

P5_TA(2004)0154

Population and development

European Parliament resolution on population and development: 10 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 Goals 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 World Summit 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 2004 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 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 countries¹,
- having regard to Regulation (EC) No 1568/2003 of the European Parliament and of the Council of 15 July 2003 on aid to fight poverty diseases (HIV/AIDS, tuberculosis and malaria) in developing countries²,
- having regard to Article 25(1)(c) and (d) and Article 31 of the ACP-EU Partnership Agreement signed in Cotonou in June 2000³,
- having regard to its resolution of 4 July 1996 on the follow-up to the Cairo International Conference on Population and Development⁴,
- 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 Togo⁵,
- 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, Nigeria⁶,
- having regard to its resolution of 18 May 2000 on the follow-up to the Beijing Action Platform⁷,
- 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, Belgium⁸,

¹ OJ L 224, 6.9.2003, p. 1.

² OJ L 224, 6.9.2003, p. 7.

³ OJ L 317, 15.12.2000, p. 3.

⁴ OJ C 211, 22.7.1996, p. 31.

⁵ OJ C 96, 30.3.1998, p. 19.

⁶ OJ C 263, 13.9.2000, p. 41.

⁷ OJ C 59, 23.2.2001, p. 258.

⁸ OJ C 64, 28.2.2001, p. 49.

- 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, Gabon¹,
- having regard to the resolutions on HIV/AIDS, adopted by the ACP-EU Joint Parliamentary Assembly on 23 March 2000 in Abuja, Nigeria², and on 1 November 2001 in Brussels, Belgium³,
- 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, Belgium⁴,
- 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 countries⁵,
- 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 Africa⁶,
- 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 cooperation⁷,
- having regard to its resolution of 20 September 2001 on female genital mutilation⁸ and to its resolution of 3 July 2002 on sexual and reproductive health and rights⁹,
- having regard to its position of 13 February 2003 on the proposal for a European Parliament and Council regulation on aid for policies and actions on reproductive and sexual health and rights in developing countries¹⁰,
- having regard to the resolution on children's rights and child soldiers in particular, adopted by the ACP-EU Joint Parliamentary Assembly on 15 October 2003 in Rome, Italy¹¹,
- having regard to the resolution adopted by the HIV/Aids Conference hosted by the Irish Council Presidency in Dublin from 23-24 February 2004,

¹ OJ C 265, 20.9.2001, p. 24.

² OJ C 263, 13.9.2000, p. 44.

³ OJ C 78, 2.4.2002, p. 66.

⁴ OJ C 78, 2.4.2002, p. 64.

⁵ OJ C 284 E, 21.11.2002, p. 337.

⁶ OJ C 231, 27.9.2002, p. 57.

⁷ OJ C 131 E, 5.6.2003, p. 153.

⁸ OJ C 77 E, 28.3.2002, p. 126.

⁹ OJ C 271 E, 12.11.2003, p. 369.

¹⁰ OJ C 43 E, 19.2.2004, p. 342.

¹¹ OJ C 26, 29.1.2004, p. 17.

- 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 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 enjoy 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 and the timing of the parenthood and to have access to information on family planning, education on prevention and the means to do so¹,
 - 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 2015'²,
 - G. whereas the implementation of the Programme of Action so as to attain the Millennium Development Goals is also essential for the purposes of guaranteeing reproductive health, since three of the Millennium Development Goals are directly connected with reproductive health (reducing child mortality rates, improving maternal health and combating HIV/AIDS, malaria and other diseases); whereas the links between action to combat poverty, women's access to education and training, and sexual and reproductive health are broadly recognised and investment in those areas is particularly beneficial,
 - 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

¹ Cairo Programme of Action, principle 8.

² Cairo Programme of Action, Chapter 7.6.

undertaken to provide under the Cairo Programme of Action, while the developing countries contributed as much as 76%,

