

Healthy Documents

*a source book of
important documents
and instruments that
impact on peoples'
health*

Compiled by Lakshmi Menon



World Alliance for
Breastfeeding Action



2000
People's
Health Assembly

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**A Sourcebook of Important Documents and Instruments
that Impact on Peoples' Health**

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Lakshmi Menon

**World Alliance for Breastfeeding Action (WABA)
Penang, Malaysia**

December 2000

Acknowledgements

Special thanks to the following organisations/institutions for their assistance in information search

- Akshara: a Women's Resource Centre, Mumbai, India
- Asian-Pacific Resource & Research Centre for Women (ARROW), Kuala Lumpur, Malaysia
- Association for Consumers Action on Safety and Health (ACASH), Mumbai
- Centre for Education and Documentation (CED), Mumbai
- CEHAT, Mumbai
- Documentation, Research and Training Centre (DRTC), Mumbai
- Health Education Library for People (HELP), Mumbai
- Research Centre on Women's Studies, Mumbai
- SNTD Women's University Library, Mumbai
- The Urban Governance Initiative (TUGI-UNDP), Kuala Lumpur
- World Alliance for Breastfeeding Action (WABA), Penang, Malaysia

And deep appreciation for suggestions and support to,

Anwar Fazal, Sarah Amin, Juliet Maben, Roshan Nair & Prabhakar Nair
and to Abdul Razak for cover design



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- **Beijing Platform For Action: Strategic Objectives and Actions on Health and Violence against Women** Adopted by the *Fourth World Conference on Women*, Beijing, People's Republic of China, September 1995

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- **Declaration** – Adopted by the *Eight International Women and Health Meeting*, Rio de Janeiro, Brazil, 1997
- **Nairobi Forward-Looking Strategies for the Advancement of Women**, Second World Conference on Women, Nairobi, Kenya, 1985
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- **Bali Declaration on Population and Sustainable Development** Adopted by the 4th Asian and Pacific Population Conference. August 1992, Bali, Indonesia.
- IPPF/FPA Vision 2000: The Delhi Declaration

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- **Recommendations of the WHO Expert Committee on Smoking Control**

Introduction

As early as 1948, the Universal Declaration of Human Rights proclaimed the right to decent living standards and adequate health for all people. However, a quarter century later, in 1974, the World Health Assembly noted such glaring disparities in health and health services between countries that it decided to hold an international conference specially on healthcare in 1978 at Alma Ata in the erstwhile USSR. The Alma Ata conference was attended by delegations from 134 countries and by representatives of 67 United Nations agencies and non-governmental organisations. The Conference set a bold challenge of achieving health for all by the year 2000.

The year 2000 is now behind us. And as we look back, what do we see? The path traversed since Alma Ata is littered with several more international meetings on health and declarations and resolutions (which have even been ratified by governments); but the target of Health for All is far from being achieved. Not much seems to have changed for the people, especially for the poor people in the developing countries. The situation is further worsening with many countries allotting more funds for their defence budgets. An increasing number of countries are meanwhile privatising their health services, pushing these services beyond the reach of the common people.

As this People's Health Assembly is now looking at new strategies to remedy the situation, it would be useful to examine some of these declarations and resolutions and also the supporting instruments of the United Nations ratified by various governments. At the end of this exercise, the question

we must be looking at critically is: "What is beyond this resolution? How do we really reach healthcare to people at the grassroots? And what have we learnt from our earlier experience?"

This publication, *Healthy Documents*, is a compilation of these resolutions, declarations and charters which are arranged in seven categories: 1) Medical Ethics, 2) Health Rights, 3) Public health, and 4) Health and Social Development, 5) Nutrition, 6) Children's Health, and 7) Women's Health. Presented in a draft form, it includes declarations, resolutions and charters adopted at the various international conferences. It also provides the related UN instruments, such as international covenants, programmes and platform of action which support these declarations. This compilation is by no means complete. We request you to please send your comments and suggestions to enable the finalisation of this publication. Please send the title of the declarations/resolutions/charters you think should be included in this publication. Please give the full details of the declaration such as name, place, and date of the conference. Also include the website the declaration is available from. Please send your feedback to:

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Medical Ethics

THE HIPPOCRATIC OATH

The Hippocratic Oath is one of the sixty books composing the Hippocratic Collection, or the *Corpus Hippocraticum*, which was brought together and edited at the commencement of the third century B.C. by a group of Alexandrian scholars. The Oath is a historic and important document because it gives data relating to the constitution and teachings of the mystery of the Greek physicians, the Companions of Aesculapius. It reveals the moral obligations, which the members of the medical body took upon themselves in their relationship with their patients, and among themselves as well as with the community at large.

"I swear by Apollo the physician, by Aesculapius, Hygeia, and Panacea and I take to witness all the gods, all the goddesses, to keep according to my ability and my judgment the following Oath:

"To consider dear to me as my parents him who taught me this art;
to live in common with him and if necessary to share my goods with him;
to look upon his children as my own brothers, to teach them this art if they so desire without fee or written promise;
to impart to my sons and the sons of the master who taught me and the disciples who have enrolled themselves and have agreed to the rules of the profession, but to these alone, the precepts and the instruction.

I will prescribe the regimen for the good of my patients according to my ability and my judgment and never do harm to anyone.

To please no one will I prescribe a deadly drug, nor give advice, which may cause his death. Nor will I give a woman a pessary to procure abortion.

But I will preserve the purity of my life and my art.

I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners (specialists in this art).

In every house where I come I will enter only for the good of my patients, keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men, be they free or slaves.

All that may come to my knowledge in the exercise of my profession or outside of my profession or in daily commerce with men, which ought not to be spread abroad, I will keep secret and will never reveal.

If I keep this oath faithfully, may I enjoy my life and practise my art, respected by all men and in all times;

But, if I swerve from it or violate it, may the reverse be my lot."



Health Rights

THE UKUNDA DECLARATION OF ECONOMIC POLICY AND HEALTH

*Adopted by the first African Regional Conference of Social Science and Medicine,
13th September 1990.*

1. Africa's recent colonial history, experience of capitalist underdevelopment, and more recently recession, debt and the impact of structural adjustment policies (SAPs) have severely affected the health status and survival chances of the overwhelming majority of the population. There is accumulating evidence that the current economic crisis and attendant responses (including SAPs) have severely hampered the ability of Africa's people, especially "vulnerable groups," to maintain their already inadequate living standards and minimal access to effective health and social services. In addition, the gains of independence have already been largely eroded.
2. It is well organized that health (and disease) experience is the outcome of social, economic, political and cultural influences. Much historical evidence exists to show that without sustained improvements in socioeconomic conditions and consequent standards of living. Advances in health are unlikely to be achieved and maintained.
3. Both as a result of the economic crisis and as a consequence of the SAPs, there are growing sections of the population who have become marginalized, disempowered, and are increasingly unable to meet their basic needs. These are primarily low paid workers in the formal and informal sectors, a growing stratum of rural producers. Within these groups, it is women and their dependents who have been most adversely affected. In short, the greatest burden of these economic policies is being borne by those least capable of shouldering it.
4. In response to this crisis, there has been increasingly widespread popular opposition in the form of food riots, strikes, and other forms of protest. Advocacy initiatives such as UNICEF's Adjustment with a Human Face and the World Bank's Social Dimensions of Adjustment, have manifestly failed to address the underlying structural causes and have not even succeeded in their objective of mitigating the effects of SAPs. Worse still, these initiatives may have contributed to obscuring the fundamental bases of this crisis, and thus further disempowered the most vulnerable.
5. The core of these "recovery" programmes posits export-led growth as a strategy not only for resolving the short term economic crisis but also for creating the basis for future sustained development. The experiences of the last decades demonstrate – even during the long post war boom – the hollowness of this model. Indeed the pursuance of this approach even in the rich countries, is leading to increasing stratification and the impoverishment of significant strata within societies. Moreover, the unprecedented accumulated debt, particularly of the USA, underscores the bankruptcy of this approach and furthermore, cynically shifts the real burden of this debt to the underdeveloped world through the agency of the IMF and the World Bank, to maintain the value of the dollar and the high standard of living of the American middle class.
6. These policies have been implemented through the (sometimes unwilling) agency of African governments. While these policies have had disastrous effects on the majority of Africans, a few have benefited inter-alia, from trade liberalization, currency devaluation, and reduction in the value of real wages. Moreover, these groups have been relatively

unaffected by sharp reductions in social sector spending because of the existence of alternatives – e.g., private sector health, education and welfare services.

7. Within the health sector itself, important and promising initiatives such as primary health care (PHC) have not escaped the influence of “adjustment” to the present reality. Programmes such as the child survival initiative have been interpreted in a narrow and overly technical way, and in many countries have been reduced to limited, vertical and often externally funded immunization and rehydration programmes. Even such limited interventions have been hampered in their implementation by the effect of the economic crisis – lack of transport, spare parts, equipment, vaccines, drugs and not even salaries. This situation has led to the devising and promotion of such initiatives as “cost sharing” and the “Bamako Initiative” which putatively seek to generate income to “improve the quality of services” and foster “community participation” in PHC. It is already becoming apparent that such programmes are further aggravating inequity, particularly since the distinction between willingness and ability to pay has not been addressed in policy formulation. Although the implementation of such programmes will save costs in the public sector, it is clear that the economic crisis and SAPs have resulted in the rapid expansion of the private sector where foreign exchange consumption for often irrational importations (unnecessary, expensive patent drugs for the last needy) dwarfs the income generated through cost sharing initiatives in the public sector.
8. These limited technocratic and piecemeal approaches in the context of the crisis have led to unprecedented and disturbing demographic changes. While reductions in infant mortality (probably temporary) have been achieved in some countries, morbidity and malnutrition rates have increased in most sub-saharan African countries and in some where the recession has been most severe, even mortality rates have started to rise. Additionally, the crucial social mobilizing content of the PHC initiative which holds the solution to some of these problems, appears to have been lost.
9. Clearly the long term solution to this crisis will require fundamental structural changes at national and international levels. It is suggested that inter-alia, the following policy options be seriously considered:
 - diversification of the productive base away from the legacy of the colonial past
 - development of indigenous technologies
 - emphasis on regional self-sufficiency in food
 - expenditure switching towards agriculture and social sectors
 - environmental protection
 - establishment of a debtor’s club that could in a united way argue from a position of relative strength for debt repudiation

The adoption of the above policies will require political will on the part of African governments. The best guarantee of such bold initiatives is the sustained pressure from the majority who have been so adversely affected in this crisis. For this process to be initiated and maintained, fundamental democratization of the political and social structures is a prerequisite.

10. A minimum responsibility of health and social scientists is to facilitate the above enterprise. While there are a number of areas where research is necessary, it is our firm belief that for any research to have any operational or political outcome, the objects of research must become the subjects. Thus the definition of the research agenda and its implementation and utilization must result from a democratic dialogue between researchers and those most affected by the current crisis. Research areas should include a focus on the evolving impact of the economic crisis and SAPs on:

- living conditions of those most affected.
- the development of cost recovery programmes and their effects on equity in health services access, utilization and quality.
- social stratification, integrity and social violence.
- social organizations and community responses in health and development related areas.

A PATIENT'S BILL OF RIGHTS

Adapted from American Hospital Association, 1973 by the Association for Consumers' Action on Safety and Health, Mumbai, India

1. A patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand.
3. The patient has the right to receive from the physician information necessary to give informed consent prior to the start of any procedure and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concerning his own medical care programme.
6. The patient has the right to expect that all communications and records pertaining to his case should be treated as confidential.
7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of the patient for services.
8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions in so far as his care is concerned.
9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment, the patient has the right to refuse to participate in such research or projects.
10. The patient has the right to expect reasonable continuity of care.
11. The patient has the right to examine and receive an explanation of his bill regardless of the source of payment.
12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his dignity as a human being. Success in achieving his recognition assures success in the defence of the rights of the patient.

UNIVERSAL DECLARATION OF HUMAN RIGHTS

Adopted by General Assembly Resolution 217 A (III) of 10 December 1948

Preamble

Whereas recognition of the inherent dignity and of equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt of human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas the people of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged to achieve in cooperation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge.

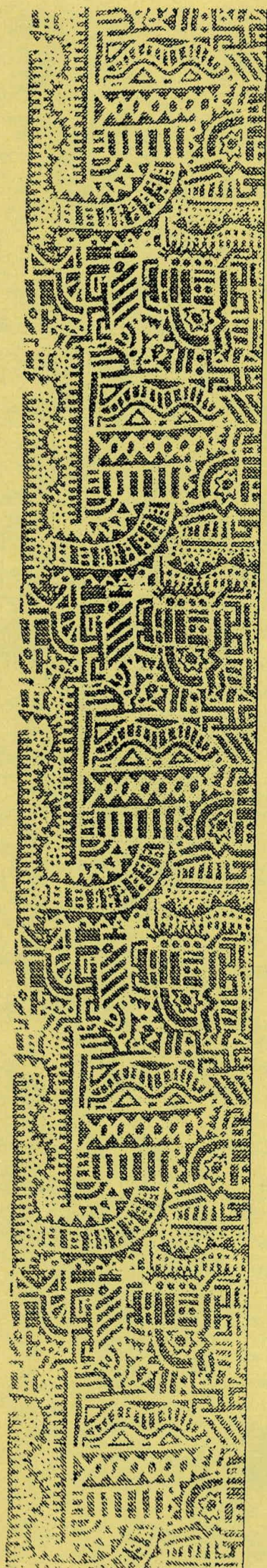
Now therefore,

The General Assembly,

Proclaims this Universal Declaration of Human Rights a common standard of achievement for all people and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international and observance, both among the people of Member States themselves and among the people of territories under their jurisdiction.

Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.



Public Health

DECLARATION OF ALMA ATA

*Adopted by the International Conference on Primary Health Care at Alma Ata, the
Kazakh Soviet Socialist Republic (now Kazakhstan), September 1978*

- I. The Conference strongly reaffirms that health, which is a state of complete physical, mental and social well being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.
- II. The existing gross inequality in the health status of the people—particularly between the developed and developing countries as well as within them—is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.
- III. Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.
- IV. The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.
- V. Governments have a responsibility for the health of their people, which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.
- VI. Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.
- VII. Primary health care:
 - A. Reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
 - B. Addresses the main health problems in the community, providing promotive, preventative, curative, and rehabilitative services accordingly;

- C. Includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
 - D. Involves, in addition to the health sector, all related sectors and aspects of national and community development: in particular agriculture, animal husbandry, food, industry, education, housing, public works, communication and other sectors; and demands the coordinated efforts of all those sectors;
 - E. Requires and promotes maximum community and individual self-reliance and participation in planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
 - F. Should be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health of all, and giving priority to those most in need;
 - G. Relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained-socially and technically-to work as a health team and to respond to the expressed health needs of the community.
- VIII. All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.
- IX. All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/UNICEF report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.
- X. An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share.

The International conference on Primary Health Care calls for urgent and effective national and international action to develop and implement primary health care throughout the world and particularly in developing countries in a spirit of technical cooperation and in keeping with a New International Economic Order. It urges governments, WHO and UNICEF, and other international organizations, as well as multilateral and bilateral agencies, nongovernmental organizations, funding agencies, all health workers and the whole world community to support national and international commitment to primary health care and to channel increased technical and financial support to it, particularly in developing countries. The Conference calls on all the aforementioned to collaborate in introducing, developing and maintaining primary health care in accordance with the spirit and content of this Declaration.

OTTAWA CHARTER ON HEALTH PROMOTION

Issued by the *Conference on Health Promotion* at Ottawa, Canada, 1986

[This conference mainly focused on the needs in industrialized countries, but also took into account similar concerns in other regions. The Charter emphasized that promoting health is more than just providing health services. Peace, housing, education, food, income, a sustainable environment, social justice and equity are all necessary for achievement of health. It calls for people to act as advocates for health through the addressing of political, economic, social, cultural, environmental, behavioural and biological factors.]

Extracts from the Ottawa Charter

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

HEALTH PROMOTION ACTION MEANS:

Building healthy public policy Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels. It directs policy makers to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services healthier public services, and cleaner, more enjoyable environments.

Health-promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice.

Creating supportive environments Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable. Systematic assessment of the health impact of a rapidly changing environment – particularly in areas of technology, work, energy production and urbanization – is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthening community action At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies. Community development draws on existing human and material resources in the community to enhance

self-help and social support, and to develop flexible systems for strengthening public participation and direction of health matters.

Developing personal skills Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their health and environment, and to make choices conducive to health. Enabling people to learn throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorienting health services The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system that contributes to the pursuit of health. Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person.

DECLARATION ON OCCUPATIONAL HEALTH FOR ALL

Adopted by the Second Meeting of the WHO Collaborating Centres in Occupational health held in Beijing, People's Republic of China, in October 1994.

[The meeting, which was attended by representatives of 31 WHO collaborating centers from 27 countries, ILO, UNDP, and the International Commission on Occupational Health (ICOH), developed a proposal for a Global Strategy on Occupational Health for All.]

The participants adopted a Declaration on Occupational Health for All, which underlines that the fundamental right of each worker is the highest attainable standard of health. To achieve this objective, access to occupational health services should be ensured for all workers, irrespective of age, sex, nationality, type of employment, or size and location of the workplace.

The Declaration emphasizes the occupational health is an important factor for sustainable socioeconomic development, enabling workers to enjoy a healthy and productive life throughout their active working years and beyond. It urges WHO Member States to develop national policies and programmes for occupational health with appropriate legal provisions and systems for enforcement and inspection by competent authorities. An occupational health service should comprise, first of all, a multidisciplinary preventive element including surveillance of the work environment and health of workers and, where appropriate, relevant curative and health promotion components. The Declaration encourages experts, appropriate professional bodies and other nongovernmental organizations to participate in and give support to occupational health activities at all levels.

JAKARTA DECLARATION ON LEADING HEALTH PROMOTION INTO THE 21ST CENTURY

Adopted by the *Fourth International Conference on Health Promotion*, at Jakarta,
Indonesia in July 1997

The participants endorsed the information of a global alliance to advance the action set out in the Declaration. Priorities for the alliance include:

- raising awareness of the changing determinants of health;
- supporting the development of collaboration and networks for health development;
- mobilizing resources for health promotion;
- accumulating knowledge on best practice;
- enabling shared learning;
- promoting solidarity in action;
- fostering transparency and public accountability in health promotion.

Priorities for Health Promotion in the 21st Century

Summarized from the Jakarta Declaration on Leading Health Promotion into the 21st Century

■ *Promote social responsibility for health*

Decision-makers in both the public and private sectors must be firmly committed to pursuing policies and practices that:

- avoid harming the health of individuals;
- protect the environment and ensure sustainable use of resources;
- restrict production of and trade in inherently harmful goods and substances;
- safeguard people in the marketplace and in the workplace;
- include equity-focused health impact assessments.

