

S y n t h e s i s

THE HIGHEST PRIORITY: Making Use of UN Conference Documents to Remind Governments of Their Commitments to HIV/AIDS

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Since 1990, a series of global conferences have been convened under the auspices of the United Nations. Each Conference generated a Plan or Program of Action in which governments made political commitments and identified actions they considered necessary steps in the global effort towards social equality, justice, development, and peace. These conferences—including the World Summit for Children (1990), the Rio Conference on the Environment (1991), the World Conference on Human Rights (1993), the International Conference on Population and Development (1994), the World Summit for Social Development (1995), the Fourth World Conference on Women (1995), the World Congress on the Sexual Exploitation of Children (1996), and the second United Nations Conference on Human Settlements (Habitat II) (1996)—have been attended by most every government in the world and have set out commitments intended to ensure a better quality of life at the local, national, and international levels. Although extremely useful for shaping policy and for advocacy purposes, the documents which come out of the conference process have no internationally binding legal weight on their own. Their importance stems from the fact

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that they represent the political commitment of governments, and that they can be used to give content to governmental obligations under international human rights law.

The purpose of this compilation is to gather—in one place—each explicit reference to HIV/AIDS made in these conference documents. Although HIV/AIDS was not the focus of any one of the conferences, these conferences set out specific actions directly addressing prevention, treatment, and care issues in the context of HIV/AIDS. While much, if not all, of the language in these documents is relevant to HIV/AIDS, this compilation is limited to references that specifically address HIV/AIDS. These documents should not be read in isolation from one another, but should be understood to represent the range of governmental commitments specific to HIV/AIDS. For the sake of completeness, statements and reservations with specific reference to HIV/AIDS have been included as an Appendix.

As much as possible, the text provides both the statement of the problem and the objectives in order to provide context, but the focus is on commitments for action which specifically include HIV/AIDS. Italics and bold typesetting have been used to bring attention to selected elements of these texts as they relate to HIV/AIDS. Problem statements appear in italics and action steps in bold. It is hoped that these highlights will facilitate the reading of the compilation.

Not surprisingly, the International Conference on Population and Development has the most significant commitments explicitly concerning HIV/AIDS. Finally, it is worth noting that the exclusion of the Rio and Istanbul conference documents from this compilation is not the result of oversight but stems from the fact that no explicit references to HIV/AIDS exist in either of these documents.

History has shown that much of the response to HIV/AIDS has occurred when there is a synergistic interaction between public pressure and government action. In this respect, the commitments made by governments in international fora may be powerful tools to evolve national policies towards a true global response to the epidemics. The ultimate utility of the conference process depends on the degree to which people, both within and outside government structures, are aware of the stated commitments and are able to use this language to transform commitments into action.

WORLD SUMMIT ON CHILDREN (1990)

Declaration on the Survival, Protection and Development of Children in the 1990s

6. *Each day, 40,000 children die from malnutrition and disease, including acquired immunodeficiency syndrome (AIDS), from the lack of clean water and inadequate sanitation and from the effects of the drug problem.*
- II. Specific Actions For Child Survival, Protection And Development
7. ...the Declaration of the World Summit for Children calls for specific actions in the following areas:
Child health
9. Preventable childhood diseases are currently responsible for the great majority of the world's 14 million deaths of children under 5 years and disability of millions more every year. Effective action can and must be taken to combat these diseases by **strengthening primary health care and basic health services** in all countries.
10. Besides these readily preventable or treatable diseases and some others, children today are faced with the new spectre of the acquired immunodeficiency syndrome (AIDS) pandemic. In the most seriously affected countries HIV/AIDS threatens to offset the gains of child survival programmes. It is already a major drain on limited public health resources needed to support other priority health services. The consequences of HIV/AIDS go well beyond the suffering and death of the infected child and include risks and stigmas that affect parents and siblings and the tragedy of "AIDS orphans". There is an **urgent need to ensure that programmes for the prevention and treatment of AIDS**, including research on possible vaccines and cures that can be applicable in all countries and situations, **and massive information and education campaigns, receive a high priority** for both national action and international co-operation.

**WORLD CONFERENCE ON HUMAN RIGHTS
VIENNA DECLARATION AND PROGRAMME OF ACTION (1993)**

18. ...*The World Conference on Human Rights urges Governments, institutions, intergovernmental and non-governmental organizations to intensify their efforts for the protection and promotion of human rights of women and the girl-child.*
21. ...In all actions concerning children, nondiscrimination and the best interest of the child should be primary considerations and the views of the child given due weight. **National and international mechanisms and programmes should be strengthened for the defence and protection of children**, in particular, the girlchild, abandoned children, street children, economically and sexually exploited children, including through child pornography, child prostitution or sale of organs, children victims of diseases including acquired immunodeficiency syndrome, refugee and displaced children, children in detention, children in armed conflict, as well as children victims of famine and drought and other emergencies. International cooperation and solidarity should be promoted to support the implementation of the Convention and the rights of the child should be a priority in the United Nations system-wide action on human rights.

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (1994)

Chapter IV. Gender Equality, Equity And Empowerment Of Women

C. Male responsibilities and participation

Basis for action

4.24. *...It is essential to improve communication between men and women on issues of sexuality and reproductive health, and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.*

Objective

4.25. *The objective is to promote gender equality in all spheres of life...and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.*

Actions

4.26. The **equal participation of women and men** in all areas of family and household responsibilities, including family planning...should be promoted and encouraged by Governments.

4.27. Special efforts should be made to **emphasize men's shared responsibility** and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control of and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes.

