

ICPD +5: Gains for Women Despite Opposition

EXECUTIVE SUMMARY

This briefing paper examines the recently completed five-year review of the 1994 International Conference on Population and Development (ICPD). The mandate of this United Nations review—called ICPD+5—was to assess progress to date in implementing the 20-year ICPD Programme of Action and to articulate strategies for moving forward. The paper concludes that while the review process was fraught with conflict, the document negotiated during the process was an important reaffirmation of the principles agreed to in 1994.

The document negotiated during ICPD+5 lays out specific strategies for dealing with the reproductive and sexual health needs of adolescents. It also outlines crucial steps needed to better address maternal mortality and morbidity, including unsafe abortion, and the impact of the HIV/AIDS pandemic on women and young people. However, some provisions in the document, particularly in the section on reproductive rights and reproductive health, were not as concrete as they could have been due to the efforts of a small minority of delegations opposed to ICPD. In some provisions, references to important advances in contraceptive technology, such as emergency contraception and female-controlled methods, were watered down or deleted. In other cases, stalemates in the negotiations led to the adoption of the exact language agreed to five years ago at ICPD, contributing nothing to the effort to evaluate ICPD and move implementation forward. Nonetheless, the implementation strategies included in the document will promote the efforts of governments, U.N. agencies and non-governmental organizations (NGOs) to advance the reproductive health and rights of women and girls.

INTRODUCTION

The five-year review of the 1994 International Conference on Population and Development and the Programme of Action agreed upon at the conference (collectively referred to as ICPD) culminated on July 2, 1999. On this day, the U.N. General Assembly adopted by consensus an ambitious 106-paragraph document entitled, “Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development” (ICPD+5 Key Actions Document).¹ This document was adopted at the end of a three-day Special Session of the General Assembly, itself the culmination of a lengthy negotiation process aimed at assessing progress on ICPD.

At the ICPD, the international community embraced reproductive rights and health as never before, signaling a paradigm shift from the provision of family planning methods and services alone toward the provision of a broad spectrum of reproductive health services. The ICPD acknowledged individuals’ right to access repro-

ductive health information and choose from a number of related services, as well as reinforced the inextricable link between women's reproductive lives and gender equity, equality, and empowerment. During the five-year review process, governments, U.N. agencies, and NGOs articulated the view that while important progress has been made in the five years since ICPD in the area of reproductive health and rights, much remains to be done. With support from the international community and often in partnership with their governments, women's rights and health NGOs are engaged as never before in translating the ICPD principles into concrete advances in women's lives.

This paper will analyze some of the issues that affected the ICPD+5 process.² It will then examine selected reproductive rights and health issues and how they were treated in the ICPD+5 Key Actions Document.

I. The Process

The five-year review of the ICPD proceeded under the leadership of the U.N. Population Fund (UNFPA), which organized a series of roundtables, technical meetings, and regional meetings beginning in 1998.³ In February 1999 in The Hague, The Netherlands, an NGO forum, a youth forum, a parliamentarians forum, and an inter-governmental forum (the Hague Forum) were convened to provide further input into the five-year review of ICPD. This process was followed by the ICPD+5 Preparatory Committee (PrepCom) which was convened at U.N. headquarters in New York during the Commission on Population and Development in March 1999. The PrepCom was chaired by Ambassador Anwarul Chowdhury, Bangladesh's Permanent Representative to the United Nations. Because the PrepCom did not complete its work on the ICPD+5 Key Actions Document, it resumed in informal consultations in May and again just prior to the General Assembly Special Session in late June 1999. The ICPD+5 process culminated in the General Assembly Special Session, held from June 30 through July 2, 1999, which consisted of 172 statements on the overall review and appraisal of implementation of the ICPD Programme of Action by high-level officials.⁴

Feminist organizations participated in the entire ICPD+5 process to the extent NGOs are permitted to do so under U.N. rules. Health, Empowerment, Rights and Accountability (HERA), a coalition of 24 women from around the world, conferred with women's organizations worldwide regarding the need to form a more formal coalition to strategically and visibly affect the inter-governmental negotiations. HERA formed the ad hoc Women's Coalition for ICPD (the Women's Coalition) prior to the March 1999 Preparatory Committee meeting. By the end of the ICPD+5 process in June 1999, the coalition consisted of more than 100 organizations from every region of the world. The Women's Coalition developed detailed proposals for changes and analysis of the ICPD+5 Key Action Document and conferred with government delegates and U.N. officials concerning their experiences and viewpoints.

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A. THE HAGUE FORUM

The Hague Forum was convened to examine achievements and challenges experienced in implementing ICPD at the country level. It allowed for exchanges of experiences among countries facing similar situations, brought together a wide cross-section of partners working on population and development issues, and provided technical input to the General Assembly Special Session.⁵ Approximately 2,000 participants, including government officials, representatives of U.N. agencies, and inter-governmental organizations and NGOs attended one or more of the Hague Forum events. The Hague Forum, conducted in a less formal setting than that of most U.N. intergovernmental meetings, culminated in the creation of a non-binding report (the Hague Forum Report) negotiated by the 177 countries represented. The report examined progress made, constraints, and issues, and it proposed actions related to each of five major issues central to ICPD's implementation, including "Enhancing gender equality, equity and the empowerment of women" and "Promoting reproductive health, including family planning and sexual health, and reproductive rights."

The fora that were held in The Hague were useful exercises that contributed to the ICPD+5 review. In some respects, the Hague Forum Report is more blunt and hard-hitting in noting shortcomings, and in some cases prescriptive actions, than the ICPD+5 Key Actions Document. For example, after noting that "[s]taff in many institutions lack the requisite technical capacity to undertake gender analysis and to design, implement and monitor programmes from a gender perspective,"⁶ it states that such a perspective "must be adopted in all policy formulation and implementation processes and in the delivery of services."⁷ In the section dealing with constraints in the provision of reproductive rights, the Hague Forum Report states that "[a]lthough there is general support and increasing understanding of reproductive rights as described in the ICPD Programme of Action, policies do not yet consistently reflect human rights approaches nor is there always sufficient political commitment for developing and implementing such policies. In many countries existing laws and regulations also impede the implementation of the ICPD... in specific areas such as sexuality education and the access of adolescents to reproductive health information and services."⁸ Unfortunately, the Hague Forum Report was non-binding and was viewed by many participants as having relatively little impact on the remainder of the ICPD+5 process.