■ *Increase investments for health development*

A multisectoral approach is required.

Investments for health should reflect the needs of particular groups such as women, children, older people, and indigenous, poor and marginalized populations.

■ *Consolidate and expand partnerships for health*

Health promotion requires partnerships between different sectors at all levels of governance and society.

Existing partnerships need to be strengthened and the potential for new one explored.

Each partnership must be transparent, accountable and based on agreed ethical principles, mutual understanding and respect. WHO guidelines should be adhered to.

■ *Increase community capacity and empower the individual*

Improving the capacity of communities for health promotion requires practical education, leadership training, and access to resources.

Empowering individuals demands consistent, reliable access to the decision-making process and the skills and knowledge essential to effect change.

Traditional communication media and new information technology support these processes. Social, cultural and spiritual resources need to be harnessed in innovative ways.

■ *Secure an infrastructure for health promotion*

New funding mechanisms must be found at local, national, regional and global levels.

“Settings for health” represent the organizational base of the infrastructure.

Networks need to be created to achieve intersectoral collaboration. They should provide mutual assistance within and among countries and facilitate the exchange of information.

DECLARATION OF PERSONAL COMMITMENT

Adopted by the Forty-first World Health Assembly, Geneva, Switzerland in May 1998

We, the participants at the Technical Discussion on leadership development of health of all (held in Geneva on 5-7 May, 1998, during the Forty-first World Health Assembly), representing people from many walks of life, including governments, nongovernmental organizations, universities, educational institutions, voluntary agencies and United Nations agencies, make the following declaration:

We believe that:

- there is a need for greater concern and commitment to achieve the goal of health for all by the year 2000 through primary health care, among political, professional and community leaders;
- building self-reliance and leadership capabilities at local level is the most important ingredient for sustained development and progress in health;
- the development of leadership that can be sustained as a continuing process at all levels in an important strategy to mobilize greater social and political commitment for the total health-for-all movement.

I. *We therefore commit ourselves and urge others in leadership and other strategic positions to adopt the following Five-point personal Agenda for Action:*

1. to *inform* ourselves, our colleagues, fellow-workers, community members and others about the fundamental values, principles and processes to achieve health for all by the year 2000 through primary health care, and to *generate a social conscience* in people regarding the health conditions and needs of the under-served, socially deprived and vulnerable population groups.
2. to make a serious review of progress towards the specific targets set in our respective countries, to identify where the critical needs and gaps are, and to *provide leadership* in identifying and implementing corrective actions;
3. to serve as *prime movers* for change, particularly in areas which fall within our respective roles, and to motivate others to accelerate the changes required in order to achieve the goal of health for all;
4. to develop and promote partnerships and new alliances of support for health, including the professional associations, institutions of higher education, religious leaders, people's organizations, concerned non-governmental organizations and individuals, philanthropic groups, the private sector and the media;
5. to promote self-reliance and enable others, particularly within the home and at the community level, to take greater responsibility for their own health and the health of their communities, through informing and educating them and developing their leadership potential.

II. We are convinced that additional courageous and innovative strategies and tactics will be needed to ensure that all people of the world will be covered by primary health care. Leadership development is one such strategy which provides new opportunities to inform and communicate, to expand partnerships among people – people who are empowered and motivated – who then take on new responsibilities for their health, the health of their families and of their communities.

PEOPLE'S HEALTH CHARTER

Issued by the Indian People's Health Assembly, 2000

We the people of India, stand united in our condemnation of an iniquitous global system that, under the garb of "globalisation" seeks to heap unprecedented misery and destitution on the overwhelming majority of the people on this globe. This system has systematically ravaged the economies of poor nations in order to extract profits that nurture a handful of powerful nations and corporations. The poor, across the globe, are being further marginalised as they are displaced from home and hearth and alienated from their sources of livelihood as a result of the forces unleashed by this system.

Standing in firm opposition to such a system we reaffirm our inalienable right to comprehensive health care that includes food security; sustainable livelihood options including, secure employment opportunities; access to housing, drinking water and sanitation; and appropriate medical care for all; in sum - the right to HEALTH FOR ALL, NOW!

The promises made to us by the international community in the Alma Ata declaration have been systematically repudiated by the World Bank, the IMF, the WTO and its predecessors, the World Health Organization, and by a government that functions under the dictates of international Finance Capital. The forces of "globalization" through measures such as the structural adjustment programme are targeting our resources - built up with our labour, sweat and lives over the last fifty years - and placing them in the service of the global "market" for extraction of super-profits. The benefits of the public sector health care institutions, the public distribution system and other infrastructure - such as they were - have been taken away from us. It is the ultimate irony that we are now blamed for our plight, with the argument that it is our numbers and our propensity to multiply that is responsible for our poverty and deprivation.

We declare health as a justiciable right and demand the provision of basic health care as a fundamental constitutional right of every one of us. We assert our right to take control of our health in our own hands and for this the right to:

A truly decentralised system of local governance vested with adequate power and responsibilities and provided with adequate finances;

A sustainable system of agriculture based on the principle of "land to the tiller", linked to a decentralized public distribution system that ensures that no one goes hungry;

Universal access to education, adequate and safe drinking water, and housing and sanitation facilities;

A dignified and sustainable livelihood;

A clean and sustainable environment;

Drug industry geared to producing epidemiologically

Essential drugs at affordable cost;

A health care system which is responsive to the people's needs and whose control is vested in peoples' hands.

Further, we declare our firm opposition to:

Agricultural policies attuned to the needs of the "market" that ignore disaggregated and equitable access to food

Destruction of our means to livelihood and appropriation, for private profit, of our natural resource bases;

The conversion of Health to the mere provision of medical facilities and care that are technology intensive, expensive, and accessible to a select few;

The retreat, by the government, from the principle of providing free medical care, through reduction of public sector expenditure on medical care and introduction of user fees in public sector medical institutions, that place an unacceptable burden on the poor;

The corporatization of medical care, state subsidies to the corporate sector in medical care, and corporate sector health insurance;

Coercive population control and promotion of hazardous contraceptive technology;

The use of patent regimes to steal our traditional knowledge and to put medical technology and drugs beyond our reach;

Institutionalization of divisive and oppressive forces in society, such as fundamentalism, caste, patriarchy, and the attendant violence, which have destroyed our peace and fragmented our solidarity.

In the light of the above we demand that:

1. The concept of comprehensive primary health care, as envisioned in the Alma Ata Declaration should form the fundamental basis for formulation of all policies related to health care. The trend towards fragmentation of health delivery programmes through conduct of a number of vertical programmes should be reversed. National health programmes be integrated within the Primary Health Care system with decentralized planning, decision-making and implementation.

Focus be shifted from bio-medical and individual based measures to social, ecological and community based measures.

2. The primary medical care institutions including trained village health workers, sub-centres, and the PHCs staffed by doctors and the entire range of community health functionaries be placed under the direct administrative and financial control of the relevant level panchayat raj institutions.

The overall infrastructure of the primary health care institutions be under the control of panchayati raj and gram sabhas and provision of free and accessible secondary and

tertiary level care be under the control of Zilla Parishads, to be accessed primarily through referrals from PHCs. The essential components of primary care should be:

Village level health care based on Village Health Workers selected by the community and supported by the Gram Sabha / Panchayat and the Government health services;

Primary Health Centers and subcentres with adequate staff and supplies which provides quality curative services at the primary health center level itself with good support from linkages;

A comprehensive structure for Primary Health Care in urban areas based on urban PHCs, health posts and Community Health Workers;

Enhanced content of Primary Health Care to include all measures which can be provided at the PHC level even for less common or non-communicable diseases (e.g. epilepsy, hypertension, arthritis, pre-eclampsia, skin diseases) and integrated relevant epidemiological and preventive measures;

Surveillance centres at block level to monitor the local epidemiological situation and tertiary care with all speciality services, available in every district.

3. A comprehensive medical care programme financed by the government to the extent of at least 5% of our GNP, of which at least half be disbursed to panchayati raj institutions to finance primary level care. This be accompanied by transfer of responsibilities to PRIs to run major parts of such a programme, along with measures to enhance capacities of PRIs to undertake the tasks involved.

4. The policy of gradual privatization of government medical institutions, through mechanisms such as introduction of user fees even for the poor, allowing private practice by Government doctors, giving out PHCs on contract, etc. be abandoned forthwith. Failure to provide appropriate medical care to a citizen by public health care institutions be made punishable by law.

5. A comprehensive need-based human power plan for the health sector be formulated that addresses the requirement for creation of a much larger pool of paramedical functionaries and basic doctors, in place of the present trend towards over-production of personnel trained in super-specialities. Major portions of undergraduate medical education, nursing as well as other paramedical training be imparted in district level medical care institutions, as a necessary complement to training provided in medical/nursing colleges and other training institutions. No more new medical colleges to be opened in the private sector. Steps be taken forthwith to close down private medical colleges charging fees higher than state colleges or taking any form of donations, and to eliminate illegal private tuition by teachers in medical colleges. At least an year of compulsory rural posting for undergraduate (medical, nursing and paramedical) education be made mandatory, without which license to practice not be issued. Similarly, three years of rural posting after post graduation be made compulsory.

6. The unbridled and unchecked growth of the commercial private sector be brought to a halt. Strict observance of standard guidelines for medical and surgical intervention and use of diagnostics, standard fee structure, and periodic prescription audit to be made obligatory. Legal and social mechanisms be set up to ensure observance of minimum standards by all private hospitals, nursing/maternity homes and medical laboratories. Prevalent practice of offering commissions for referral to be made punishable by law. For this purpose a body with statutory

powers be constituted, which has due representation from peoples organisations and professional organisations.

7. A rational drug policy be formulated that ensures development and growth of a self reliant industry for production of all essential drugs at affordable prices and of proper quality. The policy should, on a priority basis:

- ban all irrational and hazardous drugs;
- introduce production quotas and price ceiling for essential drugs;
- promote compulsory use of generic names;
- regulate advertisements, promotion and marketing of
- all medications based on ethical criteria;
- formulate guidelines for use of old and new vaccines;
- control the activities of the multinational sector and
- restrict their presence only to areas where they are
- willing to bring in new technology;
- recommend repeal of the new patent act and bring
- back mechanisms that prevent creation of monopolies and promote introduction of new drugs at affordable prices;
- promotion of the public sector in production of drugs and medical supplies, moving towards complete self-reliance in these areas.

8. Medical Research priorities be based on morbidity and mortality profile of the country, and details regarding the direction, intent and focus of all research programmes be made entirely transparent. Adequate government funding be provided for such programmes. Ethical guidelines for research involving human subjects be drawn up and implemented after an open public debate. No further experimentation, involving human subjects, be allowed without a proper and legally tenable informed consent and appropriate legal protection. Failure to do so to be punishable by law. All unethical research, especially in the area of contraceptive research, be stopped forthwith. Women (and men) who, without their consent and knowledge, have been subjected to experimentation, especially with hazardous contraceptive technologies to be traced forthwith and appropriately compensated. Exemplary damages to be awarded against the institutions (public and private sector) involved in such anti-people, unethical and illegal practices in the past.

9. All coercive measures including incentives and disincentives for limiting family size be abolished. The right of families and women within families in determining the number of children they want should be recognised. Concurrently, access to safe and affordable contraceptive measures be ensured which provides people, especially women, the ability to make an informed choice. All long-term, invasive, systemic hazardous contraceptive technologies such as the injectables (NET-EN, Depo-Provera, etc.), sub-dermal implants (Norplant) and anti fertility vaccines should be banned from both the public and private sector. Urgent measure be initiated to shift to onus of contraception away from women and ensure at least equal emphasis on men's responsibility for contraception.

10. Support be provided to traditional healing systems, including local and home-based healing traditions, for systematic research and community based evaluation with a view to developing the knowledge base and use of these systems along with modern medicine as part of a holistic healing perspective.

11. Promotion of transparency and decentralisation in the decision making process, related to health care, at all levels as well as adherence to the principle of right to information. Changes in health policies to be made only after mandatory wider scientific public debate.

12. Introduction of ecological and social measures to check resurgence of communicable diseases. Such measures should include:

- integration of health impact assessment into all development projects;
- decentralized and effective surveillance and compulsory notification of prevalent diseases like malaria, TB by all health care providers, including private practitioners;
- reorientation of measures to check STDs/AIDS through universal sex education, checking social disruption and displacement and commercialisation of sex, generating public awareness to remove stigma and universal availability of preventive and curative services, and special attention to empowering women and availability of gender sensitive services in this regard.

13. Facilities for early detection and treatment of non-communicable diseases like diabetes, cancers, heart diseases, etc. to be available to all at appropriate levels of medical care.

14. Women-centered health initiatives that include:

- awareness generation for social change on issues of gender and health, triple work burden, gender discrimination in nutrition and health-care;
- preventive and curative measures to deal with health consequences of women's work and domestic violence;
- complete maternity benefits and child care facilities to be provided in all occupations employing women, be they in the organized or unorganized sector;
- special support structures that focus on single, deserted, widowed women and commercial sex workers;
- gender sensitive services to deal with reproductive health including reproductive system illnesses, maternal health, abortion, and infertility;
- vigorous public campaign accompanied by legal and administrative action against female feticide, infanticide and sex pre-selection.

15. Child centered health initiatives which include:

- a comprehensive child rights code, adequate budgetary allocation for universalisation of child care services,
- an expanded and revitalized ICDS programme and ensuring adequate support to working women to facilitate child care, especially breast feeding;
- comprehensive measures to prevent child abuse and sexual abuse;
- educational, economic and legal measures to eradicate child labour, accompanied by measures to ensure free and compulsory primary education for all children.

16. Special measures relating to occupational and environmental health which focus on:

- banning of hazardous technologies in industry and agriculture;

- worker centered monitoring of working conditions with the onus of ensuring a safe workplace on the management;
- reorientation of medical services for early detection of occupational disease;
- special measures to reduce the likelihood of accidents and injuries in different settings, such as traffic accidents, industrial accidents, agricultural injuries, etc.

17. Measures towards mental health that promote a shift away from a bio-medical model towards a holistic model of mental health. Community support and community based management of mental health problems be promoted. Services for early detection and integrated management of mental health problems be integrated with Primary Health Care.

18. Measures to promote the health of the elderly by ensuring economic security, opportunities for appropriate employment, sensitive health care facilities and, when necessary, shelter for the elderly.

19. Measures to promote the health of physically and mentally disadvantaged by focusing on the abilities rather than deficiencies. Promotion of measures to integrate them in the community with special support rather than segregating them; ensuring equitable opportunities for education, employment and special health care including rehabilitative measures.

20. Effective restriction on industries that promote addictions and an unhealthy lifestyle, like tobacco, alcohol, pan masala etc., starting with an immediate ban on advertising and sale of their products to the young, and provision of services for de-addiction.

CONVENTION RELATING TO THE STATUS OF REFUGEES

Adopted on 28th July 1951 by the United Nations Conference of Plenipotentiaries on the Status of Refugees and Stateless Persons convened under General Assembly Resolution 429 (V) of 14 December 1950

Entry Into Force: 22nd April 1954, in accordance with article 43

PREAMBLE

The High Contracting Parties,

Considering that the Charter of the United Nations and the Universal Declaration of Human Rights approved on 10 December 1948 by the General Assembly have affirmed the principle that human rights shall enjoy fundamental rights and freedoms without discrimination,

Considering that the United Nations has, on various occasions, manifested its profound concern for refugees and endeavoured to assure refugees the widest possible exercise of these fundamental rights and freedoms,

Considering that it is desirable to revise and consolidate previous international agreements relating to the status of refugees and to extend the scope of and the protection accorded by such instruments by means of a new agreement,

Considering that the grant of asylum may place unduly heavy burdens on certain countries, and that a satisfactory solution of a problem of which the United Nations has recognized the international scope and nature cannot therefore be achieved without international co-operation,

Expressing the wish that all States, recognizing the social and humanitarian nature of the problem of refugees, will do everything within their power to prevent this problem from becoming a cause of tension between States,

Nothing that the United Nations High Commissioner for Refugees is charged with the task of supervising international conventions providing for the protecting of refugees, and recognizing that the effective co-ordinations of measures taken to deal with this problem will depend upon the cooperation of States with the High Commissioner.

CHAPTER IV

WELFARE

Article 20 - Rationing

Where a rationing system exists, which applies to the population at large and regulates the general distribution of products in short supply, refugees shall be accorded the same treatment as nationals.

Article 21 – Housing

As regards housing, the Contracting States, in so far as the matter is regulated by laws or regulations or is subject to the control of public authorities, shall accord to refugees lawfully staying in their territory treatment as favourable as possible and, in any event, not less favourable than that accorded to aliens generally in the same circumstances.

Article 24 – Labour legislation and social security

1. The Contracting States shall accord to refugees lawfully staying in their territory the same treatment as is accorded to nationals in respect of the following matters:
 - a) In so far as such matters are governed by laws or regulations or are subject to the control of administrative authorities: remuneration, including family allowances where these form part of remuneration, hours of work, overtime arrangements, holidays with pay, restrictions on home work, minimum age of employment, apprenticeship and training, women's work and the work of young persons, and the enjoyment of the benefits of collective bargaining;
 - b) Social security (legal provisions in respect of employment injury, occupational diseases, maternity, sickness, disability, old age, death, unemployment, family responsibilities and any other contingency which, according to national laws or regulations, is covered by a social security scheme), subject to the following limitations:
 - i) there may be appropriate arrangements for the maintenance of acquired rights and rights in course of acquisition;
 - ii) National laws or regulations of the country of residence may prescribe special arrangements concerning benefits or portions of benefits which are payable wholly out of public funds, and concerning allowances paid to persons who do not fulfil the contribution conditions prescribed for the award of a normal pension.
2. The rights to compensation for the death of a refugee resulting from employment injury or from occupational disease shall not be affected by the fact that the residence of the beneficiary is outside the territory of the Contracting state.
3. The Contracting States shall extend to refugees the benefits of agreements concluded between them, or which may be concluded between them in the future, concerning the maintenance of acquired rights and rights in the process of acquisition in regard to social security, subject only to the conditions which apply to nationals of the States signatory to the agreements in question.
4. The Contracting States will give sympathetic consideration to extending to refugees so far as possible the benefits of similar agreements which may at any time be in force between such Contracting States and non-contracting States.

