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## REPORT

on population and development: 10 years after the UN Conference in Cairo  
(2003/2133(INI))

Committee on Development and Cooperation

Rapporteur: Karin Junker



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## PROCEDURAL PAGE

At the sitting of 4 September 2003 the President of Parliament announced the Committee on Development and Cooperation had been authorised to draw up an own-initiative report under Rule 163 on population and development: 10 years after the UN Conference in Cairo and that the Committee on Women's Rights and Equal Opportunities had been asked for its opinion.

The Committee on Development and Cooperation had appointed Karin Junker rapporteur at its meeting of 9 July 2003.

The committee considered the draft report at its meetings of 13 January 2004 and 9 February 2004.

At the latter meeting it adopted the motion for a resolution by 11 votes to 7, with 0 abstentions.

The following were present for the vote: Margrietus J. van den Berg (acting chairman), Marieke Sanders-ten Holte (vice-chairwoman), , Karin Junker (rapporteur), Yasmine Boudjenah, Giovanni Claudio Fava (for Maria Carrilho), Fernando Fernández Martín, Michael Gahler (for Karsten Knolle), Karin Jöns (for Miguel Angel Martínez Martínez), Constanze Angela Krehl (for Wolfgang Kreissl-Dörfler), Giorgio Lisi (for Jürgen Zimmerling), Mario Mantovani (for Luigi Cesaro), Maria Martens (FOR Vitaliano Gemelli), Philippe Morillon (for Jean-Pierre Bebear), Sergio Ribeiro (for Luisa Morgantini), Ulla Margrethe Sandbæk, Francisca Sauquillo Pérez del Arco, Michel-Ange Scarbonchi (for Hans Modrow), Elena Valenciano Martínez-Orozco (for Marie-Arlette Carlotti) and Anne E.M. Van Lancker (for Glenys Kinnock). ,

The opinion of the Committee on Women's Rights and Equal Opportunities is attached.

The report was tabled on 10 February 2004.

## MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

### **on population and development: Ten years after the UN Conference in Cairo (2003/2133(INI))**

*The European Parliament,*

- having regard to the Programme of Action of the International Conference on Population and Development held from 5 to 13 September 1994 in Cairo, which was adopted by 179 participating states,
- having regard to the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development adopted by the Twenty-first Special Session of the UN General Assembly, which was held from 30 June to 2 July 1999 in New York,
- having regard to Article 25(1) of the Universal Declaration of Human Rights, which includes health as a human right,
- having regard to the Strategic Health Objectives adopted at the 1995 World Conference on Women in Beijing and confirmed at the Twenty-third Special Session of the UN General Assembly on Beijing + 5: 'Women 2000: Gender Equality, Development and Peace for the Twenty-First Century', which was held in New York from 5 to 9 June 2000,
- having regard to the Millennium Development Objectives adopted at the UN Millennium Summit, which was held from 6 to 8 September 2000,
- having regard to the Monterrey Consensus, which was adopted on 22 March 2002 at the International Conference on Financing for Development,
- having regard to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) of 7 November 1967,
- having regard to the outcome of the 1993 Vienna Human Rights Conference, which specifically recognised women's rights as human rights and condemned violations of women's right to sexual self-determination perpetrated in the name of culture and tradition,
- having regard to the Johannesburg Declaration on Sustainable Development, adopted on 4 September 2002 by the Conference on Sustainable Development,
- having regard to the Resolution by the Council of Europe on the impact of the 'Mexico City Policy' on the free choice of contraception in Europe (resolution 1347 (2003)1),
- having regard to the Convention on the Rights of the Child, adopted and opened for signature, ratification and accession by UN General Assembly resolution 44/25 of 20 November 1989,
- having regard to the European Population Forum held from 12 to 14 January in the United Nations Economic Commission for Europe, which discussed the urgent issues, for Europe, North America and the countries of the former Soviet Union, of demography, sexual and

reproductive health and the rights pertaining thereto, and, in addition, gave particular prominence to implementation of the Cairo Action Programme in the developing countries by the donor nations,

- having regard to Regulation (EC) No 1567/2003 of the Council and of the European Parliament of 15 July 2003 on aid for policies and actions on reproductive and sexual health and rights in developing countries<sup>1</sup>,
- having regard to Regulation (EC) No 1568/2003 of the Council and of the European Parliament of 15 July 2003 on aid to fight poverty diseases (HIV/AIDS, tuberculosis and malaria) in developing countries<sup>2</sup>,
- having regard to Article 25(1)(c) and (d) and to Article 31 of the ACP-EU Partnership Agreement signed in Cotonou in June 2003<sup>3</sup>,
- having regard to its resolution of 4 July 1996 on the follow-up to the Cairo International Conference on Population and Development<sup>4</sup>,
- having regard to the resolution on the importance of the UN World Conferences of 1990 to 1996 for cooperation between the European Union and the ACP States in the context of the Lomé Convention, adopted by the ACP-EU Joint Parliamentary Assembly on 29 October 1997 in Togo<sup>5</sup>,
- having regard to the resolution on the follow-up to the Fourth World Conference on Women (Beijing, 1995), adopted by the ACP-EU Joint Parliamentary Assembly on 23 March 2000 in Abuja, Nigeria<sup>6</sup>,
- having regard to its resolution of 18 May 2000 on the follow-up to the Beijing Action Platform<sup>7</sup>,
- having regard to the resolution on the results of the special session of the United Nations General Assembly of 5-9 June 2000 on 'Women 2000: Equality, Development and Peace for the Twenty-First Century', adopted by the ACP-EU Joint Parliamentary Assembly on 12 October 2000 in Brussels, Belgium<sup>8</sup>,
- having regard to the resolution on the importation and local production of generic drugs, adopted by the ACP-EU Joint Parliamentary Assembly on 22 March 2001 in Libreville, Gabon<sup>9</sup>,
- having regard to the resolutions on HIV/AIDS, adopted by the ACP-EU Joint Parliamentary Assembly on 23 March 2000 in Abuja, Nigeria<sup>10</sup>, and on 1 November 2001

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<sup>1</sup> OJ L 224, 6.9.2003, p. 1.

<sup>2</sup> OJ L 224, 6.9.2003, p. 7.

<sup>3</sup> OJ L 317, 15.12.2000, p. 3.

<sup>4</sup> OJ C 211, 22.7.1996, p.31.

<sup>5</sup> OJ C 96, 30.3.1998, p. 19.

