



Recommendation 1903 (2010)¹

Final version

Fifteen years since the International Conference on Population and Development Programme of Action

Parliamentary Assembly

1. At the 1994 International Conference on Population and Development (ICPD) in Cairo, 179 countries agreed that population and development are inextricably linked and that empowering women and meeting individuals' and couples' needs on education and health, including reproductive health, were necessary for both individual advancement and international development. The conference adopted the 20-year Programme of Action, which focused on individuals' needs and rights rather than on achieving demographic targets. This programme of action accepted 15 basic principles that were already internationally recognised as central to an inclusive and rights-based approach to development.

2. Advancing gender equality, eliminating violence against women and ensuring women's ability to control their own fertility were acknowledged as cornerstones of population and development policies. The ICPD goals centred on providing universal education; reducing infant, child and maternal mortality; universal access by 2015 to reproductive health care, which includes family planning, assisted childbirth and the prevention of sexually transmitted infections (STIs) including HIV/Aids.

3. The Parliamentary Assembly notes that while some progress has been made, achievements on education enrolment, gender equity and equality, infant, child and maternal mortality and morbidity as well as the provision of universal access to sexual and reproductive health services, including family planning and safe abortion services, remain mixed. Currently 113 countries have not reached the goals on gender equity and equality in primary and secondary education. In 2007 an estimated 137 million women did not have access to family planning, and more than 500 000 women die every year from pregnancy-related causes, 99% of them in developing countries.

4. Furthermore, violence against women – particularly domestic violence and rape – is widespread, and rising numbers of women are at risk from Aids and other STIs as a result of high-risk sexual behaviour on the part of their partners. In a number of countries, harmful practices meant to control women's sexuality lead to great suffering. Among them is the practice of female genital mutilation, which is a violation of basic rights and a major lifelong risk to women's health.

5. The Assembly draws attention to the fact that Europe is the world's largest donor of official development assistance (ODA). In fact, European states' ODA accounts for almost 70% of the total global population assistance. It is of concern that global ODA declined in 2007 for the second consecutive year.

6. The Assembly further notes with concern that even within Council of Europe member states, a large proportion of individuals and couples, particularly in central and eastern European countries, do not have access to comprehensive sexual and reproductive health information, education and services. Member states need to prepare and/or review and update national as well as international population and development policies and strategies to ensure universal access to comprehensive sexual and reproductive health services

1. *Assembly debate* on 29 January 2010 (9th Sitting) (see [Doc. 11992](#), report of the Social, Health and Family Affairs Committee, rapporteur: Mrs McCafferty; and [Doc. 12053](#), opinion of the Committee on Migration, Refugees and Population, rapporteur: Mr Agius). *Text adopted by the Assembly* on 29 January 2010 (9th Sitting).



with particular attention to ensuring access to affordable, acceptable and appropriate family planning methods, skilled birth attendants and obstetric emergency care to prevent unwanted pregnancies, abortions, STIs and maternal ill health and death.

7. The Assembly urges Council of Europe member states to compare progress made on sexual and reproductive health and rights policies and funding in the run-up to the 15th anniversary of the ICPD Programme of Action and agree on priority actions to ensure its full implementation by 2015.

8. The Assembly calls on the Committee of Ministers to:

8.1. review, update and compare Council of Europe members states' national and international population and sexual and reproductive health and rights policies and strategies;

8.2. review and compare funding to ensure the full implementation of the ICPD Programme of Action by 2015.

9. In particular, the Assembly asks the Committee of Ministers to address the challenges of:

9.1. maternal mortality and morbidity, with a particular emphasis on reducing unsafe abortions, by:

9.1.1. ensuring universal access to comprehensive sexual and reproductive health and rights information, education and services, with an emphasis on the provision of a variety of modern methods of family planning and counselling, skilled birth attendants and access to gynaecological and obstetric emergency care;

9.1.2. ensuring that the specific needs of vulnerable populations, including migrants, minorities and rural populations are met, with attention to the provision of free sexual and reproductive health and rights services;

9.2. age-appropriate, gender-sensitive sexuality and relationship information and education in schools, by ensuring that all schoolchildren receive such information and education to prevent sexual coercion, STIs, unplanned pregnancies and subsequent abortions;