B. PREPARATORY COMMITTEE MEETINGS AND THE SPECIAL SESSION OF THE GENERAL ASSEMBLY

When the U.N. General Assembly decided in 1998 to convene a special session to review and appraise the implementation of the Programme of Action of the ICPD, it expressly stated that the review would "be undertaken on the basis of and with full respect for the Programme of Action, and that there [would] be no renegotiation of the existing agreements contained therein."⁹ This language proved to be crucial in preventing opponents from undermining the ICPD+5 review process. Unlike the ICPD Programme of Action, the ICPD+5 Key Actions Document was not intended

to be a global consensus agreement to which governments would bind themselves. Nonetheless, NGOs that support the ICPD consensus had hoped that the ICPD+5 process would be a positive reaffirmation of the Programme of Action that would build on the momentum begun in 1994 as well as an action-oriented and constructive examination of its shortfalls and constraints.

The United Nations Commission on Population and Development met in March 1999 and acted as Preparatory Committee (PrepCom) for the Special Session of the General Assembly. After extending its work for an additional day, the PrepCom failed to complete its mandate and was forced to reconvene for three days in May 1999 for informal consultations and for four days in late June, prior to the General Assembly Special Session. Despite that additional time, 16 contentious paragraphs remained outstanding at the close of the PrepCom on June 29, 1999, and had to be negotiated by the Committee of the Whole of the General Assembly throughout the day and late into the night during the first two days of the General Assembly Special Session.

The negotiating process that began at the PrepCom in March 1999 proved to be a frustrating renegotiation of many fundamental decisions previously agreed upon at ICPD. A handful of ultraconservative delegations were determined to derail negotiations of the ICPD+5 Key Actions Document. Many regarded their success in delaying the process as a deliberate effort not only to undermine the implementation of the ICPD itself, but also to create frustration with U.N. processes intended to examine constructively how to improve the lives and well-being of millions.

1. Role and Dynamics of Government Blocs

As they do in other U.N. inter-governmental negotiations, the Group of 77 and China (G-77) and the European Union (EU) each negotiated with other governments as a unified bloc. Guyana chaired the G-77 and Germany chaired the EU during the period encompassed by the ICPD+5 PrepCom. The 133 governments comprising the G-77 sought to agree on common positions on each paragraph under discussion prior to negotiating with other governments. This unified stance proved to be difficult to maintain in the context of the ICPD+5 negotiations, especially in matters related to reproductive rights and health because of the range of views and experiences within the G-77. The European Union, made up of 15 countries, appeared to agree on common positions in a timely fashion.

The G-77 was necessarily a critical voice in these negotiations because it is composed of the low- and middle-income countries where population and development programs are being implemented. Most donor governments—such as Australia, Canada, the countries of the EU, Japan, Norway, and the United States—asserted positions primarily reflecting their role as donors to population and development programs. Although donor countries frequently have issues related to implementation of ICPD within their own borders, negotiations of the ICPD+5 Key Actions Document were permeated by a dynamic of the G-77 countries as “consumers” of population and development programs and the EU and other Northern countries as the “funders” of such programs.

Approximately seven conservative Latin American and North African delega-

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tions and the Holy See sought to obstruct progress on the ICPD+5 negotiations. With the exception of the Holy See, all are members of the G-77. Their frequent interventions proved disruptive to the goal of reaching a consensus. During the PrepCom in March, very few of the G-77 governments with moderate to progressive views on ICPD spoke out to counter the ultraconservative delegations, particularly on gender issues as well as issues of sexual and reproductive health and rights. This may have been because, at this stage in the negotiations, many of the governments comprising the G-77 were represented by diplomats from their U.N. missions in New York rather than by government officials with specific expertise in population, development, and/or reproductive health. Following protocol, the G-77 bloc allowed its chairperson to speak on its behalf. Sometimes, however, the ultraconservative governments within G-77 spoke up separately in an effort to delay the negotiations and further water down the ICPD+5 Key Actions Document.

G-77 delegates from country capitals with greater knowledge and expertise on population and development became more involved in the resumed PrepCom in June. This began to shift the dynamic within the G-77. The weekend prior to the General Assembly Special Session, the G-77 decided not to negotiate together on three remaining contentious issues—adolescent rights, emergency contraception, and abortion. This was a realistic step forward, though it came too late for paragraphs previously whittled down by the moderate-to-conservative positions put forth by the G-77, as tempered by the views articulated by its most conservative members.

2. NGO Participation and Access

The ICPD +5 process did not ensure adequately that NGOs could participate in and access proceedings as true partners of ICPD. For example, at both the Hague Forum and the General Assembly Special Session, strict limits on the number of NGOs permitted to attend were enforced, despite ample space to accommodate greater numbers. Only a very small number of NGOs were permitted to address governments at the Hague Forum, the PrepCom and the General Assembly Special Session. This treatment contrasted sharply with the ICPD Programme of Action's inclusion of a chapter entitled "Partnership with the Non-Governmental Sector." Moreover, the General Assembly resolution on the ICPD+5 process stressed "the need for effective participation of actors of civil society, particularly [NGOs]."¹⁰ Both the Hague Forum Report and the ICPD+5 Key Actions Document echoed the Programme of Action's emphasis on NGOs and included significant sections devoted to partnerships.¹¹ Yet at the conclusion of the ICPD+5 process, approximately 90 NGOs that had actively participated in the process wrote U.N. Secretary General Kofi Annan a letter expressing grave concern about "the extent to which principles of equity, transparency, democracy, full participation of partners, and consensus building, which form the basis of the ICPD Programme of Action, and the U.N. process itself, have been challenged."¹²

Many NGO participants felt marginalized. The vast majority of NGOs present are strong supporters of ICPD and are very much involved in its implementation. Yet they were not treated as "partners" or "collaborators" in the process, but were

made to feel like they were threatening it. Over 150 NGOs were accredited to the General Assembly Special Session and just five were scheduled to address the General Assembly Special Session. The day before the General Assembly Special Session, NGO representatives were suddenly informed that no NGOs would be permitted to speak at the plenary due to time constraints. At the very last minute, three were permitted to speak late in the evening on the last day of the plenary.

