraph of the written general reservation submitted by the United States (see annex III(b), last paragraph). The Chairperson clarified that the Plan of Action that had been adopted earlier was the final version and, therefore, the last paragraph of the written general reservation of the United States would not be acted upon. The Report of the Ministerial Segment was then adopted on 17 December 2002.

VI. CLOSING OF THE MEETING

50. After statements had been made by a number of delegations, the Chairperson made a concluding statement and declared the Conference closed.

Annex I

FIFTH ASIAN AND PACIFIC POPULATION CONFERENCE PLAN OF ACTION ON POPULATION AND POVERTY

I. PREAMBLE

We, the members and associate members of the Economic and Social Commission for Asia and the Pacific (ESCAP), assembled at the Fifth Asian and Pacific Population Conference at Bangkok during the period 11-17 December 2002, have reviewed the progress made by the countries and territories of the region in the implementation of the recommendations contained in the Bali Declaration on Population and Sustainable Development adopted in Bali, Indonesia, in 1992 and the Programme of Action adopted at the International Conference on Population and Development (ICDP) held at Cairo in 1994. In this context, we have also considered the recommendations contained in the reports on the five-year reviews of the Bali Declaration and the ICPD Programme of Action.

We recognize that there remain major challenges in the areas of population, sustainable development, poverty reduction, migration, ageing, gender, reproductive health including the needs of adolescents, HIV/AIDS and resource mobilization and our goal is to address these issues:

(a) Poverty remains high and persistent in many countries of the region despite the overall tangible progress made over the years, particularly in the past two decades;

(b) Poverty eradication requires a broad approach, taking into account not only the economic aspect but also the social and human dimensions. This implies an increased focus on good governance at all levels and an enabling domestic and international economic and social environment, especially with regard to investments in the health and education of the population;

(c) Population, development and poverty are closely interrelated and achieving sustained economic growth and a balance between population, resources and the environment is essential for sustainable development, eradication of poverty and improving the quality of life of current and future generations;

(d) Improvement of human capital is fundamental to development and women, who comprise half the population, remain disadvantaged and marginalized in accessing social and economic opportunities, participating in the development process and assuming political and administrative responsibilities;

(e) Protection of human rights is central to human development and forms the fundamental pillar in the actions towards the alleviation of poverty;

(f) Population policies must be an integral component of development policies and planning, and taking into account differential population and demographic dynamics and challenges, such policies must encompass the principle of voluntary and informed decision-making and choices and the preservation and protection of human rights including matters related to reproductive rights and reproductive health as defined in paragraphs 7.2 and 7.3 of the ICPD Programme of Action.

In this regard, we reaffirm¹ our commitment to the principles and recommendations adopted in previous relevant regional and international conferences, particularly:

- The Bali Declaration on Population and Sustainable Development;
- The Programme of Action adopted at the International Conference on Population and Development;
- The Platform for Action of the Fourth World Conference on Women;
- The five-year review reports on the implementation of the Bali Declaration and the ICPD Programme of Action;
- The Millennium Declaration;

and pledge to work towards the achievement of the goals set in them.

Having concluded our deliberations, we have arrived at a consensus regarding the strategic recommendations that follow, which are intended to address these challenges in a concrete and action-oriented manner. As always, the implementation of these recommendations is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people and in conformity with universally recognized international human rights.

¹ The United States of America expressed a general reservation. This reservation is to be interpreted in terms of the statement made by the representative of the United States at the Fifth Asian and Pacific Population Conference on 17 December 2002.

II. ISSUES AND PRIORITY ACTIONS

A. Population, sustainable development and poverty

Over the past decade, there has been considerable progress in poverty reduction in many parts of the ESCAP region. Yet, of the world's estimated 1.2 billion people who live in extreme poverty, nearly 67 per cent live in the Asian and Pacific region. The incidence of poverty varies widely among the countries of the ESCAP region and it is most pervasive in the countries of South Asia and the small island countries of the Pacific. The overarching millennium development goal of the United Nations Millennium Declaration is the eradication of extreme poverty. The main target of the goal is to halve, by the year 2015, the proportion of people whose income is less than US\$ 1 per day. Countries that have been most successful in reducing poverty are also those that have done the most in reducing high levels of population growth and balancing population and development dynamics as well as meeting reproductive health needs.

In order to address the continuing problem of poverty in the region, Governments, in cooperation with civil society organizations and the international community, are urged to:

1. Ensure that demographic and population factors are fully integrated into national, sectoral and local-level planning, in particular addressing the needs of the poor and the disadvantaged, and that the necessary skills are developed and continuously strengthened;
2. Emphasize human capital formation and infrastructural development as a strategy for promoting informed decision-making, paying special attention to inequalities and disparities in access to education, health, employment and microcredit;
3. Promote research and strengthen the data and information base on population, sustainable development and poverty and make them available to planners and policy makers utilizing appropriate technologies;
4. Encourage and support academic and research institutions to assess the impacts of developmental interventions, particularly on the poor, and build their capacity as "knowledge brokers" to disseminate findings to bridge the gap between various stakeholders.

B. International migration

As a result of globalization and disparities in labour supply and demand, there is considerable movement and diversity in migration flows within the ESCAP region. Broadly, such migration flows are authorized or unauthorized, temporary or long-term and seasonal. Each form of migration has varied impacts on social and economic development at the points of origin and destination. It is widely perceived that some categories of migration have increased significantly and pose particular challenges. These include refugees, asylum seekers, trafficked women and children and unauthorized labour migrants. Furthermore, the proportion of females among international migrants is increasing. Despite the growing importance of international migration and its linkage with development and poverty, there is a lack of adequate, reliable and timely data on which to base the formulation of effective policies and programmes. Also lacking is research on the implications of such movements at the individual, family and community levels.

In order to address the issues of international migration and maximize its benefits while mitigating its adverse impacts, Governments, in cooperation with civil society organizations and the international community, are urged to:

1. Regularize desirable migration (i.e., unauthorized migration that is tacitly accepted) by granting migrants work permits, issuing regulations concerning their employment and providing protection for the benefit of the migrants and their families in line with national development goals;
2. Maximize remittances and their impact by facilitating the transfer of remittances and allowing migrants to maintain foreign currency accounts;
3. Incorporate various desirable aspects of international migration into national economic and social planning by both sending and receiving countries, especially considering the impacts of remittances and the “brain drain” and also taking into account the reintegration of returning migrants;
4. Strengthen regional cooperation to better manage the flow of all types of migration for the benefit of the sending and receiving countries and the migrants themselves;
5. Consider ratification of international instruments such as the Convention on the Protection of the Rights of All Migrant Workers and Members of their Families;

6. Combat the practice of trafficking in persons, especially women, boys and girls, while paying attention to trafficked victims with counselling and rehabilitation services;
7. Work to reduce the causes of irregular migration, while still recognizing the rights of men and women to migrate for voluntary reasons.

In support of the above actions, Governments and/or development partners should:

1. Ensure that definitions of various types of movements are agreed upon and that reliable information is collected and disseminated in a timely manner;
2. Promote research on the interrelationship between migration and other population dynamics, development and poverty reduction as well as on the interconnections between internal and international migration;
3. Support training and intercountry workshops to build national capacity for data collection, analysis and research.

