

From Cairo to New York

INVENTORY OF YOUTH SEXUAL AND
REPRODUCTIVE HEALTH AND RIGHTS LANGUAGE
SINCE THE 1994 INTERNATIONAL CPD

RESEARCHED AND COMPILED BY SULAVA D. GAUTAM-ADHIKARY, MPP

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Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their sexual and reproductive health. Advocates provides information, training, and strategic assistance to youth-serving organizations, youth activists, policy makers, and the media in the United States and developing nations.

Introduction

In 1994, delegations assembled in Cairo from 179 member states and from thousands of NGOs for the International Conference on Population and Development (ICPD). Member states negotiated a 20-year action plan to develop a “new era of population” by 2015.¹ The ICPD Programme of Action (also known as the Cairo Consensus) placed the individual needs and rights of men and, especially, women as the single most important factor for governments in determining population and development policies and strategies.² This demonstrated a shift from the previous focus on achieving demographic targets.² Concrete goals of the Programme of Action centered on: providing universal education; reducing infant, child and maternal mortality; and ensuring universal access by 2015 to reproductive health care including, family planning, assisted childbirth and prevention of sexually transmitted infections including HIV/AIDS.² As such, ICPD provided a policy framework and practical guidelines for national and international action to improve the situation of youth.³

Since 1994, the United Nations Commission on Population and Development (CPD) has had the primary role of following-up on the implementation of the ICPD Programme of Action, including monitoring, reviewing, and assessing its implementation at the national, regional and international levels. The CPD holds annual sessions to review progress by Member States and identify challenges to achieving the ICPD goals. Every five years since the ICPD, the CPD has also carried out more comprehensive review sessions to examine all aspects of the ICPD Programme of Action. These sessions are known as the ICPD + 5, ICPD + 10, and ICPD + 15, which were held in 1999, 2004, and 2009, respectively.

At each meeting resolutions are adopted, which are significant because they not only reaffirm or restate language on youth from past resolutions, but they can establish new targets or priorities for Member States.

This document examines each resolution since the first ICPD in 1994 and identifies all language specific to young people.

1994, The International Conference on Population and Development Programme of Action⁴

The following language related to young people’s sexual and reproductive health and rights was included in the 1994 ICPD Programme of Action:

Action 5.5: Governments should take effective action to **eliminate all forms of coercion and discrimination** in policies and practices. **Measures should be adopted and enforced to eliminate child marriages and female genital mutilation.** Assistance should be provided to persons with disabilities in the exercise of their family and reproductive rights and responsibilities.

Action 6.8: Countries should give **high priority and attention to all dimensions of the protection, survival and development of children and youth**, particularly street children and youth, and should make every effort to eliminate the adverse effects of poverty on children and youth, including malnutrition and preventable diseases. **Equal educational opportunities must be ensured for boys and girls at every level.**

Action 6.13: Countries should **aim to meet the needs and aspirations of youth**, particularly in the areas of formal and non-formal education, training, employment opportunities, housing and health, thereby ensuring their integration and participation in all spheres of society, including participation in the political process and preparation for leadership roles.

Action 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. Access to, as well as confidentiality and privacy of, these services must be ensured with the support and guidance of their parents and in line with the Convention on the Rights of the Child.

1995-1998 CPD Annual Review Sessions

During the annual CPD review sessions from 1995 to 1998, there was no language specific to young people discussed in the final resolutions. Given the progressive language established in the Programme of Action in 1994 with regards to youth and their involvement and access to reproductive and sexual health education, this was a step back for youth issues and priorities.

The only progress made during these review years was in 1995. During this review session, the UN Assembly recalled the 1994 International Year of Youth and adopted the World Programme of Action for Youth to the Year 2000 and Beyond. Full and effective participation of youth in decision-making was considered to be one of the ten priority areas identified.⁵

1999, ICPD + 5 Theme: Population Growth, Structure and Distribution⁶

In 1999, five years after ICPD, the United Nations General Assembly convened a special session (ICPD+5) to review world progress towards meeting the goals agreed upon at ICPD. The Special Assembly issued a document that reaffirmed the Programme of Action and identified key actions to take, which included education and literacy, reproductive health care and unmet need for contraception, maternal mortality reduction, and HIV/AIDS.⁷ The document also emphasized commitments to youth by dedicating an entire section to adolescents.