Only a limited number of NGO representatives were permitted to attend the plenary sessions at the General Assembly Special Session. Representatives had to line up early prior to each of the three daily plenary sessions to secure one of the special passes that permitted them to sit in the fourth floor balcony of the General Assembly chambers. Despite having passed through metal detectors at entrances to the U.N., NGOs were subject to tight security and were not allowed on the main floors or lower balconies of the General Assembly even though there was ample space during most of the sessions. Indeed, the fourth floor balcony itself—with several hundred seats—was virtually empty save for the NGO representatives who had secured passes.

As has been the case at many recent U.N. conferences and negotiations, a significant number of individuals fundamentally opposed to ICPD's goals attended the various segments of the ICPD+5 process. They represented NGOs—many of them Northern-based, Catholic, fundamentalist Christian, or “family values”-oriented—and many of which have extremely conservative views regarding women's equality and empowerment; adolescent human rights; contraception; abortion; other reproductive health issues; and U.S. participation at the U.N. and international fora.¹³ These “opposition” NGOs appeared to provide lobbying support to the Holy See and other delegations determined to undermine ICPD and the ICPD+5 process. They often attempted to influence delegations that had limited or no involvement in the early phases of ICPD+5, thereby creating confusion about the effect of proposed language and misunderstanding about the process. Some also blatantly disregarded rules established for NGOs regarding lobbying of delegates and direct distribution of documents to delegates on the floor. They circulated numerous “fact” sheets and introduced a newspaper called *Vivant!* for delegates. These publications contained factually inaccurate information regarding emergency contraception and other family planning issues as well as extremist views on the objective of the Cairo+5 process. One guest columnist of *Vivant!* wrote that “there will be no end to this [population-control agenda] until the U.N. world community comes to realize that contraception, abortion and all the other methods of the culture of death can only result in due course in euthanasia and even in the eventual disappearance of human society.”¹⁴

While certainly outnumbered by individuals and organizations supportive of the ICPD+5 process, opposition groups effectively sought to portray themselves as “victims” of a “biased” U.N. system seeking to silence them. Yet they secured a disproportionate number of speaking slots during all phases of the ICPD+5 process whenever NGOs were permitted to formally address delegates. While other NGOs followed rules against handing out their materials on the floor and instead left them on designated tables outside the meeting rooms as required, opposition NGOs were

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observed handing out materials on the floor. When approached by U.N. officials, their leaders engaged in long debates with those officials in what appeared to be an effort to allow their colleagues time to complete their distribution.

PrepCom Chairman Ambassador Anwarul Chowdhury spoke of the “totally transparent” and “participatory nature” of the PrepCom proceedings in his address to the plenary of the General Assembly Special Session.¹⁵ Although most delegations—as well as Ambassador Chowdhury—were generally supportive of the circumscribed role permitted to NGOs within U.N. processes like ICPD+5, a minority of governments used the ICPD+5 process to further a broader agenda opposing NGOs’ status and role in the U.N. system.¹⁶ Indeed, despite the frustrations caused by the ICPD+5 process along the way, NGOs supportive of ICPD were instrumental in ensuring a reasonably successful conclusion of the process and a satisfactory ICPD+5 Key Actions Document. They met with government officials in their capitals to communicate their views, secured representation on some government delegations, and were able to influence their governments’ positions.

II. Assessing the Key Actions Document

Despite the difficult negotiations that led to its creation, the ICPD+5 Key Actions Document represents progress. It sets important benchmarks, establishes linkages among issues needing urgent action, and identifies strategies to better implement the ICPD Programme of Action in its remaining 15 years. During the negotiations, one persistent difficulty arose over how to interpret the General Assembly mandate to “full[y] respect” the ICPD Programme of Action and to not renegotiate its terms. When a disagreement about proposed language occurred, delegations opposed to the success of the ICPD+5 process attacked any words, concepts, or ideas that were not taken verbatim from the ICPD Programme of Action, often leaving supporters with no choice but to use language lifted directly from that document. This reliance on the Programme of Action as a “ceiling” severely limited the ability of the ICPD+5 Key Actions Document to be a true “review and appraisal” as opposed to a restatement of agreed language.¹⁷ Nonetheless, the persistence of progressive delegations, U.N. agencies and NGOs that supported the process resulted in an affirmation of ICPD and set out certain significant prescriptions for doing so more effectively.

The following is a brief summary of selected provisions related to reproductive rights generally and reproductive and sexual health in particular.¹⁸

A. PREAMBLE

Government delegates hotly contested the four opening paragraphs of the Preamble to the ICPD+5 Key Actions Document. They disagreed about whether and how to address human rights; the right to development; reproductive rights; reproductive health; and gender equality, equity, and empowerment. They ultimately agreed to include in the document important affirmations of ICPD principles. In particular, the opening paragraphs stress human rights and women’s empowerment and autonomy, particularly through education, the elimination of discriminatory practices, and by ensuring their reproductive rights.

ICPD+5 Key Actions Document, ¶13. The Programme of Action emphasizes that everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child, and therefore everyone should be provided with the education necessary to meet basic human needs and to exercise human rights. It calls for the elimination of all practices that discriminate against women, and affirms that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility are cornerstones of population and development-related programmes. It affirms that the human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. It further affirms that reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health.... The promotion of the responsible exercise of those rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning.

Paragraph 3 of the ICPD+5 Key Actions Document emphasizes the Programme of Action's principle that "women's ability to control their own fertility [is a] cornerstone[] of population and development-related programmes."¹⁹ An effort by conservative government delegations to include a reference to contraceptive methods "which are not against the law" failed.²⁰ These same delegations also challenged the inclusion of "reproductive rights" within the Preamble, arguing that the concept embodies "new" rights which are not recognized under international law and that it implies a right to abortion "on demand."²¹ Progressive delegations strenuously defended the recognition of women's reproductive rights articulated at the ICPD. Thus, more than half of Paragraph 3 is a verbatim quotation of the first five sentences of Paragraph 7.3 of the ICPD Programme of Action, which defines reproductive rights.