C. Internal migration and urbanization

The number of “mega cities” in the region is increasing, although the proportion of the region’s population living in such cities is less than one tenth of the region’s total urban population. The size of these cities poses major problems of management, especially for the provision of basic social services. The rapid movement of people to urban areas is creating large urban agglomerations. Urbanization in many countries of Asia is characterized by high rates of population growth in medium and small-sized cities or towns, where a large proportion of the urban population live. The relationship between migration and poverty is complex. Evidence indicates that rural-to-urban migration can contribute to a reduction of poverty in both rural and urban areas, provided that there is efficient integration of the migrants into the urban economy and of the return flows of capital which they generate into the rural economy. Policies and programmes must take cognizance of these evolving dynamics of migration and urban development and respond to them.

In order to address the evolving dynamics of internal migration and urban development and maximize the benefits of internal migration while mitigating its adverse impact, Governments, in cooperation with civil society organizations, are urged to:

1. Facilitate and support economic initiatives by migrants, whether permanent or temporary, in the places of origin and destination, by developing and enhancing access to infrastructure and services that promote sustainable development, improve individual and societal welfare and reduce poverty;
2. Remove discriminatory regulations that obstruct the integration of the informal sector (which houses and employs many migrants) into the mainstream urban economy and society, and give the small and medium-sized enterprises of poor migrants access to space, credit, market information and technology;
3. Develop infrastructure and improve access to services not only in mega cities, but also in smaller cities, towns and rural areas whose local governments often do not have adequate resources or the capacity to manage them in a way that improves the quality of life of the population in both rural and urban areas;
4. Improve the investment climate in the medium and smaller-sized towns to enable residents and returning migrants to invest in employment- and income-generating activities, also considering the impacts on environmental conditions;
5. Develop policies that recognize the growing rural-to-urban linkages and the complementarity of urban and rural areas;
6. Recognize the linkage between the migration of young males from urban to rural and rural to urban areas and the adverse impact on the social and health security of women and initiate appropriate policies to ensure their protection and well-being.

Governments and development partners should:

1. Facilitate the exchange of information, experience and the lessons learned among the cities and towns in managing cities and in creating a supportive environment for migrants;
2. Encourage research on the magnitude and changing characteristics of internal migration and their impact on development and poverty reduction, particularly among women, and on the growing interconnectedness between rural and urban areas, and support the collection and analysis of data on migration and urbanization and on the impact of various policies on migration and poverty.

D. Population ageing

The rapid decline in fertility and the increase in longevity in the Asian and Pacific region during the past four decades have resulted in major changes in the age structure of the population. In some countries where fertility has declined very rapidly, the proportion of older persons is growing very rapidly. The transition is taking place at a pace unprecedented in human history and at a juncture when family size is becoming smaller, family structure is becoming more nuclear, urbanization is taking place at a rapid pace and children are moving away in search of employment and better economic opportunities. The challenges posed by population ageing are enormous, not only for older persons and their families, but also for the community and society at large. Policies, national capacity and the institutional framework for the care of older persons are still at a nascent stage, and the resources needed to meet their needs are severely limited in many countries.

In order to address the growing phenomenon of population ageing, Governments, in cooperation with civil society organizations and the international community, are urged to:

1. Develop policies and national action plans to address the issues arising from ageing as an integral part of national development and poverty reduction policies, strategies, plans and programmes, recognizing that older persons do not constitute a homogeneous group;
2. Integrate the special concerns of older women, who outnumber men and are often disadvantaged, into policies, plans and programmes;
3. Empower older persons to participate fully and effectively in economic and social development by promoting continued employment through active labour market policies, including lifelong education and retraining programmes, and flexible opportunities and incentives for gainful employment, and by promoting participation of older persons in community activities;
4. Establish sustainable social protection and social security systems by developing regulatory frameworks for occupational and private pensions taking into account the long lead time required to ensure that older persons have the necessary financial and social security, and expand social protection and social security systems to cover urban informal and rural workers;

5. Encourage innovative strategies appropriate to the cultural context of countries to care for the needs of older persons, involving families, communities and caregivers, and provide support as appropriate to meet the needs of older persons;
6. Promote healthy ageing and develop age-appropriate health-care systems, which must include effective referral systems to secondary and tertiary levels of care;
7. Support research, establish databases and share experiences on ageing and its economic and social implications and differentials, including the economic situation, sources of support, living arrangements, gender differentials and health care and other needs by income class and sociocultural background.

E. Gender equality, equity and empowerment of women

The improvement in women's status, as reflected in their legal rights, political participation, employment, education, health and family decision-making power, has a discernible impact on poverty, population dynamics and development. Laws and policies have been enacted for the promotion of women's rights, gender equality and equity and the elimination of violence against women, and progress has been demonstrated in education, health, including reproductive health, and the labour-force participation of women. However, the gains have been unequal among countries in the region.

In order to address gender discrimination and strengthen efforts to empower women and achieve gender equality, Governments, in cooperation with civil society organizations and the international community, are urged to:

1. Enhance the capacity of national machineries and focal points in the formulation of policies and in the implementation of programmes and projects in all relevant sectors;
2. Conduct gender-based research and make available sex-disaggregated data for all levels of policy-making and programming;
3. Ensure adequate and appropriate legislative and programmatic responses to violence against women and exploitation, including trafficking, and ensure their effective enforcement. In this regard, (a) increase awareness of gender-based violence, (b) simplify relevant laws and (c) train law enforcement officials;

4. Strengthen and sustain initiatives to reduce the gender gap in education and employment. Improve access to education and employment opportunities through policies aimed at ensuring the retention of girls in schools and opportunities for pursuing a higher education and vocational skills;
5. Reduce marginalization of women in employment through the formulation of policies and programmes that address gender-based discrimination, and also reduce the negative impact of globalization on women's employment, while recognizing its positive impact in empowering women and giving opportunities in decision-making;
6. Take measures to eliminate exploitation of children through vigorous policy actions and their effective implementation;
7. Formulate policies to promote greater male involvement and participation in improving gender equality, equity and empowerment of women;
8. Support the protection and promotion of women's full enjoyment of all human rights;
9. Enhance partnership with non-governmental organizations (NGOs) and civil society in matters related to gender equality, equity and empowerment of women;
10. Strengthen the efforts to comply with paragraphs 4.15 and 4.16 of the ICPD Programme of Action regarding prenatal sex selection.

F. Reproductive rights and reproductive health

Many countries in the region have strengthened their comprehensive reproductive health and rights approach over the last decade. The level of contraceptive use in Asia has risen considerably owing to the broadening of individuals' and couples' contraceptive choices and increasingly moving away from the provision of incentives. However, a large number of individuals and couples still lack access to high-quality reproductive health information and services, a situation that leads to maternal mortality and morbidity, unwanted pregnancies, unsafe abortion and HIV/AIDS. In part, this situation is due to the shortage of trained and skilled health service providers, poor referral systems and weak health systems.