The ICPD + 5 document includes the following language on young people:

Paragraph 3. 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, 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.** It also includes their **right to make decisions concerning reproduction free of discrimination, coercion and violence**, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of

their living and future children and their responsibilities towards the community. 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 10. However, for some countries and regions, progress has been limited and, in some cases, setbacks have occurred. Women and the girl child continue to face discrimination. The human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) pandemic has led to rises in mortality in many countries, in particular in sub-Saharan Africa. Mortality and morbidity among adults and children from infectious, parasitic and waterborne diseases, such as tuberculosis, malaria and schistosomiasis, continue to take their toll. **Maternal mortality and morbidity remain unacceptably high. Adolescents remain particularly vulnerable to reproductive and sexual risks.** Millions of couples and individuals still lack access to reproductive health information and services. An increase in adult mortality, especially among men, is a matter of special concern for countries with economies in transition and some developing countries. The impact of the financial crises in countries of Asia and elsewhere, as well as the long-term and large-scale environmental problems in Central Asia and other regions, is affecting the health and well-being of individuals and limiting progress in implementing the Programme of Action. Despite the goal of the Programme of Action of reducing pressures leading to refugee movements and displaced persons, the plight of refugees and displaced persons remains unacceptable.

Paragraph 21. Governments should:

(b) **Meet the needs of youth**, especially young women, with the active support, guidance and participation, as appropriate, of parents, families, communities, non-governmental organizations and the private sector, by investing in the development and implementation of national, regional and local plans. In this context, **priority should be given to programmes** such as education, income-

generating opportunities, vocational training, and health services, including those related to **sexual and reproductive health**. **Youth should be fully involved in the design, implementation and evaluation of such programmes and plans**. These policies, plans and programmes should be implemented in line with the commitments made at the International Conference on Population and Development and in conformity with the relevant international conventions and agreements. Emphasis should be placed on fostering intergenerational dialogue through better communication and mutual support;

Paragraph 34. Governments and civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 2015, meet the goal of the International Conference on Population and Development of achieving universal access to primary education, eliminate the gender gap in primary and secondary education by 2005 and **strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90 per cent**, compared with an estimated 85 per cent in 2000. Special efforts should be made to increase the retention rates of girls in primary and secondary school. Parents should be sensitized to the value of education of children, particularly of girls, so that the girls do achieve their full potential.

Paragraph 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 implement further the Programme of Action in terms of promoting **the well-being of adolescents, enhancing gender equality and equity as well as responsible sexual behaviour, and protecting them from early and unwanted pregnancy, sexually transmitted diseases, including HIV/AIDS, and sexual abuse, incest and violence**; and ensure the active involvement and participation of parents, youth, community leaders and organizations for the sustainability, increased coverage and effectiveness of such programmes;

Paragraph 40. The implementation of population and development policies by Governments should continue to incorporate reproductive rights in accordance with paragraphs 1.15, 7.3 and 8.25 of the Programme of Action. Governments should take strong measures to promote the human rights of women. Governments are encouraged to **strengthen**, as appropriate, the **reproductive and sexual health as well as the reproductive rights focus on population and development policies and programmes**. The work of relevant United Nations bodies on indicators for the promotion and protection of the human rights of women should incorporate issues related to sexual and reproductive health. Governments should **ensure the protection and promotion of the rights of adolescents, including married adolescent girls, to reproductive health education, information and care**. Countries should establish mechanisms for

consultation with all relevant groups, including women's organizations. In this context, Governments are urged to incorporate human rights into both formal and informal education processes.

Paragraph 42. Governments should **promote and protect the human rights of the girl child and young women**, which include economic and social rights as well as **freedom from coercion, discrimination and violence, including harmful practices and sexual exploitation**. Governments should review all legislation and amend and revoke that which discriminates against the girl child and young women.

Paragraph 47. The differential impact on women and men of globalization of the economy and the privatization of basic social services, particularly reproductive health services, should be monitored closely. **Special programmes and institutional mechanisms should be put in place to promote and protect the health and well-being of young girls, older women and other vulnerable groups**. The provision of services to meet men's reproductive and sexual health needs should not prejudice reproductive and sexual health services for women.

Paragraph 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.

Paragraph 52. Governments, in collaboration with civil society, including non-governmental organizations, donors and the United Nations system, should:

(b) Ensure that policies, strategic plans and all aspects of the **implementation of reproductive and sexual health services** respect all human rights, including the right to development, and that such services meet health needs over the life cycle, including the needs of adolescents, address inequities and inequalities due to poverty, gender and other factors and ensure equity of access to information and services;

(c) **Engage all relevant sectors**, including non-governmental organizations, especially **women's and youth organizations** and professional associations, through ongoing participatory processes in the design, implementation, quality assurance, monitoring and evaluation of policies and programmes, in **ensuring that sexual and reproductive health information and services meet people's needs** and respect their human rights, including their right to access to good-quality services;