B. Reproductive Rights and Reproductive Health

This section of the ICPD+5 Key Actions Document caused the most contention. Eleven of the 16 paragraphs outstanding at the start of the resumed PrepCom in June 1999 were from this section. Because of the efforts by ultraconservative delegations to impede negotiations of this section, delegates agreed to a "chapeau" to the entire section—unlike in any other section—stating that it is "especially guided by the principles of the Programme of Action."

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ICPD+5 Key Actions Document, ¶152. Governments, in collaboration with civil society, including non-governmental organizations, donors and the United Nations system, should:

...(e) Increase investments designed to improve the quality and availability of sexual and reproductive health services, including establishing and monitoring clear standards of care; ensuring the competence, particularly the technical and communication skills, of service providers; ensuring free, voluntary and informed choices, respect, privacy, confidentiality, and client comfort; establishing fully functioning logistical systems, including efficient procurement of necessary commodities; and ensuring effective referral mechanisms across services and levels of care, taking care that services are offered in conformity with human rights and with ethical and professional standards;

(f) Ensure that sexual and reproductive health programmes, free of any coercion, provide pre-service and in-service training and supervision for all levels of health-care providers to ensure that they maintain high technical standards, including for hygiene; respect the human rights of the people they serve; are knowledgeable and trained to serve clients who have been subjected to harmful practices, such as female genital mutilation and sexual violence; and are able to provide accurate information about the prevention and symptoms of reproductive tract diseases. . .

In the subsection entitled “Reproductive health, including family planning and sexual health,” the document provides that governments, in collaboration with civil society, donors, and the U.N. system, should ensure respect for human rights in all policies and their implementation.²² This section expands upon issues that were touched upon in the ICPD Programme of Action, such as the following: the elimination of coercion and the promotion of voluntary and informed choices in reproductive health; the need for improvements in the competency, training and supervision of all health care providers; and the establishment and monitoring of standards of care.²³

In the sub-section entitled “Ensuring voluntary quality family-planning services,” the U.N. system and donors are encouraged to support governments in providing quality counseling services and ensuring ethical, professional, and technical standards of care²⁴ and in strengthening program management capacity to make services safe, more affordable, more convenient, and accessible.²⁵ The subsection also sets benchmarks for closing the gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families—by 50% by 2005 and by 100% by 2050. Importantly, the same provision notes that demographic goals should not be imposed on family planning providers in the form of targets or quotas for the recruitment of clients.²⁶

In the subsection entitled “Reducing maternal mortality and morbidity,” the most controversial paragraph of the ICPD+5 process—dealing with abortion—was

agreed to on the last night of the final day of the PrepCom's work. This paragraph is discussed separately below. The heated debates over the abortion paragraph overshadowed significant agreements reached on other issues related to maternal mortality and morbidity. This section includes crucial strategies for ensuring the human right to safe motherhood—women's right to be free from preventable complications of pregnancy and childbirth—over and above other ICPD goals. First, with increased participation of the U.N. system, civil society, and donors, governments are urged to prioritize reduction of maternal mortality and morbidity and to ensure that women have access to essential and emergency obstetric care, well-equipped and adequately staffed maternal health care services, skilled attendance and delivery, effective referral and transport to higher levels of care when necessary, post-partum care, and family planning.²⁷ In addition, they are urged to support public health education to create awareness of the risks of pregnancy, labor, and delivery.²⁸

This subsection also includes important benchmarks related to maternal mortality and morbidity designed to ensure more concrete progress in implementing the ICPD Programme of Action. It states that countries should use the proportion of births assisted by skilled attendants as a benchmark. Where maternal mortality is high, at least 40% of all birth should be assisted by skilled attendants in 2005; in 2010, 50%; in 2015, 60%.²⁹

C. Prevention and Treatment of STIs, including HIV/AIDS

Reflecting even higher rates of HIV infection since 1994, especially among women, their babies, and adolescents, this subsection builds upon the ICPD Programme of Action by being specific about implementation measures.

ICPD+5 Key Actions Document, ¶167. Governments, from the highest political levels, should take urgent action to provide education and services to prevent the transmission of all forms of sexually transmitted diseases and HIV and, with the assistance, where appropriate, of UNAIDS, develop and implement national HIV/AIDS policies and action plans, ensure and promote respect for the human rights and dignity of persons living with HIV/AIDS, improve care and support for people living with HIV/AIDS, including support services for home-based care, and take steps to mitigate the impact of the AIDS epidemic by mobilizing all sectors and segments of society to address the social and economic factors contributing to HIV risk and vulnerability. Governments should enact legislation and adopt measures to ensure non-discrimination against people living with HIV/AIDS and vulnerable populations, including women and young people, so that they are not denied the information needed to prevent further transmission and are able to access treatment and care services without fear of stigmatization, discrimination or violence.

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The subsection emphasizes the need to address “[g]ender, age-based and other differences in vulnerability to HIV infection” and the “provision of and access to female and male condoms.”³⁰ It also addresses prevention and treatment for women and the need to “scale up ... education and treatment projects aimed at preventing mother-to-child transmission of HIV.”³¹ It also emphasizes that “[s]ervices should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up”³² and the need for “increased investment in research on the development of microbicides and other female-controlled methods,”³³ all crucial to enabling women to protect themselves and their children from infection. The subsection addresses the need to make anti-retroviral drugs more available to women during and after pregnancy, provide women living with HIV/AIDS with infant-feeding counseling so that they can make free and informed decisions, and strengthen measures to improve the quality, availability, and affordability of care of people living with HIV/AIDS.³⁴ It also includes the following important benchmarks related to young people and HIV/AIDS: by 2005, at least 90%, and by 2010, 95%, of young people aged 15-24 must have access to the information, education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.³⁵

In contrast to other issues related to reproductive rights and health, almost no delegations other than the Holy See actively opposed the provisions in this section. At the start of the resumed PrepCom in June, delegations had agreed to all paragraphs in this subsection, with the exception of one paragraph related to the role of UNAIDS.³⁶ In a statement during the PrepCom in March, the Holy See delegate stated that in the PrepCom meeting, as at previous international conferences, “nothing is to be understood to imply that the Holy See ... has in any way changed its moral position concerning ... the use of condoms in HIV/AIDS prevention programs.”³⁷ Yet while the Holy See initially attempted to remove references to condoms, it later remained silent when the text, which included such references, was adopted.³⁸ Conservative NGOs, some of them closely allied with the Holy See, more actively attacked the promotion of condoms as a means to prevent HIV. The materials they circulated were countered by the World Health Organization and other NGOs, which provided scientific evidence regarding the effectiveness of condoms.