INTERNATIONAL CONVENTION ON THE ELIMINATION OF ALL FORMS OF RACIAL DISCRIMINATION

*Adopted and opened for signature and ratification by General Assembly Resolution 2106
A (XX) of 21 December 1965*

Entry into force: 4 January 1969, in accordance with article 19

The States Parties to this Convention,

Considering that the Charter of the United Nations is based on the principles of the dignity and equality inherent in all human beings, and that all Member State have pledged themselves to take joint and separate action, in co-operation with the Organization, for the achievement of one of the purposes of the United Nations which is to promote and encourage universal respect for and observance of human rights and fundamental freedoms for all, without distinction as to race, sex, language or religion,

Considering that the Universal Declaration of Human Rights proclaims that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set out therein, without distinction of any kind, in particular as to race, colour or national origin,

Considering that all human beings are equal before the law and are entitled to equal protection of a law against any discrimination and against any incitement to discrimination,

Considering that the United Nations has condemned colonialism and all practices of segregation and discrimination associated therewith, in whatever form and wherever they exist, and that the Declaration on the Granting of Independence to Colonial countries and people of 14 December 1960 (General Assembly resolution 1514 (XV)) has affirmed and solemnly proclaimed the necessity of bringing them to a speedy and unconditional end,

Considering that the United Nations Declaration on the Elimination of All Forms of Racial Discrimination of 20 November, 1963 (General Assembly resolution 1904 (XVIII)) solemnly affirms the necessity of speedily eliminating racial discrimination throughout the world in all its forms and manifestations and of securing understanding of and respect for the dignity of the human person,

Convinced that any doctrine of superiority based on racial differentiation is scientifically false, morally condemnable, socially unjust and dangerous, and that there is no justification for racial discrimination, in theory or in practice, anywhere,

Reaffirming that discrimination between human beings on the grounds of race, colour or ethnic origin is an obstacle to friendly and peaceful relations among nations and is capable of disturbing peace and security among people and the harmony of persons living side even within one and the same State,

Convinced that the existence of racial barriers is repugnant to the ideals of any human society,

Alarmed by manifestations of racial discrimination still in evidence in some areas of the world and by governmental policies based on racial superiority or hatred, such as policies of apartheid, segregation or separation,

Resolved to adopt all necessary measures for speedily eliminating racial discrimination in all its forms and manifestations, and to prevent and combat racist doctrine and practices in order to promote understanding between races and to build in international community free from all forms of racial segregation and racial discrimination,

Bearing in mind the Convention concerning Discrimination in respect of Employment and Occupation adopted by the international Labour Organization in 1958, and the Convention against discrimination in Education adopted by the United Nations Educational, Scientific and cultural Organization in 1960.

Article 5

e) Economic, social and cultural rights, in particular:

- i) The rights to work, to free choice of employment, to just and favourable conditions of work, to protection against unemployment, to equal pay for equal work, to just and favourable remuneration;
- ii) The right to form and join trade unions;
- iii) The right to housing;
- iv) The right to public health, medical care, social security and social services;
- v) The right to education and training;
- vi) The right to equal participation in cultural activities.

INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS

*Adopted and opened for signature, ratification and accession by General Assembly
Resolution 2200 A (XXI) of 16 December 1966*

Entry into Force: 3 January 1976, in accordance with article 27.

PREAMBLE

The States Parties to the present Covenant,

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Recognizing that, these rights derive from the inherent dignity of the human person,

Recognizing that, in accordance with the Universal Declaration of Human Rights, the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his economic, social and cultural rights as well as his civil and political rights,

Considering that the obligation of States under the Charter of the United Nations to promote universal respect for, and observance of, human rights and freedoms,

Realizing that the individual, having duties to other individuals and to the community to which he belongs, is under a responsibility to strive for the promotion and observance of the rights recognized in the present Covenant,

Agree upon the following articles:

Article 7

The States Parties to the Present Covenant recognize the right of everyone to the enjoyment of just and favourable conditions of work which ensure, in particular:

- b) Safe and healthy working condition;
- c) Equal opportunity for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence;
- d) Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays.

Article 10

- 2. Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.

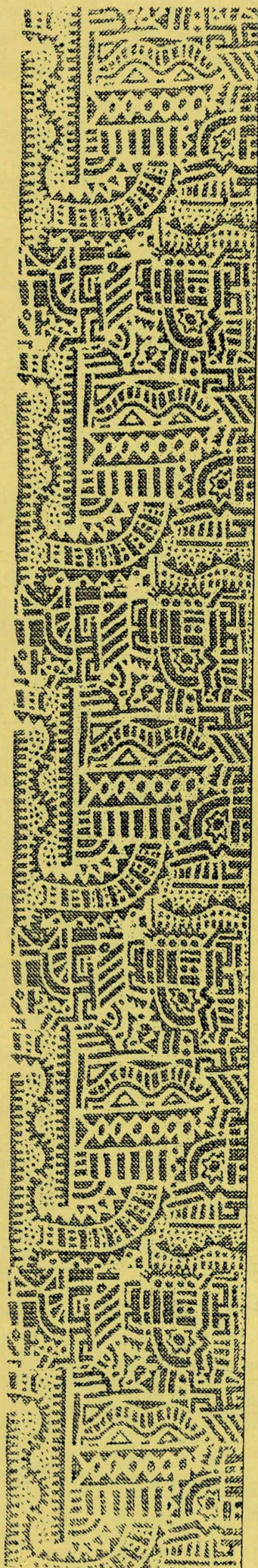
3. Special measures of protection and assistance should be taken on behalf of all children and young persons without any discrimination for reasons of parentage or other conditions. Children and young persons should be protected from economic and social exploitation. Their employment in work harmful to their morals or health or dangerous to life or likely to hamper their normal development should be punishable by law. States should also set age limits below which the paid employment of child labour should be prohibited and punishable by law.

Article 11

1. The State Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international cooperation based on free consent.
2. The States Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international cooperation, the measures, including specific programmes, which are needed:
 - a. To improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources;
 - b. Taking into account the problems of both food-importing and food-exporting countries, to ensure an equitable distribution of world food supplies in relation to need.

Article 12

1. The States Parties to the present Covenant recognize the right to everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - a. The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
 - b. The improvement of all aspects of environmental and industrial hygiene;
 - c. The prevention, treatment and control of epidemic, endemic, occupational and other diseases;
 - d. The creation of conditions which would assure to all medical service and medical attention in the event of sickness.



*Health & Social
Development*

DECLARATION ON THE RIGHT TO DEVELOPMENT

Adopted by General Assembly Resolution 41/128 of 4 December 1986

The General Assembly,

Bearing in mind the purposes and principles of the Charter of the United Nations relating to the achievement of international co-operation in solving international problems of an economic, social, cultural or humanitarian nature, and in promoting and encouraging respect for human rights and fundamental freedoms for all without distinction as to race, sex, language or religion,

Recognizing that development is a comprehensive economic, social, cultural and political process, which aims at the constant improvement of the well-being of the entire population and of all individuals on the basis of their active, free and meaningful participation in development and in the fair distribution of benefits resulting therefrom,

Considering that under the provisions of the Universal Declaration of Human Rights everyone is entitled to social and international order in which the rights and freedoms set forth in that Declaration can be fully realized.

Recalling the provisions of the international Covenant on Economic, Social and Cultural Rights and of the International Covenant on Civil and Political Rights,

Recalling further the relevant agreements, convention, resolution, recommendations and other instruments of the United Nations and its specialized agencies concerning the integral development of the human being, economic and social progress and development of all people, including those instruments concerning decolonisation, the prevention of discrimination, respect for the observance of, human rights and fundamental freedoms, the maintenance of international peace and security and the further promotion of friendly relations and co-operation among States in accordance with the Charter,

Recalling the right of people of self-determination, by virtue of which they have the right to determine their political status and to pursue their economic, social and cultural development,

Recalling also the right of people to exercise, subject to the relevant provisions of both International Covenants of Human Rights, full and complete sovereignty over all their natural wealth and resources.

Mindful of the obligation of States under the Charter to promote universal respect for and observance of human rights and fundamental freedoms for all without distinction of any kind such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Considering that the elimination of the massive and flagrant violations of the human rights of the people and individuals affected by situations such as those resulting from colonialism, neo-colonialism, apartheid, all forms of racism and racial discrimination, foreign domination and occupation, aggression and threats against national sovereignty, national unity and territorial integrity and threats of war would contribute to the establishment of circumstances propitious to the development of a great part of mankind,

Concerned at the existence of serious obstacles to development, as well as to the complete fulfilment of human beings and of people, constituted, inter alia, by the denial of civil, political, economic, social and cultural rights, and considering that all human rights and fundamental freedoms are indivisible and interdependent and that, in order to promote development, equal attention and urgent consideration should be given to the implementation, promotion and protection of civil, political, economic, social and cultural rights and that, accordingly, the promotion of, respect for and enjoyment of certain human rights and fundamental freedoms cannot justify the denial of other human rights and fundamental freedoms,

Considering the international peace and security are essential elements for the realization of the right to development,

Reaffirming that there is a close relationship between disarmament and development and that progress in the field of disarmament would considerably promote progress in the field of development and that resources released through disarmament measures should be devoted to the economic and social development and well-being of all people and, in particular, those of the developing countries,

Recognizing that the human person is the central subject of the development process and the development policy should therefore make the human being the main, participant and beneficiary of development,

Recognizing that the creation of conditions favourable to the development of people and individuals is the primary responsibility of their States,

Aware that efforts at the international level to promote and protect human rights should be accompanied by efforts to establish a new international economic order,

Confirming that the right to development is an inalienable human right and that equality of opportunity for development is a prerogative both of nations and of individuals who make up nations,

Proclaims the following Declaration on the Right to Development:

Article 4

2. Sustained action is required to promote more rapid development of developing countries. As a complement to the efforts of developing countries, effective international co-operation is essential in providing these countries with appropriate means and facilities to foster their comprehensive development.

Article 7

All States should promote the establishment, maintenance and strengthening of international peace and security and, to the end, should do their utmost to achieve general and complete disarmament under effective international control, as well as to ensure that the resources released by effective disarmament measures are used for comprehensive development, in particular that of the developing countries.

RIO DECLARATION ON ENVIRONMENT AND DEVELOPMENT

*Adopted by the United Nations Conference on Environment and Development, at Rio de Janeiro
from 3 to 14 June 1992*

Reaffirming the Declaration of the United Nations Conference on the Human Environment, adopted at Stockholm on 16 June 1972, a/ and seeking to build upon it,

With the goal of establishing a new and equitable global partnership through the creation of new levels of cooperation among States, key sectors of societies and people,

Working towards international agreements which respect the interests of all and protect the integrity of the global environmental and developmental system,

Recognizing the integral and interdependent nature of the Earth, our home,

Proclaims that:

Principle 1

Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.

Principle 2

States have, in accordance with the Charter of the United Nations and the Principles of international law, the sovereign right to exploit their own resources pursuant to their own environmental and developmental policies, and the responsibility to ensure that activities within their jurisdiction or control do not cause damage to the environment of other States or of areas beyond the limits of national jurisdiction.

Principle 3

The right to development must be fulfilled so as to equitably meet developmental and environmental needs of present and future generations.

Principle 4

In order to achieve sustainable development, environmental protection shall constitute an integral part of the development process and cannot be considered in isolation from it.

Principle 5

All States and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development, in order to decrease the disparities in standards of living and better meet the needs of the majority of the people of the world.

Principle 6

The special situation and needs of developing countries, particularly the least developed and those most environmentally vulnerable, shall be given special priority. International actions in the field of environment and development should also address the interests and needs of all countries.

Principle 7

States shall cooperate in a spirit of global partnership to conserve, protect and restore the health and integrity of the Earth's ecosystem. In view of the different contributions to global environmental degradation, States have common but differentiated responsibilities. The developed countries acknowledge the responsibility that they bear in the international pursuit to sustainable development in view of the pressures their societies place on the global environment and of the technologies and financial resources they command.

Principle 8

To achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate demographic policies.

Principle 9

States should cooperate to strengthen endogenous capacity-building for sustainable development by improving scientific understanding through exchanges of scientific and technological knowledge, and by enhancing the development, adaptation, diffusion and transfer of technologies, including new and innovative technologies.

Principle 10

Environmental issues are best handled with participation of all concerned citizens, at the relevant level. At the national level, each individual shall have appropriate access to information concerning the environment that is held by public authorities, including information on hazardous materials and activities in their communities, and the opportunity to participate in decision-making processes.

States shall facilitate and encourage public awareness and participation by making information widely available. Effective access to judicial and administrative proceedings, including redress and remedy, shall be provided.

Principle 11

States shall enact effective environmental legislation. Environmental standards, management objectives and priorities should reflect the environmental and development context to which they apply. Standards applied by some countries may be inappropriate and of unwarranted economic and social cost to other countries, in particular developing countries.

Principle 12

States should cooperate to promote a supportive and open international economic system that would lead to economic growth and sustainable development in all countries, to better address the problems of environmental degradation. Trade policy measures for environmental purposes should not constitute a means of arbitrary or unjustifiable discrimination or a disguised restriction on international trade. Unilateral actions to deal with environmental challenges outside the jurisdiction of the importing country should be avoided. Environmental measures addressing transboundary or global environmental problems should, as far as possible, be based on an international consensus.

Principle 13

States shall develop national law regarding liability and compensation for the victims of pollution and other environmental damage. States shall also cooperate in an expeditious and more determined manner to develop further international law regarding liability and compensation for

adverse effects of environmental damage caused by activities within their jurisdiction or control to areas beyond their jurisdiction.

Principle 14

States should effectively cooperate to discourage or prevent the relocation and transfer to other States of any activities and substances that cause severe environmental degradation or are found to be harmful to human health.

Principle 15

In order to protect the environment, the precautionary approach shall be widely applied by States according to their capabilities. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation.

Principle 16

National authorities should endeavour to promote the internalization of environmental costs and the use of economic instruments, taking into account the approach that the polluter should, in Principle, bear the cost of pollution, with due regard to the public interest and without distorting international trade and investment.

Principle 17

Environmental impact assessment, as a national instrument, shall be undertaken for proposed activities that are likely to have a significant adverse impact on the environment and are subject to a decision of a competent national authority.

Principle 18

States shall immediately notify other States of any natural disasters or other emergencies that are likely to produce sudden harmful effects on the environment of those States. Every effort shall be made by the international community to help States so afflicted.

Principle 19

States shall provide prior and timely notification and relevant information to potentially affected States on activities that may have a significant adverse transboundary environmental effect and shall consult with those States at an early stage and in good faith.

Principle 20

Women have a vital role in environmental management and development. Their full participation is therefore essential to achieve sustainable development.

Principle 21

The creativity, ideals and courage of the youth of the world should be mobilized to forge a global partnership in order to achieve sustainable development and ensure a better future for all.

Principle 22

Indigenous people and their communities and other local communities have a vital role in environmental management and development because of their knowledge and traditional practices. States should recognize and duly support their identity, culture and interests and enable their effective participation in the achievement of sustainable development.

Principle 23

The environment and natural resources of people under oppression, domination and occupation shall be protected.

Principle 24

Warfare is inherently destructive of sustainable development. States shall therefore respect international law providing protection for the environment in times of armed conflict and cooperate in its further development, as necessary.

Principle 25

Peace, development and environmental protection are interdependent and indivisible.

Principle 26

States shall resolve all their environmental disputes peacefully and by appropriate means in accordance with the Charter of the United Nations.

Principle 27

States and people shall cooperate in good faith and in a spirit of partnership in the fulfillment of the Principles embodied in this Declaration and in the further development of international law in the field of sustainable development.

COPENHAGEN DECLARATION

Adopted by the *World Summit for Social Development*, Copenhagen, Denmark, 6-12
March 1995

Commitment 1

We commit ourselves to create an economic, political, social, cultural and legal environment that will enable people to achieve social development.

Commitment 2

We commit ourselves to the goal of eradicating poverty in the world, through decisive national action and international cooperation, as an ethical, social, political and economic imperative of humankind.

Commitment 3

We commit ourselves to promoting the goal of full employment as a basic priority of our economic and social policies, and to enabling all men and women to attain secure and sustainable livelihoods through freely chosen productive employment and work.

Commitment 4

We commit ourselves to promoting social integration by fostering societies that are stable, safe and just and based on the promotion and protection of all human rights, and on non-discrimination, tolerance, respect for diversity, equality of opportunity, solidarity, security and participation of all people, including disadvantaged and vulnerable groups and persons.

Commitment 5

We commit ourselves to promoting full respect for human dignity and to achieving equality and equity between women and men, and to recognizing and enhancing the participation and leadership roles of women in political, civil, economic, social and cultural life and in development.

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; respecting and promoting our common and particular cultures; striving to strengthen the role of culture in development; preserving the essential bases of people-centered sustainable development and contributing to the full development of human resources and to social development. The purpose of these activities is to eradicate poverty, promote full and productive employment and foster social integration.

Commitment 7

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

Commitment 8

We commit ourselves to ensuring that when structural adjustment programmes are agreed to, they include social development goals, in particular eradicating poverty, promoting full and productive employment and enhancing social integration.

Commitment 9

We commit ourselves to increase significantly and/or utilize more efficiently the resources allocated to social development in order to achieve the goals of the summit through national action and regional and international cooperation.

Commitment 10

We commit ourselves to an improved and strengthened framework for international, regional and subregional cooperation for social development, in a spirit of partnership, through the United Nations and other multilateral institutions.

ISTANBUL DECLARATION ON HUMAN SETTLEMENTS

Adopted by the United Nations Conference on Human Settlements (Habitat II) in Istanbul, Turkey from 3 to 14 June 1996

1. We, the Heads of State or Government and the official delegations of countries assembled at the United Nations Conference on Human Settlements (Habitat II) in Istanbul, Turkey from 3 to 14 June 1996, take this opportunity to endorse the universal goals of ensuring adequate shelter for all and making human settlements safer, healthier and more liveable, equitable, sustainable and productive. Our deliberations on the two major themes of the Conference - adequate shelter for all and sustainable human settlements development in an urbanizing world - have been inspired by the Charter of the United Nations and are aimed at reaffirming existing and forging new partnerships for action at the international, national and local levels to improve our living environment. We commit ourselves to the objectives, principles and recommendations contained in the Habitat Agenda and pledge our mutual support for its implementation.
2. We have considered, with a sense of urgency, the continuing deterioration of conditions of shelter and human settlements. At the same time, we recognize cities and towns as centres of civilization, generating economic development and social, cultural, spiritual and scientific advancement. We must take advantage of the opportunities presented by our settlements and preserve their diversity to promote solidarity among all our peoples.
3. We reaffirm our commitment to better standards of living in larger freedom for all humankind. We recall the first United Nations Conference on Human Settlements, held at Vancouver, Canada, the celebration of the International Year of Shelter for the Homeless and the Global Strategy for Shelter to the Year 2000, all of which have contributed to increased global awareness of the problems of human settlements and called for action to achieve adequate shelter for all. Recent United Nations world conferences, including, in particular, the United Nations Conference on Environment and Development, have given us a comprehensive agenda for the equitable attainment of peace, justice and democracy built on economic development, social development and environmental protection as interdependent and mutually reinforcing components of sustainable development. We have sought to integrate the outcomes of these conferences into the Habitat Agenda.
4. To improve the quality of life within human settlements, we must combat the deterioration of conditions that in most cases, particularly in developing countries, have reached crisis proportions. To this end, we must address comprehensively, inter alia, unsustainable consumption and production patterns, particularly in industrialized countries; unsustainable population changes, including changes in structure and distribution, giving priority consideration to the tendency towards excessive population concentration; homelessness; increasing poverty; unemployment; social exclusion; family instability; inadequate resources; lack of basic infrastructure and services; lack of adequate planning; growing insecurity and violence; environmental degradation; and increased vulnerability to disasters.