In order to address the reproductive rights and reproductive health concerns of men and women, Governments, in cooperation with civil society organizations, the private sector and the international community, are urged to:

1. Adopt economic and social policies on health care with due emphasis on reproductive health concerns, including family planning, focusing on the impoverished and other vulnerable groups;
2. Strengthen reproductive health policies and implement comprehensive integrated reproductive health care including family planning services throughout the health-care system and provide for financial allocations and other resources to facilitate the full functioning of these systems in terms of infrastructure, manpower, management information systems and commodity and contraceptive security; resources should be rationally allocated and used in a cost-effective manner;
3. Intensify efforts to reduce maternal and infant mortality and morbidity, particularly where levels are persistently high, meet the internationally agreed goals through appropriate national policies for making pregnancy safer, and promote adequate resource allocation, standards, protocols and regulatory mechanisms for safe motherhood;
4. Develop functional systems to increase access to prenatal, maternal, post-natal and infant care, delivery by skilled birth attendants, timely referral and transport, prompt management of delivery complications, comprehensive essential obstetric care and educational and information campaigns addressing families regarding prenatal and post-natal care and development as well as symptoms of potential complications;
5. In accordance with the goals of ICPD and ICPD+5, improve access to and the quality of family planning services and the widest possible range of contraceptive methods, including natural methods, as an integral component of reproductive health care, as defined in paragraphs 7.2 and 7.6 of the ICPD Programme of Action; reduce unmet needs through information, education and communication (IEC) and behaviour change communication (BCC), counselling, broader choices and services; and remove existing barriers and constraints affecting access to services for those in need by ensuring that such services are available, affordable, acceptable, of high quality and convenient;

6. Strengthen the implementation of paragraphs 7.24 and 8.25 of the ICPD Programme of Action and of paragraph 63 of ICPD+5, in relation to unsafe abortion as a major public health concern and help women to avoid unwanted pregnancy and abortion and reduce maternal morbidity and mortality associated with unsafe abortion and complications through appropriate strategies, including those outlined in paragraph 63 (ii) and (iii) of ICPD+5 and the provision of family planning;
7. In order to promote reproductive rights, make intensive efforts to eliminate gender discrimination, ensure voluntary decision-making and promote informed choices and informed decisions through comprehensive reproductive health education;
8. Promote men's understanding of their roles and responsibilities with regard to reproductive health and the reproductive rights of men and women supporting their partners as well as their own access to reproductive health care, including family planning services, helping to prevent unwanted pregnancy and reducing transmission of sexually transmitted diseases, including HIV/AIDS, and promoting elimination of sexual and gender-based violence;
9. Along with international agencies and research and other organizations, give high priority to advancing and supporting basic and applied research in order to strengthen reproductive health care and services, including family planning and sexual health services through, inter alia, the improvement and development of methods of family planning for men and women, especially barrier methods and microbicides to ensure safety, efficacy and affordability; to promoting cost-effective modalities for enhancing strategic approaches to integrating STI (sexually transmitted infection) and HIV prevention and BCC intervention into reproductive health programmes; and to facilitating timely utilization of the research on technological, pharmaceutical and other advances for the benefit of all those who need them, without marginalizing the poor.

G. Adolescent reproductive health

The reproductive health and rights of adolescents are gradually being recognized; more countries are formulating policies and initiating effective programmes addressing their needs. Adolescents' participation in the process is gradually increasing. Emphasis is being placed on making reproductive health

information, education, counselling and services more accessible to adolescents and in forms that ensure confidentiality. There has been a substantial increase in cross-sectoral collaboration and cooperation. However, the programmes in this field are still in the early stages of development. Sexual and reproductive health information and services are not adequately available to either married or unmarried adolescents.

In order to address the reproductive health needs and realize the rights of adolescents, with due regard to the responsibilities, duties and rights of parents and the evolving capacity of children, Governments, in cooperation with civil society organizations and the international community, are urged to:

1. Involve adolescents in reproductive health programmes intended for them at all stages of development, implementation, monitoring and evaluation;
2. Design programmes in such a way that they are flexible enough to respond to the diverse needs of subgroups of adolescents in different situations and circumstances for age-appropriate information, education, skills-building, counselling and health care;
3. Provide adequate access to youth-friendly, age-appropriate, evidence-based sexual and reproductive health information, education, counselling and services on the sexual and reproductive health of adolescents; provide appropriate life-skills training for adolescents to promote female empowerment and male responsibility in reproductive health; address the adverse consequences of early sexual activity, marriage, pregnancy and childbearing, and the risks associated with early and unprotected sexual activity, including early and unwanted pregnancy, HIV/AIDS and other sexually transmitted infections, through the promotion of responsible and healthy reproductive and sexual behaviour;
4. Strengthen service provision for adolescents, in compliance with paragraph 7.45 of the ICPD Programme of Action, particularly to ensure availability and access as there is a need to take proactive measures to ensure that the provision of reproductive health care is both youth-friendly and appropriate;
5. Make special efforts to support disadvantaged and marginalized adolescents who may be suffering from disability, discrimination, poverty, lack of schooling, refugee or immigrant status, violence, lack of family or homelessness;

6. Implement programmes through advocacy and education to raise awareness and enhance communication with parents, families, teachers, religious and community leaders, service providers and other adults, peer groups and mass media on improved reproductive health for adolescents;
7. Encourage and support civil society and non-governmental organizations in developing and implementing, as appropriate, innovative intervention strategies, including life-skills training and reproductive health education, through the use of different methods;
8. Encourage social science and operations research in assessing unmet needs with the aim of improving access to, and the quality of, adolescent reproductive health care, and determine the best way to structure and provide such care.

H. HIV/AIDS

Considering the potential threat and mounting impact of HIV/AIDS in the Asian and Pacific region, and in line with the millennium development goals and the recommendations and goals of the United Nations General Assembly special session on HIV/AIDS, and to address the epidemic in all its aspects, including gender and age dimensions, by stepping up programmes to prevent infection, provide treatment and care and mitigate the demographic, economic, health and social impacts of HIV/AIDS, particularly at the community and the family levels, including the elimination of the stigma and discrimination associated with HIV/AIDS, Governments, in cooperation with civil society organizations, the private sector and the international community, are urged to:

1. Establish comprehensive surveillance systems for closely assessing and monitoring the situation, and use their results to identify the current and potential transmission risks so as to guide policy decisions and prevention strategies;
2. Develop and implement national HIV/AIDS policies and action plans to coordinate and intensify the response to HIV, especially HIV prevention strategies, the highest possible standard of effective, equitable and, above all, affordable HIV treatment, care and support, including the prevention and treatment of opportunistic infections, expanded access to voluntary and confidential HIV counselling and testing, safe blood supplies and STI control programmes;