<sup>6</sup> OJ C 263, 13.9.2000, p. 41.

<sup>7</sup> OJ C 59, 23.2.2001, p. 258.

<sup>8</sup> OJ C 64, 28.2.2001, p. 49.

<sup>9</sup> OJ C 265, 20.9.2001, p. 24.

<sup>10</sup> OJ C 263, 13.9.2000, p. 44.

in Brussels, Belgium<sup>1</sup> ,

- having regard to the resolution on the rights of disabled people and older people in ACP countries, adopted by the ACP-EU Joint Parliamentary Assembly on 1 November 2001 in Brussels, Belgium<sup>2</sup> ,
  - having regard to its resolution of 7 February 2002 on EU policy towards Mediterranean partner countries in relation to the promotion of women's rights and equal opportunities in these countries<sup>3</sup> ,
  - having regard to the resolution on the impact of communicable diseases on health, young people, the elderly and people living with disabilities, adopted by the ACP-EU Joint Parliamentary Assembly on 21 March 2002 in Cape Town, South Africa<sup>4</sup>,
  - having regard to its resolution of 25 April 2002 on the communication from the Commission to the Council and the European Parliament on the programme of action for the mainstreaming of gender equality in Community development cooperation<sup>5</sup>,
  - having regard to its resolution of 20 September 2001 on female genital mutilation<sup>6</sup> and to its resolution of 3 July 2002 on sexual and reproductive health and rights<sup>7</sup>,
  - having regard to its position of 13 February 2003 on the proposal for a regulation of the Council and of the European Parliament on support for strategies and actions in the field of sexual and reproductive health and the rights pertaining thereto in the developing countries<sup>8</sup>,
  - having regard to the resolution on children's rights and, in particular, the situation of child soldiers, adopted by the ACP-EU Joint Parliamentary Assembly on 11 October 2003 in Rome, Italy<sup>9</sup>,
  - having regard to Rule 163 of its Rules of Procedure,
  - having regard to the report of the Committee on Development and Cooperation and the opinion of the Committee on Women's Rights and Equal Opportunities (A5-0055/2004),
- A. whereas the Programme of Action of the International Conference on Population and Development adopted by 179 participating states in 1994 in Cairo and the consensus secured thereby was confirmed afresh five years later when the Programme of Action was reviewed,
- B. whereas it is mainly women and children who live below the poverty line, and whereas it

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<sup>1</sup> OJ C 78, 2.4.2002, p. 66.

<sup>2</sup> OJ C 78, 2.4.2002, p. 64.

<sup>3</sup> OJ C 284 E, 21.11.2002, p. 337.

<sup>4</sup> OJ C 231, 27.9.2002, p. 57.

<sup>5</sup> OJ C 131 E, 5.6.2003, p. 153.

<sup>6</sup> OJ C 77 E, 28.3.2002, p. 126.

<sup>7</sup> OJ C 271 E, 12.11.2003, p. 369.

<sup>8</sup> P5\_TA(2003)0060.

<sup>9</sup> Not yet published in the OJ.

is mainly women and girls who are denied access to education – 57% of the children who do not attend primary school are girls –, so that girls and women are also severely disadvantaged when it comes to access to family planning measures,

- C. whereas the Cairo Conference focused on a range of population and development objectives, mainly sustained economic growth, poverty eradication, education, gender equality, infant, child and maternal mortality reduction and, for the first time, the needs and rights of individual women and men, instead of setting abstract demographic targets,
- D. reaffirming that everyone has the right to the enjoyment of the highest attainable standard of physical and mental health, that reproductive health-service programmes should provide the widest range of services without any coercion and that all couples and individuals have the basic right to decide freely and responsibly the number of their children, the timing of the parenthood and the access to information on family planning, education on prevention and the means to do so <sup>1</sup>,
- E. whereas sex education and family planning services must also make specific reference to men's responsibility for the reproductive health of their partners and family-oriented birth control,
- F. whereas, according to the Programme of Action, 'all countries should strive to make accessible, through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015'<sup>2</sup>,
- G. whereas the implementation of the Programme of Action so as to attain the Millennium Objectives is also essential for the guarantee of reproductive health, since three of the Millennium Objectives are directly connected with reproductive health (reducing child mortality rates, improving maternal health, and combating HIV/AIDS, malaria and other diseases), with the links between actions to combat poverty, women's access to education and training, and sexual and reproductive health continuing to be accepted and commensurate investment particularly profitable,
- H. regretting that, in 2000, total expenditure (including UN appropriations and loans) accounted for no more than 45.6% of the target set for that year in the Programme of Action, with donor countries contributing only 45% of the share of funds which they had undertaken to provide under the Cairo Programme of Action, while the developing countries contributed as much as 76%,
- I. whereas the donor countries do not all feel committed to the issue to the same extent, and whereas that results in a massive funding gap for the sexual and reproductive health sector, although the European Union has played a key role in the short-term provision of funds and in supporting the Programme of Action by taking legislative measures,
- J. whereas, at the International Parliamentarians Conference on the implementation of the Cairo Programme of Action, held in Ottawa in 2002, Parliamentarians undertook to press for between five and ten per cent of national budgets to be devoted to population policy

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<sup>1</sup> Cairo Programme of Action, principle 8.

<sup>2</sup> Cairo Programme of Action, Chapter 7.6.