(g) Promote men's understanding of their roles and responsibilities with regard to respecting the human rights of women; protecting women's health, including supporting their partners' ac-

cess to sexual and reproductive health services; preventing unwanted pregnancy; reducing maternal mortality and morbidity; reducing transmission of sexually transmitted diseases, including HIV/AIDS; sharing household and child-rearing responsibilities; and **promoting the elimination of harmful practices, such as female genital mutilation, and sexual and other gender based violence, ensuring that girls and women are free from coercion and violence;**

Paragraph 54. The United Nations system and donors should support Governments in the **building of national capacity to plan, manage, implement, monitor and evaluate reproductive and sexual health services,** including **ensuring that all refugees and all other persons in emergency humanitarian situations, particularly women and adolescents, receive appropriate health care, including sexual and reproductive health care and information,** and greater protection from sexual and gender-based violence. They should also ensure that all health workers in relief and emergency situations are given basic training in sexual and reproductive health-care information and services.

Paragraph 56. Governments, in accordance with the Programme of Action, should take effective action to ensure 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, education and means to do so.**

Paragraph 62. Governments, with the increased participation of the United Nations system, civil society, including non-governmental organizations, donors and the international community, should:

(d) Develop appropriate interventions, beginning at birth, to improve the nutritional, health and educational status of girls and young women, so that they are better able to make informed choices at maturity about childbearing and obtain access to health information and services;

Paragraph 67. 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 the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, 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.

Paragraph 68. Governments should ensure that prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health-care level. Gender, age-based and other differences in vulnerability to HIV infection should be addressed in prevention and education programmes and services. Governments should **develop guidelines for HIV treatment and care, emphasizing equitable access, and for wide provision of and access to voluntary HIV testing and counselling services, and should ensure wide provision of and access to female and male condoms, including through social marketing.** Advocacy and information, education and communication campaigns developed with communities and supported from the highest levels of Government should promote informed, responsible and safer sexual behaviour and practices, mutual respect and gender equity in sexual relationships. Special attention needs to be given to preventing sexual exploitation of young women and children. Given the enhanced susceptibility to HIV/AIDS of individuals infected by conventional and treatable sexually transmitted diseases and the high prevalence of such diseases among young people, priority must be given to the prevention, detection, diagnosis and treatment of such infections. Governments should **immediately develop,** in full partnership with youth, parents, families, educators and health-care providers, **youth-specific HIV education and treatment projects, with special emphasis on developing peer-education programmes.**

Paragraph 70. Governments, with assistance from the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome and donors, should, by 2005, **ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.** Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.

Paragraph 73. 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 at-**

tainable 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;

(b) Continue to advocate for the protection and promotion of and support for programmes for adolescent health, including sexual and reproductive health; identify effective and appropriate strategies to achieve this goal; and develop gender- and age-based indicators and data systems to monitor progress;

(c) Develop at national and other levels, as appropriate, action plans for adolescents and youth, based on gender equity and equality. 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 practices, family life, reproductive health, sexually transmitted diseases, HIV infection and AIDS prevention, in accordance with paragraph 7.47 of the Programme of Action. **Adolescents and youth themselves should be fully involved in the design and implementation of such information and services**, with proper regard for parental guidance and responsibilities. Special attention should be devoted to vulnerable and disadvantaged youth

(d) Acknowledge and promote the central role of families, parents and other legal guardians in educating their children and shaping their attitudes and **ensure that parents and persons with legal responsibilities are educated about and involved in providing sexual and reproductive health information**, in a manner consistent with the evolving capacities of adolescents, so that they can fulfill their rights and responsibilities towards adolescents;

(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, *inter alia*, to 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. Programmes should involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behaviour, particularly parents and families, and also communities, religious institutions, schools, the mass media and peer groups. These policies and programmes must be implemented on the basis of commitments made at the International Conference on Population and Development and in conformity with relevant existing international agreements and conventions;

(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 73 (e) of the present document, where appropriate, **remove legal, regulatory and social barriers to reproductive health information and care for adolescents**.

Paragraph 74. Recognizing the **growing and special needs of youth and adolescents, including reproductive and sexual health issues, and taking into account the special situations they face**, the United Nations system and donors should complement Governments' efforts to mobilize and provide adequate resources to respond to those needs.

Paragraph 75. Governments, in consultation with national non-governmental organizations, including youth organizations where applicable, and with the required assistance of United Nations agencies, international non-governmental organizations and the donor community, should **evaluate programmes and document experiences and develop data collection systems to monitor progress, and widely disseminate information about the design and functioning of programmes and their impact on young people's sexual and reproductive health**. United Nations agencies and donor countries should support regional and international mechanisms for sharing those experiences among all countries, especially among developing countries.