3. Establish (a) national prevention programmes, recognizing and addressing the factors leading to the spread of the epidemic, reducing HIV incidence for those identifiable populations with high or increasing HIV infection or indicated through public health information as at the highest risk of infection, (b) information and education programmes aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour and expanded access to essential commodities, including male and female condoms and sterile injecting equipment, and (c) harm-reduction efforts related to drug use;
4. For greater synergy, prevention and affordable treatment, integrate management and control efforts in a continuum of care, involving collaboration between national programmes, NGOs, community-based organizations and families. Ensure that those who are especially vulnerable, including women and adolescents, have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, such as consistent condom use;
5. For cost-effectiveness reasons, integrate HIV prevention programmes and BCC interventions into reproductive health programmes, including STI case management, specifically target them at the groups at risk and with vulnerability and tailor them to the stage reached by the epidemic and its dominant transmission modes;
6. Ensure that prevention and BCC programmes recognize the important role of the family in reducing vulnerability by educating children and adolescents about the most effective ways of preventing HIV infections and encouraging behaviour to prevent HIV;
7. Support community-based service delivery through grass-roots mobilization, with special consideration to supporting all home-care providers, especially women;
8. Support effective community responses based on the two complementary strategies of building the economic resources of households and supporting the creation of community safety nets;
9. Foster community-based home-care initiatives to support families' coping responses, and also help families and communities to address the economic and psychosocial needs of AIDS-affected children, including orphans;

10. Strengthen the capacity and coordination of networks of people living with AIDS and make efforts to ensure that they are involved as key partners in all aspects of prevention and impact mitigation;
11. In programmes and research dealing with people living with AIDS, strictly follow all relevant ethical guidelines, ensuring non-discrimination and full access to the information needed to prevent further transmission. The families and the communities in which they live must have their right to privacy and confidentiality respected without fear of stigmatization, discrimination or violence.

I. Behaviour change communication and information and communication technology

Many countries in the region have introduced advocacy and communication as one of the integral components in their development programmes, by recognizing the importance of these components as a basis for creating awareness, generating participation, making informed decisions and resolving conflicts. One of the most significant recent developments is the rapid technical advances in information and communication technology (ICT). ICT has profound impacts on the way information is collected, processed, disseminated and communicated; however, there is a wide gap between developed and developing countries and between different groups in societies in the development and penetration of ICT, creating the so-called “digital divide”.

In order to address these issues, Governments, in cooperation with civil society organizations and the private sector, where appropriate, are urged to:

1. Strengthen population information, advocacy and BCC programmes at all levels to increase awareness of priority issues such as population, sustainable development, poverty reduction, migration, ageing, gender, reproductive health, including the needs of adolescents, HIV/AIDS and resource mobilization;
2. Use available and appropriate advanced information technologies in implementing information, BCC and poverty reduction programmes taking into account local, cultural, traditional and religious beliefs;
3. Provide easy access to timely and accurate information and data needed for research and policy-making and for creating awareness and understanding as well as improving skills at the community level;

4. Develop and strengthen human resources in BCC and ICT and facilitate the exchange of information, experiences, best practices and lessons learned in information, advocacy, BCC and the application of ICT for development;
5. Formulate policies, strategies and legislation to provide an enabling environment for ICT such as allocating resources for infrastructure and capacity-building;
6. Harness existing information and knowledge networks, such as the Asia-Pacific Population Information Network (Asia-Pacific POPIN) of ESCAP, for the development of knowledge bases, knowledge-sharing, exchange of information and capacity-building;
7. Involve all stakeholders when developing advocacy and BCC strategies to make them functional and sustainable.

J. Data, research and training

Sound and appropriate population, development and poverty reduction policies rely on the availability and quality of demographic, social, health and economic data. These in turn require the existence of strong institutions for research and training, staffed by skilled professionals. While there have been marked improvements in the availability of population and related development data during the past decade, many gaps remain with regard to the quality and coverage of baseline information, including vital statistics, as well as the continuity of data sets over time. Population, socio-economic and other relevant information networks need to be strengthened at the local, regional, national and global levels in monitoring the progress of the millennium development goals.

In order to address these issues, Governments, in cooperation with civil society organizations and the private sector, where appropriate, are urged to:

1. Strengthen national statistical systems at all levels to produce reliable and internationally comparable statistics on population and socio-economic development in a timely manner to help to monitor regional, national and international development and poverty alleviation goals, including those of ICPD and the millennium development goals;
2. Support the collection of data at the household level, in cooperation with research institutions and NGOs, as appropriate, on poverty-related issues to design policy interventions;

3. Develop national human capital through training, proper recognition and incentives to generate good-quality data and fully exploit the potential of the data for policy-making and programme implementation;
4. Carefully review new technologies for data collection and processing to ensure their proper use and cost-effectiveness and sustainability;
5. Ensure the timely availability and easy accessibility of data files and information to potential users through the Internet and World Wide Web.

Governments and international data users are urged to:

1. Establish partnerships for ensuring the availability of timely and reliable data needed for monitoring, planning and policy purposes;
2. Make use of regional institutions/facilities to provide training in data collection, collation and analysis;
3. Provide support to develop regional networks of technical expertise for meeting the needs for data collection, collation and analysis.

K. Partnerships

It has been recognized that NGOs are important voices of the people, and their associations and networks provide effective and efficient means of better focusing local and national initiatives and addressing pressing population, environmental, migration and economic and social development concerns. Also, the private sector plays an important role in social and economic development, including delivery of reproductive health-care services and commodities, appropriate education and information relevant to population and development programmes. Increased cooperation and partnerships are needed with governmental, non-governmental and intergovernmental organizations and the private sector. Furthermore, NGOs and civil society organizations in general have successfully addressed a number of population and reproductive health issues, particularly those that are highly sensitive for national Governments to deal with. However, there are a number of countries in the region in which NGO activities are not encouraged, if not denied.

In order to consolidate past gains and further promote partnerships with NGOs and civil society, Governments are urged to:

1. Recognize that NGOs and civil society contribute to shaping policy development in addition to helping Governments to meet their obligations. Therefore, it is important to deal with NGOs as development partners;
2. Review their relationships with NGOs, civil society, the private sector and other groups in forging new ways of collaboration and partnering in reproductive health within a framework of shared responsibility; and explore mechanisms for expanding successful NGO initiatives where Governments face constraints;
3. Ensure that NGOs and civil society demonstrate a high level of transparency, accountability, good management and local participation;
4. Where appropriate, involve NGOs in the planning and implementation of programmes relating to development, including issues related to population, sustainable development, poverty reduction, migration, ageing, gender, reproductive health including the needs of adolescents, HIV/AIDS and resource mobilization;
5. Support partnerships with parliamentarians and other elected representatives to create an enabling environment for the speedy implementation of the ICPD Programme of Action and the Fifth Asian and Pacific Population Conference Plan of Action and resource mobilization;
6. Promote South-South collaboration and networking to exchange experiences and learn from best practices in order to strengthen their national programmes.

L. Resources

In the ESCAP region, some developed countries provide population assistance to developing countries and some intergovernmental organizations provide assistance in the form of grants and loans for population programmes. A total of 39 countries and territories in the region benefited from international population assistance in 2000. Approximately two thirds of the projected costs in developing countries were expected to come from domestic sources and one third from the international donor community. It was estimated that approximately \$11 billion would be needed to cover the costs of population activities in the ESCAP region in the year 2000. Because financial constraints remain a major obstacle to the

implementation of internationally agreed population goals, the mobilization of resources for population and development must be high on the development agenda.