D. Emergency Contraception and Female-Controlled Contraceptive Methods

The final version of the ICPD+5 Key Actions Document does not refer specifically to one of the most significant advances in facilitating women’s control over their fertility and their ability to avoid unwanted pregnancy—emergency contraception. The lone paragraph at the resumed PrepCom containing a reference to emergency contraception was one of the most hotly contested paragraphs in the reproductive rights and reproductive health section. The agreed provision in the subsection entitled “Ensuring voluntary quality family-planning services” that addresses meeting the growing demand for contraceptive methods eliminated all references to emergency contraception, female condoms, and female-controlled contraceptive methods.

ICPD+5 Key Actions Document, ¶157. The United Nations system and donors should, upon request, support Governments in:

(a) Mobilizing and providing sufficient resources to meet the growing demand for access to information, counselling, services and follow-up on the widest possible range of safe, effective, affordable and acceptable family planning and contraceptive methods, including new options and underutilized methods;

A significant number of progressive delegations and NGOs favored including “women-controlled methods such as female condoms, emergency contraception, and under-utilized methods, such as vasectomy and male condoms.” The G-77 and the Holy See were opposed to any such references and also sought to refer to contraceptive methods “which are not against the law.” Both proposals were dropped from the document in the final compromise. Without doubt, the language “new options and underutilized methods” encompasses methods such as emergency contraception and female condoms. Yet opposition to specific inclusion of important new safe and effective options that increase women’s control over their reproductive capacity undermined the final document.

E. Abortion

The only paragraph in the ICPD+5 Key Actions Document that addresses the global scourge of unsafe abortion was the most controversial and was agreed to last. The paragraph was divided into three sub-paragraphs, two of which are verbatim repetitions of ICPD Programme of Action paragraphs 7.24 and 8.25.³⁹ The lone sub-paragraph (paragraph 63 (iii)) that looks squarely at what needs to be done to implement the ICPD’s provision dealing with unsafe abortion effectively was an important victory.

The inclusion of language acknowledging that abortion must be safe *and accessible* to women where it is legal is a critical recognition of how countries can make ICPD’s Paragraph 8.25 meaningful to women. In many countries, there is a disconnect between legal provisions permitting abortion and the accessibility of services for women whose circumstances are within the grounds permitted for terminating a pregnancy.⁴⁰ Closely related to this point is the sub-paragraph’s inclusion of the need for health systems to train and equip health care providers to perform abortions.

A final proposal introduced by Brazil also included language that recommended reviewing laws “containing punitive measures against women who have undergone illegal abortions.” In a disappointing compromise with a minority of conservative delegations, the proposal was not adopted. However, the long debate surrounding the provision dealing with unsafe abortion was encouraging because a large number of countries that unequivocally supported the proposal, including Brazil, still have highly restrictive abortion laws that provide for criminal sanctions against women who undergo illegal abortions. Approximately 48 countries from all

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ICPD+5 Key Actions Document, ¶163. (i) In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public-health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions.

(ii) Governments should take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning, and in all cases provide for the humane treatment and counselling of women who have had recourse to abortion.

(iii) In recognizing and implementing the above, and in circumstances where abortion is not against the law, health systems should train and equip health-service providers and should take other measures to ensure that such abortion is safe and accessible. Additional measures should be taken to safeguard women's health.

regions supported Brazil's proposal, including Bangladesh, Bolivia, Bulgaria, Colombia, Dominican Republic, the members of the European Union, India, Ivory Coast, Latvia, Mexico, Namibia, Paraguay, Peru, the Philippines, Sri Lanka, Thailand, Turkey, the United States, Uruguay, Venezuela and Zambia. The Chilean and Nepalese delegates gave particularly moving interventions supporting Brazil's proposal, noting the tragedy of women imprisoned for abortion in their countries. Argentina, the Holy See, and Nicaragua were the only three delegations that expressed reservations to the final provision at the conclusion of the debate.

F. Adolescent Reproductive Rights

One subsection of the section on Reproductive Rights and Reproductive Health is entitled "Adolescents." This subsection—along with several other paragraphs dealing with adolescents in the section on Population and Development Concerns—was one of the last to be finalized. Five of these paragraphs were included as part of a package of compromise text on the penultimate day of the General Assembly Special Session. Long debates raged between those committed to improving reproductive and sexual health information and services for youth in accordance with the ICPD and a handful of conservative delegations—led by the Holy See—determined to undermine the gains realized at ICPD and to secure greater recognition for "parental rights."

ICPD+5 Key Actions Document, ¶173. Governments, with the full involvement of young people and with the support of the international community, should, as a priority, make every effort to implement the Programme of Action in regard to adolescent sexual and reproductive health, in accordance with paragraphs 7.45 and 7.46 of the Programme of Action, and should:

(a) In order to protect and promote the right of adolescents to the enjoyment of the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education, information, counselling and health promotion strategies. These services should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs and in conformity with relevant existing international agreements and conventions;

(e) With due respect for the rights, duties and responsibilities of parents and in a manner consistent with the evolving capacities of the adolescent, and their right to reproductive health education, information and care, and respecting their cultural values and religious beliefs, ensure that adolescents, both in and out of school, receive the necessary information, including information on prevention, education, counselling and health services to enable them to make responsible and informed choices and decisions regarding their sexual and reproductive health needs, in order to, inter alia, reduce the number of adolescent pregnancies. Sexually active adolescents will require special family planning information, counselling and health services, as well as sexually transmitted diseases and HIV/AIDS prevention and treatment. Those adolescents who become pregnant are at particular risk and will require special support from their families, health-care providers and the community during pregnancy, delivery and early childcare. This support should enable these adolescents to continue their education....