Paragraph 82. Governments and civil society organizations, where appropriate, are encouraged to design innovative approaches and build partnerships with, among others, the media, the commercial sector, religious leaders, local community groups and leaders, as well as youth, which can serve as effective advocates for the achievement of the goals and objectives of the Programme of Action.

Paragraph 90. Governments, civil society organizations at the national level and the United Nations system are urged to consult youth organizations in the design, implementation and evaluation of policies and programmes for youth.

2000-2003 CPD Annual Review Sessions

From 2000 to 2003, annual sessions of the CPD were held to review and assess progress of the ICPD goals by Member States. During these years, language related to youth was only evident in the 2000 and 2003 resolutions.

The following language related to young people was included in the 2000 and 2003 resolutions:

2000, CPD THEME: POPULATION, GENDER AND DEVELOPMENT⁸

Recognizing the need to eliminate all discrimination and abuse against women and children, including sexual abuse, exploitation, trafficking and violence, and exposure, especially of young

women, to high risks of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) infection;

2003, CPD THEME: POPULATION, EDUCATION, DEVELOPMENT⁹

Noting the importance of education, especially of young persons and in particular of girls and women, to achieving population and development goals and the contribution, to this end, of the relevant United Nations bodies, funds and programmes, including the United Nations Girls' Education Initiative;

2004, ICPD + 10 Theme: Work programme in the field of population¹⁰

In 2004, 10 years after ICPD, several national, regional, and global meetings took place at which governments reviewed progress and reaffirmed their commitment to the ICPD Programme of Action. The United Nations General Assembly Special Session demonstrated overwhelming government

support as member states stressed the importance of ICPD's Programme of Action in achieving the Millennium Development Goals. Although this was a larger, comprehensive review session, the final resolution did not include any language on young people.

2005-2008 CPD Annual Review Sessions

During the annual review sessions from 2005 to 2008, the resolutions adopted at these meetings included a significant amount of language focused on young people. Topics ranged from HIV/AIDS, gender inequality, sexual and reproductive health rights, maternal mortality/maternal health, sexuality and HIV/AIDS education and information, youth-friendly reproductive health services, access to commodities such as male and female condoms, and sexual violence and abuse against women and children.

The following language related to young people was included in the 2005 to 2008 resolutions:

2005, CPD THEME: POPULATION, DEVELOPMENT AND HIV/AIDS, WITH PARTICULAR EMPHASIS ON POVERTY¹¹

Noting with deep concern that the number of new cases of HIV infection remains unacceptably high, especially among individuals at high vulnerability and/or risk, as the infection spreads in the general population, particularly to women of reproductive age and adolescent girls, with the number of people living with HIV and AIDS increasing

Emphasizing that the majority of HIV infections are sexually transmitted and that the infection is

also associated with exposure to infected blood and mother-to child transmission, that HIV and sexual and reproductive ill health have mostly common root causes, and that HIV transmission is influenced by a number of social factors including inequality, poverty, gender inequality and marginalization of those individuals at high vulnerability and/or risk

Deeply concerned that the global HIV/AIDS pandemic disproportionately impacts women and girls, and that the majority of new HIV infections occur among young people

Paragraph 12. Urges Governments to implement measures to **increase capacities of adults and adolescents to protect themselves from the risk of HIV infection**, principally through the **provision of health care and health services, including for sexual and reproductive health**, and through prevention education that promotes gender equality within a culture- and gender-sensitive framework

Paragraph 14. Stresses the importance of ensuring that young women and men have access to information, education, including peer education and youth-specific HIV education, sexual education and services necessary to develop the life skills required to reduce their vulnerability to HIV infec-

tion and reproductive ill health, in full partnership with young persons, parents, families, educators and health-care providers

Paragraph 21. *Encourages* the design and implementation of programmes to enable men, including young men, to adopt safe and responsible sexual and reproductive behaviour and to use effective methods to prevent the spread of HIV/AIDS

Paragraph 27. *Requests* the Secretary-General to continue to strengthen the work of the Secretariat as well as other relevant funds, programmes and agencies on the gender dynamics and demographic aspects of HIV/AIDS in a comprehensive manner, including on infant, child and maternal mortality and its impact on population and development, and to reflect this in his reports to the forthcoming sessions of the Commission on Population and Development.