Chapter V. The Family, Its Roles, Rights, Composition and Structure

B. Socio-economic support to the family

Basis for action

5.7. *Families are sensitive to strains induced by social and economic changes... There are increasing numbers of vulnerable families, including single-parent families headed by women, poor families with elderly members or those with disabilities, refugee and displaced families, and families with members affected by AIDS or other terminal diseases...*

Objective

5.8. *The objective is to ensure that all social and economic development policies are fully responsive to the diverse and changing needs and to the rights of families and their individual members, and provide necessary support and protection, particularly to the most vulnerable families and the most vulnerable family members.*

Actions

5.10. All levels of Government, non-governmental organizations and concerned community organizations should **develop innovative ways to provide more effective assistance** to families and the individuals within them who may be affected by specific problems, such as extreme poverty, chronic unemployment, illness, domestic and sexual violence, dowry payments, drug or alcohol dependence, incest, and child abuse, neglect or abandonment.

5.11. Governments should **support and develop the appropriate mechanisms** to assist families caring for children, the dependent elderly and family members with disabilities, including those resulting from HIV/AIDS, encourage the sharing of those responsibilities by men and women, and support the viability of multigenerational families.

CHAPTER VI. Population Growth and Structure

B. Children and youth

Basis for action

6.6. *Owing to declining mortality levels and the persistence of high fertility levels, a large number of developing countries continue to have very large proportions of children and young people in their populations... The ongoing and future demands created by large young populations, particularly in terms of health, education and employment, represent major challenges and responsibilities for families, local communities, countries and the international community...*

Objectives

6.7. The objectives are:

- (a) *To promote to the fullest extent the health, well-being and potential of all children, adolescents and youth as representing the world's future human resources, in line with the commitments made in this respect at the World Summit for Children and in accordance with the Convention on the Rights of the Child;*

Actions

6.15. **Youth should be actively involved** in the planning, implementation and evaluation of development activities that have a direct impact on their daily lives. This is especially important with respect to information, education and communication activities and services concerning reproductive and sexual health, including the prevention of early pregnancies, sex education and the prevention of HIV/AIDS and other sexually transmitted diseases...

E. Persons with disabilities

Basis for action

6.28. *Persons with disabilities constitute a significant proportion of the population... there remains a pressing need for continued action to promote effective measures for the prevention of disability, for rehabilitation and for*

International Conference on Population and Development, cont.

the realization of the goals of full participation and equality for persons with disabilities...

Objectives

6.29. The objectives are:

- (a) *To ensure the realization of the rights of all persons with disabilities, and their participation in all aspects of social, economic and cultural life;*
- (b) *To create, improve and develop necessary conditions that will ensure equal opportunities for persons with disabilities and the valuing of their capabilities in the process of economic and social development;*

Actions

6.30. Governments at all levels should **consider the needs of persons with disabilities in terms of ethical and human rights dimensions**. Governments should recognize needs concerning, inter alia, reproductive health, including family planning and sexual health, HIV/AIDS, information, education and communication. Governments should **eliminate specific forms of discrimination that persons with disabilities may face** with regard to reproductive rights, household and family formation, and international migration, while taking into account health and other considerations relevant under national immigration regulations.

Chapter VII. Reproductive Rights and Reproductive Health

A. Reproductive rights and reproductive health

Basis for action

7.2. *...reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.*

Objectives

7.5. The objectives are:

- (a) *To ensure that comprehensive and factual information and a full range of reproductive health-care services are accessible, affordable, acceptable and convenient to all users;*

Actions

7.6. 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. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required...

7.8. ...**Programmes must reach men** in their workplaces, at home and where they gather for recreation. **Boys and adolescents**, with the support and guidance of their parents, and in line with the convention on the Rights of the Child, should also be reached through schools, youth organizations and wherever they congregate. Voluntary and appropriate male methods for contraception, as well as for the prevention of sexually transmitted diseases, including AIDS, should be promoted and made accessible with adequate information and counselling.

B. Family planning

Basis for action

7.12. *The aim of family-planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods...*

Objectives

7.14. The objectives are:

- (d) *To improve the quality of family-planning advice, information, education, communication, counselling and services;*

Actions

7.23. In the coming years, all family-planning **programmes must make significant efforts to improve quality of care.**

Among other measures, programmes should:

- (b) **Provide accessible, complete and accurate information** about various family-planning methods, including their health risks and benefits, possible side effects and their effectiveness in the prevention of the spread of HIV/AIDS and other sexually transmitted diseases;

C. Sexually transmitted diseases and prevention of human immunodeficiency virus (HIV)

Basis for action

7.27. *The world-wide incidence of sexually transmitted diseases is high and increasing. The situation has worsened considerably with the emergence of the HIV epidemic...*

7.28. *The social and economic disadvantages that women face make them especially vulnerable to sexually transmitted infections, including HIV, as illustrated, for example, by their exposure to the high-risk sexual behaviour of their partners...*

Objectives

7.29. The objectives are:

...to prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS, and the complications of sexually transmitted diseases such as infertility, with special attention to girls and women.

Actions

7.31. **All health-care providers**, including all family-planning providers, should be given **specialized training in the prevention and detection of, and counselling on, sexually transmitted diseases**, especially infections in women and youth, **including HIV/AIDS**.

7.32. **Information, education and counselling** for responsible sexual behaviour and effective prevention of sexually transmitted diseases, including HIV, should become integral components of all reproductive and sexual health services.