5. The challenges of human settlements are global, but countries and regions also face specific problems which need specific solutions. We recognize the need to intensify our efforts and cooperation to improve living conditions in the cities, towns and villages throughout the world, particularly in developing countries, where the situation is especially grave, and in countries with economies in transition. In this connection, we acknowledge that globalization of the world economy presents opportunities and challenges for the development process, as well as risks and uncertainties, and that achievement of the goals of the Habitat Agenda would be facilitated by, inter alia, positive actions on the issues of financing of development, external debt, international trade and transfer of technology. Our cities must be places where human beings lead fulfilling lives in dignity, good health, safety, happiness and hope.

6. Rural and urban development are interdependent. In addition to improving the urban habitat, we must also work to extend adequate infrastructure, public services and employment opportunities to rural areas in order to enhance their attractiveness, develop an integrated network of settlements and minimize rural-to-urban migration. Small- and medium-sized towns need special focus.

7. As human beings are at the centre of our concern for sustainable development, they are the basis for our actions as in implementing the Habitat Agenda. We recognize the particular needs of women, children and youth for safe, healthy and secure living conditions. We shall intensify our efforts to eradicate poverty and discrimination, to promote and protect all human rights and fundamental freedoms for all, and to provide for basic needs, such as education, nutrition and life-span health care services, and, especially, adequate shelter for all. To this end, we commit ourselves to improving the living conditions in human settlements in ways that are consonant with local needs and realities, and we acknowledge the need to address the global, economic, social and environmental trends to ensure the creation of better living environments for all people. We shall also ensure the full and equal participation of all women and men, and the effective participation of youth, in political, economic and social life. We shall promote full accessibility for people with disabilities, as well as gender equality in policies, programmes and projects for shelter and sustainable human settlements development. We make these commitments with particular reference to the more than one billion people living in absolute poverty and to the members of vulnerable and disadvantaged groups identified in the Habitat Agenda.

8. We reaffirm our commitment to the full and progressive realization of the right to adequate housing as provided for in international instruments. To that end, we shall seek the active participation of our public, private and non-governmental partners at all levels to ensure legal security of tenure, protection from discrimination and equal access to affordable, adequate housing for all persons and their families.

9. We shall work to expand the supply of affordable housing by enabling markets to perform efficiently and in a socially and environmentally responsible manner, enhancing access to land and credit and assisting those who are unable to participate in housing markets.

10. In order to sustain our global environment and improve the quality of living in our human settlements, we commit ourselves to sustainable patterns of production, consumption, transportation and settlements development; pollution prevention; respect for the carrying capacity of ecosystems; and the preservation of opportunities for future generations. In this connection, we shall cooperate in a spirit of global partnership to conserve, protect and restore the health and integrity of the Earth's ecosystem. In view of different contributions to global environmental degradation, we reaffirm the principle that countries have common but differentiated responsibilities. We also recognize that we must take these actions in a manner consistent with the precautionary principle approach, which shall be widely applied according to the capabilities of countries. We shall also promote healthy living environments, especially through the provision of adequate quantities of safe water and effective management of waste.

11. We shall promote the conservation, rehabilitation and maintenance of buildings, monuments, open spaces, landscapes and settlement patterns of historical, cultural, architectural, natural, religious and spiritual value.

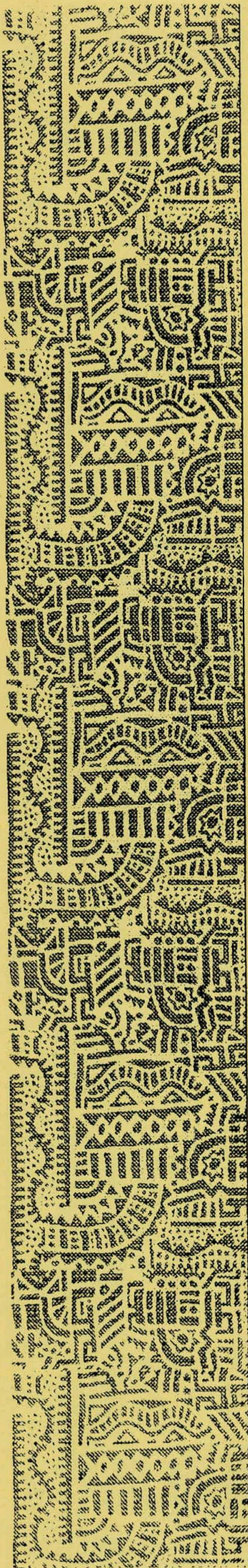
12. We adopt the enabling strategy and the principles of partnership and participation as the most democratic and effective approach for the realization of our commitments. Recognizing local authorities as our closest partners, and as essential, in the implementation of the Habitat Agenda, we must, within the legal framework of each country, promote decentralization through democratic local authorities and work to strengthen their financial and institutional capacities in accordance with the conditions of countries, while ensuring their transparency, accountability and responsiveness to the needs of people, which are key requirements for Governments at all levels. We shall also increase our cooperation with parliamentarians, the private sector, labour unions and non-governmental and other civil society organizations with due respect for their autonomy. We shall also enhance the role of women and encourage socially and environmentally responsible corporate investment by the private sector. Local action should be guided and stimulated through local programmes based on Agenda 21, the Habitat Agenda, or any other equivalent programme, as well as drawing upon the experience of worldwide cooperation initiated in Istanbul by the World Assembly of Cities and Local Authorities, without prejudice to national policies, objectives, priorities and programmes. The enabling strategy includes a responsibility for Governments to implement special measures for members of disadvantaged and vulnerable groups when appropriate.

13. As the implementation of the Habitat Agenda will require adequate funding, we must mobilize financial resources at the national and international levels, including new and additional resources from all sources - multilateral and bilateral, public and private. In this connection, we must facilitate capacity-building and promote the transfer of appropriate technology and know-how. Furthermore, we reiterate the commitments set out in recent United Nations conferences, especially those in Agenda 21 on funding and technology transfer.

14. We believe that the full and effective implementation of the Habitat Agenda will require the strengthening of the role and functions of the United Nations Centre for

Human Settlements (Habitat), taking into account the need for the Centre to focus on well-defined and thoroughly developed objectives and strategic issues. To this end, we pledge our support for the successful implementation of the Habitat Agenda and its global plan of action. Regarding the implementation of the Habitat Agenda, we fully recognize the contribution of the regional and national action plans prepared for this Conference.

15. This Conference in Istanbul marks a new era of cooperation, an era of a culture of solidarity. As we move into the twenty-first century, we offer a positive vision of sustainable human settlements, a sense of hope for our common future and an exhortation to join a truly worthwhile and engaging challenge, that of building together a world where everyone can live in a safe home with the promise of a decent life of dignity, good health, safety, happiness and hope.



Nutrition

ROME DECLARATION ON HUNGER

Adopted by the World Food Day Colloquium held in Rome, Italy in October 1982

We, the participants in the World Food Day Colloquium held in Rome in October 1982, have assessed food problems and prospects in the context of the world economic situation and adopted the following Declaration.

We believe that it is indeed possible to end world hunger by the year 2000. More than ever before, humanity possesses the resources, capital, technology and knowledge to promote development and to feed all people, both now and in the foreseeable future. By the year 2000 the entire world population can be fed and nourished.

Only a modest expenditure is needed each year -- a tiny fraction of total military expenditure which amounts to about \$650 billion a year. What is required is the political will to put first things first and to give absolute priority to freedom from hunger. This is the challenge which faces peoples and their governments. We call upon them to meet the challenge and to start now.

While recognizing the complexities and difficulties of the task, we emphasize that hope can replace despair and positive action replace negative pessimism.

We are aware that the international scene is characterized by deep recession, mounting unemployment and increasing tensions. While we do not underestimate the seriousness of difficulties facing industrialized countries, the plight of most developing countries is even more dramatic. Stagnation or decline in growth rates, falling commodity prices, adverse terms of trade, high interest rates and growing external debt aggravate the problems of poverty and hunger.

There has been a dangerous decline in international cooperation for development, precisely at the time when such cooperation is most needed. Retreat from multilateral development cooperation and strong trends towards bilateralism or even unilateral action accentuate the division of the world, a phenomenon which has led to major world conflicts in the past.

Against this sombre background we took stock of the food situation of developing countries. While some have succeeded in increasing food production faster than population, many more have not been able to do so and hunger and malnutrition continue to afflict hundreds of millions of men, women and children.

The central importance of food stands endorsed on many occasions, most categorically and emphatically in Article 11 of the Covenant of Economic, Social and Cultural Rights which states that: "Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international cooperation, the measures, including specific programmes, which

are needed to improve methods of production, conservation and distribution of food ...".

We are convinced by the evidence assembled by FAO in its valuable study "Agriculture: Toward 2000" and by other authoritative studies that a continuation of present policies and attitudes could prolong the shame of chronic and widespread hunger into the twenty-first century. That is why this challenge must be met.

The prospect of persistent and ever-growing inequality between and within nations, of which hunger is one manifestation, can lead to violence and political destabilization, as evidenced by recent experience.

The objective solemnly declared in 1974 by the World Food Conference of eradicating hunger and malnutrition by 1985 is far from being achieved. We feel that even the more modest objective adopted in 1980 by the UN General Assembly for the Third United Nations Development Decade of eliminating hunger and malnutrition "as soon as possible and certainly by the end of this century" may not be realized if present trends continue.

We note with satisfaction that international agreement exists as to the priority character and huge dimensions of the world food problem and that basic guidelines for national and international action have been accepted by the international community. What is needed now is action in line with commitments and pledges made or reiterated at successive high-level conferences.

The serious hunger problem in South and Southeast Asia and the dramatically deteriorating food situation in sub-Saharan Africa deserve the urgent and substantial support of the international community.

We are convinced that a major and concerted global effort to accelerate growth in developing countries, especially the less developed among them, is urgently needed. A much higher priority to food production, as well as sustained efforts towards greater equity, is in the common interest of all people and all nations and is the only long-term solution.

Resumption of the momentum of growth in the industrialized world through appropriate policies is urgently needed. We are persuaded that accelerated growth in developing countries must play an important role in support of sound expansionary policies of the world economy.

We urge, as an overall target, that food production in developing countries should be at least doubled over the next two decades so as to make them self-reliant in basic foods. Their Governments should define or review existing food policy goals, assign high priority to food and agriculture and, in order to meet growing demands and redress imbalances, allocate sufficient resources to the sector.

Farming should be progressively modernized and intensified on the basis of sustained research efforts -- national, regional and international -- focussing on the productivity of food crops. Adequate incentives, including appropriate pricing policies, must be provided. Particular stress must be laid on efficient water use and expansion of irrigation as a basis for stabilising and increasing food production. This must be undertaken in ways which conserve natural resources in agriculture, forestry and fisheries and avoid ecological damage which cannot be made good except at very great cost.

Food and agricultural development cannot and should not be looked upon in isolation from the whole process of social and economic development. Even high rates of growth in developing countries have not solved the problems of hunger and malnutrition. The growth process needs a new orientation to attack the social problems of those people who have been benefitting only little in recent years from general economic progress.

Hunger, unemployment and poverty go together. The rural landless and the urban jobless should be provided with opportunities for productive employment through higher rates of investment. The purchasing power of the poor must be increased, for instance, by subsidies and direct food distribution schemes.

Other essential requirements include equitable access to land, water and other natural resources; people's participation including integration of women in rural development; access to inputs, markets, services and education, training and extension; expansion of income and employment opportunities through rural work programmes and non-farm activities to counter the prevalence of hunger in rural areas.

We strongly urge that the Declaration of Principles and the Programme of Action adopted by the World Conference on Agrarian Reform and Rural Development of July 1979 should be implemented with vigour by developing countries supported fully by industrialized countries.

Not all countries can be self-sufficient in food. Through sub-regional, regional and inter-regional cooperation developing countries can achieve the objective of collective self-reliance.

The elimination of hunger and malnutrition is an essential and integral part of the New International Economic Order. We earnestly hope, therefore, that negotiations will be successfully concluded at the present session of the General Assembly of the United Nations on a resolution to launch Global Negotiations on International Economic Cooperation.

This will give added impetus to the search for a long-term solution to the problems of hunger and malnutrition in the world in the context of overall development. These issues, however, are so vital and urgent as to brook no delay both as regards the implementation of agreed commitments and the pursuance of ongoing negotiations in other fora.

We have noted with great concern that summit pronouncements in favour of the elimination of protection which particularly affects agricultural exports of developing countries have not been borne out in practice. We urge that negotiations aimed at concerted phasing out of tariff and non-tariff barriers to agricultural exports of developing countries be undertaken. We strongly recommend that the forthcoming GATT Ministerial Meeting make a significant beginning in this direction.

We note with regret that agreements reached under the UNCTAD Integrated Programme of Commodities have not been followed up by successful negotiations. However, we consider that the stabilization of prices at remunerative levels is essential for the success of a food and agricultural strategy. To this end, we urge intensification of efforts to negotiate commodity agreements.

Efforts to conclude an International Grains Arrangement, which includes adequate food security provisions, should be resumed with a view to reaching agreement as soon as possible. National food security reserves and infrastructure in developing countries, which are an essential component of world food security, should be built up with international assistance. The international community should help developing countries to take advantage of currently abundant world grain supplies to build up national, regional or subregional stocks. More food aid should be provided, on a stable and predictable basis, particularly through international channels, not just to meet emergencies, but to promote development, care being taken to avoid disincentives to domestic food production.

We urge developed countries and others in a position to do so to increase massively their contribution to general development assistance and especially to provide increased assistance to food and agriculture. Governments should take into account FAO's estimate that external assistance requirements for food and agriculture will increase four-fold in real terms by the end of the century.

We emphasize the need for an increasing share of external assistance to be provided through multilateral institutions. International financial institutions, in their assistance to food and agriculture, should cover more of the local and recurring costs. They should also refrain from imposing conditions on pricing, tax and subsidy policies which could aggravate poverty and hunger and lead to political instability.

The ultimate purpose of development is the human being. Hence human development is both a means and an end of the struggle to increase food production and eliminate hunger.

We commend non-governmental organizations which have consistently drawn attention to the problems of hunger and poverty and urge them to intensify their efforts to promote solutions along the lines indicated in the present Declaration.

We recognize the particular responsibilities and lead role of FAO in the fight against hunger. We are confident that FAO and other concerned organizations will be able to respond effectively to the tasks that lie ahead. We accordingly invite the Director-General of FAO to draw the attention of FAO's governing bodies and the heads of other international organizations and policy makers at national and international levels to the present Declaration.

We hope that policy makers and all people to whom this Declaration is addressed will rise to the challenge and display the necessary vision, courage and determination.

WORLD DECLARATION ON NUTRITION

Adopted by the International Conference on Nutrition at Rome, 1992

1. We, the Ministers and the Plenipotentiaries representing 159 states and the European Economic Community at the International Conference on Nutrition (Rome, December 1992), declare our determination to eliminate hunger and to reduce all forms of malnutrition. Hunger and malnutrition are unacceptable in a world that has both the knowledge and the resources to end this human catastrophe. We recognize that access to nutritionally adequate and safe food is a right of each individual. We recognize that globally there is enough food for all and that inequitable access is the main problem. Bearing in mind the right to an adequate standard of living, including food, contained in the Universal Declaration of Human Rights, we pledge to act in solidarity to ensure that freedom from hunger becomes a reality. We also declare our firm commitment to work together to ensure sustained nutritional well-being for all people in a peaceful, just and environmentally safe world.
2. Despite appreciable worldwide improvements in life expectancy, adult literacy and nutritional status, we all view with the deepest concern the unacceptable fact that about 780 million people in developing countries, 20 percent of their combined population, still do not have access to enough food to meet their basic daily needs for nutritional well-being.
3. We are especially distressed by the high prevalence and increasing numbers of malnourished children under five years of age in parts of Africa, Asia and Latin America and the Caribbean. Moreover, more than 2 000 million people, mostly women and children, are deficient in one or more micronutrients: babies continue to be born mentally retarded as a result of iodine deficiency; children go blind and die of vitamin A deficiency; and enormous numbers of women and children are adversely affected by iron deficiency. Hundreds of millions of people also suffer from communicable and non-communicable diseases caused by contaminated food and water. At the same time, chronic non-communicable diseases related to excessive or unbalanced dietary intakes often lead to premature deaths in both developed and developing countries.
4. We call on the United Nations to consider urgently the issue of declaring an International Decade of Food and Nutrition, within existing structures and available resources, in order to give additional emphasis to achieving the objectives of this World Declaration on Nutrition. Such consideration should give particular emphasis to the food and nutrition problems of Africa, and of Asia, Latin America and the Caribbean.
5. We recognize that poverty and the lack of education, which are often the effects of underdevelopment, are the primary causes of hunger and undernutrition. There are poor people in most societies who do not have adequate access to food, safe water and sanitation, health services and education, which are the basic requirements for nutritional well-being.
6. We commit ourselves to ensuring that development programmes and policies lead to a sustainable improvement in human welfare, are mindful of the environment and are conducive to better nutrition and health for present and future generations. The multifunctional roles of agriculture, especially with regard to food security, nutrition, sustainable agriculture and the conservation of natural resources, are of particular importance in this context. We must implement at family, household, community, national and international levels, coherent

agriculture, animal husbandry, fisheries, food, nutrition, health, education, population, environmental, economic and social policies and programmes to achieve and maintain balance between the population and available resources and between rural and urban areas.

7. Slow progress in solving nutrition problems reflects the lack of human and financial resources, institutional capacity and policy commitment in many countries needed to assess the nature, magnitude and causes of nutrition problems and to implement concerted programmes to overcome them. Basic and applied scientific research, as well as food and nutrition surveillance systems, are needed to more clearly identify the factors that contribute to the problems of malnutrition and the ways and means of eliminating these problems, particularly for women, children and aged persons.