2005, CPD THEME: CONTRIBUTION OF THE IMPLEMENTATION OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, IN ALL ITS ASPECTS, TO THE ACHIEVEMENT OF THE INTERNATIONALLY AGREED DEVELOPMENT GOALS, INCLUDING THOSE CONTAINED IN THE UNITED NATIONS MILLENNIUM DECLARATION¹²

Paragraph 3. *Emphasizes* the importance of integrating the goal of universal access to reproductive health by 2015 set at the International Conference on Population and Development into strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, in particular those related to improving maternal health, reducing infant and child mortality, promoting gender equality, combating HIV/AIDS, eradicating poverty and achieving universal access to primary education

2006, CPD THEME: INTERNATIONAL MIGRATION AND DEVELOPMENT¹³

Paragraph 6. *Recognizes* that trafficking in persons and smuggling of migrants continue to pose a serious challenge to humanity and require a concerted international response, and to that end urges all States to devise, enforce and strengthen effective measures to prevent, combat and eliminate all forms of trafficking in persons, to counter the demand for trafficked victims and to protect the victims, in particular women and children subjected to forced labour, or sexual or commercial exploitation, violence or sexual abuse

2007, CPD THEME: CHANGING AGE STRUCTURES OF POPULATIONS AND THEIR IMPLICATIONS FOR DEVELOPMENT¹⁴

Noting that children and youth constitute nearly half of the population of developing countries and that two thirds of the world's older persons live in developing countries

Noting with concern that poverty is one of the major threats to people's wellbeing, especially children, the young and older persons

Paragraph 6. *Recognizes* that investing in young people is an urgent development priority and that it will contribute to the achievement of the internationally agreed development goals, including the Millennium Development Goals

Paragraph 7. *Reaffirms* the resolve, expressed in the United Nations Millennium Declaration,⁸ to ensure that, by 2015, children everywhere, boys and girls alike, are able to complete a full course of primary schooling, *urges* Governments to **provide young people with opportunities for obtaining further education, acquiring skills and participating fully in all aspects of society**, with a view, inter alia, to improving their productive employment and helping them to lead self-sufficient lives, and recalls that a knowledge-based society also requires that policies be instituted to ensure life-long access to education and training;

Paragraph 20. *Notes* that HIV/AIDS affects the structure of the population in many developing countries, notably in Africa, and poses significant challenges to the economic and social stability in the most affected countries, and encourages Governments to address the rising rates of HIV infection among **young people to ensure HIV-free future generations through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour**, including the use of condoms, evidence- and skills-based, youth-specific HIV education, mass media interventions and the provision of youth-friendly health services

Paragraph 23. *Calls upon* the relevant United Nations agencies, funds and programmes to continue promoting partnerships at the national and international levels to promote a holistic package of gender-sensitive interventions **to ensure the wellbeing of young people and improve their life prospects**, inter alia, by enhancing their educational attainment, promoting healthy lifestyles and safeguarding their health, including sexual and reproductive health, and **by supporting young people's social engagement and participation**, including in activities to reduce poverty and marginalization

Paragraph 19. *Urges* Governments to promote healthy living at all ages and in all spheres of health, including sexual and reproductive health, in particular the improvement of maternal, child and adolescent health, and efforts to reduce maternal and child mortality, and to take steps to prepare health-care systems to meet the challenges posed by changing age structures

2008, CPD THEME: POPULATION DISTRIBUTION, URBANIZATION, INTERNAL MIGRATION AND DEVELOPMENT¹⁵

Paragraph 1. *Recalling* the commitment to achieve universal access to reproductive health by 2015, as set out at the International Conference on Pop-

ulation and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty

Paragraph 11. *Urges Governments to promote healthy living in both rural and urban areas in all*

spheres of health, including sexual and reproductive health, in particular the improvement of maternal, child and adolescent health, and efforts to reduce maternal and child mortality, (2008:) in the light of the challenges and opportunities presented by population distribution, urbanization, internal migration and development; (2007:) and to take steps to prepare health-care systems to meet the challenges posed by changing age structures

2009, ICPD + 15 Theme: The contribution of the Programme of Action of the International Conference on Population and Development to the Internationally Agreed Development Goals, Including the Millennium Development Goals¹⁶

In 2009, 15 years after ICPD, ownership of the ICPD Programme of Action was expanded through partnerships to serve as a foundation for achieving the Millennium Development Goals (MDGs). A number of meetings and consultations took place during the year to review progress and identify gaps to realizing the ICPD vision. Additionally, the meetings also provided practical recommendations for the MDG at 10 review which took place in 2010.¹⁷

In the resolution, the UN General Assembly identified and addressed several priorities surrounding young people. The Assembly reiterated the need for youth to have information and access to safe, effective, and acceptable methods of family planning. Governments of Member States were called upon to involve young people to meet the reproductive health-care service, information, and education needs of adolescents. The Assembly also recognized that because the largest generation of adolescents ever in history were entering sexual and reproductive life, access to sexual and reproductive health information, family planning services, and commodities were essential to achieving the goals set in 1994.