In this regard:

1. Developed countries that have not done so should be urged to make concrete efforts towards the target of 0.7 per cent of gross national product (GNP) as official development assistance (ODA) to developing countries and 0.15 to 0.20 per cent of GNP of developed countries to least developed countries, as reconfirmed at the Third United Nations Conference on the Least Developed Countries, and developing countries should be encouraged to build on progress achieved in ensuring that ODA is used effectively to help to achieve development goals and targets. Governments are urged to acknowledge the efforts of all donors, commend those donors whose ODA contributions exceed, reach or are increasing towards the targets and underline the importance of undertaking to examine the means and time frames for achieving the targets and goals;
2. All countries should also give adequate attention to the resources as estimated in paragraph 13.15 of the ICPD Programme of Action and paragraph 95 of the Key Actions of ICPD+5. In this context, the international community should provide financial and technical assistance to support developing countries and countries with economies in transition committed to implementing goals and objectives of the ICPD Programme of Action;
3. In the allocation of adequate resources, Governments are urged to consider innovative ways of mobilizing resources to ensure that the poor have access to reproductive health care;
4. All major players and stakeholders should be involved with the design and implementation of the strategies and programmes related to reproductive health care in order to ensure that they are in accordance with national priorities. Least developed and island developing countries should also be given special attention in a coordinated and sustained manner;
5. The United Nations and its organizations, particularly UNFPA, as well as other international and intergovernmental organizations and NGOs, should

be encouraged to coordinate and work closely with the countries to maximize the utilization of resources and monitor the programmes to assess the effectiveness of programme implementation of both donors and users.

Annex II

RECORD OF VOTING ON SECTIONS F AND G OF THE PLAN OF ACTION AND RELATED STATEMENTS

Before and after voting on agenda item 7 (adoption of the Fifth Asian and Pacific Population Conference Plan of Action on Population and Poverty) during the Ministerial Segment of the Fifth Asian and Pacific Population Conference, the representatives of a number of countries made statements which they requested the secretariat to place on record. These statements, except for translations, have been printed verbatim from audio tapes:

I. PRIOR TO VOTING

United States statement made before the vote on section F: Reproductive Rights and Reproductive Health

“If I can just make a brief statement before our vote on section F, with your permission. The United States is deeply disappointed that this Conference has reversed the carefully-achieved consensus resulting from the Second Preparatory Committee, and at the eleventh hour has inserted language specifically designed to ensure that consensus could not be reached on matters relating to the promotion of abortion. Our proposals to reach consensus have been rejected without any serious attempt to bridge the gulf through normal compromises. For this reason, the United States feels compelled to state for the record its unalterable objections both to abortion and to the breakdown of the process that has led us to this point. As we stated many times during the drafting sessions, the United States does not support, promote or endorse abortion, nor does the United States support, promote or endorse sexual behaviour for unmarried adolescents. Unfortunately, the draft plan of action does both. Section F seeks to promote the concept that reproductive health care should include abortion and makes multiple explicit references to reproductive health services. While services include many activities, at least three delegations have stated on the floor of this Conference that their interpretation of the term services as including abortion, and no country has taken the floor to contradict their interpretations. When the United States proposed the footnote using recent consensus language from the 55th World Health Assembly, to make clear that services do not include abortion except where consistent with national law, other delegations refused to agree to it. Section F also seeks to promote the

concept that all healthcare workers must be trained to perform abortion, and provides no exemption for those whose religious or ethical beliefs cause them to refuse to do so. Madame Chairperson, these matters reach into the heart of the very nature of human life itself. It is the hope of our Government that the other nations here present for this vote will give it due respect and deliberation that such an important expression of position deserves. The full text of this statement will be handed in, and we ask that it be included in the record of the Conference, and that the record of the vote on section F also be so included. Thank you, Madame Chairperson.”

United States statement made before the vote on section G: Adolescent Reproductive Health

“Yes, Madame Chairperson, thank you very much. On section G, the United States remains deeply disappointed that this Conference also reversed consensus regarding the undesirability of promoting sexual activity for unmarried adolescents. For this reason, the United States feels compelled to state for the record its objection to the promotion of sexual activity for unmarried adolescents. As we stated many times during the drafting sessions, as we made clear again yesterday, the United States does not support, promote or endorse sexual behaviour for unmarried adolescents. Unfortunately, the draft plan of action does: Section G explicitly promotes sexual behaviour for adolescents. We ask that full text of this statement – we note that the full text will be handed out – and we ask that it be included in the record of the Conference, and that the record of the vote on this section, section F (*sic*), also be included. Thank you, Madame Chair.”

II. AFTER VOTING AND ADOPTION

Australia:

“Thank you, Madame Chairman. The delegation of Australia appreciates your efforts and the efforts of the participants of the Senior Officials Meeting and of this drafting committee to reach consensus on the plan of action. We particularly appreciate the additional attention paid to HIV/AIDS in this Plan of Action. The delegation of Australia reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. We have, therefore, voted in favour of all paragraphs in sections F and G of the official Conference draft Plan of Action, because neither of these paragraphs and sections nor the ICPD Programme of Action promote abortion or underage sex. Thank you.”

Azerbaijan:

“Thank you, Madame Chair. My delegation should like to express appreciation to your able chairmanship as well as inputs of all the members of the Bureau. At the same time, as it has been commented by our delegation during the voting, the Delegation of Republic of Azerbaijan reaffirms ICPD Programme of Action and recognize that its implementation is a sovereign right of each country. The delegation of Azerbaijan, therefore, voted in favour of all paragraphs in sections F and G of the official Conference Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. And we think that the realization of the objectives and goals, which we attach significance to, we will contribute to sustainable development. At the same time, we kindly request secretariat to put on record our position. Thank you.”

Bangladesh:

“Thank you, Madame Chair. We had at the initial voting for section F; my delegation explained the circumstances of our voting for the two paragraphs and we would like to request the secretariat to include that in the records of this Conference. And simply to add, Madame, that as a least developed country, poverty is at the top of our national agenda to address poverty, to reduce poverty. And our voting for these two paragraphs has been influenced by these concerns, and that is why, Madame, Bangladesh has voted in favour of sections F and G. I thank you, Madame.”

Bhutan:

“Thank you, Madame Chair. The delegation of Bhutan reaffirms the ICPD Programme of Action and recognize that its implementation is the sovereign right of each country. The delegation of Bhutan, therefore, has voted in favour of all the paragraph in section F and G of the official Conference draft Plan of Action, because neither these paragraph and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you, Madame.”

Cambodia:

“Thank you, Madame Chair. Cambodia position is to support ICPD principles and the principles of reproductive rights, sovereign right of each country in implementing the ICPD Programme of Action, and the ICPD concept on reproductive right is excluding abortion from family planning. The ICPD concept on abortion is the necessity of safety. Thank you.”