8. In addition, nutritional well-being is hindered by the continuation of social, economic and gender disparities; of discriminatory practices and laws; of floods, cyclones, drought, desertification and other natural calamities; and of many countries' inadequate budgetary allocations for agriculture, health, education and other social services.

9. Wars, occupations, civil disturbances and natural disasters, as well as human rights violations and inappropriate socio-economic policies, have resulted in tens of millions of refugees, displaced persons, war-affected non-combatant civilian populations and migrants, who are among the most nutritionally vulnerable groups. Resources for rehabilitating and caring for these groups are often extremely inadequate and nutritional deficiencies are common. All responsible parties should cooperate to ensure the safe and timely passage and distribution of appropriate food and medical supplies to those in need, in accordance with the Charter of the United Nations.

10. Changing world conditions and the reduction of international tensions have improved the prospects for a peaceful solution of conflicts and have given us an opportunity as never before to redirect our resources increasingly towards productive and socially useful purposes to ensure the nutritional well-being of all people, especially the poor, deprived and vulnerable.

11. We recognize that the nutritional well-being of all people is a pre-condition for the development of societies and that it should be a key objective of progress in human development. It must be at the centre of our socio-economic development plans and strategies. Success is dependent on fostering the participation of the people and the community and multisectoral actions at all levels, taking into account their long-term effects. Shorter-term measures to improve nutritional well-being may need to be initiated or strengthened to complement the benefits resulting from longer-term development efforts.

12. Policies and programmes must be directed towards those most in need. Our priority should be to implement people-focused policies and programmes that increase access to and control of resources by the rural and urban poor, raise their productive capacity and incomes and strengthen their capacity to care for themselves. We must support and promote initiatives by people and communities and ensure that the poor participate in decisions that affect their lives. We fully recognize the importance of the family unit in providing adequate food, nutrition and a proper caring environment to meet the physical, mental, emotional and social needs of children and other vulnerable groups, including the elderly. In circumstances where the family unit can no longer fulfill these responsibilities adequately, the community and/or government should offer a support network to the vulnerable. We, therefore, undertake to strengthen and promote the family unit as the basic unit of society.

13. The right of women and adolescent girls to adequate nutrition is crucial. Their health and education must be improved. Women should be given the opportunity to participate in the decision-making process and to have increased access to and control of resources. It is particularly important to provide family planning services to both men and women and to provide support for women, especially working women, whether paid or unpaid, throughout pregnancy and breast-feeding and during the early childhood period. Men should also be motivated through appropriate education to assume an active role in the promotion of nutritional well-being.
14. Food aid may be used to assist in emergencies, to provide relief to refugees and displaced persons and to support household food security and community and economic development. Countries receiving emergency food aid should be provided with sufficient resources to enable them to move on from the rehabilitation phase to development, so that they will be in a position to cope with future emergencies. Care must be taken to avoid creating dependency and to avoid negative impacts on food habits and on local food production and marketing. Before food aid is reduced or discontinued, steps should be taken to alert recipient countries as much in advance as possible so that they can identify alternative sources and implement other approaches. Where appropriate, food aid may be channelled through NGOs with local and popular participation, in accordance with the domestic legislation of each country.
15. We reaffirm our obligations as nations and as an international community to protect and respect the need for nutritionally adequate food and medical supplies for civilian populations situated in zones of conflict. We affirm in the context of international humanitarian law that food must not be used as a tool for political pressure. Food aid must not be denied because of political affiliation, geographic location, gender, age, ethnic, tribal or religious identity.
16. We recognize the fact that each government has the prime responsibility to protect and promote food security and the nutritional well-being of its people, especially the vulnerable groups. However, we also stress that such efforts of low-income countries should be supported by actions of the international community as a whole. Such actions should include an increase in official development assistance in order to reach the accepted United Nations target of 0.7 percent of the GNP of developed countries as reiterated at the 1992 United Nations Conference on Environment and Development.⁽¹⁾ Also, further renegotiation or alleviation of external debt could contribute in a substantive manner to the nutritional well-being in medium-income countries as well as in low-income ones.
17. We acknowledge the importance of further liberalization and expansion of world trade, which would increase foreign exchange earnings and employment in developing countries. Compensatory measures will continue to be needed to protect adversely affected developing countries and vulnerable groups in medium- and low-income countries from negative effects of structural adjustment programmes.
18. We reaffirm the objectives for human development, food security, agriculture, rural development, health, nutrition and environment and sustainable development enunciated in a number of international conferences and documents.⁽²⁾ We reiterate our commitment to the nutritional goals of the Fourth United Nations Development Decade and the World Summit for Children.
19. As a basis for the Plan of Action for Nutrition and guidance for formulation of national plans of action, including the development of measurable goals and objectives within time frames, we pledge to make all efforts to eliminate before the end of this decade:

- famine and famine-related deaths;
- starvation and nutritional deficiency diseases in communities affected by natural and man-made disasters;
- iodine and vitamin A deficiencies.

We also pledge to reduce substantially within this decade:

- starvation and widespread chronic hunger;
- undernutrition, especially among children, women and the aged;
- other important micronutrient deficiencies, including iron;
- diet-related communicable and non-communicable diseases;
- social and other impediments to optimal breast-feeding;
- inadequate sanitation and poor hygiene, including unsafe drinking-water.

20. We resolve to promote active cooperation among governments, multilateral, bilateral and non-governmental organizations, the private sector, communities and individuals to eliminate progressively the causes that lead to the scandal of hunger and all forms of malnutrition in the midst of abundance.

21. With a clear appreciation of the intrinsic value of human life and the dignity it commands, we adopt the attached Plan of Action for Nutrition and affirm our determination to revise or prepare, before the end of 1994, our national plans of action, including attainable goals and measurable targets, based on the principles and relevant strategies in the attached Plan of Action for Nutrition. We pledge to implement it.

Footnotes

(1) "Developed countries reaffirm their commitments to reach the accepted United Nations target of 0.7 percent of GNP for ODA and, to the extent that they have not yet achieved that target, agree to augment their aid programmes in order to reach that target as soon as possible and to ensure prompt and effective implementation of Agenda 21. Some countries have agreed to reach the target by the year 2000. ... Those countries that have already reached the target are to be commended and encouraged to continue to contribute to the common effort to make available the substantial additional resources that have to be mobilized. Other developed countries, in line with their support for reform efforts in developing countries, agree to make their best efforts to increase their level of ODA. ..." (Report of United Nations Conference on Environment and Development, Rio de Janeiro, 1992, paragraph 33.13).

(2) The World Food Conference, 1974; the Alma Ata Conference on Primary Health Care, 1978; the World Conference on Agrarian Reform and Rural Development, 1979; the Convention on the Elimination of All Forms of Discrimination Against Women, 1979, especially articles 12 and 13; the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding, 1990; the Montreal Policy Conference on Micronutrient Malnutrition, 1991; the Rio Declaration on Environment and Development, 1992.

NUTRITION GOALS OF THE FOURTH UNITED NATIONS

DEVELOPMENT DECADE

Member States must give effect to agreements already reached to make all efforts to meet four goals during the decade:

- (a) To eliminate starvation and death caused by famine;
- (b) To reduce malnutrition and mortality among children substantially;
- (c) To reduce chronic hunger tangibly;
- (d) To eliminate major nutritional diseases.

NUTRITION GOALS OF THE WORLD SUMMIT FOR CHILDREN

(to be reached by the year 2000)

- (a) Reduction in severe, as well as moderate malnutrition among under-5 children by half of 1990 levels;
- (b) Reduction of the rate of low birth weight (2.5 kg or less) to less than 10 percent;
- (c) Reduction of iron deficiency anaemia in women by one-third of the 1990 levels;
- (d) Virtual elimination of iodine deficiency disorders;
- (e) Virtual elimination of vitamin A deficiency and its consequences, including blindness;
- (f) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year;
- (g) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s;
- (h) Dissemination of knowledge and supporting services to increase food production to ensure household food security.

ROME DECLARATION ON WORLD FOOD SECURITY

Adopted by the World Food Summit at Rome 13-17 November 1996

We, the Heads of State and Government,¹ or our representatives, gathered at the World Food Summit at the invitation of the Food and Agriculture Organization of the United Nations, reaffirm the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger.

We pledge our political will and our common and national commitment to achieving food security for all and to an ongoing effort to eradicate hunger in all countries, with an immediate view to reducing the number of undernourished people to half their present level no later than 2015.

We consider it intolerable that more than 800 million people throughout the world, and particularly in developing countries, do not have enough food to meet their basic nutritional needs. This situation is unacceptable. Food supplies have increased substantially, but constraints on access to food and continuing inadequacy of household and national incomes to purchase food, instability of supply and demand, as well as natural and man-made disasters, prevent basic food needs from being fulfilled. The problems of hunger and food insecurity have global dimensions and are likely to persist, and even increase dramatically in some regions, unless urgent, determined and concerted action is taken, given the anticipated increase in the world's population and the stress on natural resources.

We reaffirm that a peaceful, stable and enabling political, social and economic environment is the essential foundation which will enable States to give adequate priority to food security and poverty eradication. Democracy, promotion and protection of all human rights and fundamental freedoms, including the right to development, and the full and equal participation of men and women are essential for achieving sustainable food security for all.

Poverty is a major cause of food insecurity and sustainable progress in poverty eradication is critical to improve access to food. Conflict, terrorism, corruption and environmental degradation also contribute significantly to food insecurity. Increased food production, including staple food, must be undertaken. This should happen within the framework of sustainable management of natural resources, elimination of unsustainable patterns of consumption and production, particularly in industrialized countries, and early stabilization of the world population. We acknowledge the fundamental contribution to food security by women, particularly in rural areas of developing countries, and the need to ensure equality between men and women. Revitalization of rural areas must also be a priority to enhance social stability and help redress the excessive rate of rural-urban migration confronting many countries.

We emphasize the urgency of taking action now to fulfill our responsibility to achieve food security for present and future generations. Attaining food security is a complex task for which the primary responsibility rests with individual governments. They have to develop an enabling environment and have policies that ensure peace, as well as social, political and economic stability and equity and gender equality. We express our deep concern over the persistence of hunger which, on such a scale, constitutes a threat both to national societies and, through a variety of ways, to the stability of the international community itself. Within the global framework, governments should also cooperate actively with one another and with United Nations organizations, financial institutions, intergovernmental and non-governmental organizations, and public and private sectors, on programmes directed toward the achievement of food security for all.

Food should not be used as an instrument for political and economic pressure. We reaffirm the importance of international cooperation and solidarity as well as the necessity of refraining from unilateral measures not in accordance with the international law and the Charter of the United Nations and that endanger food security.

We recognize the need to adopt policies conducive to investment in human resource development, research and infrastructure for achieving food security. We must encourage generation of employment and incomes, and promote equitable access to productive and financial resources. We agree that trade is a key element in achieving food security. We agree to pursue food trade and overall trade policies that will encourage our producers and consumers to utilize available resources in an economically sound and sustainable manner. We recognize the importance for food security of sustainable agriculture, fisheries, forestry and rural development in low as well as high potential areas. We acknowledge the fundamental role of farmers, fishers, foresters, indigenous people and their communities, and all other people involved in the food sector, and of their organizations, supported by effective research and extension, in attaining food security. Our sustainable development policies will promote full participation and empowerment of people, especially women, an equitable distribution of income, access to health care and education, and opportunities for youth. Particular attention should be given to those who cannot produce or procure enough food for an adequate diet, including those affected by war, civil strife, natural disaster or climate related ecological changes. We are conscious of the need for urgent action to combat pests, drought, and natural resource degradation including desertification, overfishing and erosion of biological diversity.

We are determined to make efforts to mobilize, and optimize the allocation and utilization of, technical and financial resources from all sources, including external debt relief for developing countries, to reinforce national actions to implement sustainable food security policies.

Convinced that the multifaceted character of food security necessitates concerted national action, and effective international efforts to supplement and reinforce national action, we make the following commitments.

- we will ensure an enabling political, social, and economic environment designed to create the best conditions for the eradication of poverty and for durable peace, based on full and equal participation of women and men, which is most conducive to achieving sustainable food security for all;
- we will implement policies aimed at eradicating poverty and inequality and improving physical and economic access by all, at all times, to sufficient, nutritionally adequate and safe food and its effective utilization;
- we will pursue participatory and sustainable food, agriculture, fisheries, forestry and rural development policies and practices in high and low potential areas, which are essential to adequate and reliable food supplies at the household, national, regional and global levels, and combat pests, drought and desertification, considering the multifunctional character of agriculture;
- we will strive to ensure that food, agricultural trade and overall trade policies are conducive to fostering food security for all through a fair and market-oriented world trade system;
- we will endeavour to prevent and be prepared for natural disasters and man-made emergencies and to meet transitory and emergency food requirements in ways that encourage recovery, rehabilitation, development and a capacity to satisfy future needs;
- we will promote optimal allocation and use of public and private investments to foster human resources, sustainable food, agriculture, fisheries and forestry systems, and rural development, in high and low potential areas;
- we will implement, monitor, and follow-up this Plan of Action at all levels in cooperation with the international community.

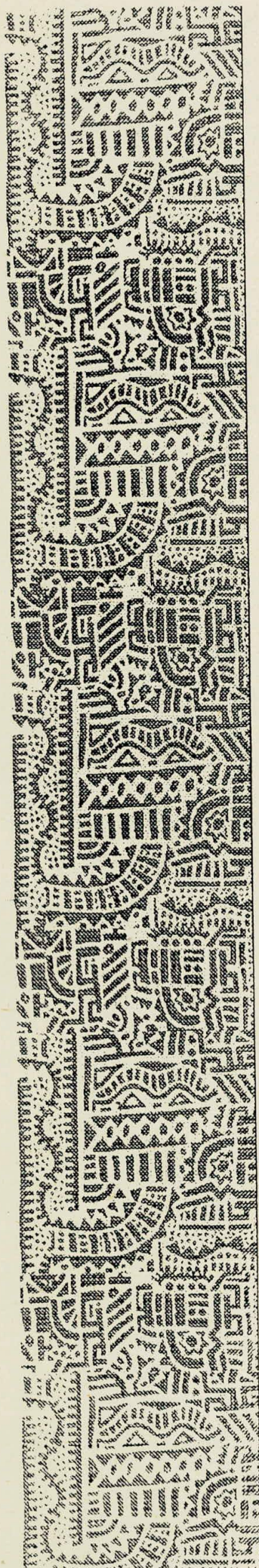
We pledge our actions and support to implement the World Food Summit Plan of Action.

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Children's Health

INNOCENTI DECLARATION ON THE PROTECTION, PROMOTION AND SUPPORT OF BREASTFEEDING

Adopted by the WHO/UNICEF policymakers' meeting on *Breastfeeding in the 1990s: A Global Initiative* at Spedale degli Innocenti, Florence, Italy on 30 July-1 August 1990

RECOGNISING that

Breastfeeding is a unique process that:

- provides ideal nutrition for infants and contributes to their healthy growth and development;
- reduces incidence and severity of infectious diseases, thereby lowering infant morbidity and mortality;
- contributes to women's health by reducing the risk of breast and ovarian cancer, and by increasing the spacing between pregnancies;
- provides social and economic benefits to the family and the nation;
- provides most women with a sense of satisfaction when successfully carried out; and that

Recent research has found that:

- these benefits increase with increased exclusiveness¹ of breastfeeding during the first six months of life, and thereafter with increased duration of breastfeeding with complementary foods, and
- programme interventions can result in positive changes in breastfeeding behaviour;

WE THEREFORE DECLARE that

As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practise exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to 4-6 months of age.² Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.

Attainment of the goal requires, in many countries, the reinforcement of a "breastfeeding culture" and its vigorous defence against incursions of a "bottle-feeding culture." This requires commitment and advocacy for social mobilization, utilizing to the full the prestige and authority of acknowledged leaders of society in all walks of life.

Efforts should be made to increase women's confidence in their ability to breastfeed. Such empowerment involves the removal of constraints and influences that manipulate perceptions and behaviour towards breastfeeding, often by subtle and indirect means. This requires sensitivity, continued vigilance, and a responsive and comprehensive communications strategy involving all media and addressed to all levels of society. Furthermore, obstacles to breastfeeding within the health system, the workplace and the community must be eliminated.

¹ Exclusive breastfeeding means that no other drink or food is given to the infant; the infant should feed frequently and for unrestricted periods.

² World Health Assembly Resolutions 47.5 and 49.15, adopted after this Declaration, as well as UNICEF policy now recommend exclusive breastfeeding for "about six months". Ed.

Measures should be taken to ensure that women are adequately nourished for their optimal health and that of their families. Furthermore, ensuring that all women also have access to family planning information and services allows them to sustain breastfeeding and avoid shortened birth intervals that may compromise their health and nutritional status, and that of their children.

All governments should develop national breastfeeding policies and set appropriate national targets for the 1990s. They should establish a national system for monitoring the attainment of their targets, and they should develop indicators such as the prevalence of exclusively breastfed infants at discharge from maternity services, and the prevalence of exclusively breastfed infants at four months of age.

National authorities are further urged to integrate their breastfeeding policies into their overall health and development policies. In so doing they should reinforce all actions that protect, promote and support breastfeeding within complementary programmes such as prenatal and perinatal care, nutrition, family planning services, and prevention and treatment of common maternal and childhood diseases. All healthcare staff should be training in the skills necessary to implement these breastfeeding policies.

OPERATIONAL TARGETS:

All governments by the year 1995 should have:

- appointed a national breastfeeding coordinator of appropriate authority, and established a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;
- ensured that every facility providing maternity services fully practices all then of the *Ten Steps of successful breastfeeding* set out in the joint WHO/UNICEF statement³ "Protecting, promoting and supporting breast-feeding: the special role of maternity services";
- taken action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-milk substitutes and subsequent relevant World Health Assembly resolutions in their entirety; and
- enacted imaginative legislation protecting the breastfeeding rights of working women and established means for its enforcement.

We also call upon international organizations to:

- draw up action strategies for protecting, promoting and supporting breastfeeding, including global monitoring and evaluation of their strategies;
- support national situation analyses and surveys and the development of national goals and targets for action; and
- encourage and support national authorities in planning, implementing, monitoring and evaluating their breastfeeding policies.

³ World Health Organization, Geneva, 1989.

CHILDREN ON THE CITY AGENDA

A NEW VISION FOR URBAN CHILDREN AND FAMILIES: STRATEGIES AND ACTIONS FOR TRANSFORMING CITIES

Prepared by the participants of the International Meeting of Mayors, Urban Planners and Policy Makers: Today's Children, Tomorrow's Cities

Revised October 30th, 1992

I. Preamble: The New Vision

This document is based upon a radically new vision of childhood and youth which has been expanding throughout the world and formalized by the signing of the Convention on the Rights of the Child. Fundamental to this new vision is the assertion that children are citizens who have rights and the capacity for improving their own lives and the communities¹ in which they live. Furthermore, all citizens should become jointly responsible for creating and acting on this new vision of the urban child.