The following language related to young people was included in the 2009 resolution:

(also in CPD 2010) *Recognizing further* that population dynamics, development, human rights and sexual and reproductive health and reproductive rights, which contribute to the implementation of the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, **empowerment of young people and women, gender equality, rights for women and men to have control over and decide freely and responsibly on matters related to their sexuality and reproduction, free of coercion, discrimination and violence,** based on mutual consent, equal relationships between

women and men, full respect of the integrity of the person and shared responsibility for sexual behaviour and its consequences, are important for achieving the goals of the Programme of Action of the International Conference on Population and Development,

(also in CPD 2011). *Recognizing that under-age and forced marriage and early sexual relationships have adverse psychological effects on girls* and that early pregnancy and early motherhood entail complications during pregnancy and delivery and a risk of maternal mortality and morbidity that is much greater than average, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, including in the area of emergency obstetric care, cause high levels of obstetric fistula and maternal mortality and morbidity,

(also in CPD 2011). *Encouraging States* to create a socio-economic environment conducive to the **elimination of all child marriages and other unions** as a matter of urgency, to discourage early marriage and to reinforce the social responsibilities that marriage entails in their educational programmes,

Recalling the commitment to achieve universal access to reproductive health by 2015 as set out in the Programme of Action of the International Conference on Population and Development and the need to integrate this goal in national strategies and programmes to attain the internationally agreed development goals and the Millennium Development Goals, and recognizing that reproductive health and reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents, that 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, which also includes the right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents, that in the exercise of this right, they should take into account the needs of their living and future children and their responsibilities towards the community, that the promotion of the responsible exercise of those rights by all people should be the fundamental basis for Government- and community-supported policies and programmes in the area of reproductive health, including family planning, that as part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and, particularly, to meeting the educational and service needs of adolescents to enable them to deal in a positive and responsible way with their sexuality, that reproductive health eludes many of the world's people because of such factors as inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services, the prevalence of high-risk sexual behaviour, discriminatory social practices, negative attitudes towards women and girls and the limited power many women and girls have over their sexual and reproductive lives, that adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries, and that older women and men have distinct reproductive and sexual health issues, which are often inadequately addressed,

Recognizing the need to address the social and economic inequities that increase vulnerability and contribute to the spread of HIV/AIDS, that the global HIV/AIDS pandemic disproportionately affects women and girls, and that the majority of new HIV infections occur among young people,

Paragraph 7 (also in CPD 2010 and CPD 2011). *Urges* Governments, in order to ensure the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, to, inter alia, **protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including** by eliminating all forms of discrimination against girls and women, working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life, empowering women and girls, promoting and protecting women's and girls' right to education at all levels, **providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality,** enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, **ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, includ-**

ing sexual and reproductive health, free of coercion, discrimination and violence, combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation, developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

Paragraph 9 (also in CPD 2011). *Further urges* Governments and development partners, including through international cooperation, in order to improve maternal health, reduce maternal and child morbidity and mortality and prevent and respond to HIV/AIDS, to strengthen health systems and ensure that they **prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and post-natal care,** especially breastfeeding and infant and women's health care, prevention and appropriate treatment of infertility, quality, **services for the management of complications arising from abortion, reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible,** recognizing that in no case should abortion be promoted as a method of family planning, treatment of sexually transmitted infections and other reproductive health conditions and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

Paragraph 11. *Requests* the United Nations funds, programmes and specialized agencies, within their respective mandates, to continue to support countries in implementing the Programme of Action of the International Conference on Population and Development and thus contribute to eradicating poverty, promoting gender equality, improving adolescent, maternal and neonatal health, preventing HIV/AIDS and ensuring environmental sustainability, including to address the negative impacts of climate change

Paragraph 13 (also in CPD 2011). *Reiterates* the need for Governments to **ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable, evidence-based and acceptable methods of family planning,** including barrier methods, and to the requisite supplies so that they are able to exercise free and informed reproductive choices;

Paragraph 16. *Calls upon* Governments, with the **full involvement of young people** and with the

support of the international community, to give full attention to **meeting the reproductive health-care service, information and education needs of adolescents** to enable them to deal in a positive and responsible way with their sexuality;