(f) Countries should ensure that programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including for the prevention and treatment of sexually transmitted diseases, HIV/AIDS and sexual violence and abuse. Countries should, in this context, and in the context of paragraph 53 (e) [sic] of the present document, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents.

While the final ICPD+5 Key Actions Document references parental rights, duties, and responsibilities,⁴¹ the references are balanced with important recognition that adolescents who are sexually active have rights to the highest attainable standard of health,⁴² to privacy, confidentiality, education, and informed consent.⁴³ The above-quoted Paragraph 73(e) and (f) are also significant. They contain concrete recommendations by which to enhance adolescent reproductive health. The paragraph's emphasis on removing barriers—both human and legal—to adolescent access is an example of a useful, action-oriented approach that goes beyond the words of the ICPD Programme of Action and seeks to improve the lives and health of adolescents.

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An earlier draft of the ICPD+5 Key Actions Document called for increased resource allocation for promoting and protecting adolescent health and recommended that at least 20% of resources for reproductive health programs be earmarked for meeting adolescents' information and services needs.⁴⁴ This proposed text was adapted from a proposal of the Youth Coalition on ICPD+5⁴⁵ and the Women's Coalition. However, the proposal was not adopted, and the ICPD+5 Key Actions Document has a fairly weak provision calling for the "[U.N.] system and donors [to] complement Governments' efforts to mobilize and provide adequate resources to respond to these needs."⁴⁶

One of the most hotly contested paragraphs related to a proposal originally offered by Mexico at the March PrepCom related to sexual education in school curricula in the subsection entitled "Population, development and education." Delegations disagreed on the scope of such education, the role of parents, the grade levels at which such education should be included, and protection of adolescents from unsafe abortion. A number of delegations, including Brazil, the European Union, Ghana, India, and Switzerland, favored specifying "sexual and reproductive health education." The Holy See, Libya, and Sudan objected and, supported by other delegations, would introduce language that sought to give parents control over whether their children have access to sexual and reproductive health information. Many delegations, including Bolivia, Brazil, Norway, Panama, and the Russian Federation, favored including information on unsafe abortion, but this language was not accepted. The final paragraph on this subject, Paragraph 35, reflects these compromises.

ICPD+5 Key Actions Document, ¶35. Governments, in particular of developing countries, with the assistance of the international community, should:

...(b) Include at all levels, as appropriate, of formal and non-formal schooling, education about population and health issues, including sexual and reproductive health issues, in order to further implement the Programme of Action in terms of promoting the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, protecting them from early and unwanted pregnancy, sexually transmitted diseases including HIV/AIDS, and sexual abuse, incest and violence. Ensure the active involvement and participation of parents, youth, community leaders and organizations for the sustainability, increased coverage and effectiveness of such programmes;

ICPD+5 Key Actions Document, ¶39. Governments should ensure that the human rights of women and girls are respected, protected and promoted through the development, implementation and effective enforcement of gender-sensitive policies and legislation. All Governments are encouraged to sign, ratify and implement the Convention on the Elimination of All Forms of Discrimination against Women and are also encouraged to promote consideration by the Economic and Social Council and General Assembly of the Optional Protocol, and interested States parties are encouraged to work towards removing all existing reservations that are incompatible with the objective and purpose of the Convention. In the implementation of the goals of the Programme of Action and those of other United Nations conferences, measures aimed at promoting and achieving gender equality and equity in a systematic and comprehensive manner should be coordinated and harmonized.

G. Gender Equality, Equity, and Empowerment

The ICPD+5 Key Actions Document contains some important provisions that build on the ICPD Programme of Action. Although some conservative delegations fought the inclusion of references to the human rights of women, including reproductive rights, in the preamble and throughout the document, they were for the most part unsuccessful.

Paragraph 39 was the subject of intense debate related to the inclusion of specific references to ensuring “economic, social and reproductive rights,”⁴⁷ of women and girls. These references were dropped from the final text, which refers more generally to ensuring “that the human rights of women and girls are respected, protected and promoted.” In addition, delegates disagreed over whether and how the Optional Protocol to the U.N. Convention on the Elimination of All Forms of Discrimination Against Women should be referenced. The Optional Protocol was adopted by the U.N. Commission on the Status of Women in March 1999 and, at the time of the ICPD+5 process, it had yet to be adopted by the Economic and Social Committee (ECOSOC) and the General Assembly.⁴⁸ Conservative delegations, particularly those from North Africa, opposed the language “promot[ing] adoption”⁴⁹ of the Optional Protocol by ECOSOC and the General Assembly. Conservative delegations were unsuccessful in deleting reference to “remov[ing] all existing reservations” to the Women’s Convention that are incompatible with its object and purpose.⁵⁰

The negotiations that led to the other paragraphs in the section devoted to gender were less contentious and were resolved prior to the resumed PrepCom in June. In general, there is little in this section that concretely advances the approach to gender equality, equity and empowerment articulated in the ICPD Programme of Action. One exception is that the ICPD+5 Key Actions Document refers to the need for legal reform in several contexts that were not explicitly articulated as actions to be undertaken in the ICPD Programme of Action. First, governments agree to ensure that women’s human rights are “respected, protected and promoted through the development, implementation and effective enforcement of gender-sensitive

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policies and legislation.”⁵¹ It also provides that “[l]egislation ensuring equal pay for work of equal value should be instituted and enforced.”⁵² A paragraph on harmful and discriminatory practices, including violence against women, includes legal reform as a part of an integrated approach to combat such practices.⁵³

ICPD+5 Key Actions Document, ¶49. Governments, parliamentarians, community and religious leaders, family members, media representatives, educators and other relevant groups should actively promote gender equality and equity. These groups should develop and strengthen their strategies to change negative and discriminatory attitudes and practices towards women and the girl child. All leaders at the highest levels of policy- and decision-making should speak out in support of gender equality and equity, including empowerment of women and protection of the girl child and young women.