China (delivered in Chinese):

“The delegation of China reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. The delegation of China, therefore, votes in favour of all paragraphs in sections F and G of the official Conference draft Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Democratic People’s Republic of Korea:

“Madame Chairperson, my delegation reaffirms our strong commitment to the principles of the ICPD and my delegation believes that the Programme of Action of ICPD does not promote abortion or under-age sex. Its implementation of this Programme belongs to the sovereign right of each Member State. Therefore, my delegation voted in favour. Thank you.”

Fiji:

“Thank you, Madame Chair. Fiji would like to join all other country delegations to reaffirm the Programme of Action of ICDP (*sic*). In Fiji, abortion is illegal and as such views sections F and G as complementary to its policies on reproductive health. *Vinaka vakalevu* and thank you.”

France (delivered in French):

“Thank you, Madame Chair. For the French delegation, issues of population, of reproductive rights, and all the questions that we have debated during the last few days are true development issues and they are issues that have crucial importance. This is why the French delegation also wishes to reaffirm the ICPD Programme of Action and to recall that its implementation is the sovereign right of each country. It is also why our delegation voted in favour of all the sections F and G of our draft Plan of Action, because in our view neither these sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

India:

“Madame Chairperson, the Indian delegation would like to congratulate you for the efficient manner in which you have conducted this difficult session. Madame Chair, I would like to state that we voted in favour of inclusion of

sections F and G because the concerns of reproductive rights and adolescent health are of vital concern for us in the view of the high maternal mortality, of which 8 per cent is unsafe abortion, and the emerging epidemic of HIV and AIDS. So, we do reaffirm the ICPD plan of action, which does not promote abortion or under-age sex. Thank you.”

Indonesia:

“Thank you, Madame. From the beginning of the day, my delegation feels compelled to state that the Indonesian delegation reaffirms the ICPD Programme of Action and recognizes that its implementation is sovereign right of each country. We, too, Madame, would like to put on record that my delegation votes in favour of all paragraph in sections F and G of the draft Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Islamic Republic of Iran:

“The delegation of Islamic Republic of Iran reaffirms the ICPD Programme of Action and recognizes that the implementation is the sovereign right of each country. The delegation of Islamic Republic of Iran, therefore, votes in favour of all paragraphs in sections F and G of the official Conference draft Plan of Action, because neither of these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Japan:

“Thank you, Madame. We, Japan, reaffirms the ICPD Programme of Action and recognizes that the implementation is sovereign right of each country. We voted in favour of all paragraphs in sections F and G, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Lao People’s Democratic Republic:

“Thank you, Madame Chairperson. The Lao delegation reaffirms our commitment to the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. The delegation of the Lao PDR therefore vote in favour of all paragraph in section F and G of the official Conference draft Plan of Action, because neither these paragraphs and sections

nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Malaysia:

“Thank you, Madame Chairperson. When Malaysia voted in support of paragraphs F and G in the Plan of Action, the vote signifies that we reaffirm our support for the ICPD Programme of Action. At the same time, we emphasize that the Plan of Action recognizes that its implementation is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the religion, ethical values and cultural background of our people. It is also our firm understanding that neither sections F and G in the Plan of Action nor the ICPD Programme of Action promote abortion or under-age sex. We would request that this explanatory statement be duly recorded as the position of Malaysia. Thank you, Madame Chairperson.”

Maldives:

“Thank you, Madame Chairperson. The delegation of Maldives reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. The delegation of Maldives, therefore, voted in favour of all the paragraphs in sections F and G of the draft Plan of Action, because these paragraphs and sections do not promote either abortion or under-age sex. Thank you.”

Mongolia:

“Thank you, Chair. The National Reproductive Health Programme for 2002 and 2006 have already reflected the principles and agreements of ICPD and ICPD+5. Therefore, Mongolia voted for the section F and G. So, we will continue to implement the ICPD Programme of Action. Thank you.”

Netherlands:

“Thank you, Madame Chairman. This is an explanation of vote on our yes vote, on Section G and F. The delegation of the Kingdom of the Netherlands reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country, according to its own constitution and laws. The delegation of the Netherlands, therefore, voted in favour of sections F and G of the official Conference draft Plan of Action, because neither these sections nor

the ICPD Programme of Action promote abortion or under-age sex. The vote that just took place – the declaration that we are hearing – and the history of the ICPD Programme of Action lead us to explicitly reject all interpretations to the contrary. Thank you, Madame Chair.”

New Zealand:

“Thank you, Madame Chair. The New Zealand delegation takes this opportunity to welcome the adoption of the Plan of Action. Each country must now exercise responsibility to implement comprehensive reproductive and sexual health programmes that enable adolescents, women and men to make responsible decisions and to have access to and information on safe, effective and affordable methods of family planning in order to achieve the highest standard of health and well-being. Thank you.”

Pakistan:

“Thank you, Madame Chairperson. The delegation of Pakistan reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. The delegation of Pakistan has, therefore, voted in favour of sections F and G of the official Conference Plan of Action, because we feel that neither these sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Papua New Guinea:

“Thank you, Madame Chair. The delegation of Papua New Guinea reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. Madame Chair, we would like to put on record that we believe in upholding the respect for human life and the promotion of family values, which are consistent with our national laws and constitution, which does not promote abortion nor promote the use of it as a form of family planning. The delegation of Papua New Guinea, therefore, voted in favour of all paragraphs in sections F and G of the official Conference draft Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Philippines:

“The delegation of Philippines wants to reaffirm the ICPD Programme of

Action and recognizes that its implementation is the sovereign right of each country consistent with its national laws and development priorities. The Philippines, therefore, voted in favour of all paragraphs in sections F and G of the official Conference draft Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you, Madame Chair.”

Republic of Korea:

“Thank you, Madame Chair. The delegation of the Republic of Korea reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. The delegation of the Republic of Korea, therefore, voted in favour of all paragraphs in sections F and G of the official Conference draft Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Russian Federation (delivered in Russian):

“The delegation of the Russian Federation reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. The delegation of the Russian Federation, therefore, votes in favour of all paragraphs in sections F and G of the official Conference draft Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex.”

Solomon Islands:

“Thank you. Solomon Island reaffirms its commitment to the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. Solomon Islands therefore voted in favour of all paragraphs in Section F and G, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex.”

Thailand:

“Thank you, Madame Chair. Thailand welcomes the adoption of the Plan of Action of this meeting. We voted in favour of all paragraph in sections F and G, because we believe that these paragraph and sections do not promote either abortion or under-age sex. Thank you.”

Turkey:

“Thank you, Madame Chair. I would like to make the following explanation of vote. The delegation of the Republic of Turkey reaffirms the ICPD Programme of Action and recognizes that its implementation is the sovereign right of each country. The delegation of the Republic of Turkey, therefore, has voted in favour of all paragraphs and sections F and G of the official Conference Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

United States of America:

“Thank you very much Madame Chairman. Not to take the smile off your face, because we are joining consensus, but I do need to say that the United States made its position very clear yesterday and in its two statements prior to the votes on section F and G. In the interest of time, we will not repeat ourselves here, save to reiterate that the United States does not support, promote or endorse either abortion or the sexual activity for unmarried adolescents, and we believe that – despite our efforts to the contrary – the document in its final form continues to do so. Therefore, without blocking consensus – we do join consensus – we express a general reservation on the document, and ask that the full text of our printed reservation be incorporated in its entirety into the document. Thank you, Madame Chair.”