and sexual and reproductive health,

- K. whereas the European Population Forum, which was organised by the United Nations Economic Commission for Europe and involved numerous parliamentarians and non-governmental organisations, specifically confirmed the Cairo Action Programme as a common basis for action in the area of sexual and reproductive health and the associated rights,
- L. whereas the Mexico City policy withholds USAID funds from any foreign organisation that, with non-US money, performs, refers, counsels or advocates for termination of pregnancy, regardless of whether termination of pregnancy is legal in that country; whereas the MCP has worsened the problems it intended to resolve: as clinics close and access to reproductive health services becomes more difficult, fewer poor women world-wide can afford contraception, leading to an increase in unwanted pregnancies – and consequently termination of pregnancy, many of them unsafe; this in turn increases the maternal mortality toll,
- M. whereas the need to ensure gender equality is no longer seen merely as a question of rights and good governance but also and increasingly as an aspect of economic efficiency, since progress in gender equality frequently has a positive impact on the welfare of society as a whole,
- N. concerned that, in some regions of the world, the false belief that men are supposedly superior to women leads to forced gender-specific abortions or the murder of new-born girls, so that, for example, according to the population census in China, 120 boys were born in 2000 for every 100 girls, which has led UNICEF to estimate that, in a few years' time, there will be 50 million men who will not be able to find a wife,
- O. whereas in many cases cultural, religious, social and economic factors and the human rights situation are not conducive to female emancipation and self-determination,
- P. aware that large numbers of girls and women throughout the world become the victims of socially structured violence, namely male domestic or military violence, rape in times of war or crisis, enforced pregnancies, sexual abuse and women and girls in every age group being forced into prostitution, genital mutilation, arranged marriages, the abandonment or sale of new-born girls, etc, which are all violations of universal human rights, run counter to the right of sexual self-determination and seriously jeopardise women's reproductive and mental health,
- Q. aware that, according to UN surveys, every third pregnancy worldwide is unwanted or unplanned and that more than 300 million couples have no access to contraceptives, with the frequent result that women undergo abortions in unsafe conditions which have serious consequences for their health or may even result in death,
- R. whereas every year more than 500,000 women die in pregnancy and childbirth, and Millennium Development Goal 5 is to "reduce by three quarters the maternal mortality ratio", and whereas lack of access to basic health services and to reproductive health services and education , e.g. prenatal consultations, contributes to pregnancy still being a major cause of death or disabilities in women of developing countries,

- S. whereas less than 1% of women in the most heavily affected HIV countries have access to prevention of mother to child transmission services, and 3.2 million children under the age of 15 are infected with HIV, i.e., whereas half of all new HIV infections affect young people, including girls and young women who constitute a very high-risk category, reflecting the need for specific HIV prevention programmes for young people,
- T. whereas, currently, 1 000 000 000 young people are entering the reproductive phase of their lives, and whereas half of all new HIV infections affect young people, including girls and young women who constitute a very high-risk category,
- U. concerned that a large proportion of HIV/AIDS infections is caused by the use of dirty needles since, according to WHO statistics, sterile needles are not used in 75% of all injections worldwide, and aware that, in seven Chinese provinces, an estimated 370 000 people were infected with HIV because of poor hygiene when they were donating blood,
- V. having regard to the alarming spread of sexually transmitted diseases including HIV/AIDS that calls for the need to fully integrate sexually transmitted infections / HIV prevention programmes within sexual and reproductive health programmes,
- W. whereas, today, 80% of all refugees worldwide are women and children, whereas, when people are forced to flee their homes, maternal mortality rates are frequently higher because of poor nutrition and rapidly succeeding pregnancies, and whereas unprotected sex and situations involving gender-specific violence lead to an increase in the number of cases of sexually transmitted diseases,
- X. whereas the WHO's plan to train tens of thousands of 'barefoot doctors' to provide health services in rural and poor areas is a step in the right direction,
- Y. regretting that conservative circles have succeeded in capping or even reducing funds for family planning and education, one result being, for example, that the USA, through the reinstatement of the Mexico City Policy, suspended its commitments for UNFPA and NGOs active in this field, from 2002 onwards, in this respect, applauding the Commission's initiative of compensating for the loss in funding,
- Z. welcoming the contribution, often made with considerable difficulty, of the organisations responsible, such as UNFPA and the German Foundation for World Population, which should be given more comprehensive support, inter alia in cooperation with the European Union's services and the Member States' Foreign Offices, with a view to improving health care, offering the possibility of choice and preventing avoidable deaths among women in the prime of their lives,
- AA. whereas measures such as primary healthcare services or basic education programmes may not be included by the industrialised nations and the developing countries when they are calculating expenditure on population policy, despite their connection therewith,
- AB. whereas the costs and social consequences of failing to adequately meet the reproductive health and rights of the biggest ever generation of young people, 1.2 billion, about to enter their childbearing years would be very high since this age group is already disproportionately affected by HIV/AIDS infections and unwanted pregnancies,

AC. whereas, in the implementation of the Programme of Action, civil society has an important and complementary role to play, and whereas the Commission should operate more closely with civil society groups, especially women's groups, women's associations, family planning organisations, social movements and charitable and development organisations, especially in its country strategy documents,

1. Expects the publication of a comprehensive overview of progress in the implementation of the Cairo Programme of Action to mark the tenth anniversary of the International Conference on Population and Development in 2004 from every responsible UN body and, above all, from the governments of the EU Member States, the Commission and the ACP institutions, as well as from the non-governmental organisations concerned;
2. Welcomes the organisation of the Round Table on ICPD+10 to review and assess progress made and remaining challenges for the implementation of the ICPD Programme of Action and congratulates the European Commission on its support for this initiative;
3. Calls on the European Union to publish a round-up of the initiatives launched so far, and calls on the Member States, in accordance with their undertakings in the area of public development aid (PDA), to make more funding available for the protection of reproductive health;
4. Calls on the European Union, its Member States and the Accession Countries to meet in full the commitments that they gave with regard to the implementation and the financing of the Cairo Programme of Action, including basic, secondary and higher education and training, especially for girls and women, elementary medical services and easy and affordable access for all young people, women and men throughout the reproductive phase in their lives to high-quality health services for the protection of their sexual and reproductive health and of their right to decide equally, freely and responsibly in this field,
5. Calls on the Commission, to that end, to make the Programme of Action a key issue in its cooperation with third countries and at international fora and to devise strategies for its joint implementation;
6. Calls on the European Union and its Member States to integrate sexual and reproductive health and rights into their development policies and, in that context, to seek to reduce infant, child and maternal mortality rates;
7. Calls on the EU and its Member States to engage the United States in an informed debate about the impact of the reinstatement of the MCP worldwide, encouraging President George W. Bush to rescind it;
8. Calls for a greater share of humanitarian and emergency aid to be used to benefit the reproductive health of people in emergency situations;
9. Considers it essential to treat the poorest of the poor in the countries in question as priority groups, for example through targeted interventions in programming, since these are the people who suffer most from lack of access to reproductive health care measures;
10. Stresses that abortion must not be regarded as a family planning method, but calls for legal and medically safe interventions to be possible for women who have no other way

out of their difficulties, in order to protect their reproductive and mental health, which would mean a reduction in maternal mortality in developing countries, since 14% of the women who do not survive labour are victims of botched abortions;