Paragraph 18. *Also urges* Governments to **integrate HIV/AIDS prevention, treatment, care and support into primary, maternal and child health-care programmes and integrate sexual and reproductive health information and services into HIV/AIDS plans and strategies**, so as to increase coverage of antiretroviral treatment and prevent all forms of transmission of HIV, including mother-to-child transmission, protecting human rights and fighting stigma and discrimination by **empowering women to exercise their right to have control over and decide freely and responsibly on matters related to their sexuality, free of coercion, discrimination and violence**;

Paragraph 19. *Calls upon* Governments to strengthen initiatives that **increase the capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health**, in accordance with the Programme of Action of the International Conference on Population and Development, and that integrate HIV/AIDS prevention, treatment, care and support, including voluntary counselling and testing and prevention education that promotes gender equality;

Paragraph 20. *Urges* Governments, supported by international cooperation and partnerships, to **expand to the greatest extent possible the capacity to deliver comprehensive HIV/AIDS programmes**

in ways that strengthen existing national health and social systems, **including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health and nutrition**, programmes addressing tuberculosis, hepatitis C and sexually transmitted infections and programmes for children affected, orphaned or made vulnerable by HIV/AIDS, as well as into formal and informal education;

Paragraph 24. *Also encourages* Governments to increase and strengthen or, where necessary, develop and implement information, education and communication strategies, programmes and actions to **increase awareness, knowledge, understanding and commitment at all levels of society, including among young people, on issues of priority in regard to population and development**, and to ensure that all segments of the population, including those who are in vulnerable situations, are taken into account in such strategies;

Paragraph 26. *Encourages* Governments, including through technical and financial support and cooperation, to prevent and address, as a matter of priority, deaths and complications related to pregnancy and childbirth, which are still the leading cause of death of women of reproductive age in many developing countries, recognizing that *maternal mortality and morbidity have shown very little decline in the least developed countries*, that the lack of safe motherhood services is still one of the world's urgent concerns and that **reducing maternal mortality and morbidity saves women's lives, protects family health, alleviates poverty and improves opportunities for the next generations**.

2010-2011 CPD Annual Review Sessions

During the 2010 and 2011 CPD annual sessions, youth issues were addressed in the resolutions, as follows:

2010, CPD THEME: HEALTH, MORBIDITY, MORTALITY, AND DEVELOPMENT¹⁸

(also in ICPD + 15). *Recognizing further* that population dynamics, development, human rights and sexual and reproductive health and reproductive rights, which contribute to the implementation of the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action, **empowerment of young people and women, gender equality, rights for women and men to have control over and decide freely and responsibly on matters related to their sexuality and reproduction, free of coercion, discrimination and violence**, based on mutual consent, equal relationships between women and men, full respect of the integrity of the person and shared responsibility for sexual behaviour and its consequences, are important

for achieving the goals of the Programme of Action of the International Conference on Population and Development,

Paragraph 4. *Encourages* Member States and International Organizations to **scale up actions aimed to accelerate** progress on all health-related Millennium Development Goals' targets, in particular, **universal access to reproductive health**, immunization and key child survival interventions, **HIV prevention**, mitigation and treatment, prevention and treatment of neglected tropical diseases, prevention and treatment services for malaria and tuberculosis, and access to affordable safe water and sanitation whose achievement would have the greatest impact on public health and development

Paragraph 11. *Emphasizes* that advances in health depend, among other factors, on the promotion and protection of all human rights, the **promotion of gender equality and the empowerment of women**, and the elimination of gender-based discrimination, especially by ensuring equal op-

portunities for women and men in education, employment and access to social services, including health services; by **instituting zero tolerance regarding violence against women and girls, including harmful traditional practices such as female genital mutilation or cutting; by preventing child and forced marriage; and by ensuring women's and men's access to the means to determine the number and spacing of their children;**

Paragraph 12 (also in CPD 2011 and ICPD +15). Urges Governments, in order to ensure the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, to, inter alia, **protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including** by eliminating all forms of discrimination against girls and women, working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life, empowering women and girls, promoting and protecting women's and girls' right to education at all levels, **providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality,** enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation, developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals

Paragraph 14. Also urges Governments to intensify efforts to provide quality delivery care, including during the often neglected early postnatal period, as such care improves health outcomes for both women and children

Paragraph 15. Calls upon Governments to **scale up significantly efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, and the goal of halting and reversing the spread of HIV/AIDS by 2015,** particularly by integrating HIV/AIDS interventions into programmes for primary health care, sexual and reproductive health, and mother and child health, by strengthening efforts to eliminate the mother-to-child transmission of HIV and by preventing and treating other sexually transmitted diseases