Viet Nam:

“Thank you, Madame Chairperson. Under authorization of my Minister, I would like to say the delegation of Viet Nam reaffirms the ICPD Programme of Action and recognize that its implementation is the sovereign right of each country. The delegation of Viet Nam, therefore, has voted in favour of all paragraphs in sections F and G of the official Conference draft Plan of Action, because neither these paragraphs and sections nor the ICPD Programme of Action promote abortion or under-age sex. Thank you.”

Record of Voting

No.	Country	Section F			Section G		
		Yes	No	Abstained	Yes	No	Abstained
1	Armenia	x			x		
2	Australia	x			x		
3	Azerbaijan	x			x		
4	Bangladesh	x			x		
5	Bhutan	x			x		
6	Cambodia	x			x		
7	China	x			x		
8	Democratic People's Republic of Korea	x			x		
9	Fiji	x			x		
10	France	x			x		
11	Georgia*				x		
12	India	x			x		
13	Indonesia	x			x		
14	Islamic Republic of Iran	x			x		
15	Japan	x			x		
16	Lao People's Democratic Republic	x			x		
17	Malaysia	x			x		
18	Maldives	x			x		
19	Mongolia	x			x		
20	Myanmar	x			x		
21	Nepal			x			x
22	Netherlands	x			x		
23	New Zealand	x			x		
24	Pakistan	x			x		
25	Papua New Guinea	x			x		
26	Philippines	x			x		
27	Republic of Korea	x			x		
28	Russian Federation	x			x		
29	Solomon Islands	x			x		
30	Sri Lanka			x			x
31	Thailand	x			x		
32	Turkey	x			x		
33	United Kingdom	x			x		
34	United States of America		x			x	
35	Viet Nam	x			x		

* Georgia was absent during the voting on section F.

Annex III

STATEMENT AND GENERAL RESERVATION OF THE UNITED STATES OF AMERICA

(a) Statement delivered by the United States on 16 December 2002

Thank you for the opportunity to speak, Mr. Chairman.

Goals for this ESCAP Conference

As a Pacific country, and as a member of the international community, the United States is pleased to participate in this Asian and Pacific Conference aimed at our shared goals of poverty alleviation and improving the lives of the population. We recognize the importance of this fifth decennial conference, and we are eager to help produce a strong Plan of Action based on consensus.

Let me make it clear that the position of the United States remains unchanged. A deplorable disinformation campaign conducted by some participants at this conference has tried to paint the U.S. as trying to overturn, or pull back from, our commitment to the overall goals and objectives of the ICPD. Nothing could be further from the truth. While maintaining our understanding that no part of the ICPD text should imply support for or advocacy of abortion, we are not pulling back from anything. In addition, we put our money where our mouth is in supporting reproductive health programs around the world. No one does more than the U.S. in backing up these commitments. We call on other donors to step up to their fair financial share of these programs – programs that they support so strongly with their rhetoric.

We strongly support the ICPD principle of putting human concerns at the center of development efforts. Our goal is to promote a healthy and educated population, whose members can fully participate in the economic and civic lives of their societies.

U.S. Donations

We firmly support our beliefs with our international assistance. The United States is the world's largest donor to the developing world. Last year alone, the United States Congress appropriated over 17 billion dollars to provide resources

for security, economic growth, humanitarian assistance, and Official Development Assistance. Private U.S. citizens also gave 4 billion dollars in charitable donations, and provided 36 billion dollars in the form of capital.

U.S. Approach to Poverty Alleviation

Eradicating poverty is a multi-dimensional task. Prosperity and development depend upon an economic and political system in which the rule of law protects human rights, core labor standards, property and contract rights, and participatory governance.

Individuals must be free to pursue education and training, work at jobs of their choice, start businesses and employ others, and enjoy their income and property under the equal protection of the law.

Educating the population is central to breaking the cycle of poverty. All people should have access to a quality education, so they can obtain better employment, benefit from health and hygiene information, and better fulfill their rights and responsibilities as citizens.

Because good health promotes enjoyment of life as well as the ability to earn a living, basic health care should be of good quality, effective, affordable, and accessible. Since 1994, over 90 million children have died from preventable disease. More women have died from tuberculosis than from all combined causes of maternal mortality. High incidence of maternal mortality also remains completely unacceptable.

Basic health care should focus on the whole person, and should address prevention and treatment of infectious diseases such as AIDS and tuberculosis, and non-communicable conditions such as malnutrition or cancer, while not forgetting environmental situations such as lack of clean water, air and sanitation. In recognition of these facts, the United States spends over 2 billion dollars per year on health assistance through USAID alone.

Reproductive Health Care, Including AIDS

Reproductive health care, including maternal and neonatal health care as well as assistance with family planning, is also a key element of basic health care. In recognition and firm support of this, the United States spent over 700 million dollars on reproductive health care last year, including almost 450 million dollars to developing countries.

Since 1994, over 5 million women have died from lack of basic health care during pregnancy. Eighty-seven percent of maternal deaths are the result of hemorrhage, infection, hypertension, and obstructed labor. The United States funds public and private efforts to reduce infant mortality through pre-natal and post-natal care, and to reduce maternal mortality through promoting the use of birth assistants and obstetric care, nutrition, and other methods of promoting a safe delivery.

The United States also funds the broad distribution of family planning information and supplies. The United States supports the availability of many methods of family planning, including chemical, barrier, natural and other methods of voluntary family planning. Of course, the United States is firmly committed to the principle that couples must be able to choose freely whether to employ family planning, and which methods, to help determine the number and spacing of their children.

The United States is also a leader in addressing HIV/AIDS. We donated 500 million dollars to the Global Fund for AIDS, and have spent millions more through our bilateral assistance programs. Prevention of the spread of AIDS is critical to addressing this global disease, and we support all effective methods of AIDS prevention. In particular, we support the ABC approach that has proven so effective in Uganda – Abstinence, Be faithful, Condom Use. The United States distributed over 300 million condoms last year. Because condoms are simply not 100% effective, however, it is critical that we also promote abstinence for the unmarried and fidelity for those who are married.

Human Rights and the Importance of the Family

Central to our efforts is our desire to support the family as the fundamental unit of society.

As the ICPD Program of Action reaffirms, couples must be free to choose whether, when and how often to conceive children, and must not face coercive pressure for abortion or sterilization.

We also support the primary right of parents to educate their children in the sensitive matters of morality, religion, and sexuality.

President Bush has also increased funding for teen abstinence programs. Contrary to the misinformation provided by some, abstinence is not the only

choice the U.S. makes available to adolescents. The United States firmly believes, however, that abstinence is the preferred, most responsible, and healthiest choice for adolescents.

We also believe that the full enjoyment of all human rights should be extended to all members of society including women, children, the elderly, and those who are poor or otherwise vulnerable.