11. Calls on the European Union and its Member States, to that end, to coordinate activities among the donor countries more efficiently and to provide more funds for programmes in the field of sexual and reproductive health and rights in order to fulfil the international commitments made in Cairo in 1994;
12. Calls on the EU and the international community as a whole, in the absence of a cure for AIDS, to increase resources for, and commitment to, international research and development of an AIDS vaccine and comprehensive clinical trials, particularly in developing countries;
13. Considers it appropriate to make budgetary assistance for healthcare available to developing countries, but insists that it be ensured that this aid is used to maintain or restore reproductive health;
14. Stresses the need to improve access for women to education, economic independence and decision-making processes as essential rights and conditions for development, thus reducing gender-related inequality and poverty by empowering women;
15. Stresses the importance of useful, active involvement of young people in all projects, programmes and measures that will have a positive impact on their lives;
16. Calls on the Commission to develop a framework agreement which will encourage implementation of the Cairo objectives by 2015 and coordinate financial cooperation efforts on the part of the European Union, the Member States and the other institutional donors, so that the agreed objectives relating to total resources for programmes in the areas of population and reproductive health, including HIV/Aids, can still be achieved;
17. Calls on the European Commission and the Member States to support research efforts towards developing protection against sexually transmitted diseases and HIV/Aids, and contraceptive methods which are easily usable by women;
18. Considers it necessary to raise members' of Commission delegations awareness of the objectives set in Cairo and to inform them further on gender-specific issues, in order to hasten the achievement of the health and population goals which have been set;
19. Expects the WHO and all others responsible in this field to ensure that every imaginable effort is made to prevent HIV infection from dirty needles by taking the appropriate hygiene measures, in order to prevent damage to reproductive health caused by circumstances beyond the individual's control which can lead to life-threatening infections even though safe sex has been practised;
20. Calls on the European Union and its Member States, and governments and institutions in the developing countries in cooperation with those countries, to undertake widespread information and advice campaigns, as well as other appropriate measures, in developing countries with the following objectives:

- sex education and information for children and young people in a form commensurate with their age and gender, which must be in keeping with their capabilities and life circumstances,
  - fight against sexual exploitation and repression and/or support for victims of sexual exploitation and repression,
  - emphasises on the fact that every person is worthy of respect, whatever their sexual orientation,
  - emphasis on the right of every individual to self-determination in matters relating to sex,
  - adequate and affordable access to contraceptives,
  - general improvement in health care, including access to affordable sexual and reproductive health services;
  - provision of a sufficient supply of affordable medicinal products for the treatment of sexually transmitted diseases, especially HIV/AIDS, with the pharmaceutical industry also being involved by facilitating treatment with generic medicines, and specific research into child-focussed anti-retroviral therapy,
  - increased provision of mother to child transmission integrated prevention services,
  - facilitation of medically safe abortions,
  - provision of the information required to ensure safe pregnancy and motherhood;
21. Calls on the Commission and the ACP Council of Ministers to give reproductive health protection high priority in the framework of ACP cooperation, and to include the necessary measures in this area in the country strategy papers;
  22. Calls on the developing countries to make available funds which they have earmarked for health care;
  23. Stresses that access to contraceptives, particularly condoms, must be significantly improved, above all for the poorest strata of society in the poorest countries;
  24. Calls on all governments to prohibit harmful traditions and practices, such as female genital mutilation, and to launch information campaigns on this subject in order to show that they constitute an unacceptable violation of the bodily integrity of women, are a significant threat to health and may even result in death;
  25. Welcomes the fact that fifteen African States have made genital mutilation of girls and women illegal, which ultimately contributes to the reproductive health of women by preventing dangerous infections and complications in pregnancy and childbirth; calls on the African States where genital mutilation is still practised also to take legislative steps to prohibit it;
  26. Will give particular attention to gender equality and reproductive rights in its future annual reports on human rights in the world and the European Union;
  27. Instructs its President to forward this resolution to the Commission, the Council, the ACP-EU Council, the governments of the Member States, the UN Secretary-General, the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on AIDS (UNAIDS).

## EXPLANATORY STATEMENT

The International Conference on Population and Development was held in Cairo from 5 to 13 September 1994. This Conference, organised by the United Nations, was just one of a series of UN International Conferences held between 1990 and 1996 which sought to improve international cooperation and, in particular, relations between the poor and the wealthy countries in the world. The Cairo Conference was one of the most significant of all the international conferences held in the 1990s. The series began with the World Conference on Education for All, held in Jomtien, Thailand, and the World Summit for Children held in New York in 1990, and continued with the UN Conference on Environment and Development, held in Rio in 1992, the World Conference on Human Rights, held in Vienna in 1993, the World Summit for Social Development, held in Copenhagen, and the World Conference on Women, held in Beijing in 1995, and the Habitat II Conference, held in Istanbul, and the World Food Summit held in Rome in 1996. Finally, the conferences may be regarded - not only, but also - as preparatory activities which led up to the drafting of the Millennium Development Objectives.

Below the overarching objective of combating poverty, the results of the UN conferences of the 1990s may be summed up in a number of basic demands which are also reflected in the Millennium Objectives:

- implementation of human rights, especially the rights of women and children,
- security of adequate food supplies,
- protection of the environment through sustainable development and sensible use of resources,
- promotion of social development, in particular proper housing for all, and facilitation of education for all by encouraging the school and training sectors.

The Cairo Conference on Population and Development played an important role in having these targets adopted by the world community by simultaneously dealing with a central platform of global development as well as elementary horizontal issues. Population growth is decisive for the development process on a global as well as on a national scale. The conference participants came to the conclusion that a population policy aimed solely at limiting population growth was bound to fail.

In Cairo, 179 countries voted for the Programme of Action of the International Conference on Population. Central objectives were set out therein which, ultimately, may lead to balanced and sustainable population growth:

- eradication of poverty
- sustainable economic growth as part of sustainable development
- educational opportunities for all population groups, especially women and girls
- gender equality and equal rights for men and women
- protection, support and encouragement for the family
- facilitation of general access to reproductive health, family planning and sexual health services
- reduction in infant, child and maternal mortality rates.

The right to reproductive health and family planning is placed at the heart of a new understanding of population policy. The advocated population policy measures relate not only to family planning in the narrow sense of the term but also include basic services in the field of reproductive health, pre- and post-natal care, programmes for the prevention and combating of sexually transmitted diseases, including HIV/AIDS, research activities and the expansion of national analysis capacities.