7.33. Promotion and the reliable supply and distribution of **high-quality condoms** should become integral components of all reproductive health-care services. All relevant international organizations, especially the World Health Organization, should significantly increase their procurement. Governments and the international community should provide all means to reduce the spread and the rate of transmission of HIV/AIDS infection.

D. Human sexuality and gender relations

Basis for action

7.35. *Violence against women, particularly domestic violence and rape, is widespread, and rising numbers of women are at risk from AIDS and other sexually transmitted diseases as a result of high-risk sexual behaviour on the part of their partners...*

Objectives

7.36. The objectives are:

- (a) *To promote adequate development of responsible sexuality, permitting relations of equity and mutual respect between the genders and contributing to improving the quality of life of individuals;*

- (b) *To ensure that women and men have access to the information, education and services needed to achieve good sexual health and exercise their reproductive rights and responsibilities.*

Actions

- 7.38. In the light of the urgent need to prevent unwanted pregnancies, the rapid spread of AIDS and other sexually transmitted diseases, and the prevalence of sexual abuse and violence, Governments should **base national policies on a better understanding of the need for responsible human sexuality and the realities of current sexual behaviour.**

E. Adolescents

Basis for action

- 7.43. *In many societies, adolescents face pressures to engage in sexual activity. Young women, particularly low-income adolescents, are especially vulnerable. Sexually active adolescents of both sexes are increasingly at high risk of contracting and transmitting sexually transmitted diseases, including HIV/AIDS, and they are typically poorly informed about how to protect themselves. Programmes for adolescents have proven most effective when they secure the full involvement of adolescents in identifying their reproductive and sexual health needs and in designing programmes that respond to those needs.*

Objectives

- 7.44. The objectives are:

- (a) *To address adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion and sexually transmitted diseases, including HIV/AIDS, through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence, and the provision of appropriate services and counselling specifically suitable for that age group;*

Actions

- 7.47. Governments, in collaboration with non-governmental organizations, are urged **to meet the special needs of adolescents and to establish appropriate programmes** to respond to those needs. Such programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence against adolescents, responsible sexual behaviour, responsible family-planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention...

Chapter VIII. Health, Morbidity and Mortality

A. Primary Health Care and the Health-Care Sector

Basis for action

- 8.1. *...There remain entire national populations and sizeable population groups within many countries that are still subject to very high rates of morbidity and mortality. Differences linked to socio-economic status or ethnicity are often substantial...*
- 8.2. *The increases in life expectancy recorded in most regions of the world reflect significant gains in public health and in access to primary health-care services.*

Objectives

- 8.3. The objectives are:
- (a) *To increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people, in accordance with national commitments to provide access to basic health care for all;*

Actions

- 8.7. Governments should **ensure community participation** in health policy planning, especially with respect to the long-term care of the elderly, those with disabilities and those infected with HIV and other endemic diseases. Such participation should also be promoted in child-survival and maternal health programmes, breast-feeding support programmes, programmes for the early detec-

tion and treatment of cancer of the reproductive system, and programmes for the prevention of HIV infection and other sexually transmitted diseases.

B. Child survival and health

Basis for action

8.12. *...Poverty, malnutrition, a decline in breast-feeding, and inadequacy or lack of sanitation and of health facilities are all factors associated with high infant and child mortality. In some countries, civil unrest and wars have also had major negative impacts on child survival. Unwanted births, child neglect and abuse are also factors contributing to the rise in child mortality. In addition, HIV infection can be transmitted from mother to child before or during childbirth, and young children whose mothers die are at a very high risk of dying themselves at a young age.*

Objectives

8.15. The objectives are:

- (a) *To promote child health and survival and to reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girl infants and children;*
- (b) *To improve the health and nutritional status of infants and children;*
- (c) *To promote breast-feeding as a child-survival strategy.*

Actions

8.17. All Governments should **assess the underlying causes of high child mortality** and should, within the framework of primary health care, **extend integrated reproductive health-care and child-health services**....Such services should include prenatal care and counselling, with special emphasis on high-risk pregnancies and the prevention of sexually transmitted diseases and HIV infection; adequate delivery assistance; and neonatal care, including exclusive breast-feeding, information on opti-

mal breast-feeding and on proper weaning practices, and the provision of micronutrient supplementation and tetanus toxoid, where appropriate...

C. Women's health and safe motherhood

Basis for action

8.19. *Complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world...*

Objectives

8.20. The objectives are:

(a) *To promote women's health and safe motherhood...*

Actions

8.27. All countries, as a matter of some urgency, need to **seek changes in high-risk sexual behaviour and devise strategies to ensure that men share responsibility** for sexual and reproductive health, including family planning, and for preventing and controlling sexually transmitted diseases, HIV infection and AIDS.

D. Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS)

Basis for action

8.28. *The AIDS pandemic is a major concern in both developed and developing countries. WHO estimates that the cumulative number of AIDS cases in the world amounted to 2.5 million persons by mid-1993 and that more than 14 million people had been infected with HIV since the pandemic began, a number that is projected to rise to between 30 million and 40 million by the end of the decade if effective prevention strategies are not pursued. As of mid-1993, about four fifths of all persons ever infected with HIV lived in developing countries where the infection was being transmitted mainly through heterosexual intercourse and the number of new cases was rising most rapidly among women. As a consequence, a growing number of children are becoming orphans, themselves at high risk of illness and death. In many countries, the pandemic is now spreading from*

urban to rural areas and between rural areas and is affecting economic and agricultural production.