Paragraph 16. Notes with concern the feminization of the pandemic of HIV/AIDS, especially among young women and the fact that **women now represent 50 percent of people living with**

HIV worldwide and nearly 60% of people living with HIV in Africa, and in that regard, reaffirms the commitment to intensify efforts to ensure a wide range of prevention programmes that take account of local circumstances, ethics and cultural values, such as information, education and communication, as well as encouraging responsible sexual behaviour, including abstinence and fidelity, and through the adoption of measures to reduce costs and improve availability

Paragraph 22. Emphasizes the role of education and health literacy in improving health outcomes over a lifetime and urges Governments to **ensure that health education starts early in life and that special attention is paid to encouraging health-enhancing behaviour among adolescents and young people in a gender-sensitive manner, especially by discouraging the use of tobacco and alcohol, encouraging physical activity and balanced diets, and providing information on sexual and reproductive health that is consistent with their evolving needs and capacities so that they can make responsible and informed decisions** in all issues related to their health and wellbeing and understand the synergies between the various health-related behaviours

2011, CPD THEME: FERTILITY, REPRODUCTIVE HEALTH AND DEVELOPMENT¹⁹

PP 8. Recognizing 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,** their right to attain the highest standard of sexual and reproductive health, and their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents

PP 15. Noting that 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 and that these young populations have health, education and employment needs to be met by families, local communities, countries and the international community

PP 17. Recognizing also women's and girls' right to education at all levels as well as access to life skills and sex education based on full and accurate information and, with respect to girls and boys, in a manner consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, in order to help women and girls, men and boys, to develop knowledge to enable them to make informed and responsible decisions to reduce early childbearing and maternal mortality, to promote access to pre- and post-natal care and to combat sexual harassment and gender-based violence

PP 19. Acknowledging that **hundreds of millions of women and men lack access to safe, affordable, effective and acceptable forms of modern contraception** and that, based on the current large unmet demands for reproductive health services, in-

cluding family planning, and the expected growth in numbers of women and men of reproductive age, demand for these services will continue to grow over the next several decades, especially for the younger, poorer, less educated and rural segments of the population who face greater barriers to access these services

PP 20 (also in ICPD + 15). *Recognizing that under-age and forced marriage and early sexual relationships have adverse psychological effects on girls and that early pregnancy and early motherhood entail complications during pregnancy and delivery and a risk of maternal mortality and morbidity that is much greater than average, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, including in the area of emergency obstetric care, cause high levels of obstetric fistula and maternal mortality and morbidity*

PP 21 (also in ICPD + 15). *Encouraging States to create a socio-economic environment conducive to the **elimination of all child marriages and other unions** as a matter of urgency, to discourage early marriage and to reinforce the social responsibilities that marriage entails in their educational programmes*

OP 6 (also in 2010 CPD and ICPD + 15). *Urges Governments, in order to ensure the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, to, inter alia, **protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including** by eliminating all forms of discrimination against girls and women, working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life, empowering women and girls, promoting and protecting women's and girls' right to education at all levels, **providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality,** enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, **ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence,** combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation, developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals*

OP 12 (also in ICPD + 15). *Urges also Governments and development partners, including through international cooperation, in order to improve maternal health, reduce maternal and child morbidity and mortality and prevent and respond to HIV/AIDS, to strengthen health systems and ensure that they **prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and post-natal care, especially breastfeeding and infant and women's health care, prevention and appropriate treatment of infertility, quality, services for the management of complications arising from abortion, reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible,** recognizing that in no case should abortion be promoted as a method of family planning, treatment of sexually transmitted infections and other reproductive health conditions and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals*

OP 16 (also in ICPD +15). *Reiterates the need for Governments to **ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable and acceptable methods of family planning,** including male and female condoms, and to the requisite supplies so that they are able to exercise free and informed reproductive choices*

OP 21 (also in ICPD+15). *Calls upon Governments, with the **full involvement of young people** and with the support of the international community, to give full attention to **meeting the reproductive health-care service, information and education needs of adolescents** to enable them to deal in a positive and responsible way with their sexuality*

OP 18. *Recognizes the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance in sexual and reproductive matters, and that countries must **ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted infections and sexual abuse,** and recognizes that in doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs, and*

that in this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents

OP 20. Recognizes that the largest generation of adolescents ever in history is now entering sexual and reproductive life and that their access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms, as well as voluntary abstinence and fidelity are essential to achieving the goals set out in Cairo 17 years ago

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MISSION

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

OUR VISION: THE 3RS

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility.® (3Rs) animate this vision:

RIGHTS: Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

RESPECT: Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

RESPONSIBILITY: Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.