Our future vision of the city is a city where:

- Love and care of children underlie all policies and actions.
- Analysis, action and evaluation is based on a holistic view of child and environment.
- All children—those who are poor as well as those who are under stress but are not poor—are given care, protection and opportunities for development.
- Poverty reduction and full and equal access to social services are seen as crucial to child, family, community and city development.
- Urban interventions to support children are aimed at the community level, empowering and strengthening family and community support networks.
- People no longer stigmatize, marginalize or victimize children, their families and poor urban communities; a new language and terminology are used to describe children and the urban poor; a more inclusive definition of children at risk and children in difficult circumstances has been accepted.²
- A new dual role of municipal governments has emerged which has been formally recognized

and strengthened. Municipalities are not only the exclusive providers but also facilitators of services to families and children. Consequently, the role of Mayor has been redefined and enhanced. The Mayor³ is now the defender of children's rights and the facilitator of child and family development. Mayors are recognized for their concern for children and families, not only for building bridges and roads.

- There is a long-range plan for addressing child and family needs, and the commitment to the plan extends beyond the Mayor's political term of office.
- All citizens are treated equally, given equal protection under the law and provided with equal opportunities to develop to their highest potential.
- Democratic processes involve all citizens, including the poorest.

What follows is a flexible system of strategies rather than a fixed plan of action. We hope this document will serve as a set of guidelines for cities to develop their own strategic plans uniquely adapted to local conditions.

II. Mayors Should Assume Responsibility for the Children of Their Cities

Mayors and heads of local government are a focal point for changing cities because of their leadership role. It is proposed that they use this leadership position to mobilize the extraordinary strengths of existing communities in combination with the coordinated energies of existing government and non-governmental organizations and of civil society. Children provide a unique opportunity to achieve widespread social mobilization to create cities that are humane for all. Women's groups have particularly important roles to play in this regard. A fundamental change in the way most cities work with poor urban communities is required to support this effort. Service to communities is complemented by empowerment of, and collaboration with, communities.

III. Strategies for Implementing the New Urban Vision

A. Collecting Information for Advocacy and Monitoring

- **Help communities to conduct their own situational analyses.** Such analyses should be conducted at regular intervals and should not be limited to experimental and special project areas. They should also involve residents from different communities in order to develop general city-wide social responsibility for children and families between, as well as within, communities.
- **Ensure greater use of universities and research centres** in collaborative research and community service with communities and in coordination with municipalities.
- **Experiment with and develop community-based monitoring systems** utilizing tools such as 'community balance sheets' that can be easily understood and used by the community. Particular attention should be given to a system for identifying high-risk families and involving them in the monitoring process.

B. Improving Management, Coordination and Convergence

- Establish a **Council for Child and Family Development** at the city level comprising representatives of NGOs, grass-roots organizations and heads of all municipal departments, including finance. The Council should be permanent and its continuity guaranteed across administrations. Its functions should include advice on the coordination, planning and monitoring of all programmes to defend the rights of children. A **strategic plan**, incorporating the strategies described in this document, should be formulated and administered by The Council for Child and Family Development.
- Install mechanisms facilitating **community-based planning** at different levels by the residents themselves. 'Community planners', and other community-level workers not tied to any particular agency, would facilitate collaboration with, and between, different sections of communities under the coordination of the Council for Child and Family Development.
- Create a **new framework of agency responsibilities** that identifies roles and responsibilities for all levels of government.

- **Identify new roles for agencies not traditionally concerned with children.** Agencies such as transportation and sanitation departments should be given technical assistance/training to help them understand: (1) how their activities have an impact on children, and (2) how they can work better with other agencies to serve families and children.
- **Encourage pilot participatory projects** in order to foster the self-initiating and self-monitoring capacities of communities.
- **Place families and children on municipal council agendas.** A report from the Council for Child and Family Development on progress made in programmes should be an item on the agenda of every municipal council meeting.
- **Provide coordinating mechanisms** so that the energies of **international agencies**, which often work independently of one another in the same community, do not overlap and compete.

C. Strengthening Legislation

- **Make legislation as flexible as possible** to give municipalities freedom to apply funds in accordance with community needs and priorities.
- **Work towards the implementation of a legal framework** based on the Convention on the Rights of the Child.
- **Shift more economic power, and hence political power,** from the national to the municipal level. Mayors can join with other mayors to lobby for this change.
- **Undertake the early review of all local legislation** (by-laws and ordinances) and amend and expand legislation to maximize conformity with the Convention on the Rights of the Child.
- **Ensure that equal rights** are administered to all children and families (including refugees, migrants and other disadvantaged groups).
- **Create necessary legislative instruments** to broaden **people's rights to the use and ownership of land.**
- **Encourage and support the establishment of independent committees for the Defense of Children's Rights** in each city. These committees would perform legal surveillance of conformity with the Convention on the Rights of the Child.

D. Optimizing Resources and Investment

- Establish **community-based decision-making** processes, including microplanning, to facilitate the transfer of decision-making on funds and resources to the lowest feasible operational level, i.e., the community.
- **Review and, where necessary, restructure municipal revenue and expenditure** patterns in order to improve revenue collection and ensure judicious management of expenditures and thereby to release enhanced financial support for child development programmes.
- **Integrate sectoral service, streamline the bureaucracy and avoid overlapping actions** in order to prevent waste of scarce resources. Aim for more cost-effective responses (i.e., better and increased services at reduced costs).
- Intensify lobbying for greater **debt-reduction** and 'debt swaps' aimed at promoting child development programmes at municipal and national levels.
- **Make more effective use of tax rebate incentives** to encourage profit-sharing for child development by city-level industrialists and business establishments. Consider feasibility of setting-up a city-level **Special Fund for Child Development**, to be administered by the Council for Child and Family Development and to be used for the voluntary sector to develop programmes for children and their families.
- Encourage **optimum use of public facilities**, such as schools and community centres, by opening them up for multi-agency use.
- National and international agencies should provide municipalities and community organizations with **technical advice and guidance** on how to involve the local business community in child development.
- **Publish annual city-wide reports** of expenditures on children and on the progress of programmes for children.
- Establish a **minimum permissible share of the municipal budget** for child development purposes.
- Lobby at the national level for **greater political, legislative and resource support** to translate the new vision of childhood into action

E. Empowering People Through Community and Organizational Development

- **Expand training** for all (including children, youth and community leaders) **in the skills of**

community participation. This should include curriculum development and teacher training to enable schools to work with planners to involve children in the analysis of problems in their communities, particularly those which directly concern them. Provide training opportunities for municipal officials who desire to enhance their abilities in participatory decision-making.

- Provide opportunities for **adolescents' and women's participation** in income earning and decision-making by ensuring that operational guidelines exist for the implementation of suitable municipal programmes.
- Establish **Children's Assemblies and Youth Councils** as ongoing mechanisms for involving children and youth in community development and community management.
- Ensure that community-based organizations have **unhindered access to all levels of decision-making.**
- Support **associations** of working adolescents, including working children, to provide protection and improve communication and understanding between the children and city agencies. Arrange for statutory provisions to channel municipal resources to strengthen their work.
- Ensure that all **children who work** due to economic and social circumstances have access to formal or non-formal education facilities and supportive services that will enable them to acquire education and vocational skills.
- Improve **urban planning and design** for children and families by involving the community directly in the process. This will involve the design or redesign of residential areas so that children are not isolated, can socialize with others and have access to a diverse physical environment for play and recreation.

F. Increasing Public Education and Awareness of the New Vision of Childhood

- Ensure **universal primary education** for all children and promote **adult literacy.**
- Raise **public awareness** about the situation of the urban poor and children at risk, and inform communities and children about their rights and the city services to which they are entitled.
- Require the staff of all municipal agencies to use the 'new vision of childhood' **language** to reduce the stigmatization of the urban poor and children at risk.

- Work with the media to **project a realistic picture of children** in difficult circumstances. Children are law-abiding and unprotected; when some children become deviant it is due to compelling circumstances which need to be addressed.
- Strengthen capacities of **municipal service providers** to be more understanding and open to participatory ways of solving community problems.

A Declaration Produced by the Mayors and City Leaders at the Conference

We, the Mayors and city leaders of different countries, having gathered this week in Florence, Italy, at the invitation of the UNICEF International Child Development Centre, the Comune di Firenze, and the Istituto degli Innocenti di Firenze to discuss 'Today's Children, Tomorrow's Cities',

REMINDED Heads of national and city governments of the commitment that was made by governments through the ratification of the UN Convention on the Rights of the Child, and reaffirmed at the World Summit for Children, and, while aware that important differences exist among nations,

CALL UPON Mayors and other Heads of municipal governments throughout the world to recognize that:

1. The worldwide economic crisis is provoking serious consequences which directly affect the welfare of our children and families.
2. We must take increased responsibility for preventing the deterioration of the quality of life of our populations and the accentuation of social inequities, and we must ensure that others, including representatives of national, state or municipal governments, non-governmental organizations (NGOs), community-based organizations and the private sector, join in our efforts.
3. We must insist that municipal governments, which are on the front line, be given legal instruments and economic resources so that they can implement social policies that guarantee the full citizenship and rights of all children and families.

4. We must guarantee that citizens, including children according to their capacities, be given the opportunity to participate in a genuine and not just a token way in the definition of priorities for municipal action, and that institutionalized channels (committees, task forces and councils) be established at the municipal level for this purpose.
5. We must ensure that the accounting of the use of public resources be transparent to the public.
6. We must strive for greater coordination within government agencies and among these agencies, the private sector, NGOs and community-based organizations, in order to implement integrated plans of action that promote the rights of all children and families in the city.

We therefore call upon Mayors worldwide to make a decisive commitment to protect the rights of our children, to achieve the summit goals and to ensure, by making our cities more humane, that all children have a better future. We call upon you to involve all citizens of our cities in this alliance, and we invite you, with the support of UNICEF and other international organizations, to encourage others by your example, and to share at future international meetings, such as the June 1993 Mayors' International Colloquium for Children in Mexico City, your accomplishments on behalf of children.

*Construir o futuro no presente e tarefa de todos nos.
The future of our children begins today.
Il futuro dell'infanzia comunica oggi.
Preparar el futuro de los niños es tarea del presente.*

NOTES

1. The term 'community' is used throughout this document to refer to the smallest possible geographical area with which people identify. The relevant term in the Philippines is 'barangay', in India it is 'ward level', and in many English-speaking countries it is 'neighbourhood'.

2. The definition includes: street and working children; abused, abandoned, neglected and untreated children; children affected by armed conflict and other disasters; substance users and abusers; adolescent mothers; children affected by AIDS; disabled children; children exchanged for money; urban children in poor urban communities; and children deprived of love, care, attention and supporting relationships.

3. The term 'Mayor' is used in this document to refer to all heads of municipal governments.

INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

Adopted by the World Health Organization, Geneva, Switzerland, 1981

The Member States of the World Health Organization:

Affirming the right of every child and every pregnant and lactating woman to be adequately nourished as a means of attaining and maintaining health;

Recognizing that infant malnutrition is part of the wider problems of lack of education, poverty, and social injustice;

Recognizing that the health of infants and young children cannot be isolated from the health and nutrition of women, their socio-economic status and their roles as mothers;

Conscious that breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants; that it forms a unique biological and emotional basis for the health of both mother and child; that the anti-infective properties of breast milk help to protect infants against disease; and that there is an important relationship between breast-feeding and child-spacing;

Recognizing that the encouragement and protection of breast-feeding is an important part of the health, nutrition and other social measures required to promote healthy growth and development of infants and young children; and that breast-feeding is an important aspect of primary health care;

Considering that when mothers do not breast-feed, or only do so partially, there is a legitimate market for infant formula and for suitable ingredients from which to prepare it; that all these products should accordingly be made accessible to those who need them through commercial or non-commercial distribution systems; and that they should not be marketed or distributed in ways that may interfere with the protection and promotion of breast-feeding;

Recognizing further that inappropriate feeding practices lead to infant malnutrition, morbidity and mortality in all countries, and that improper practices in the marketing of breast-milk substitutes and related products can contribute to these major public health problems;

Convinced that it is important for infants to receive appropriate complementary foods, usually when the infant reaches four to six months of age, and that every effort should be made to use locally available foods; and convinced, nevertheless, that such complementary foods should not be used as breast-milk substitutes;

Appreciating that there are a number of social and economic factors affecting breast-feeding, and that, accordingly, governments should develop social support systems to protect, facilitate and encourage it, and that they should create an environment that fosters breast-feeding, provides appropriate family and community support, and protects mothers from factors that inhibit breast-feeding;

Affirming that health care systems, and the health professionals and other health workers serving in them, have an essential role to play in guiding infant feeding practices, encouraging and facilitating breast-feeding, and providing objective and consistent advice to mothers and families about the superior value of breast-feeding, or, where needed, on the proper use of infant formula, whether manufactured industrially or home-prepared;

Affirming further that educational systems and other social services should be involved in the protection and promotion of breast-feeding, and in the appropriate use of complementary foods;

Aware that families, communities, women's organizations and other nongovernmental organizations have a special role to play in

the protection and promotion of breast-feeding and in ensuring the support needed by pregnant women and mothers of infants and young children, whether breast-feeding or not;

Affirming the need for governments, organizations of the United Nations system, nongovernmental organizations, experts in various related disciplines, consumer groups and industry to cooperate in activities aimed at the improvement of maternal, infant and young child health and nutrition;

Recognizing that governments should undertake a variety of health, nutrition and other social measures to promote healthy growth and development of infants and young children, and that this Code concerns only one aspect of these measures;

Considering that manufacturers and distributors of breast-milk substitutes have an important and constructive role to play in relation to infant feeding, and in the promotion of the aim of this Code and its proper implementation;

Affirming that governments are called upon to take action appropriate to their social and legislative framework and their overall development objectives to give effect to the principles and aim of this Code, including the enactment of legislation, regulations or other suitable measures;

Believing that, in the light of the foregoing considerations, and in view of the vulnerability of infants in the early months of life and the risks involved in inappropriate feeding practices, including the unnecessary and improper use of breast-milk substitutes, the marketing of breast-milk substitutes requires special treatment, which makes usual marketing practices unsuitable for these products;

THEREFORE:

The Member States hereby agree the following articles which are recommended as a basis for action.

Article 1. Aim of the Code

The aim of this Code is to contribute to the provision of safe and adequate nutrition for infants, by the protection and promotion of breast-feeding, and by ensuring the proper use of breast-milk substitutes, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution.

Article 2. Scope of the Code

The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottled complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast milk; feeding bottles and teasts. It also applies to their quality and availability, and to information concerning their use.

Article 3. Definitions

For the purposes of this Code:

"Breast-milk substitute"	means	any food being marketed or otherwise represented as a partial or total replacement for breast milk, whether or not suitable for that purpose.
"Complementary food"	means	any food, whether manufactured or locally prepared, suitable as a complement to breast milk or to infant formula, when either becomes insufficient to satisfy the nutritional requirements of the infant. Such food is also commonly called "weaning food" or "breast-milk supplement".

"Container"	means	any form of packaging of products for sale as a normal retail unit, including wrappers.
"Distributor"	means	a person, corporation or any other entity in the public or private sector engaged in the business (whether directly or indirectly) of marketing at the wholesale or retail level a product within the scope of this Code. A "primary distributor" is a manufacturer's sales agent, representative, national distributor or broker.
"Health care system"	means	governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.
"Health worker"	means	a person working in a component of such a health care system, whether professional or non-professional, including voluntary, unpaid workers.
"Infant formula"	means	a breast-milk substitute formulated industrially in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics. Infant formula may also be prepared at home, in which case it is described as "home-prepared".

"Label"	means	any tag, brand, mark, pictorial or other descriptive matter, written, printed, stencilled, marked, embossed or impressed on, or attached to, a container (see above) of any products within the scope of this Code.
"Manufacturer"	means	a corporation or other entity in the public or private sector engaged in the business or function (whether directly or through an agent or through an entity controlled by or under contract with it) of manufacturing a product within the scope of this Code.
"Marketing"	means	product promotion, distribution, selling, advertising, product public relations, and information services.
"Marketing personnel"	means	any persons whose functions involve the marketing of a product or products coming within the scope of this Code.
"Samples"	means	single or small quantities of a product provided without cost.
"Supplies"	means	quantities of a product provided for use over an extended period, free or at a low price, for social purposes, including those provided to families in need.

Article 4. Information and education

4.1 Governments should have the responsibility to ensure that objective and consistent information is provided on infant and young child feeding for use by families and those involved in the field of infant and young child nutrition. This responsibility should cover either the planning, provision, design and dissemination of information, or their control.

4.2 Informational and educational materials, whether written, audio, or visual, dealing with the feeding of infants and intended to reach pregnant women and mothers of infants and young children, should include clear information on all the following points: (a) the benefits and superiority of breast-feeding; (b) maternal nutrition, and the preparation for and maintenance of breast-feeding; (c) the negative effect on breast-feeding of introducing partial bottle-feeding; (d) the difficulty of reversing the decision not to breast-feed; and (e) where needed, the proper use of infant formula, whether manufactured industrially or home-prepared. When such materials contain information about the use of infant formula, they should include the social and financial implications of its use; the health hazards of inappropriate foods or feeding methods; and, in particular, the health hazards of unnecessary or improper use of infant formula and other breast-milk substitutes. Such materials should not use any pictures or text which may idealize the use of breast-milk substitutes.

4.3 Donations of informational or educational equipment or materials by manufacturers or distributors should be made only at the request and with the written approval of the appropriate government authority or within guidelines given by governments for this purpose. Such equipment or materials may bear the donating company's name or logo, but should not refer to a proprietary product that is within the scope of this Code, and should be distributed only through the health care system.

Article 5. The general public and mothers

5.1 There should be no advertising or other form of promotion to the general public of products within the scope of this Code.

5.2 Manufacturers and distributors should not provide, directly or indirectly, to pregnant women, mothers or members of their families, samples of products within the scope of this Code.

5.3 In conformity with paragraphs 1 and 2 of this Article, there should be no point-of-sale advertising, giving of samples, or any other promotion device to induce sales directly to the consumer at the retail level, such as special displays, discount coupons, premiums, special sales, loss-leaders and tie-in sales, for products within the scope of this Code. This provision should not restrict the establishment of pricing policies and practices intended to provide products at lower prices on a long-term basis.

5.4 Manufacturers and distributors should not distribute to pregnant women or mothers of infants and young children any gifts of articles or utensils which may promote the use of breast-milk substitutes or bottle-feeding.