The Cairo Programme of Action included annual sums of money deemed necessary for the implementation of the Programme. For 2000, the Programme of Action required 17 billion US dollars, for 2005: 18.5 billion, for 2010: 20.5 billion, and for 2015: 21.7 billion US dollars. The developing countries are expected to provide some two thirds of that amount and the industrialised nations one third as part of their development cooperation programmes. The figures for 2000 do not look very rosy, since, overall, less than 50% of the promised resources have been provided, although the developing countries have come closer to the target than the industrialised nations. Nor has the situation improved since then. In 2000, a total of 10.9 billion US dollars was invested in population policy measures. In 2001, that figure fell to 9.4 billion US dollars, of which 2.3 billion came from the industrialised nations and 7.1 billion from the developing countries themselves. Among the many problems is the fact that the Bush Administration has revived what is known as the 'Mexico City Policy', whereby no state aid may be granted to organisations which support abortion. That has resulted in significant cuts in funding for NGOs and for international organisations such as UNFPA and WHO which are active worldwide in the field of population policy. In September 2003, the Parliamentary Assembly of the Council of Europe called on its member countries to make up the payments cancelled by the USA..

Of course, the impact and success of the Cairo Conference may not be measured solely in terms of the funds currently provided for population policy. The first impact was certainly the achievement of the Cairo Action Programme itself, which was approved only after serious disputes on abortion and contraception between the majority of the countries represented there and a group of 'fundamentalist' states centred on the Vatican plus a few Islamic countries, and focuses, as we have seen, on reproductive health and family planning. That involved a radical change from the traditional attitude to a population policy which concerns itself with the underlying causes and effects of population growth and changes in demographic structures. To that extent, the closing of the Conference with the assent of 179 participating states constituted its initial success. Furthermore, support for a whole raft of measures, such as primary healthcare services or basic education programmes which are directly connected with population policy, cannot be included in the calculation. To that extent, the figures relating to the implementation of the Programme of Action do not tell the whole story.

Consideration of population policy in the international context frequently concentrates on, or is reduced to, the developing countries, with population trends in the countries of sub-Saharan Africa and in densely populated Asian countries such as China, India, Indonesia and Bangladesh quite justifiably being the focus of attention. However, we must not ignore the situation in the industrialised nations. Demographic trends in the countries of the 'North' are characterised by a low birth rate and a falling number of indigenous people, which may, in part, be offset by immigration. Overall, especially in Europe, the average age of the population is increasing, and the population pyramid is being turned upside down. The result is an increasing burden on welfare systems (sickness insurance, pension funds, etc.). Those conflicts which arise from the age structure of the population and increasing immigration.

Those issues must not be neglected, although the problems involved in population trends in many developing countries are much more dramatic.

Some links between cause and effect are obvious, but they should be publicised as part of the assessment of the International Conference on Population ten years after it closed.

Accordingly, persistent population growth in many developing countries gives rise to a situation where, despite overall economic growth, neither gross domestic product nor per-capita income increases. Economic successes are simply 'eaten up' by population growth.

On the other hand, population growth may not be identified simply with a high birth rate. For example, since India became independent 56 years ago, life expectancy has doubled from 30 years to over 60 (64.6 years for women and 63.2 for men). That positive development is naturally reflected in population trends. Accordingly, population growth results not only from a high and/or increased birth rate but also from increased life expectancy. That development thus requires new answers in countries which had, hitherto, not had to cope with a significant number of elderly people. There is no proper infrastructure for this age group in terms of the provision of care or residential homes for the elderly.

A slow change is already becoming apparent in developing countries, with large families not automatically being regarded as an 'insurance policy for old age'. In a few African countries which still have high birth rates, too, the number of wanted children is declining.

In some sub-Saharan African countries, economic growth is also being prevented by increases in diseases and deaths - caused by HIV/AIDS - since the diseases are most prevalent among the able-bodied - and the most sexually active - section of the population, with children and old people being less hard hit. That has led in some countries to an economic catastrophe, which can, in turn, lead to a breakdown in care (there are not enough able-bodied people available to produce food) or to an educational catastrophe when teachers fall sick or die.

It is very plain to see and generally accepted that there is a direct connection between combating poverty, women's rights and sexual and reproductive health. Not always are the right conclusions drawn from that finding. Securing women's rights must be carried out in parallel with measures in the field of reproductive health (supply of products, information, education). That may lead to a consolidation of the successes achieved in the field of reproductive health, which will, in turn, have a positive effect on the fight against sexually transmitted diseases, especially HIV/AIDS. In some countries in Africa (Swaziland, Lesotho, Botswana), almost 40% of women between the ages of 15 and 24 are HIV-positive. The infection rate in Germany is 0.05%, in France 0.18%.

Economic growth in a country is also quite definitely improved by an increase in educational opportunities, especially for women and girls. Apart from the immediate effect of a broader and more skilled basis for a country's labour market, better informed and better educated women pay greater attention to health care, for example AIDS prevention. In addition, educated women tend to marry later and have fewer children and at a later age. That impacts in turn on the birth rate. At present, educational opportunities are still very unevenly distributed throughout the world. Whereas, in western European countries, illiteracy is a marginal phenomenon, the illiteracy rate in Asian and African countries is frequently above 30% or even higher. In almost every instance, more women are illiterate, for example in Ethiopia (69% against 53% of men) and Pakistan (72% against 43% of men).



Special attention must also be paid to the situation of women and children who are refugees. The by far largest group of refugees worldwide are women and children. Numerous problems are connected with this situation, such as poor hygiene, scarcity of supplies and the consequent increase in instances of sickness. Above-average rates of sexual abuse and rape in refugee camps lead, inter alia, to higher rates in HIV/AIDS infection and other sexually transmitted diseases, which, in turn, exacerbate the living conditions in the refugee camps.

The indicators for the Cairo Conference objectives continue to show shocking inequalities in 2003 between wealthy and poor countries and regions. Infant mortality rates in some African countries remain well over 100 per 1 000 births (for example, Sierra Leone: 177; Liberia: 147; Angola: 140; Niger: 126; Mozambique: 122). In Europe, the figure is 9 deaths per 1 000 births. Maternal mortality rates are also alarmingly high in some African and Asian countries, for example 1 936 deaths per 100 000 live births through pregnancy, childbirth and related complications in Malawi; 1 564 deaths in Kenya; 1 276 in Afghanistan. In European countries such as Germany and France, the number of deaths is just 11 and 22 respectively.