Objectives

8.29. The objectives are:

- (a) *To prevent, reduce the spread of and minimize the impact of HIV infection; to increase awareness of the disastrous consequences of HIV infection and AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing it; to address the social, economic, gender and racial inequities that increase vulnerability to the disease;*
- (b) *To ensure that HIV-infected individuals have adequate medical care and are not discriminated against; to provide counselling and other support for people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans; to ensure that the individual rights and the confidentiality of persons infected with HIV are respected; to ensure that sexual and reproductive health programmes address HIV infection and AIDS;*
- (c) *To intensify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.*

Actions

8.30. Governments should **assess the demographic and development impact of HIV infection and AIDS**. The AIDS pandemic should be controlled through a **multisectoral approach** that pays sufficient attention to its socio-economic ramifications, including the heavy burden on health infrastructure and household income, its negative impact on the labour force and productivity, and the increasing number of orphaned children. Multisectoral national plans and strategies to deal with AIDS should be integrated into population and development strategies. **The socio-economic factors underlying the spread of HIV infection should be investigated**, and programmes to address the problems faced by those left orphaned by the AIDS pandemic should be developed.

- 8.31.** Programmes to reduce the spread of HIV infection should give **high priority to information, education and communication campaigns** to raise awareness and emphasize behavioural change. Sex education and information should be provided to both those infected and those not infected, and especially to adolescents. Health providers, including family-planning providers, need training in counselling on sexually transmitted diseases and HIV infection, including the assessment and identification of high-risk behaviours needing special attention and services; training in the promotion of safe and responsible sexual behaviour, including voluntary abstinence, and condom use; training in the avoidance of contaminated equipment and blood products; and in the avoidance of sharing needles among injecting drug users. Governments should **develop guidelines and counselling services on AIDS and sexually transmitted diseases within the primary health-care services**. Wherever possible, reproductive health programmes, including family-planning programmes, should include facilities for the diagnosis and treatment of common sexually transmitted diseases, including reproductive tract infection, recognizing that many sexually transmitted diseases increase the risk of HIV transmission. The links between the prevention of HIV infection and the prevention and treatment of tuberculosis should be assured.
- 8.32.** Governments should **mobilize all segments of society** to control the AIDS pandemic, including non-governmental organizations, community organizations, religious leaders, the private sector, the media, schools and health facilities. Mobilization at the family and community levels should be given priority. Communities need to develop strategies that respond to local perceptions of the priority accorded to health issues associated with the spread of HIV and sexually transmitted diseases.
- 8.33.** The **international community should mobilize the human and financial resources** required to **reduce the rate of transmission of HIV infection**. To that end, research on a broad range of approaches to prevent HIV transmission and to seek a cure for the disease should be promoted and supported by all countries. In particular, do-

nor and research communities should **support and strengthen current efforts to find a vaccine and to develop women-controlled methods**, such as vaginal microbicides, to prevent HIV infection. **Increased support is also needed for the treatment and care of HIV-infected persons and AIDS patients.** The coordination of activities to combat the AIDS pandemic must be enhanced. **Particular attention should be given to activities of the United Nations system at the national level**, where measures such as joint programmes can improve coordination and ensure a more efficient use of scarce resources. The international community should also mobilize its efforts in monitoring and evaluating the results of various efforts to search for new strategies.

8.34. Governments should develop policies and guidelines to **protect the individual rights of and eliminate discrimination against persons infected with HIV and their families.** Services to detect HIV infection should be strengthened, making sure that they ensure confidentiality. Special programmes should be devised to provide care and the necessary emotional support to men and women affected by AIDS and to counsel their families and near relations.

8.35. Responsible sexual behaviour, including voluntary sexual abstinence, for the prevention of HIV infection should be promoted and included in education and information programmes. **Condoms and drugs for the prevention and treatment of sexually transmitted diseases** should be made widely available and affordable and should be **included in all essential drug lists.** Effective action should be taken to further control **the quality of blood products and equipment decontamination.**

Chapter XI. Population, Development and Education

A. Education, population and sustainable development

Basis for action

11.2. *Education is a key factor in sustainable development: it is at the same time a component of well-being and a factor in the development of well-being through its links with demographic as well as economic and social fac-*

*International Conference on Population and Development, cont.
tors... The reduction of fertility, morbidity and mortality rates, the empowerment of women, the improvement in the quality of the working population and the promotion of genuine democracy are largely assisted by progress in education...*

Objectives

11.5. The objectives are:

- (c) *To introduce and improve the content of the curriculum so as to promote greater responsibility and awareness on the interrelationships between population and sustainable development; health issues, including reproductive health; and gender equity.*

Actions

11.9. To be most effective, education about population issues must begin in primary school and continue through all levels of formal and non-formal education, taking into account the rights and responsibilities of parents and the needs of children and adolescents. Where such programmes already exist, **curricula should be reviewed, updated and broadened with a view to ensuring adequate coverage of such important concerns as gender sensitivity, reproductive choices and responsibilities, and sexually transmitted diseases, including HIV/AIDS...**

B. Population information, education and communication

Basis for action

11.11. *Greater public knowledge, understanding and commitment at all levels, from the individual to the international, are vital to the achievement of the goals and objectives of the present Programme of Action.*

Objectives

11.15. The objectives are:

- (a) *To increase awareness, knowledge, understanding and commitment at all levels of society...*
- (c) *To ensure political commitment to population and development issues by national Governments in order to promote the participation of both public and private sectors at all levels in the design, imple-*

mentation and monitoring of population and development policies and programmes;

Actions

11.16. Information, education and communication efforts should raise awareness through public education campaigns on such priority issues as: safe motherhood, reproductive health and rights, maternal and child health and family planning, discrimination against and valorization of the girl child and persons with disabilities; child abuse; violence against women; male responsibility; gender equality; sexually transmitted diseases, including HIV/AIDS...

