



**COUNCIL OF
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- Council Conclusions

At its meeting on 23 November 2004, the General Affairs and External Relations Council adopted the conclusions in Annex.

**COUNCIL CONCLUSIONS ON
A RENEWED EU COMMITMENT TO ICPD IN THE CONTEXT OF THE
MILLENNIUM DEVELOPMENT GOALS (MDGs)**

RECALLING AND REAFFIRMING

- The Programme of Action of the International Conference on Population and Development adopted by 179 states at Cairo in 1994, as well as the key actions for the further implementation of the ICPD Programme of Action agreed at ICPD+5 by 159 UN Member States in 1999;
- The United Nations General Assembly Special Session on HIV/AIDS (UNGASS), June 2001;
- The Platform of Action of the Fourth World Conference on Women at Beijing in 1995;
- The Council Conclusions of 20 May 2003 on Aid for Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries and Aid for Poverty Related Diseases;
- The Regulation (EC) No 1567/2003 of the European Parliament and of the Council on Aid Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries of 15 July 2003¹;
- The Council Resolution of 30 May 2002 on Health and Poverty Reduction in Developing Countries;
- The Council Conclusions of 8 November 2001 on the Program of Action for the Mainstreaming of Gender Equality in Community Development Co-operation;

¹ O.J. L 224 p. 1 of 6.09.2003.

- The Council Conclusions of 26 January 2004 and of 27 April 2004 on the EU position with regard to the MDGs, as well as on the Mandate for the Commission to prepare an EU synthesis report on the MDG stocktaking exercise due in 2005;
- The commitments made by the EU at the European Council at Barcelona in March 2002 in view of the preparation of the Monterrey Conference (ICFD); where the Heads of State welcomed the renewed commitment to increase financial resources and encouraged Member States to raise the level of ODA to 0,7 % of the GNI;
- The Conclusions of the Council of 19 November 2002, in relation to the request to the Commission to report on the Monterrey Follow-up, as well as the Council Conclusions of 20 May 2003 and of 27 April 2004 on the first and on the second monitoring reports by the Commission on the follow-up to Monterrey;

REAFFIRMING the International Conference on Population and Development (ICPD) Program of Action adopted in 1994 by 179 states setting, amongst others, the goal of universal access to reproductive health services by 2015;

NOTING that 2004 marks the 10th anniversary of the International Conference on Population and Development (ICPD, Cairo 1994), and constitutes the halfway point of the 20-year agenda set out in Cairo ten years ago;

WELCOMING the UNFPA review of ICPD + 10 in the report “State of the World Population 2004. The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to end Poverty” and TAKING NOTE of its conclusions and recommendations;

EMPHASISING the importance of the Millennium Declaration approved in September 2000 and the Millennium Development Goals (MDGs) for the efforts to eradicate poverty worldwide and achieve sustainable development based on respect for human rights;

UNDERLINING that during next year's Millennium Declaration review meeting, sexual and reproductive health and rights for all and the Cairo Programme of Action should be placed centrally vis-a-vis the implementation of the MDGs,

THE COUNCIL:

1. REITERATES its full and broad support for the entire agenda of the International Conference on Population and Development (ICPD) and the key actions adopted at ICPD+5, as well as the need to achieve its mutually supportive goals;
2. REAFFIRMS the agreement reached to shift towards a rights based approach, which puts the well being and free choice of the individual at the centre of its concern, and the need for a strong EU leadership in the prompt implementation of the ICPD Program of action in the context of the Millennium Declaration, approved in September 2000;
3. REAFFIRMS also that implementation of the ICPD Program of Action is key to poverty reduction and is fundamental to achieving the Millennium Development Goals (MDGs). The MDGs provide a shared and common vision of a world in 2015, where extreme poverty and hunger are cut in half (MDG 1), child and maternal mortality (MDG 4 and 5) will be greatly reduced and gender disparities in primary and secondary education are eliminated (MDG 2), women are more empowered (MDG 3) and HIV/Aids, malaria and other diseases are effectively tackled (MDG 6), and environmental sustainability is ensured (MDG 7) within a global partnership for development (MDG 8);
4. AGREES that the EU action to support the ICPD agenda should be pursued both at global and country level. In particular, progress at country level will be achieved through the inclusion of the ICPD agenda into MDGs-friendly Poverty Reduction Strategy Papers (PRSPs) and other national planning frameworks. This would help to make the financial resources needed more visible in the national financial instruments such as the Medium-Term Expenditures Frameworks (MTEF). Action at country level will also need to focus on efficient and well trained human resources which are key to the delivery of sexual and reproductive health care and services. EU action at global level will be carried out in close collaboration with inter-parliamentarian groups, multilateral institutions (UNFPA and other UN agencies) and organizations, as well as NGOs and civil society at large;