Population and development: Cairo + 10 - no end in sight to women's suffering. An account of the misery

*"If as many young men were dying each day, about 1450 per day or 529,000 per year, from causes that were largely preventable, it would be matter for the Security Council." (Quotation from a well-known African doctor)*

## **Facts on reproductive health**

### **I. Global**

One woman dies each minute from pregnancy related causes.

13 women suffer each minute from severe complications.

About 200,000 maternal deaths per year result from the lack or failure of contraceptive services.

At least 75 million of the 175 million pregnancies each year are unwanted, resulting in 45 million abortions and 30 million live births.

There are approximately 100 abortions per minute of which 40 are performed in unsafe conditions by people who are not medically trained.

70,000 women die each year from unsafe abortion.

Almost half of all deliveries in developing countries take place without a trained medical attendant present.

Over 350 million couples lack access to a range of family planning services.

Approximately 126 million women would use such services immediately if they were available, and affordable.

1 million women each year die as the result of reproductive tract infections including sexually transmitted infections not related to HIV/AIDS.

HIV infects ten people per minute; half are 24 years of age or younger.

Rape and other forms of sexual violence are increasing including in Europe.

Domestic violence is a leading cause of suicide among younger women.

Over 100 million women who would otherwise be alive are missing as a result of sex selective abortion, infanticide and neglect.

2 million girls between 5 and 15 are introduced into the commercial sex market each year,

many against their will in a situation of virtual slavery.

Approximately 130 million women have been the victims of female genital cutting or mutilation with another 2 million at risk every year.

There are some 2 million women living with obstetric fistula, a horrible condition resulting from problem pregnancies, primarily afflicting young women whose birth canals are underdeveloped and who do not have access to emergency obstetric care. The baby cannot pass through the birth canal and is frequently stillborn. After days of labour, the women are left with a torn bladder or intestine or both, leaving them unable to control bodily functions. They are often social outcasts, disowned by their families and left to beg for a living. As a comparison, the last fistula hospital in the United States closed in 1886.

## **II. Selected data**

In the developing world, reproductive problems are the number one cause of death and disability for women in their reproductive years.

In Afghanistan half of all deaths of women between 15 and 50 are from pregnancy related causes.

A woman in sub-Saharan Africa has a 150 times higher lifetime risk of dying in pregnancy than her European sisters.

In Denmark one woman dies from material causes every 4 months but in Afghanistan, every 26 minutes.

(The data are from the Statement by Stirling Scrooges, Director of Information External Relations and Resource Mobilisation of the United Nations Population Fund (UNFPA), given at the Hearing of the Committee on Foreign Affairs, Human Rights Common Security and Defence Policy of the European Parliament on Reproductive Health as a Human Right on 2 December 2003).

	<b>TOTAL POPULATION (millions) 2003</b>	<b>PROJECTED POPULATION (millions) 2050</b>	<b>AVERAGE POPULATION GROWTH RATE (%) 2000-2005</b>	<b>% URBAN POPULATIONS 2001</b>
<b>WORLD TOTAL</b>	6,031.5	8,918.7	1.2	48
<b>MORE DEVELOPED REGIONS</b>	1,203.3	1,219.7	0.2	76
<b>LESS DEVELOPED REGIONS</b>	5,098.2	7,699.1	1.5	41
<b>LEAST DEVELOPED COUNTRIES</b>	718.1	1,674.5	2.4	26
<b>AFRICA</b>	850.6	1,803.3	2.2	38
<b>EAST AFRICA</b>	270.3	614.5	2.2	25
<i>Ethiopia</i>	70.7	171.0	2.5	16
<i>Kenya</i>	32.0	44.0	1.5	34
<i>Mozambique</i>	18.9	31.3	1.8	33
<b>MIDDLE AFRICA</b>	100.6	266.3	2.7	36
<i>Angola</i>	13.6	43.1	3.2	35
<b>NORTHERN AFRICA</b>	183.6	306.0	1.9	49
<i>Egypt</i>	71.9	127.4	2.0	43
<b>SOUTHERN AFRICA</b>	51.7	46.6	0.6	55
<i>Botswana</i>	1.8	1.4	0.9	49
<i>Swaziland</i>	1.1	0.9	0.8	27
<b>WEST AFRICA</b>	244.4	569.9	2.6	40
<i>Niger</i>	12.0	53.0	3.6	21
<i>Sierra Leone</i>	5.0	10.3	3.8	37
<b>ASIA</b>	3,823.4	5,222.1	1.3	38
<b>EASTERN ASIA</b>	1,512.3	1,590.1	0.7	43
<i>China</i>	1,304.2	1,395.2	0.7	37
<b>SOUTH-EASTERN ASIA</b>	543.2	767.2	1.4	38
<i>Cambodia</i>	14.1	29.6	2.4	18
<b>SOUTH CENTRAL ASIA</b>	1,563.2	2,463.9	1.7	30
<i>India</i>	1,065.5	1,531.4	1.5	28
<b>WESTERN ASIA</b>	204.7	400.8	2.1	65
<b>EUROPE</b>	726.3	631.9	-0.1	74
<i>Germany</i>	82.5	79.1	0.1	88
<i>France</i>	60.1	64.2	0.5	76
<b>LATIN AMERICA AND CARRIBEAN</b>	543.2	767.7	1.4	76
<i>Haiti</i>	8.3	12.4	1.3	36
<b>CENTRAL AMERICA</b>	142.3	211.8	1.7	69
<b>SOUTH AMERICA</b>	362.3	510.1	1.4	80
<i>Brazil</i>	178.5	233.1	1.2	82