Chapter XII. Technology, Research and Development

B. Reproductive health research

Basis for action

12.10. ...*The growing incidence of sexually transmitted diseases, including HIV/AIDS, demands substantially higher investments in new methods of prevention, diagnosis and treatment...*

Objectives

12.11. The objectives are:

- (c) *To ensure that all people have the opportunity to achieve and maintain sound reproductive and sexual health, the international community should mobilize the full spectrum of basic biomedical, social and behavioural and programme-related research on reproductive health and sexuality.*

Actions

12.12. Governments, assisted by the international community and donor agencies, the private sector, non-governmental organizations and the academic community, should **increase support for basic and applied biomedical, technological, clinical, epidemiological and social science research** to strengthen reproductive health services... Specifically, areas that need increased attention should include **barrier methods**, both male and female, for fertility control and the prevention of sexually trans-

mitted diseases, including HIV/AIDS, as well as **microbicides and virucides**, which may or may not prevent pregnancy.

- 12.14.** High priority should also be given to the **development of new methods for regulation of fertility for men. Special research should be undertaken** on factors inhibiting male participation in order to **enhance male involvement and responsibility in family planning**...Special priority should be given to research on sexually transmitted diseases, including HIV/AIDS, and research on infertility.

CHAPTER XIII. National Action

C. Resource mobilization and allocation

Basis for action

13.14. *Basic reproductive health, including family-planning services, involving support for necessary training, supplies, infrastructure and management systems, especially at the primary health-care level, would include the following major components, which should be integrated into basic national programmes for population and reproductive health:*

- (a)** *In the family-planning services component - contraceptive commodities and service delivery; capacity-building for information, education and communication regarding family planning and population and development issues; national capacity-building through support for training; infrastructure development and upgrading of facilities; policy development and programme evaluation; management information systems; basic service statistics; and focused efforts to ensure good quality care;*
- (b)** *In the basic reproductive health services component - information and routine services for prenatal, normal and safe delivery and post-natal care; abortion... and referrals, education and counselling services for sexually transmitted diseases, including HIV/AIDS.*

- (c) *In the sexually transmitted diseases/HIV/AIDS prevention programme component - mass media and in-school education programmes, promotion of voluntary abstinence and responsible sexual behaviour and expanded distribution of condoms;*
- 13.15.** *...Programme costs... which should be integrated into basic national programmes for population and reproductive health are estimated as follows:*
- (c) *The sexually transmitted diseases/HIV/AIDS prevention programme is estimated by the WHO Global Programme on AIDS to cost: \$1.3 billion in 2000, \$1.4 billion in 2005 and approximately \$1.5 billion in 2010 and \$1.5 billion in 2015; economic-sector goals contained in the present Programme of Action.*
- 13.17.** *...The health sector will require additional resources to strengthen the primary health-care delivery system, child survival programmes, emergency obstetrical care and broad-based programmes for the control of sexually transmitted diseases, including HIV/AIDS, as well as the humane treatment and care of those infected with sexually transmitted diseases/HIV/AIDS, among others...*

Objectives

- 13.21.** The objectives are:
- ...to achieve an adequate level of resource mobilization and allocation,...full respect for individual rights and, by so doing, contribute to sustainable development.*

Actions

- 13.22.** Governments, non-governmental organizations, the private sector and local communities, assisted upon request by the international community, **should strive to mobilize and effectively utilize the resources** for population and development programmes that **expand and improve the quality of reproductive health care**, including family-planning and sexually transmitted diseases/HIV/AIDS prevention efforts...

WORLD SUMMIT FOR SOCIAL DEVELOPMENT (1994)

A. Current social situation and reasons for convening the Summit

22. *Communicable diseases constitute a serious health problem in all countries and are a major cause of death globally; in many cases, their incidence is increasing. These diseases are a hindrance to social development and are often the cause of poverty and social exclusion. The prevention, treatment and control of these diseases, covering a spectrum from tuberculosis and malaria to the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), must be given the highest priority.*

Commitment 6. *We commit ourselves to promoting and attaining the goals of universal and equitable access to quality education, the highest attainable standard of physical and mental health, and the access of all to primary health care, making particular efforts to rectify inequalities relating to social conditions and without distinction as to race, national origin, gender, age or disability...*

To this end, at the national level, we will:

- (q) **Strengthen national efforts to address more effectively the growing HIV/AIDS pandemic** by providing necessary education and prevention services, working to ensure that appropriate care and support services are available and accessible to those affected by HIV/AIDS, and taking all necessary steps to eliminate every form of discrimination against and isolation of those living with HIV/AIDS;

At the international level, we will:

- (w) **Provide support for stronger, better coordinated global actions against major diseases** that take a heavy toll of human lives, such as malaria, tuberculosis, cholera, typhoid fever and HIV/AIDS; in this context, continue to support the joint and co-sponsored United Nations programme on HIV/AIDS;

Commitment 7. *We commit ourselves to accelerating the economic, social and human resource development of Africa and the least developed countries.*

To this end, we will:

(g) **Take all necessary measures to ensure that communicable diseases, particularly HIV/AIDS, malaria and tuberculosis, do not restrict or reverse the progress made in economic and social development.**