5.5 Marketing personnel, in their business capacity, should not seek direct or indirect contact of any kind with pregnant women or with mothers of infants and young children.

Article 6. Health care systems

6.1 The health authorities in Member States should take appropriate measures to encourage and protect breast-feeding and promote the principles of this Code, and should give appropriate information and advice to health workers in regard to their responsibilities, including the information specified in Article 4.2.

6.2 No facility of a health care system should be used for the purpose of promoting infant formula or other products within the scope of this Code. This Code does not, however, preclude the dissemination of information to health professionals as provided in Article 7.2.

6.3 Facilities of health care systems should not be used for the display of products within the scope of this Code, for placards or posters concerning such products, or for the distribution of material provided by a manufacturer or distributor other than that specified in Article 4.3.

6.4 The use by the health care system of "professional service representatives", "mothercraft nurses" or similar personnel, provided or paid for by manufacturers or distributors, should not be permitted.

6.5 Feeding with infant formula, whether manufactured or home-prepared, should be demonstrated only by health workers, or other community workers if necessary; and only to the mothers or family members who need to use it; and the information given should include a clear explanation of the hazards of improper use.

6.6 Donations or low-price sales to institutions or organizations of supplies of infant formula or other products within the scope of this Code, whether for use in the institutions or for distribution outside them, may be made. Such supplies should only be used or distributed for infants who have to be fed on breast-milk substitutes. If these supplies are distributed for use outside the institutions, this should be done only by the institutions or organizations concerned. Such donations or low-price sales should not be used by manufacturers or distributors as a sales inducement.

6.7 Where donated supplies of infant formula or other products within the scope of this Code are distributed outside an institution, the institution or organization should take steps to ensure that supplies can be continued as long as the infants concerned need them. Donors, as well as institutions or organizations concerned, should bear in mind this responsibility.

6.8 Equipment and materials, in addition to those referred to in Article 4.3, donated to a health care system may bear a company's name or logo, but should not refer to any proprietary product within the scope of this Code.

Article 7. Health workers

7.1 Health workers should encourage and protect breast-feeding; and those who are concerned in particular with maternal and infant nutrition should make themselves familiar with their responsibilities under this Code, including the information specified in Article 4.2.

7.2 Information provided by manufacturers and distributors to health professionals regarding products within the scope of this Code should be restricted to scientific and factual matters, and such information should not imply or create a belief that bottle-feeding is equivalent or superior to breast-feeding. It should also include the information specified in Article 4.2.

7.3 No financial or material inducements to promote products within the scope of this Code should be offered by manufacturers or distributors to health workers or members of their families, nor should these be accepted by health workers or members of their families.

7.4 Samples of infant formula or other products within the scope of this Code, or of equipment or utensils for their preparation or use, should not be provided to health workers except when necessary for the purpose of professional evaluation or research at the institutional level. Health workers should not give samples of infant formula to pregnant women, mothers of infants and young children, or members of their families.

7.5 Manufacturers and distributors of products within the scope of this Code should disclose to the institution to which a recipient health worker is affiliated any contribution made to him or on his behalf for fellowships, study tours, research grants, attendance at professional conferences, or the like. Similar disclosures should be made by the recipient.

Article 8. Persons employed by manufacturers and distributors

8.1 In systems of sales incentives for marketing personnel, the volume of sales of products within the scope of this Code should not be included in the calculation of bonuses, nor should quotas be set specifically for sales of these products. This should not be understood to prevent the payment of bonuses based on the overall sales by a company of other products marketed by it.

8.2 Personnel employed in marketing products within the scope of this Code should not, as part of their job responsibilities, perform educational functions in relation to pregnant women or mothers of

infants and young children. This should not be understood as preventing such personnel from being used for other functions by the health care system at the request and with the written approval of the appropriate authority of the government concerned.

Article 9. Labelling

9.1 Labels should be designed to provide the necessary information about the appropriate use of the product, and so as not to discourage breast-feeding.

9.2 Manufacturers and distributors of infant formula should ensure that each container has a clear, conspicuous, and easily readable and understandable message printed on it, or on a label which cannot readily become separated from it, in an appropriate language, which includes all the following points: (a) the words "Important Notice" or their equivalent; (b) a statement of the superiority of breast-feeding; (c) a statement that the product should be used only on the advice of a health worker as to the need for its use and the proper method of use; (d) instructions for appropriate preparation, and a warning against the health hazards of inappropriate preparation. Neither the container nor the label should have pictures of infants, nor should they have other pictures or text which may idealize the use of infant formula. They may, however, have graphics for easy identification of the product as a breast-milk substitute and for illustrating methods of preparation. The terms "humanized", "maternalized" or similar terms should not be used. Inserts giving additional information about the product and its proper use, subject to the above conditions, may be included in the package or retail unit. When labels give instructions for modifying a product into infant formula, the above should apply.

9.3 Food products within the scope of this Code, marketed for infant feeding, which do not meet all the requirements of an infant formula, but which can be modified to do so, should carry on the label a warning that the unmodified product should not be the sole source of nourishment of an infant. Since sweetened condensed

milk is not suitable for infant feeding, nor for use as a main ingredient of infant formula, its label should not contain purported instructions on how to modify it for that purpose.

9.4 The label of food products within the scope of this Code should also state all the following points: (a) the ingredients used; (b) the composition/analysis of the product; (c) the storage conditions required; and (d) the batch number and the date before which the product is to be consumed, taking into account the climatic and storage conditions of the country concerned.

Article 10. Quality

10.1 The quality of products is an essential element for the protection of the health of infants and therefore should be of a high recognized standard.

10.2 Food products within the scope of this Code should, when sold or otherwise distributed, meet applicable standards recommended by the Codex Alimentarius Commission and also the Codex Code of Hygienic Practice for Foods for Infants and Children.

Article 11. Implementation and monitoring

11.1 Governments should take action to give effect to the principles and aim of this Code, as appropriate to their social and legislative framework, including the adoption of national legislation, regulations or other suitable measures. For this purpose, governments should seek, when necessary, the cooperation of WHO, UNICEF and other agencies of the United Nations system. National policies and measures, including laws and regulations, which are adopted to give effect to the principles and aim of this Code should be publicly stated, and should apply on the same basis to all those involved in the manufacture and marketing of products within the scope of this Code.

11.2 Monitoring the application of this Code lies with governments acting individually, and collectively through the World Health Organization as provided in paragraphs 6 and 7 of this Article. The manufacturers and distributors of products within the scope of this Code, and appropriate nongovernmental organizations, professional groups, and consumer organizations should collaborate with governments to this end.

11.3 Independently of any other measures taken for implementation of this Code, manufacturers and distributors of products within the scope of this Code should regard themselves as responsible for monitoring their marketing practices according to the principles and aim of this Code, and for taking steps to ensure that their conduct at every level conforms to them.

11.4 Nongovernmental organizations, professional groups, institutions, and individuals concerned should have the responsibility of drawing the attention of manufacturers or distributors to activities which are incompatible with the principles and aim of this Code, so that appropriate action can be taken. The appropriate governmental authority should also be informed.

11.5 Manufacturers and primary distributors of products within the scope of this Code should apprise each member of their marketing personnel of the Code and of their responsibilities under it.

11.6 In accordance with Article 62 of the Constitution of the World Health Organization, Member States shall communicate annually to the Director-General information on action taken to give effect to the principles and aim of this Code.

11.7 The Director-General shall report in even years to the World Health Assembly on the status of implementation of the Code; and shall, on request, provide technical support to Member States preparing national legislation or regulations, or taking other appropriate measures in implementation and furtherance of the principles and aim of this Code.

Related Resolutions of the World Health Assembly

WHA 31.47 (1978)
The Thirty-first World Health Assembly,

1978

.....
Recommends that Member States give the highest priority to . . . preventing malnutrition in . . . infants and young children by supporting and promoting breastfeeding; . . . (by taking) legislative and social action to facilitate breastfeeding by working mothers . . .

and . . . regulating inappropriate sale and promotion of infant foods that can be used to replace breastmilk;

.....

WHA33.32 (1980)
The Thirty-third World Health Assembly,

1980

Recalling resolutions WHA27.43 and WHA31.47 which in particular reaffirmed that breastfeeding is ideal for the harmonious physical and psychosocial development of the child, that urgent action is called for by governments and the Director-General in order to intensify activities for the promotion of breastfeeding and development of actions related to the preparation and use of weaning foods based on local products, and that there is an urgent need for countries to review sales promotion activities on baby foods and to introduce appropriate remedial measures, including advertisement codes and legislation, as well as to take appropriate supportive social measures for mothers working away from their homes during the lactation period;

Recalling further resolutions WHA31.55 and WHA32.42 which emphasized maternal and child health as an essential component of primary health care, vital to the attainment of health for all by the year 2000;

Recognizing that there is a close interrelationship between infant and young child feeding and social and economic development, and that urgent action by governments is required to promote the health and nutrition of infants, young children and mothers, *inter alia* through education, training and information in this field;

Noting that a joint WHA/UNICEF Meeting on Infant and Young Child Feeding was held from 9 to 12 October 1979, and was attended by representatives of governments, the United Nations system and technical agencies, nongovernmental organizations active in the area, the infant food industry and other scientists working in this field;

1. ENDORSES in their entirety the statement and recommendations made by the joint WHO/UNICEF Meeting, namely on the encouragement and support of breastfeeding; the promotion and support of appropriate weaning practices; the strengthening of education, training and information; the promotion of the health and social status of women in relation to infant and young child feeding; and the appropriate marketing and distribution of breastmilk substitutes. This statement and these recommendations also make clear the responsibility in this field incumbent on the health services, health personnel, national

authorities, women's and other nongovernmental organizations, the United Nations agencies and the infant-food industry, and stress the importance for countries to have a coherent food and nutrition policy and the need for pregnant and lactating women to be adequately nourished; the joint Meeting also recommended that "There should be an international code of marketing of infant formula and other products used as breastmilk substitutes. This should be supported by both exporting and importing countries and observed by all manufacturers. WHO and UNICEF are requested to organize the process for its preparation, with the involvement of all concerned parties, in order to reach a conclusion as soon as possible";

2. RECOGNIZES the important work already carried out by the World Health Organization and UNICEF with a view to implementing these recommendations and the preparatory work done on the formulation of a draft international code of marketing of breastmilk substitutes;
3. URGES countries which have not already done so to review and implement resolutions WHA27.43 and WHA32.42;
4. URGES women's organizations to organize extensive information dissemination campaigns in support of breastfeeding and healthy habits;
5. REQUESTS the Director-General:
 - (1) to cooperate with Member States on request in supervising or arranging for the supervision of the quality of infant foods during their production in the country concerned, as well as during their importation and marketing;
 - (2) to promote and support the exchange of information on laws, regulations, and other measures concerning marketing of breastmilk substitutes;
6. FURTHER REQUESTS the Director-General to intensify his activities for promoting the application of the recommendations of the joint WHO/UNICEF Meeting and, in particular:
 - (1) to continue efforts to promote breastfeeding as well as sound supplementary feeding and weaning practices as a prerequisite to healthy child growth and development;
 - (2) to intensify coordination with other international and bilateral agencies for the mobilization of the necessary resources for the promotion and support of activities related to the preparation of weaning foods based on local products in countries in need of such support and to collate and disseminate information on methods of supplementary feeding and weaning practices successfully used in different cultural settings;
 - (3) to intensify activities in the field of health education, training and information on infant and young child feeding, in particular through the preparation of training and other manuals for primary health care workers in different regions and countries;
 - (4) to prepare an international code of marketing of breastmilk substitutes in close consultation with Member States and with all other parties concerned including such scientific and other experts whose collaboration may be deemed appropriate, bearing in mind that:

- (a) the marketing of breastmilk substitutes and weaning foods must be viewed within the framework of the problems of infant and young child feeding as a whole;
- (b) the aim of the code should be to contribute to the provision of safe and adequate nutrition for infants and young children, and in particular to promote breastfeeding and ensure, on the basis of adequate information, the proper use of breastmilk substitutes, if necessary;
- (c) the code should be based on existing knowledge of infant nutrition;
- (d) the code should be governed *inter alia* by the following principles:
 - (i) the production, storage and distribution, as well as advertising, of infant feeding products should be subject to national legislation or regulations, or other measures as appropriate to the country concerned;
 - (ii) relevant information on infant feeding should be provided by the health care system of the country in which the product is consumed;
 - (iii) products should meet international standards of quality and presentation, in particular those developed by the Codex Alimentarius Commission, and their labels should clearly inform the public of the superiority of breastfeeding;
- (5) to submit the code to the Executive Board for consideration at its sixty-seventh session and for forwarding with its recommendations to the Thirty-fourth World Health Assembly, together with proposals regarding its promotion and implementation, either as a regulation in the sense of Articles 21 and 22 of the Constitution of the World Health Organization or as a recommendation in the sense of Article 23, outlining the legal and other implications of each choice;
- (6) to review the existing legislation in different countries for enabling and supporting breastfeeding, especially by working mothers, and to strengthen the Organization's capacity to cooperate on the request of Member States in developing such legislation;
- (7) to submit to the Thirty-fourth World Health Assembly, in 1981, and thereafter in even years, a report on the steps taken by WHO to promote breastfeeding and to improve infant and young child feeding, together with an evaluation of the effect of all measures taken by WHO and its Member States.

May 1980 WHA33/1980/REC/1, 32

emphasis added)

Recognizing the importance of sound infant and young child nutrition for the future health and development of the child and adult;

Recalling that breastfeeding is the only natural method of infant feeding and that it must be actively protected and promoted in all countries;

Convinced that governments of Member States have important responsibilities and a prime role to play in the protection and promotion of breastfeeding as a means of improving infant and young child health;

Aware of the direct and indirect effects of marketing practices for breastmilk substitutes on infant feeding practices;

Convinced that the protection and promotion of infant feeding, including the regulation of the marketing of breastmilk substitutes, affect infant and young child health directly and profoundly, and are a problem of direct concern to WHO;

Having considered the draft International Code of Marketing of Breastmilk Substitutes prepared by the Director-General and forwarded to it by the Executive Board;

Expressing its gratitude to the Director-General and to the Executive Director of the United Nations Children's Fund for the steps they have taken in ensuring close consultation with Member States and with all other parties concerned in the process of preparing the draft International Code;

Having considered the recommendation made thereon by the Executive Board at its sixty-seventh session;

Confirming resolution WHA33.32, including the endorsement in their entirety of the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding held from 9 to 12 October 1979;

Stressing that the adoption of and adherence to the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

1. ADOPTS, in the sense of Article 23 of the Constitution, the International Code of Marketing of Breastmilk Substitutes annexed to the present resolution;
2. URGES all Member States:
 - (1) to give full and unanimous support to the implementation of the recommendations

made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding and of the provisions of the International Code in its entirety as an expression of the collective will of the membership of the World Health Organization;

(2) to translate the International Code into national legislation, regulations or other suitable measures;

(3) to involve all concerned social and economic sectors and all other concerned parties in the implementation of the International Code and in the observance of the provisions thereof;

(4) to monitor the compliance with the Code;

3. DECIDES that the follow-up to and review of the implementation of this resolution shall be undertaken by regional committees, the Executive Board and the Health Assembly in the spirit of resolution WHA33.17;

4. REQUESTS the FAO/WHO Codex Alimentarius Commission to give full consideration, within the framework of its operational mandate, to action it might take to improve the quality standards of infant foods, and to support and promote the implementation of the International Code;

5. REQUESTS the Director-General:

(1) to give all possible support to Member States, as and when requested, for the implementation of the International Code, and in particular in the preparation of national legislation and other measures related thereto in accordance with operative subparagraph 6(6) of resolution WHA33.32;

(2) to use his good offices for the continued cooperation with all parties concerned in the implementation and monitoring of the International Code at country, regional and global levels;

(3) to report to the Thirty-sixth World Health Assembly on the status of compliance with and implementation of the Code at country, regional and global levels;

(4) based on the conclusions of the status report, to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

21 May 1981 WHA34/1981/REC/1

(emphasis added)

Recalling resolution WHA33.32 on infant and young child feeding and resolution WHA34.22 adopting the International Code of Marketing of Breastmilk Substitutes;

Conscious that breastfeeding is the ideal method of infant feeding and should be promoted and protected in all countries;

Concerned that inappropriate infant feeding practices result in greater incidence of infant mortality, malnutrition and disease, especially in conditions of poverty and lack of hygiene;

Recognizing that commercial marketing of breastmilk substitutes for infants has contributed to an increase in artificial feeding;

Recalling that the Thirty-fourth World health Assembly adopted an international code intended, *inter alia*, to deal with these marketing practices;

Noting that, while many Member States have taken some measures related to improving infant and young child feeding, few have adopted and adhered to the International Code as a "minimum requirement" and implemented it "in its entirety", as called for in resolution WHA34.22;

1. URGES Member States to give renewed attention to the need to adopt national legislation, regulations or other suitable measures to give effect to the International Code;
2. REQUESTS the Director-General:
 - (1) to design and coordinate a comprehensive programme of action to support Member States in their efforts to implement and monitor the Code and its effectiveness;
 - (2) to provide support and guidance to Member States as and when requested to ensure that the measures they adopt are consistent with the letter and spirit of the International Code;
 - (3) to undertake, in collaboration with Member States, prospective surveys, including statistical data of infant and young child feeding practices in the various countries, particularly with regard to the incidence and duration of breastfeeding.

May 1982 WHA35/1982/REC/1, 20

(emphasis added)

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA 34.22 and WHA35.26, which dealt with infant and young child feeding;

Recognizing that the implementation of the International Code of Marketing of Breastmilk Substitutes is one of the important actions required in order to promote healthy infant and young child feeding;

Recalling the discussion on infant and young child feeding at the Thirty-sixth World Health Assembly, which concluded that it was premature to revise the International Code at that time;

Having considered the Director-General's report, and noting with interest its contents;

Aware that many products unsuitable for infant feeding are being promoted for this purpose in many part of the world, and that some infant foods are being promoted for use at too early an age, which can be detrimental to infant and young child health;

1. ENDORSES the Director-General's report;
2. URGES continued action by Member States, WHO, nongovernmental organizations and all other interested parties to put into effect measures to improve infant and young child feeding, with particular emphasis on the use of foods of local origin;
3. REQUESTS the Director-General:
 - (1) to continue and intensify collaboration with Member States in their efforts to implement and monitor the International Code of Marketing of Breastmilk Substitutes as an important measure at the national level;
 - (2) to support Member States in examining the problem of the promotion and use of foods unsuitable for infant and young child feeding, and ways of promoting the appropriate use of infant foods;
 - (3) to submit to the Thirty-ninth World Health Assembly a report on the progress in implementing this resolution, together with recommendations for any other measures needed to further improve sound infant and young child feeding practices.