* Figures quoted from from UNFPA World Population Report 2003, p. 74	UNDER 5 MORTALITY M/F	Infant mortality: total per 1000 live births	Materna l mortalit y rate	Life expectancy M/F	HIV prevalence rate (%) (15- 24 M/F)
<b>WORLD TOTAL</b>	81/81	56	386	63.3/67.6	
<b>MORE DEVELOPED REGIONS</b>	10/9	8		72.1/79.4	
<b>LESS DEVELOPED REGIONS</b>	89/89	61		61.7/65.1	
<b>LEAST DEVELOPED COUNTRIES</b>	165/156	97		48.8/50.5	
<b>AFRICA</b>	154/143	89		47.9/50.0	
<b>EAST AFRICA</b>	171/156	97		42.4/43.8	
<i>Ethiopia</i>	181/165	100	1,193	44.6/46.3	4.40/7.80
<i>Kenya</i>	125/110	69	1,564	43.5/45.6	6.00/15.55
<i>Mozambique</i>	223/207	122	936	36.6/39.6	6.10/14.70
<b>MIDDLE AFRICA</b>	218/196	116		41.6/43.8	
<i>Angola</i>	259/234	140	820	38.8/41.5	2.20/5.70
<b>NORTHERN AFRICA</b>	70/61	49		64.5/68.2	
<i>Egypt</i>	52/44	41	84	66.7/71.0	
<b>SOUTHERN AFRICA</b>	93/83	52		43.9/49.1	
<i>Botswana</i>	108/100	57	275	38.9/40.5	16.10/37.50
<i>Swaziland</i>	155/138	78	380	33.3/35.4	15.25/39.50
<b>WEST AFRICA</b>	153/148	90		49.0/50.3	
<i>Niger</i>	207/213	126		45.9/46.5	
<i>Sierra Leone</i>	321/293	177	1,297	33.1/35.5	2.05/5.90
<b>ASIA</b>	68/73	53		65.5/69.0	
<b>EASTERN ASIA</b>	36/44	34		69.7/74.7	
<i>China</i>	39/47	37	56	68.9/73.3	0.16/0.09
<b>SOUTH-EASTERN ASIA</b>	61/49	41		64.4/69.1	
<i>Cambodia</i>	115/99	73	404	55.2/59.5	0.00/2.50
<b>SOUTH CENTRAL ASIA</b>	89/98	68		62.5/63.9	
<i>India</i>	78/90	64	540	63.2/64.6	0.34/0.71
<b>WESTERN ASIA</b>	60/53	44		67.1/73.3	
<b>EUROPE</b>	12/10	9		70.1/78.2	
<i>Germany</i>	6/6	5	11	75.2/81.2	0.10/0.05
<i>France</i>	6/6	5	22	75.2/82.8	0.26/0.18
<b>LATIN AMERICA AND CARRIBEAN</b>	45/36	32		67.1/73.9	
<i>Haiti</i>	119/104	63	661	49.0/50.0	4.05/4.95
<b>CENTRAL AMERICA</b>	41/34	30		69.5/75.4	
<b>SOUTH AMERICA</b>	45/35	32		66.5/73.9	
<i>Brazil</i>	52/39	38	277	64.0/72.6	0.64/0.48

\* Figures quoted from from UNFPA World Population Report 2003

	Health expenditures, public (% of GDP)*	Health expenditure per capita (public and private) \$ 1997-2000**
<b>LOW INCOME</b>	4.3	21
<b>MIDDLE INCOME</b>	5.9	116
<b>HIGH INCOME</b>	10.2	2,736
<b>AFRICA</b>		
<b><i>EAST AFRICA</i></b>		
<i>Ethiopia</i>	4.7	5
<i>Kenya</i>	2.7	28
<i>Mozambique</i>	1.3	9
<b><i>MIDDLE AFRICA</i></b>		
<i>Angola</i>	2.0	24
<b><i>NORTHERN AFRICA</i></b>		
<i>Egypt</i>	1.2	51
<b><i>SOUTHERN AFRICA</i></b>		
<i>Botswana</i>	3.8	191
<i>Swaziland</i>	3.0	56
<b><i>WEST AFRICA</i></b>		
<i>Niger</i>	1.8	5
<i>Sierra Leone</i>	2.6	6
<b>ASIA</b>		
<b><i>EASTERN ASIA</i></b>		
<i>China</i>	3.1	45
<b><i>SOUTH-EASTERN ASIA</i></b>		
<i>Cambodia</i>	2.0	19
<b><i>SOUTH CENTRAL ASIA</i></b>		
<i>India</i>	7.5	23
<b><i>WESTERN ASIA</i></b>		
<b>EUROPE</b>		
<i>Germany</i>	0.8	2,422
<i>France</i>	5.0	2,057
<b>LATIN AMERICA AND CARRIBEAN</b>		
<i>Haiti</i>	4.2	21
<b>CENTRAL AMERICA</b>		
<b>SOUTH AMERICA</b>		
<i>Brazil</i>	3.4	267

\*Figures quoted from UNFPA World Population Report 2003, p. 74

\*\*Figures quoted from The World Bank's report on World Development Indicators 2003, p 92

	Physicians per 1000 people*		Hospital beds per 1000 people*	
	1980	1995-2000	1980	1995-2000
<b>LOW INCOME</b>	0.5		1.7	
<b>MIDDLE INCOME</b>	1.2	1.9	3.4	3.3
<b>HIGH INCOME</b>	1.9	3.0	8.6	7.4
<b>AFRICA</b>				
<b><i>EAST AFRICA</i></b>				
<i>Ethiopia</i>	0.0		0.3	
<i>Kenya</i>		0.1		
<i>Mozambique</i>	0.0		1.1	
<b><i>MIDDLE AFRICA</i></b>				
<i>Angola</i>		0.1		
<b><i>NORTHERN AFRICA</i></b>				
<i>Egypt</i>	1.1	1.6	2.0	2.1
<b><i>SOUTHERN AFRICA</i></b>				
<i>Botswana</i>	0.1		2.4	
<i>Swaziland</i>		0.2		
<b><i>WEST AFRICA</i></b>				
<i>Niger</i>		0.0	0.9	
<i>Sierra Leone</i>	0.1	0.1	1.2	
<b>ASIA</b>				
<b><i>EASTERN ASIA</i></b>				
<i>China</i>	0.9	1.7	2.0	2.4
<b><i>SOUTH-EASTERN ASIA</i></b>				
<i>Cambodia</i>		0.3		
<b><i>SOUTH CENTRAL ASIA</i></b>				
<i>India</i>	0.4		0.8	
<b><i>WESTERN ASIA</i></b>				
<b>EUROPE</b>				
<i>Germany</i>	2.3	3.6	3.6	11.5
<i>France</i>	2.0	3.0	11.1	8.2
<b>LATIN AMERICA AND CARRIBEAN</b>				
<i>Haiti</i>		0.2	0.7	0.7
<b>CENTRAL AMERICA</b>				
<b>SOUTH AMERICA</b>				
<i>Brazil</i>		1.3		3.1

\*\* Figures quoted from The World Bank's report on World Development Indicators 2003, p. 94

## **OPINION OF THE COMMITTEE ON WOMEN'S RIGHTS AND EQUAL OPPORTUNITIES**

for the Committee on Development and Cooperation

on population and development: 10 years after the UN Conference in Cairo  
(2003/2133(INI))

Draftsperson: Geneviève Fraisse

### **PROCEDURE**

The Committee on Women's Rights and Equal Opportunities appointed Geneviève Fraisse draftsperson at its meeting of 2 October 2003.