5. AGREES that financial contributions to the implementation of the Cairo Program of Action have remained far below the level of commitments made in 1994; in particular, donors have provided only fifty percent of the funding they had pledged at the Cairo Conference and REAFFIRMS its commitment to provide the EU's share of the resources estimated to be required to implement the ICPD Programme of Action;
6. RECOGNIZES that additional resources are needed to enable a prompt implementation of the ICPD agenda by focusing in particular on sexual and reproductive health and rights, and encourages EC and Member States to provide financing through geographical and thematic instruments, multi sector support and/or budget support and through additional resources from the UN and other international development agencies;
7. INVITES in this context the EC and the Member States to provide additional resources through the UNFPA to fill the reproductive health commodities gap, as a short term measure to respond to urgent needs of commodities. The Council recognizes, however, that partner countries have to identify with the support of UNFPA and other international organisations long-term and viable solutions to guarantee the required level of supplies at country level. To this effect, partner countries should develop appropriate road-maps , as well as public private partnerships to secure reproductive health supplies;
8. TAKES NOTE that complications during pregnancy and childbirth are still the leading cause of death for women in the reproductive age in developing countries and that mortality during childbirth has not decreased over the last decade in the poorest countries. The Council, therefore, ACKNOWLEDGES that the lack of safe motherhood is still one of the world's urgent concerns, which needs to be addressed. Reducing maternal mortality implies saving lives, alleviating poverty and improving opportunities for the next generation;

9. EMPHASISES the urgent need to link the fight against HIV/AIDS with support for reproductive and sexual health and rights, in particular to ensure strong political commitment and funding for sexual and reproductive health information, services and research , extend treatment and care, and ensure reproductive choices to people affected by HIV, in accordance with the ICPD Plan of Action;
10. 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, services and commodities, including condoms, is essential in achieving the goals set in Cairo 10 years ago, as well as the fight against HIV/AIDS;
11. UNDERLINES and RECOGNIZES the need for the EU to support the developing countries in the implementation of the ICPD-Program of Action, in close collaboration and coordination with UNFPA and other development partners. The Council notes also that EU Member States and European Commission should work more effectively and coherently with developing countries' governments, UN agencies, the Bretton Woods institutions and NGOs, and should align themselves with co-ordinating mechanisms such as the OECD DAC initiative on harmonisation, and the UNAIDS “Three Ones” Initiative. In the spirit of the Cairo consensus, a constructive dialogue including with political, cultural and religious groups and individuals in societies must be part and parcel of these efforts;
12. STRESSES that sexual and reproductive health and rights in relation to women’s rights and empowerment merits focused attention, particularly related to gender equality and male involvement in programs;
13. AGREES that sexual and reproductive health and rights and women’s rights and empowerment deserve special attention in humanitarian programs, in crisis management and in political dialogues with third parties in conflict and post-conflict situations;

14. UNDERLINES that the EU should continue its strong support to the UNFPA as having the leading role regarding the ICPD agenda. This refers also to the need to provide adequate and predictable resources for the activities of UNFPA. The EU would invite non-EU states to do likewise;
 15. RECOGNIZES that the MDGs cannot be attained without progress in achieving the Cairo goal of universal sexual and reproductive health and rights. The EU will therefore work to ensure that sexual and reproductive health and rights issues are properly reflected within the outcome of the 2005 High Level Event, including its targets and monitoring indicators;
 16. The Council URGES the Commission to report on the efforts made by Member States and the Commission in the EU synthesis report for the 2005 MDGs stocktaking exercise.
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