The ICPD+5 Key Actions Document also takes a strong tone—stronger than that contained in the ICPD Programme of Action—regarding the most heinous and violent forms of gender discrimination. It encourages governments to develop programs and policies that foster “zero tolerance for harmful and discriminatory attitudes, including son preference” and “for all forms of violence against women, including female genital mutilation, rape, incest, trafficking, sexual violence and exploitation.”⁵⁴

The document also acknowledges the need to involve a broad range of societal actors as a key strategy to further the mandate for gender equality, equity, and empowerment set out in the ICPD Programme of Action. Parliamentarians, community and religious leaders, family members, media representatives, educators, and other relevant groups are all included.⁵⁵

Conclusion

As stated by PrepCom Chairman Ambassador Chowdhury in his closing remarks to the General Assembly Special Session, “[t]he process of arriving at a consensus was extraordinarily difficult, but the result was gratifying.”⁵⁶ Indeed, the potential for the ICPD+5 process to build upon the momentum of ICPD was undermined by the conflict and delay that characterized the process. An additional 10 working days were spent on completing the ICPD+5 Key Actions Document. The document has some very positive features, but conservative delegations’ and NGOs’ efforts to create conflict, particularly related to reproductive rights and sexual and reproductive health issues, made it difficult for the document to assess progress and shortfalls in a forthright and constructive way. The handful of conservative delegations that sought to undermine both the process and the document under negotiation actively opposed the consensus reached in 1994 at ICPD (as evidenced by their reservations to ICPD) and merely sought—largely unsuccessfully—to continue their efforts to undermine that consensus.

Many individuals active in implementing ICPD at the country level have witnessed firsthand ICPD's transformational impact on population-related policies and programs. While there is still much to be done, a solid start has been made in more firmly grounding such programs in the human rights, including the reproductive rights, of women and girls. For all those involved in ICPD's implementation, it would be unthinkable to go back to a pre-ICPD world. Fortunately, while the delegations that spoke out in an effort to undermine the five-year review process were vociferous, relatively few conservative delegations—fewer than at ICPD in 1994—did so. As should be the case in inter-governmental negotiations, a consensus emerged in which the large majority of moderate and progressive voices prevailed.

The ICPD+5 Key Actions Document should make possible the adoption of legal, policy, and program reforms needed to further implement ICPD. With respect to reproductive and sexual health and rights, the document contains important provisions recognizing and laying out strategies that address the sexual and reproductive health needs of adolescents. It incorporates crucial steps to reduce maternal mortality and morbidity, in particular by increasing women's access to essential obstetric care and by ensuring that health providers are trained and equipped to provide safe abortion services. It also builds on ICPD's focus on voluntarism and non-coercion in the implementation of family planning services. Regarding the HIV/AIDS pandemic, the document emphasizes the need for targeted prevention and treatment strategies, particularly for women and adolescents, as well as adequate legal and policy measures to eliminate stigma, discrimination, and violence against those living with HIV/AIDS. In sum, the document requires governments to enhance efforts to address the human rights of women and girls as expressed in ICPD, and it incorporates a human rights approach in addressing many issues related to reproductive health.

Difficult negotiations did weaken the final ICPD+5 Key Actions Document. The preamble and the sections on reproductive health and rights and on gender equity, equality, and empowerment frequently fell back on excerpting language on women's rights and reproductive rights directly from ICPD, rather than build on its language and offer concrete ways to promote and protect these rights more effectively. The document's failure to explicitly mention emergency contraception and express a commitment to making it available to women is tragic because of this contraceptive method's potential to reduce the number of unwanted pregnancies and abortions. The ICPD+5 Key Actions Document failed to recognize that unsafe abortion, recognized as a public health issue demanding governments' attention at ICPD, is best dealt with when governments consider revisions of restrictive laws. The refusal of some conservative governments to face the pressing need for adolescent access to reproductive health services and information resulted in some weakening of the provisions addressing adolescents.

The ICPD+5 Key Actions Document should strengthen the ability of governments, donors, and NGOs to ensure the reproductive and sexual health of all individuals around the world in the next 15 years. All actors involved in the development process must increase their political will and their economic commitment to ensuring that the ICPD's ambitious principles and goals become a reality for all individuals worldwide.