It considered the draft opinion at its meetings of 27 November and 4 December 2003.

At the latter/last meeting it adopted the following suggestions unopposed, with 3 abstentions.

The following were present for the vote: Anna Karamanou, chair; Jillian Evans, vice-chair; Geneviève Fraisse, draftsperson; Konstantinos Alyssandrakis (for Armonia Bordes pursuant to Rule 153(2)), Regina Bastos, Lone Dybkjær, Fiorella Ghilardotti, Koldo Gorostiaga Atxalandabaso, Lissy Gröner, Rodi Kratsa-Tsagaropoulou, Thomas Mann, Maria Martens, Ria G.H.C. Oomen-Ruijten (for Sabine Zissener), Elena Ornella Paciotti, Christa Prets, Patsy Sørensen, María Sornosa Martínez (for Elena Valenciano Martínez-Orozco) and Helena Torres Marques.



## SUGGESTIONS

The Committee on Women's Rights and Equal Opportunities calls on the Committee on Development and Cooperation, as the committee responsible, to incorporate the following suggestions in its motion for a resolution:

- having regard to the Programme of Action adopted at the International Conference on Population and Development in Cairo in 1994, and to the key actions for the further implementation of the Cairo programme adopted at the Cairo +5 Conference in 1999,
  - having regard to the goals of reducing poverty and maternal and infant mortality, promoting gender equality and ensuring universal primary education by 2015, set at the Millennium Summit, recognising that education of women is a prerequisite for reducing poverty,
  - having regard to the Beijing Declaration and Platform for Action adopted in 1995 at the Fourth World Conference on Women,
  - having regard to the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) adopted by the UN General Assembly in 1979 and ratified by the EU Member States,
  - having regard to the work of the Vienna Conference on Human Rights (1993), which affirmed the human rights of women and condemned the violation of these rights in the name of culture or tradition,
  - having regard to its resolution of 4 July 1996 on the follow-up to the Cairo International Conference,
  - having regard to its resolution of 3 July 2002 on sexual and reproductive health and rights,
  - having regard to Regulation (EC) No 1567/2003 of the European Parliament and of the Council of 15 July 2003 on aid for policies and actions on reproductive and sexual health and rights in developing countries,
- A. whereas 57 % of children who do not attend primary schools are girls; whereas 70 % of people living below the poverty line are women; whereas a great number of women are affected by HIV/Aids; and whereas especially girls between 15 and 20 are at great risk,
- B. whereas 350 million women have no access to contraceptives, merely because of a huge annual shortfall in condoms; whereas early pregnancy affects 14 million adolescents; whereas 500 000 women die each year from pregnancy-related causes; and whereas 14 % of maternal deaths are due to abortions performed under dangerous conditions,

- C. whereas the sexual and reproductive rights of women recognised in Cairo are still not respected in all countries; whereas gender inequality remains a barrier to development of countries and to the realisation of sexual and reproductive rights,
- D. whereas the recognition and importance of male responsibilities are undeniable,
1. Acknowledges that both gender equality and sexual and reproductive rights and health are mainstream in development and key to poverty reduction;
  2. Stresses the importance of increasing access for women to education, economic independence and decision-making, these being essential rights and necessary conditions for development, thus reducing gender inequality and poverty by the empowerment of women;
  3. Stresses that violence against women constitutes a violation of the most elementary human rights and an obstacle to the freedom of women and to their chance of leading responsible, involved lives, and calls for measures against violence based on sex to be included among the priorities for governmental action;
  4. Calls on the Member States to put pressure on those countries where genital mutilation of women exists to undertake the legal, administrative, judicial and preventive measures necessary to end this practice;
  5. Stresses the need to enable women, men and adolescents to have access to a comprehensive range of quality, safe, accessible, affordable and reliable reproductive and sexual health care services, supplies, education and information, including information about all kinds of family planning methods;
  6. Calls on the countries to guarantee accessibility for women to health and family planning services and calls on those services to respect the rights and the autonomy of women;
  7. Calls for the provision of specific information for adolescents and young people which is appropriate to their age, abilities and circumstances;
  8. Stresses the importance of meaningful and active youth participation in projects, programmes and policy affecting young people's lives;
  9. Underlines that abortion should not be promoted as a method of birth control and calls for abortion to be made legal, safe and accessible in order to protect women's health and reproductive rights;
  10. Calls on the governments of the Member States and applicant countries to refrain from prosecuting women who have undergone illegal abortions;
  11. Considers that international aid should help to ensure the continued existence of national public health systems in order to guarantee access for all populations, and particularly women and young people, to sexual and reproductive health care;

12. Expresses its grave concern at the impact of the Mexico City Policy on international family planning and contraceptive services, and calls on the European Union to compensate the loss of funding for the UN agencies and NGOs affected;
13. Calls on the European Union and Member States to support research efforts to enable means of protection against STDs and HIV/AIDS and ways of preventing unwanted pregnancies that women can control to be developed;
14. Calls on the European Union, The Member States and the applicant countries to promote women's rights and to adopt an integrated approach including gender, population, and sexual and reproductive health issues in the framework of their cooperation measures and support measures for the fight against HIV/Aids;
15. Calls on the Commission to draw up a framework agreement that will speed up the implementation of the Cairo objectives by 2015, and to coordinate financial cooperation between the European Union, the Member States and other institutional sponsors, reversing the shortfall in meeting the agreed global resources targets for population and reproductive health programmes, including HIV/Aids;
16. Takes the view that raising the awareness of Commission delegation staff to the Cairo objectives and training them in gender issues would help the health and population objectives to be achieved more quickly;
17. Calls on the European Union to publish an overview of initiatives implemented to date, and on the Member States to fulfil their obligations of 0.7 % GNP for ODA and to reiterate their commitment to Cairo objectives during the 37th Session of the UN Commission on Population and Development in New York in March 2004;
18. Proposes that particular attention be paid to gender equality and to sexual and reproductive rights in its future annual reports on human rights in the world and within the European Union.