C. Meeting the basic human needs of all

35. *Governments, in partnership with all other development actors, in particular with people living in poverty and their organizations, should cooperate to meet the basic human needs of all, including people living in poverty and vulnerable groups, by:*

(d) **Ensuring that due priority is given and adequate resources made available, at the national, regional and international levels,** to combat the threat to individual and public health posed by the rapid spread of HIV/AIDS globally and by the re-emergence of major diseases, such as tuberculosis, malaria, onchocerciasis (river blindness) and diarrhoeal diseases, in particular cholera;

D. Enhanced social protection and reduced vulnerability

38. *Social protection systems should be based on legislation... Due attention should be given to people affected by the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic.*

Actions to this end should include:

(a) **Strengthening and expanding programmes targeted to those in need,** programmes providing universal basic protection, and social security insurance programmes, with the choice of programmes depending on national financial and administrative capacities;

(b) Developing, where necessary, a strategy for a gradual expansion of social protection programmes that **provide social security for all,** according to a schedule and terms and conditions related to national contexts;

- (c) Ensuring that **social safety nets** associated with economic restructuring are considered as **complementary strategies to overall poverty reduction** and an increase in productive employment...;
 - (d) Designing social protection and support programmes to **help people become self-sufficient**...;
 - (e) **Exploring** a variety of **means for raising revenues to strengthen social protection programmes**, and promoting efforts by the private sector and voluntary associations to provide social protection and support;
 - (f) **Promoting** the **innovative efforts** of self-help organizations, professional associations and other organizations of civil society in this sphere;
 - (g) Expanding and **strengthening social protection programmes to protect working people**, including the self-employed and their families, from the risk of falling into poverty, by extending coverage to as many as possible, providing benefits quickly and ensuring that entitlements continue when workers change jobs;
 - (i) Ensuring an **adequate social safety net under structural adjustment programmes**;
 - (j) Ensuring that social protection and social support programmes **meet the needs of women**...
40. Particular efforts should be made to protect older persons, including those with disabilities, by:
- (d) **Providing assistance to grandparents who have been required to assume responsibility for children**, particularly of parents who are affected by serious diseases, including AIDS or leprosy, or others who are unable to care for their dependents;

THE FOURTH WORLD CONFERENCE ON WOMEN: BEIJING DECLARATION AND PLATFORM FOR ACTION (1995)

Chapter I. Mission Statement

37. *According to World Health Organization (WHO) estimates, by the beginning of 1995 the number of cumulative cases of acquired immunodeficiency syndrome (AIDS) was 4.5 million. An estimated 19.5 million men, women and children have been infected with the human immunodeficiency virus (HIV) since it was first diagnosed and it is projected that another 20 million will be infected by the end of the decade. Among new cases, women are twice as likely to be infected as men. In the early stage of the AIDS pandemic, women were not infected in large numbers; however, about 8 million women are now infected. Young women and adolescents are particularly vulnerable. It is estimated that by the year 2000 more than 13 million women will be infected and 4 million women will have died from AIDS-related conditions. In addition, about 250 million new cases of sexually transmitted diseases are estimated to occur every year. The rate of transmission of sexually transmitted diseases, including HIV/AIDS, is increasing at an alarming rate among women and girls, especially in developing countries.*

Chapter IV. Strategic Objectives and Actions

B. Education and training of women

69. *Education is a human right and an essential tool for achieving the goals of equality, development and peace. Non-discriminatory education benefits both girls and boys and thus ultimately contributes to more equal relationships between women and men... Literacy of women is an important key to improving health, nutrition and education in the family and to empowering women to participate in decision-making in society...*

Strategic objective B.4. Develop non-discriminatory education and training

Actions to be taken

83. By Governments, educational authorities and other educational and academic institutions:
- (1) **Encourage**, with the guidance and support of their parents and in cooperation with educational staff and institutions, the **elaboration of educational programmes for girls and boys and the creation of integrated services in order to raise awareness of their responsibilities and to help them to assume those responsibilities**, taking into account the importance of such education and services to personal development and self-esteem, as well as the urgent need to avoid unwanted pregnancy, the spread of sexually transmitted diseases, especially HIV/AIDS, and such phenomena as sexual violence and abuse;

C. Women and health

98. *HIV/AIDS and other sexually transmitted diseases, the transmission of which is sometimes a consequence of sexual violence, are having a devastating effect on women's health, particularly the health of adolescent girls and young women. They often do not have the power to insist on safe and responsible sex practices and have little access to information and services for prevention and treatment. Women, who represent half of all adults newly infected with HIV/AIDS and other sexually transmitted diseases, have emphasized that social vulnerability and the unequal power relationships between women and men are obstacles to safe sex, in their efforts to control the spread of sexually transmitted diseases. The consequences of HIV/AIDS reach beyond women's health to their role as mothers and caregivers and their contribution to the economic support of their families. The social, developmental and health consequences of HIV/AIDS and other sexually transmitted diseases need to be seen from a gender perspective.*

Strategic objective C.2. Strengthen preventive programmes that promote women's health

Actions to be taken

107. By Governments, in cooperation with non-governmental organizations, the mass media, the private sector and relevant international organizations, including United Nations bodies, as appropriate:

- (a) Give **priority to both formal and informal educational programmes that support and enable women** to develop self-esteem, acquire knowledge, make decisions on and take responsibility for their own health, achieve mutual respect in matters concerning sexuality and fertility and **educate men** regarding the importance of women's health and well-being, **placing special focus on programmes for both men and women that emphasize the elimination of harmful attitudes and practices**, including female genital mutilation...violence against women, sexual exploitation, sexual abuse, which at times is conducive to infection with HIV/AIDS and other sexually transmitted diseases...;
- (g) **Recognize the specific needs of adolescents and implement specific appropriate programmes**, such as education and information on sexual and reproductive health issues and on sexually transmitted diseases, including HIV/AIDS, taking into account the rights of the child and the responsibilities, rights and duties of parents as stated in paragraph 107 (e) above;

Strategic objective C.3. Undertake gender-sensitive initiatives that address sexually transmitted diseases, HIV/AIDS, and sexual and reproductive health issues

Actions to be taken

108. By Governments, international bodies including relevant United Nations organizations, bilateral and multilateral donors and non-governmental organizations:

- (a) **Ensure the involvement of women**, especially those infected with HIV/AIDS or other sexually transmitted diseases or affected by the HIV/AIDS pandemic,

in **all decision-making** relating to the development, implementation, monitoring and evaluation of policies and programmes on HIV/AIDS and other sexually transmitted diseases;

- (b) **Review and amend laws and combat practices**, as appropriate, **that may contribute to women's susceptibility to HIV infection** and other sexually transmitted diseases, including enacting legislation against those socio-cultural practices that contribute to it, and implement legislation, policies and practices to protect women, adolescents and young girls from discrimination related to HIV/AIDS;
- (c) Encourage all sectors of society, including the public sector, as well as international organizations, to **develop compassionate and supportive, non-discriminatory HIV/AIDS-related policies and practices** that protect the rights of infected individuals;
- (d) Recognize the extent of the HIV/AIDS pandemic in their countries, taking particularly into account its impact on women, with a view to **ensuring that infected women do not suffer stigmatization and discrimination, including during travel**;
- (e) **Develop gender-sensitive multisectoral programmes and strategies to end social subordination of women and girls** and to ensure their social and economic empowerment and equality; facilitate promotion of programmes to educate and enable men to assume their responsibilities to prevent HIV/AIDS and other sexually transmitted diseases;
- (f) **Facilitate the development of community strategies** that will protect women of all ages from HIV and other sexually transmitted diseases; provide care and support to infected girls, women and their families and mobilize all parts of the community in response to the HIV/AIDS pandemic to exert pressure on all responsible authorities to respond in a timely, effective, sustainable and gender-sensitive manner;
- (g) Support and strengthen national capacity to **create and improve gender-sensitive policies and programmes on HIV/AIDS** and other sexually trans-

- mitted diseases, including the provision of resources and facilities to women who find themselves the principal caregivers or economic support for those infected with HIV/AIDS or affected by the pandemic, and the survivors, particularly children and older persons;
- (h) **Provide workshops and specialized education and training to parents, decision makers and opinion leaders** at all levels of the community, including religious and traditional authorities, on prevention of HIV/AIDS and other sexually transmitted diseases and on their repercussions on both women and men of all ages;
 - (i) **Give all women and health workers all relevant information and education** about sexually transmitted diseases including HIV/AIDS and pregnancy and the implications for the baby, including breast-feeding;
 - (j) **Assist women** and their formal and informal organizations **to establish and expand effective peer education and outreach programmes** and to participate in the design, implementation and monitoring of these programmes;
 - (k) Give full attention to the promotion of mutually respectful and equitable gender relations and, in particular, to meeting the **educational and service needs of adolescents** to enable them to deal in a positive and responsible way with their sexuality;
 - (l) **Design specific programmes for men** of all ages and male adolescents, recognizing the parental roles referred to in paragraph 107 (e) above, aimed at providing complete and accurate information on safe and responsible sexual and reproductive behaviour, including voluntary, appropriate and effective male methods for the prevention of HIV/AIDS and other sexually transmitted diseases through, inter alia, abstinence and condom use;
 - (m) **Ensure** the provision, through the primary health-care system, of **universal access of couples and individuals to appropriate and affordable preventive**

services with respect to sexually transmitted diseases, including HIV/AIDS, and **expand the provision of counselling and voluntary and confidential diagnostic and treatment services** for women; ensure that high-quality condoms as well as drugs for the treatment of sexually transmitted diseases are, where possible, supplied and distributed to health services;

- (n) Support programmes which acknowledge that the higher risk among women of contracting HIV is linked to high-risk behaviour, including intravenous substance use and substance-influenced unprotected and irresponsible sexual behaviour, and take appropriate preventive measures;
- (o) Support and **expedite action-oriented research on affordable methods**, controlled by women, to prevent HIV and other sexually transmitted diseases, on strategies empowering women to protect themselves from sexually transmitted diseases, including HIV/AIDS, and on methods of **care, support and treatment of women**, ensuring their involvement in all aspects of such research;
- (p) **Support and initiate research** which addresses women's needs and situations, including research on HIV infection and other sexually transmitted diseases in women, **on women-controlled methods of protection**, such as non-spermicidal microbicides, and on male and female risk-taking attitudes and practices.

Strategic objective C.4. Promote research and disseminate information on women's health

Actions to be taken

109. By Governments, the United Nations system, health professions, research institutions, non-governmental organizations, donors, pharmaceutical industries and the mass media, as appropriate:

- (d) **Increase financial and other support from all sources for preventive, appropriate biomedical, behavioural, epidemiological and health service research on women's health issues and for research on the so-**

cial, economic and political causes of women's health problems, and their consequences, including the impact of gender and age inequalities, especially with respect to chronic and non-communicable diseases, particularly... HIV/AIDS and other sexually transmitted diseases...