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Endnotes

1. *Key Actions for the further implementation of the Programme of Action of the International Conference on Population and Development*, report of the Ad Hoc Committee of the Whole of the Twenty-First Special Session of the General Assembly, New York, 1 July 1999 (UN Doc A/S-21/5/Add.1) [hereinafter ICPD+5 Key Actions Document]. The document can be found at <http://www.unfpa.org/icpd/icpdmain.htm>.
2. This paper does not discuss the various roundtables, technical meetings, and regional meetings related to the five-year review of ICPD+5 that occurred prior to the February 1999 Hague Forum. In addition, the commentary on the negotiations of the ICPD+5 Key Actions Document does not reflect what occurred during “informal/informals” since NGOs were not permitted to attend most such meetings.
3. For final documents from the various meetings, visit the UNFPA website for Cairo+5, at <http://www.unfpa.org/ICPD/ICPD.HTM>.
4. Plenary statements can be found at <http://www.undp.org/popin/unpopcom/32ndsess/gastatements/htm>.
5. Report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the ICPD, Netherlands Congress Centre, The Hague, Netherlands, 8-12 Feb. 1999, ¶3, http://www.unfpa.org/icpd/round&meetings/hague_forum/reports/forumrept.htm (visited Feb. 23, 1999) [hereinafter Hague Forum Report].
6. Hague Forum Report, ¶56(9).
7. *Id.*, ¶58(4).
8. *Id.*, ¶65.
9. G.A. Res. A/RES/52/188, Population and development (4 Feb. 1998), 52nd Sess., on the report of the Second Committee A/52/628/Add.3, <http://www.undp.org/popin/icpd/icpd5/ga5res.htm> (visited July 28, 1999).
10. *Id.*, ¶11.
11. See Hague Forum Report, *supra* note 5, Ch. IX, “Strengthening Partnerships,” ¶¶84-108; ICPD+5 Key Actions Document, *supra* note 1, Ch. V., “Partnerships and collaborations,” ¶¶76-90.
12. Letter to Secretary General Kofi Annan, dated July 2, 1999 (on file with Center for Reproductive Rights).
13. Some of these organizations that were active during this process and at the U.N. generally include the Catholic Family and Human Rights Institute (CAFHRI), Human Life International (HLI), the International Right to Life Federation (IRLF), and R.E.A.L. Women of Canada.
14. “A Veteran Diplomat speaks to the G-77 nations,” in *Vivant! Pro-Family News from the United Nations, Cairo+5 Special Edition*. Vol. 1 No. 6, Tuesday March 30, 1999, at 2-3.
15. Remarks by Ambassador Anwarul Karim Chowdhury, Permanent Representative of Bangladesh to the United Nations and Chairman of the Ad Hoc Committee of the Whole of the special session for review and appraisal of the Programme of Action of ICPD (viewed on UNFPA website, visited August 12, 1999) <http://www.unfpa.org/ICPD/round&meetings/gass/rbychowdhury.htm>.
16. For a useful analysis of NGOs role in the UN system, see THE STANLEY FOUNDATION, THE UNITED NATIONS AND CIVIL SOCIETY: THE ROLE OF NGOs (30th United Nations Issues Conference, 1999).
17. It was indeed encouraging to supporters to see the ICPD Programme of Action being used not merely as a ceiling, but also as a floor. The ICPD+5 process did underscore its acceptance as agreed consensus. However, it should, of course, be noted that opponents were often selective in the language they proposed to replace more action-oriented language in the draft ICPD+5 Key Actions Document—it was frequently the most conservative part of a longer paragraph from the ICPD Programme of Action.
18. For an excellent summary of the negotiations at the resumed June PrepCom, see Earth Negotiations Bulletin, Summary of the 21st Special session of the General Assembly (ICPD+5), Vol. 06, No. 61 (5 July 1999), <http://www.iisd.ca/linkages/population/ungass.htm>. We have relied on some information from the Earth Negotiations Bulletin in preparing this summary.

19. See *Programme of Action of the International Conference on Population and Development, Cairo, Egypt, 5-13 September 1994*, in REPORT OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, Principle 4, U.N. Doc. A/CONF.171/13/Rev.1, U.N. Sales No. 95.XIII.18 (1995) [hereinafter *Cairo Programme of Action*].
20. Earth Negotiations Bulletin, *supra* note 19.
21. This view of some delegations was promoted in the opposition newspaper published during the March 1999 PrepCom by the “NGO Caucus for Stable Families.” See, e.g. *Vivant!* editorial, *supra* note 14; see also “Human Rights Approach’ to Reproductive Health is Really ‘Anti-Human Rights,’” in *Vivant!* Pro-Family News from the United Nations, Cairo+5 Special Edition. Vol. 1 No. 5, Friday March 26, 1999, at 2.
22. *Id.*, ¶52(b).
23. *Id.*, ¶52(c), (e) & (f).
24. *Id.*, ¶57(b).
25. *Id.*, ¶57(c).
26. *Id.*, ¶58.
27. *Id.*, ¶62(b).
28. *Id.*, ¶62(c).
29. *Id.*, ¶64.
30. *Id.*
31. *Id.*, ¶69.
32. *Id.*, ¶70.
33. *Id.*, ¶71.
34. *Id.*, ¶69 & 71.
35. *Id.*, ¶70.
36. See *Id.*, ¶72.
37. Statement from the Holy See Delegation (March 24, 1999), cited in Martin Pendergast, “Condoms, the Church and HIV Prevention, XX CONSCIENCE 21, 23 (Summer 1999).
38. *Id.*, at 23.
39. ICPD+5 Key Actions Document, ¶¶63(i) (which repeats Programme of Action ¶8.25) and 63(ii) (which repeats Programme of Action ¶7.24).
40. Anika Rahman, Laura Katzive and Stanley K. Henshaw, *A Global Review of Laws on Induced Abortion, 1985-1997* in INTERNATIONAL FAMILY PLANNING PERSPECTIVES (56-64), at 57.
41. See ICPD+5 Key Actions Document, ¶73(e) and the chapeau of ¶73 (cross-referencing to ¶7.45 of the Programme of Action).
42. ICPD+5 Key Actions Document, ¶73(a). The provision states that “in order to protect and promote the right of adolescents to the enjoyment of the highest attainable standards of health, provide appropriate, specific, user-friendly and accessible health services to address effectively [adolescents’] reproductive and health needs....”
43. *Id.* “[Health services] should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs in conformity with relevant existing international agreements and conventions.” See also ICPD+5 Key Actions Document, ¶73(e).
44. Youth Coalition on ICPD+5, *Suggested Amendments to the Draft Working Paper at the CPD*, ¶131: “[a]t least 20% of donor allocations to reproductive health programs should be earmarked to meet the information and service needs of adolescents.”
45. Youth Coalition on ICPD+5, *Suggested Amendments to the Draft Working Paper at the CPD*.
46. ICPD+5 Key Actions Document, ¶74.
47. See the earlier draft under discussion: Commission on Population and Development, *Proposals for Key Actions for the further implementation of the Programme of Action of the International Conference on Population and Development*, Revised working paper submitted by the Chairman, E/CN.9/1999/PC/CRP/Rev.3 (11 May 1999), at ¶27.
48. The General Assembly is expected to adopt the Optional Protocol in October 1999.
49. See Rev. 3, ¶27.
50. ICPD+5 Key Actions Document, ¶39.
51. *Id.*
52. *Id.*, ¶45.
53. *Id.*, ¶48.
54. *Id.*
55. *Id.*, ¶49.
56. 9th Plenary Meeting, G.A. 21st Spec. Sess., U.N. Doc. A/S-21/PV.9, at 34 (2 July 1999).