- I. whereas not all the donor countries 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 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 worldwide can afford contraception, leading to an increase in unwanted pregnancies – and consequently abortions, 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 the fact that pregnancy remains a major cause of death or disabilities in women of developing countries,
- S. reaffirming, in conformity with the Programme of Action, that the family is the basic unit of society and is entitled to comprehensive protection and support,
- T. whereas fewer than 1% of women in the countries most seriously affected by HIV have access to services for the prevention of transmission of that virus from mother to child, and 3.2 million children under the age of 15 are infected with HIV, and 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,
- U. whereas, currently, 1 000 000 000 young people are entering the reproductive phase of their lives,
- V. concerned that numerous HIV/AIDS infections are caused by the use of dirty needles since, according to WHO statistics, 75% of all injections worldwide involve the use of needles that are not sterile, and aware that, in seven Chinese provinces, an estimated 370 000 people have become infected with HIV because of poor hygiene when they were donating blood,
- W. having regard to the alarming spread of sexually transmitted diseases including HIV/AIDS, necessitating the full integration of programmes for the prevention of sexually transmitted infections/HIV within sexual and reproductive health programmes,
- X. 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,
- Y. 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,
- Z. 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 the United Nations Population Fund (UNFPA) and for NGOs active in this field from 2002 onwards; applauding in this respect the Commission's initiative of compensating for the loss in funding,

- AA. welcoming the contribution, often made with considerable difficulty, of the organisations responsible, such as UNFPA, 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 services, offering the possibility of choice and preventing avoidable deaths among women in the prime of their lives,
- AB. 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,
- AC. whereas the costs and social consequences of failing adequately to meet the reproductive health needs 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,
- AD. 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, and also private enterprises, especially in its country strategy documents,
- AE. whereas the media have a particularly important role to play in consciousness-shaping and imparting information,
1. Calls for 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 (ICPD) 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 the remaining challenges for the implementation of the ICPD Programme of Action, and congratulates the 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 given by them 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, both 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 Mexico City Policy 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. Calls on the European Union and the developing countries, in particular the ACP countries, to pay particular attention to the distress of a large number of women - especially young women - in rural areas in the developing countries who suffer from vaginal fistula (an estimated 0.3% of all pregnancies), and to do everything possible to prevent this disease and ensure proper treatment;
11. 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;
12. Calls on states to refrain from prosecuting women who have had an illegal abortion;
13. 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;
14. 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;
15. Considers it appropriate to make budgetary assistance for healthcare available to developing countries, but insists that steps be taken to ensure that this aid is used also to maintain or restore reproductive health;
16. 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;

17. 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;
18. 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;
19. Calls on the 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;
20. Considers it necessary to raise the awareness of members of Commission delegations 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;
21. Expects the WHO and all others responsible in this field to ensure that every conceivable 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;
22. Calls on the European Union and its Member States, and governments and institutions in the developing countries, to undertake, in cooperation with those countries, widespread information and advice campaigns, as well as other appropriate measures, in developing countries with the following objectives:
 - the provision of 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,
 - the fight against sexual exploitation and repression and/or support for victims of sexual exploitation and repression,
 - emphasis on the fact that every person is worthy of respect, whatever that person's 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 integrated services to prevent the transmission of diseases from mother to child,
 - facilitation of medically safe abortions,
 - provision of the information required to ensure safe pregnancy and motherhood;

23. 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;
24. Calls on the European Union, its Member States, the accession countries and the ACP countries to involve civil society organisations, including private enterprises, and particularly the media, in attaining their objectives;
25. Calls on the developing countries to make available funds which they have earmarked for health care;
26. Stresses that access to contraceptives, particularly condoms, must be significantly improved, above all for the poorest strata of society in the poorest countries;
27. 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; to this end, calls on them to incorporate in their policies the objectives and instruments mentioned in the 'Cairo Declaration' adopted by the governments and NGOs taking part in the 2003 Cairo Conference, held in the context of the international campaign 'STOPFGM!' (an international campaign to eradicate female genital mutilation);
28. Welcomes the fact that fifteen African states have made genital mutilation of girls and women illegal, thereby ultimately contributing to the reproductive health of women by preventing dangerous infections and complications in pregnancy and childbirth; calls on those African states where genital mutilation is still practised likewise to take legislative steps to prohibit it, and in particular calls on the African States to ratify as soon as possible the "Additional Protocol to the African Charter on Human and Peoples' Rights and the Rights of Women in Africa" (Maputo Protocol) adopted in July 2003 by the Assembly of the African Union in the capital of Mozambique, which provides for the prohibition and condemnation of all harmful practices which violate respect for women's rights, and calls on the governments to adopt all legislative, information and educational measures needed to ensure an end to this practice; in particular calls for all the initiatives in this context to be encouraged and supported;
29. Calls on the Commission to work with developing countries to tackle and prevent fistula problems at childbirth among girls and young women, particularly in relation to early marriage;
30. Propose to give particular attention to gender equality and reproductive rights in its future annual reports on human rights in the world and in the European Union;
31. 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).