- (h) **Provide financial and institutional support for research on safe, effective, affordable and acceptable methods and technologies for the reproductive and sexual health of women and men**, including ... methods to protect against HIV/AIDS and other sexually transmitted diseases and simple and inexpensive methods of diagnosing such diseases, among others; this research needs to be guided at all stages by users and from the perspective of gender, particularly the perspective of women, and should be carried out in strict conformity with internationally accepted legal, ethical, medical and scientific standards for biomedical research;

D. Violence against women

122. *The effective suppression of trafficking in women and girls for the sex trade is a matter of pressing international concern. The Special Rapporteur of the Commission on Human Rights on violence against women... is invited to address...the issue of international trafficking for the purposes of the sex trade, as well as the issues of forced prostitution, rape, sexual abuse and sex tourism. Women and girls who are victims of this international trade are at an increased risk of further violence, as well as unwanted pregnancy and sexually transmitted infection, including infection with HIV/AIDS.*

Strategic objective D.3. Eliminate trafficking in women and assist victims of violence due to prostitution and trafficking

Actions to be taken

130. By Governments of countries of origin, transit and destination, regional and international organizations, as appropriate:

- (d) **Allocate resources** to provide comprehensive programmes designed to heal and rehabilitate into society victims of trafficking, including through job training, legal assistance and confidential health care, and take measures to cooperate with non-governmental organizations **to provide for the social, medical and psychological care** of the victims of trafficking;

L. The girl child

- 269.** *Sexual violence and sexually transmitted diseases, including HIV/AIDS, have a devastating effect on children's health, and girls are more vulnerable than boys to the consequences of unprotected and premature sexual relations.*

Strategic objective L.5. Eliminate discrimination against girls in health and nutrition.

Actions to be taken

- 281.** By Governments and international and non-governmental organizations:
- (d) Establish **peer education and outreach programmes** with a view to strengthening individual and collective action to reduce the vulnerability of girls to HIV/AIDS.
 - (e) Ensure **education and dissemination of information to girls**, especially adolescent girls, **regarding the physiology of reproduction, reproductive and sexual health**, as agreed to in the Programme of Action of the International Conference on Population and Development and as established in the report of that Conference, responsible family planning practice, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention...;

WORLD CONGRESS AGAINST COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN (1996)

Declaration and Agenda for Action

1. *We...commit ourselves to a global partnership against the commercial sexual exploitation of children.*

The Challenge

9. *The commercial sexual exploitation of children can result in serious, lifelong, even life threatening consequences for the physical, psychological, spiritual, moral and social development of children, including the threat of early pregnancy, maternal mortality, injury, retarded development, physical disabilities and sexually transmitted diseases, including HIV/AIDS. Their right to enjoy childhood and to lead a productive, rewarding and dignified life is seriously compromised.*

Agenda for Action against Commercial Sexual Exploitation of Children

1. *The Agenda for Action aims to highlight existing international commitments, to identify priorities for action and to assist in the implementation of relevant international instruments (see Annex I). It calls for action from States, all sectors of society, and national, regional, and international organisations, against the commercial sexual exploitation of children.*
- 5(b). **provide social, medical, psychological counselling and other support** to child victims of commercial sexual exploitation, and their families, paying particular attention to those with sexually transmitted diseases, including HIV/AIDS, and with a view to promoting the self-respect, dignity and rights of the child.

Appendix

Statements and reservations with specific reference to HIV/AIDS

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (1994)

Chapter III. General Debate

27. The representative of the Holy See submitted the following written statement:

Nothing that the Holy See has done in this consensus process should be understood or interpreted as an endorsement of concepts it cannot support for moral reasons. Especially, nothing is to be understood to imply that the Holy See endorses abortion or has in any way changed its moral position concerning abortion or on contraceptives or sterilization or on the use of condoms in HIV/AIDS prevention programmes.

WORLD SUMMIT FOR SOCIAL DEVELOPMENT (1994)

9. The representative of the Holy See submitted the following written statement:

Nothing that the Holy See has done in this consensus process should be understood or interpreted as an endorsement of concepts that it cannot support for moral reasons. Especially, nothing is to be understood to imply that the Holy See endorses abortion or has in any way changed its moral position concerning abortion or on contraceptives, sterilization or the use of condoms in HIV/AIDS prevention programmes.

THE FOURTH WORLD CONFERENCE ON WOMEN: BEIJING DECLARATION AND PLATFORM FOR ACTION (1995)

CHAPTER V. Adoption of the Beijing Declaration and Platform for Action

11. The representative of the Holy See submitted the following written statement:

With regard to the terms “family planning” or “widest range of family planning services” and other terms concerning family-planning services or regulation of fertility, the Holy See’s actions during this Conference should in no way be interpreted as changing its well-known position concerning those family planning methods that the Catholic Church considers morally unacceptable or concerning family planning services that do not respect the liberty of spouses, the human dignity or

the human rights of those concerned. The Holy See in no way endorses contraception or the use of condoms, either as a family planning measure or in HIV/AIDS prevention programmes.

20. The representative of Malaysia submitted the following written statement:

Fifth, in the context of paragraph 108 (k), while agreeing that adolescent health is an area requiring attention due to the increasing problems of unwanted teenage pregnancies, unsafe abortions, sexually transmitted diseases and HIV/AIDS, we believe that parental guidance should not be abdicated and that sexual permissiveness and unhealthy sexual and reproductive practices by adolescents should not be condoned.