As President Bush has stated, “Our society has a responsibility to defend the vulnerable and weak, the imperfect, and even the unwanted.” He has said that we “should set a great goal that unborn children should be welcomed in life and protected in law.” For this reason, the United States supports the sanctity of life from conception to natural death.

Conclusion

The United States reaffirms its support for those principles and goals of the ICPD that are consistent with these U.S. policies.

The United States is surprised that we have not yet reached consensus on a draft conference plan of action. We had hoped our fellow ESCAP members would join us in this vast area of agreement.

Instead, up to this point, there has been a concerted effort to create a gulf by pushing the United States to violate its principles and accept language that promotes abortion. We have been asked to reaffirm the entirety of the ICPD principles and recommendations, even though we have repeatedly stated that to do so would constitute endorsement of abortion. In recognition of this fact, numerous countries officially reserved their position on the ICPD.

Many delegations have insisted the ICPD Programme of Action does not promote abortion. But when the United States offered to reaffirm the ICPD with a general footnote stating this explicitly, using recent consensus language, this proposal was met with a deaf ear. If the ICPD does not promote abortion, why is there such unwillingness to affirm this in the draft document?

We have already made extensive efforts to be flexible in seeking language that reflects our commitment to many of the overall goals of the ICPD, while still remaining faithful to our policy of not promoting abortion.

Our goal as fellow ESCAP members should be to produce a consensus document that is acceptable to *all* members. Our challenge here is to reach this important, and attainable, result. The populations of our nations, who stand to benefit from our efforts, deserve nothing less.

(b) General reservation of the United States (reproduced unedited from written statement)

1. Abortion

The United States associates itself with the numerous delegations that made reservations or statements of interpretation on the International Conference on Population and Development, the Fourth World Conference on Women, and their five-year reviews, particularly regarding “reproductive rights,” “reproductive health,” “reproductive health care and services,” “family planning services,” and “sexual health”.

In so doing, the United States understands that none of these terms, or any other terms used in this document or in previous UN or UN Conference documents, should be interpreted to constitute support, endorsement, or promotion of abortion or abortion-related services or the use of abortifacients. Because the United States supports innocent life from conception to natural death, the United States does not support, promote, or endorse abortion, abortion-related services or the use of abortifacients. The United States does, however, support the treatment of women who suffer injuries or illnesses caused by legal or illegal abortion, including for example post-abortion care, and does not place such treatment among abortion-related services.

The United States further understands that any affirmation or reaffirmation of ICPD+5 paragraph 63 does not imply any support for, or promotion of abortion, nor is it a denial of the United States’ firm support for the rights of conscientious objection for health care workers whose personal beliefs might dictate their refusal to perform, or be involved in, abortion or abortion-related activities.

The United States further understands that the term “unsafe abortion” defines a procedure for terminating a pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards, or both, and understands that the illegality of abortion cannot be construed as making it unsafe.

2. Family Planning

The United States fully supports the principle of voluntary choice with regard to family planning. Couples should be able to choose not only which family planning method to use, but also whether to use any method at all. In order to ensure such choices are truly voluntary, couples should be fully informed of the mechanisms, risks and benefits of the full range of contraceptive methods prior to making choices regarding family planning methods. In no case should abortion be promoted as a method of family planning. Women who have had recourse to abortion should in all cases be given humane treatment and counseling.

The United States also emphasizes its commitment to programs that promote greater male involvement in voluntary family planning and in disease prevention, and that stress the practices of abstinence, delaying sexual initiation, monogamy, fidelity and partner reduction in order to reduce the spread of sexually transmitted disease including HIV/AIDS.

The United States made every effort to insert language in the document reaffirming the importance of abstinence, which is promoted four times throughout the ICPD Plan of Action, and remains disappointed that the conference not only avoided the opportunity to reaffirm the ICPD on this point by including a mention of abstinence in all appropriate places, but also ignored a specific ruling from the chair by deleting language agreed at the prepcom that “abstinence is the healthiest choice for unmarried adolescents”.

3. The Family

The United States reaffirms that “The family is the natural and fundamental group unit of society and is entitled to protection by society and the State” (Universal Declaration on Human Rights); that “The right of men and women of marriageable age to marry and found a family shall be recognized” (International Covenant on Civil and Political Rights, Art. 23, 1-2); and that “Motherhood and childhood are entitled to special care and assistance” (Universal Declaration on Human Rights, Art. 25.2). The United States emphasizes that governments can help support families by promoting policies that strengthen the institution of marriage and help parents rear children in positive and healthy environments, stress the importance of family stability and the role of fathers as well as mothers, and encourage parents to communicate with their children concerning responsible sexual behavior and delaying sexual onset.

With regard to “reproductive rights” in the context of children or adolescents, the United States further understands any such rights to be linked to the rights, duties and responsibilities of parents, who have primary responsibility for their children’s education and well-being. In this regard, the United States emphasizes the importance it attaches to the involvement of parents in decisions affecting children and adolescents in all aspects of sexual and reproductive health, and in all other aspects of childrens’ lives and education for which parents have the primary responsibility.

The United States further understands that any promotion of the use of condoms or other methods of family planning for adolescents in this or other UN or UN Conference documents should be interpreted in the context of its continued support for, and promotion of, abstinence as the preferred, most responsible, and healthiest choice for unmarried adolescents.

4. Holistic Poverty Reduction

The United States further understands that poverty reduction involves a focus upon the human person as well as upon the economic and physical environment. In this regard, the United States is disappointed that this conference plan of action pays scant attention to the role of good governance in poverty alleviation, and the need for universal education and basic health care for all members of the population.

The document contains no action points that even mention the importance of promoting any principles of good governance, even though prosperity and development depend upon an economic and political system in which the rule of law protects human rights, property and contract rights, and participatory governance.

The document also contains no action points focusing upon the promotion of universal primary education, even though education is critical to breaking the cycle of poverty because it allows people to obtain better employment, benefit from health and hygiene information, and better fulfill their rights and responsibilities as citizens.

Distressingly, the document contains no action points related to basic health care. Although the major causes of mortality for women and children, as well as men, in the developing world are malnutrition, infectious disease, and diseases related to environmental conditions such as lack of clean water, air and sanitation,

there is not a single action item focusing upon any of these problems either in the two full sections on reproductive health care or in any other section.

Most disturbingly, the document does not include any language regarding the importance of the elimination of female genital mutilation, suttee, so-called “honor killings”, prostitution, coerced abortion and sterilization, and other forms of violence against women.

The United States is also disappointed that the promotion of women’s full enjoyment of all human rights is not emphasized more often throughout the document.

While this general reservation applies to the document as a whole, the United States considers that it particularly applies to the Preamble and to the sections on “Reproductive rights and reproductive health”, “Adolescent reproductive health”, “HIV/AIDS”, and “Partnerships”, and requests that this general reservation be footnoted at the beginnings of the Preamble and each of the above-mentioned sections. The United States also requests that the intervention it made on December 16, 2002 in the plenary regarding item 5 be included in its entirety in the report of the conference. The United States also requests the chair to ensure that this statement of reservation is placed in the official record of this conference, and to ensure that it is incorporated in any official publication of the conference plan of action.