9.3. demographics by:

9.3.1. improving access to reproductive health supplies, with a particular emphasis on the provision of a variety of family planning methods to suit different populations;

9.3.2. improving maternity pay and leave, access to childcare, flexible working hours for parents returning to work as relevant to countries' development;

9.3.3. improving access to infertility treatment as relevant to countries' population and development;

9.4. migration by:

9.4.1. integrating migration (and its positive aspects) into development policy and domestic legislation and ensuring the necessary budgetary allocation is made to guarantee the rights of migrant women to education, employment, health and social services;

9.4.2. improving screening of irregular migrants following arrival in order to identify healthcare needs, in particular as regards pregnant women, the young and the elderly;

9.5. the HIV/Aids and STI pandemic by:

9.5.1. developing and improving policies on STIs including HIV/Aids. Policies need to include comprehensive prevention strategies with universal sexuality and relationship information and education, national information campaigns, access to affordable reproductive health supplies and non-judgmental voluntary counselling, testing, treatment and care for infected individuals;

9.5.2. improving screening for reproductive tract cancers to minimise occurrences, with particular reference to preventing cervical cancers, through appropriate access to human papilloma virus (HPV) vaccines;

9.5.3. ensuring free, non-discriminatory access to sexual and reproductive health and rights, as well as other health services, and a healthy environment for irregular migrants who are detained; internally displaced persons (IDPs), in particular for those in collective centres; Roma and related groups, including those living in settlements;

9.5.4. guaranteeing the successful integration of migrants and their families and developing comprehensive integration policies to give migrants every opportunity to participate in and contribute to the life of their host society;

9.6. gender equality and relations by:

9.6.1. ensuring that age-appropriate policies are in place for women and men to access information, education and services needed to achieve good sexual health and equality and exercise their reproductive rights and responsibilities;

9.6.2. ensuring active and open discussions on the need to protect women, young people and children from any abuse, including sexual abuse, exploitation, smuggling, trafficking and violence, including female genital mutilation, supported by educational programmes at both national and community levels. Victims must report violations and governments should establish the necessary conditions and procedures to encourage victims to report violations of their rights. Laws addressing those concerns should be enacted where they do not exist, made explicit, strengthened and enforced, and appropriate rehabilitation services provided;

9.6.3. ensuring that donations to countries for the treatment and prevention of HIV/Aids are increased;

9.7. funding the ICPD Programme of Action by:

– *In European donor countries:*

9.7.1. ensuring that donor governments fulfil their commitment to allocate 0.7% of gross national income for ODA, despite the global economic crisis;

9.7.2. ensuring that donor governments allocate 10% of ODA to population/sexual and reproductive health and rights programmes, reflecting the Parliamentary Statements of Commitments in Ottawa in 2002, Strasbourg in 2004 and Bangkok in 2006;

9.7.3. ensuring that ODA is long term and predictable to better support the consolidation of health planning and health systems with attention to country plans, and that institutional arrangements are in place for its proper and effective distribution;

– *In recipient countries:*

9.7.4. ensuring that recipient countries' health budgets reach an agreed commitment, such as 15% of their annual national budget as agreed by African leaders at the Abuja Summit in 2001;

9.7.5. ensuring that two thirds of recipient countries' population/sexual and reproductive budget comes from the national budget and one third comes from the international donor community in aggregate, as adapted to national needs and capacities;

9.7.6. putting in place a system of "checks and balances" as ODA recipient governments are increasingly empowered by new decision-making modalities regarding this assistance. Civil society and parliaments must take their rightful place in decision making;

9.7.7. encouraging countries to include in their national health plans the new Goal 5, target 2, of the Millennium Development Goals: "Achieving universal access to reproductive health by 2015";

9.7.8. encouraging country ownership with the involvement of government officials, parliamentarians, civil society, the private sector and donors.

10. Based on the progress in the above fields, the Assembly encourages the Committee of Ministers to:

10.1. start developing a European convention on sexual and reproductive health;

10.2. review progress on the full implementation of the ICPD Programme of Action and agree on priority action to achieve universal access to sexual and reproductive health and rights by 2015.