May 1984 WHA37/1984/REC/1, 19

(emphasis added)

Recalling resolutions WHA27.43, WHA31.47, WHA33.32, WHA34.22, WHA35.26 and WHA37.30 which dealt with infant and young child feeding;

Having considered the progress and evaluation report by the Director-General on infant and young child nutrition;¹

Recognizing that the implementation of the International Code of Marketing of Breastmilk Substitutes is an important contribution to healthy infant and young child feeding in all countries;

Aware that today, five years after the adoption of the International Code, many Member States have made substantial efforts to implement it, but that many products unsuitable for infant feeding are nonetheless being promoted and used for this purpose; and that sustained and concerted efforts will therefore continue to be necessary to achieve full implementation of and compliance with the International Code as well as the cessation of the marketing of unsuitable products and the improper promotion of breastmilk substitutes;

Noting with great satisfaction the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breastmilk substitutes,² in the context of Article 6, paragraph 6, of the International Code;

Noting further the statement in the guidelines, paragraph 47: "Since the large majority of infants born in maternity wards and hospitals are full term, they require no nourishment other than colostrum during their first 24-48 hours of life – the amount of time often spent by a mother and her infant in such an institutional setting. Only small quantities of breastmilk substitutes are ordinarily required to meet the needs of a minority of infants in these facilities, and they should only be available in ways that do not interfere with the protection and promotion of breastfeeding for the majority";

1. ENDORSES the report of the Director-General;¹
2. URGES Member States:
 - (1) to implement the Code if they have not yet done so;
 - (2) to ensure that the practices and procedures of their health care systems are consistent with the principles and aim of the International Code;
 - (3) to make the fullest use of all concerned parties – health professional bodies, nongovernmental organizations, consumer organizations, manufacturers and distributors – generally, in protecting and promoting breastfeeding and, specifically, in implementing the Code and monitoring its implementation and compliance with its provisions;

(4) to seek the cooperation of manufacturers and distributors of products within the scope of Article 2 of the Code, in providing all information considered necessary for monitoring the implementation of the Code;

(5) to provide the Director-General with complete and detailed information on the implementation of the Code;

(6) to ensure that the small amounts of breastmilk substitutes needed for the minority of infants who require them in maternity wards and hospitals are made available through the normal procurement channels and not through free or subsidized supplies;

3. REQUESTS the Director-General:

(1) to propose a simplified and standardized form for use by Member States to facilitate the monitoring and evaluation by them of their implementation of the Code and reporting thereon to WHO, as well as the preparation by WHO of a consolidated report covering each of the articles of the Code;

(2) to specifically direct the attention of Member States and other interested parties to the following:

(a) any food or drink given before complementary feeding is nutritionally required may interfere with the initiation or maintenance of breastfeeding and therefore should neither be promoted nor encouraged for use by infants during this period;

(b) the practice being introduced in some countries of providing infants with specially formulated milks (so-called "follow-up milks") is not necessary.

16 May 1986 A39/VR/15

¹ Document WHA39/1986/REC/1, or Document A39/8

² Document WHA39/1986/REC/1, or Document A39/8 Add.1

Having considered the report by the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22 and WHA39.28 on infant and young child feeding and nutrition, and resolutions WHA37.18 and WHA39.31 on the prevention and control of vitamin A deficiency and xerophthalmia, and of iodine deficiency disorders;

Concerned at continuing decreasing breastfeeding trends in many countries, and committed to the identification and elimination of obstacles to breastfeeding;

Aware that appropriate infant and young child nutrition could benefit from further broad national, community and family interventions;

1. COMMENDS governments, women's organizations, professional associations, consumer and other nongovernmental groups, and the food industry for their efforts to promote appropriate infant and young child nutrition, and encourages them, in cooperation with WHO, to support national efforts for coordinated nutrition programmes and practical action at country level to improve the health and nutrition of women and children;
2. URGES Member States:
 - (1) to develop or enhance national nutrition programmes, including multisectoral approaches, with the objective of improving the health and nutritional status of their populations, especially that of infants and young children;
 - (2) to ensure practices and procedures that are consistent with the aim and principles of the International Code of Marketing of Breastmilk Substitutes, if they have not already done so;
3. REQUESTS the Director-General to continue to collaborate with Member States, through WHO regional offices and in collaboration with other agencies of the United Nations system, especially FAO and UNICEF:
 - (1) in identifying and assessing the main nutrient and dietary problems, developing national strategies to deal with them, applying these strategies, and monitoring and evaluating their effectiveness;
 - (2) in establishing effective nutritional status surveillance systems in order to ensure that all the main variables which collectively determine nutritional status are properly addressed;
 - (3) in compiling, analysing, managing and applying information that they have gathered on the nutritional status of their populations;
 - (4) in monitoring, together with other maternal and child health indicators, changes in the prevalence and duration of full and supplemented breastfeeding with a view to improving breastfeeding rates;

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- (5) in developing recommendations regarding diet, including timely complementary feeding and appropriate weaning practices, which are appropriate to national circumstances;
 - (6) in providing legal and technical assistance, upon request from Member States, in the drafting and/or the implementation of national codes of marketing of breastmilk substitutes, or other similar instruments;
 - (7) in designing and implementing collaborative studies to assess the impact of measures taken to promote breastfeeding and child nutrition in Member States.

May 1988 WHA41/1988/REC/1, 9

(emphasis added)

Recalling resolutions WHA33.32, WHA 34.22, WHA35.26, WHA37.30, WHA39.28 and WHA41.11 on infant and young child feeding and nutrition;

Having considered the report of the Director-General on infant and young child nutrition;¹

Reaffirming the unique biological properties of breastmilk in protecting against infections, in stimulating the development of the infant's own immune system, and in limiting the development of some allergies;

Recalling the positive impact of breastfeeding on the physical and emotional health of the mother, including its important contribution to child-spacing;

Convinced of the importance of protecting breastfeeding among groups and populations where it remains the infant-feeding norm, and promoting it where it is not, through appropriate information and support, as well as recognizing the special needs of working women;

Recognizing the key role in protecting and promoting breastfeeding played by health workers, particularly nurses, midwives and those in child health/family planning programmes, and the significance of the counselling and support provided by mothers' groups;

Recognizing that, in spite of resolution WHA39.28, free or low-cost supplies of infant formula continue to be available to hospitals and maternities, with adverse consequences for breastfeeding;

Reiterating its concern over the decreasing prevalence and duration of breastfeeding in many countries;

1. THANKS the Director-General for his report;

2. URGES Member States:

- (1) to protect and promote breastfeeding, as an essential component of their overall food and nutrition policies and programmes on behalf of women and children, so as to enable all infants to be exclusively breastfed during the first four to six months of life;
- (2) to promote breastfeeding, with due attention to the nutritional and emotional needs of mothers;
- (3) to continue monitoring breastfeeding patterns, including traditional attitudes and practices in this regard;
- (4) to enforce existing, or adopt new, maternity protection legislation or other suitable measures that will promote and facilitate breastfeeding among working women;

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- (5) to draw the attention of all who are concerned with planning and providing maternity services to the universal principles affirmed in the joint WHO/UNICEF statement² on breastfeeding and maternity services that was issued in 1989;
- (6) to ensure that the principles and aim of the International Code of Marketing of Breastmilk Substitutes and the recommendations contained in resolution WHA39.28 are given full expression in national health and nutrition policy and action, in cooperation with professional associations, women's organizations, consumer and other nongovernmental groups, and the food industry;
- (7) to ensure that families make the most appropriate choice with regard to infant feeding, and that the health system provides the necessary support;
3. REQUESTS the Director-General, in collaboration with UNICEF and other international and bilateral agencies concerned:
- (1) to urge Member States to take effective measures to implement the recommendations included in resolution WHA39.28;
- (2) to continue to review regional and global trends in breastfeeding patterns, including the relationship between breastfeeding and child-spacing;
- (3) to support Member States, on request, in adopting measures to improve infant and young child nutrition, *inter alia* by collecting and disseminating information on relevant national action of interest to all Member States; and to mobilize technical and financial resources to this end.

14 May 1990 A43/VR/12

¹ Document WHA43/1990/REC/1, p.35

² *Protecting, promoting and supporting breastfeeding: the special role of maternity services*. A joint WHO/UNICEF statement, Geneva, World Health Organization, 1989

(emphasis added)

Having considered the report of the Director-General on infant and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11 and WHA43.3 concerning infant and young child nutrition, appropriate feeding practices and related questions;

Reaffirming that the International Code of Marketing of Breastmilk Substitutes is a minimum requirement and only one of several important actions required in order to protect healthy practices in respect of infant and young child feeding;

Recalling that products that may be promoted as a partial or total replacement for breastmilk, especially when these are presented as suitable for bottle feeding, are subject to the provisions of the International Code;

Reaffirming that during the first four to six months of life no food or liquid other than breastmilk, not even water, is required to meet the normal infant's nutritional requirements, and that from the age of about six months infants should begin to receive a variety of locally available and safely prepared foods rich in energy, in addition to breastmilk, to meet their changing nutritional requirements;

Welcoming the leadership of the Executive Heads of WHO and UNICEF in organizing the "baby-friendly" hospital initiative, with its simultaneous focus on the role of health services in protecting, promoting and supporting breastfeeding and on the use of breastfeeding as a means of strengthening the contribution of health services to safe motherhood, child survival, and primary health care in general, and endorsing this initiative as a most promising means of increasing the prevalence and duration of breastfeeding;

Expressing once again its concern about the need to protect and support women in the workplace, for their own sakes but also in the light of their multiple roles as mothers and care-providers, *inter alia*, by applying existing legislation fully for maternity protection, expanding it to cover any women at present excluded or, where appropriate, adopting new measures to protect breastfeeding;

Encouraged by the steps being taken by infant-food manufacturers towards ending the donation or low-price sale of supplies of infant formula to maternity wards and hospitals, which would constitute a step towards full implementation of the International Code;

Being convinced that charitable and other donor agencies should exert great care in initiating, or responding to, requests for free supplies of infant foods;

Noting that the advertising and promotion of infant formula and the presentation of other products

as breastmilk substitutes, as well as feeding-bottles and teats, may compete unfairly with breastfeeding which is the safest and lowest-cost method of nourishing an infant, and may exacerbate such competition and favour uninformed decision-making by interfering with the advice and guidance to be provided by the mother's physician or health worker;

Welcoming the generous financial and other contributions from a number of Member States that enabled WHO to provide technical support to countries wishing to review and evaluate their own experiences in giving effect to the International Code,

1. THANKS the Director-General for his report;
2. URGES Member States:
 - (1) to give full expression at national level to the operational targets contained in the Innocenti Declaration, namely:
 - (a) by appointing a national breastfeeding coordinator and establishing a multisectoral breastfeeding committee;
 - (b) by ensuring that every facility providing maternity services applies the principles laid down in the joint WHO/UNICEF statement on the role of maternity services in protecting, promoting and supporting breastfeeding;
 - (c) by taking action to give effect to the principles and aim of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant Health Assembly resolutions in their entirety;
 - (d) by enacting legislation and adopting means for its enforcement to protect the breastfeeding rights of working women;
 - (2) to encourage and support all public and private health facilities providing maternity services so that they become "baby- friendly":
 - (a) by providing the necessary training in the application of the principles laid down in the joint WHO/UNICEF statement;
 - (b) by encouraging the collaboration of professional associations, women's organizations, consumer and other nongovernmental groups, the food industry, and other competent sectors in this endeavour;
 - (3) to take measures appropriate to national circumstances aimed at ending the donation or low-priced sale of supplies of breastmilk substitutes to health-care facilities providing maternity services;
 - (4) to use the common breastfeeding indicators developed by WHO, with the collaboration of UNICEF and other interested organizations and agencies, in evaluating the progress of their breastfeeding programmes;
 - (5) to draw upon the experiences of other Member States in giving effect to the International Code;

3. REQUESTS the Director-General:

- (1) to continue WHO's productive collaboration with its traditional international partners, in particular UNICEF, as well as other concerned parties including professional associations, women's organizations, consumer groups and other nongovernmental organizations and the food industry, with a view to attaining the Organization's goals and objectives in infant and young child nutrition;
- (2) to strengthen the Organization's network of collaborating centres, institutions and organizations in support of appropriate national action;
- (3) to support Member States, on request, in elaborating and adapting guidelines on infant nutrition, including complementary feeding practices that are timely, nutritionally appropriate and biologically safe and in devising suitable measures to give effect to the International Code;
- (4) to draw the attention of Member States and other intergovernmental organizations to new developments that have an important bearing on infant and young child feeding and nutrition;
- (5) to consider, in collaboration with the International Labour Organization, the options available to the health sector and other interested sectors for reinforcing the protection of women in the workplace in view of their maternal responsibilities, and to report to a future Health Assembly in this regard;
- (6) to mobilize additional technical and financial resources for intensified support to member States.

14 May 1992 A45/VR/13

(emphasis added)

Infant and young child nutrition

EXT

Underscore added

SIGNIFICANCE

*of underscored points**

The Forty-seventh World Health Assembly,

having considered the report by the Director-General on infant and young child nutrition;

calling resolutions WHA33.32, WHA34.22, WHA35.26, WHA37.30, WHA39.28, WHA41.11, WHA43.3, WHA45.34 and WHA46.7 concerning infant and young child nutrition, appropriate feeding practices and related matters;

WHA34.22 includes International Code of Marketing of Breast-milk Substitutes.

affirming its support for all these resolutions and reiterating the recommendations to member states contained therein;

All member states reaffirm the Code.

bearing in mind the superiority of breast-milk as the biological norm for nourishing infants, and that a deviation from this norm is associated with increased risks to the health of infants and mothers;

THANKS the Director-General for his report;

URGES Member States to take the following measures;

to promote sound infant and young child nutrition, in keeping with their commitment to the World Declaration and Plan of Action for Nutrition,¹ through coherent effective intersectoral action, including:

World Declaration urges that all women be enabled to breastfeed exclusively for the first months and to continue breastfeeding, with complementary foods, for up to two years or more.

(a) increasing awareness among health personnel, nongovernmental organizations, communities and the general public of the importance of breast-feeding and its superiority to any other infant feeding method;

All other infant feeding methods are inferior.

(b) supporting mothers in their choice to breast-feed by removing obstacles and preventing interference that they may face in health services, the workplace, or the community;

Eliminate obstacles and interference wherever they exist, to protect mother's freedom of choice.

¹World Declaration and Plan of Action for Nutrition. FAO/WHO, International Conference on Nutrition, Rome, December 1992.



*comments provided by Nutrition Cluster
UNICEF, New York
June, 1994



2.(1) (c) ensuring that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breast-feeding and the role of maternity services;²

(d) fostering appropriate complementary feeding practices from the age of about six months,

emphasizing continued breast-feeding

and frequent feeding with safe and adequate amounts of local foods.

(2) to ensure that there are no donations of free or subsidized supplies of breast-milk substitutes

and other products covered by the International Code of Marketing of Breast-milk Substitutes

in any part of the health care system;

About six months of exclusive breast-feeding is encouraged, not four-to-six months as previously recommended.

Breastfeeding with complementary foods continues from six months to two years.

Foods from the local family diet, enriched and softened, can give adequate complementation to sustained breastfeeding.

No free or subsidized foods or beverages represented as partial or total replacements for breastmilk. This includes, for example, normal newborn formulas, soy or hypoallergenic formulas, preterm formulas, special formulas, and follow-up or second-stage milks or formulas.³

For example, no free or subsidized glucose or vitamin drinks, fruit drinks and teas for infants, nor bottle-fed foods including milk products, cereals and cereal mixtures labelled to replace milk feedings.

No free or subsidized feeding bottles or teats.⁴

Covers all public and private health care settings and health workers serving mothers, infants and pregnant women including:

- maternity wards and clinics;
- newborn/neonatal special care units;
- pediatric wards and hospitals;
- MCH and family planning clinics;
- private doctors' offices and practices;
- nurseries and child-care institutions.⁵

²Protecting, promoting and supporting breast-feeding: the special role of maternity services. A joint WHO/UNICEF statement. Geneva, World Health Organization, 1989.

³Breastmilk substitute means any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose. (International Code of Marketing of Breastmilk Substitutes, Article 3)

⁴The Code applies to the marketing, and practices related thereto, of the following products: breast-milk substitutes, including infant formula; other milk products, foods and beverages, including bottle-fed complementary foods, when marketed or otherwise represented to be suitable, with or without modification, for use as a partial or total replacement of breast-milk; feeding bottles and teats. (International Code of Marketing of Breastmilk Substitutes, Article 2)

⁵Health care system means governmental, nongovernmental or private institutions or organizations engaged, directly or indirectly, in health care for mothers, infants and pregnant women; and nurseries or child-care institutions. It also includes health workers in private practice. For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets. (International Code of Marketing of Breastmilk Substitutes, Article 3)

2.(3) to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breast-feeding for infants, and ensuring that donated supplies of breast-milk substitutes or other products covered by the scope of the International Code be given only if all the following conditions apply;

In emergency relief operations, protect and support breastfeeding. Infants can receive donated formula and other products covered by the Code only if all three conditions are fulfilled.

(a) infants have to be fed on breast-milk substitutes, as outlined in the guidelines concerning the main health and socioeconomic circumstances in which infants have to be fed on breast-milk substitutes,⁶

(b) the supply is continued for as long as the infants concerned need it;

Each infant given a donated breastmilk substitute is assured of a full ongoing supply.

(c) the supply is not used as a sales inducement;

Donations that help to open new markets or increase sales, may not be made.

(4) to inform the labour sector, and employers' and workers' organizations, about the multiple benefits of breast-feeding for infants and mothers, and the implications for maternity protection in the workplace;

3. REQUESTS the Director-General:

(1) to use his good offices for cooperation with all parties concerned in giving effect to this and related resolutions of the Health Assembly in their entirety;

(2) to complete development of a comprehensive global approach and programme of action to strengthen national capacities for improving infant and young child feeding practices; including the development of methods and criteria for national assessment of breast-feeding trends and practices;

(3) to support Member States, at their request, in monitoring infant and young child feeding practices and trends in health facilities and households, in keeping with new standard breast-feeding indicators;

New indicators track *exclusive* breast-feeding, timely complementary feeding, and sustained breastfeeding at 20-23 months.⁷

(4) to urge Member States to initiate the Baby-friendly Hospital Initiative and to support them, at their request, in implementing this Initiative, particularly in their efforts to improve educational curricula and in-service training for all health and administrative personnel concerned;

Training of health staff for BFHI is urged.

(5) to increase and strengthen support to Member States, at their request, in giving effect to the principles and aim of the International Code and all relevant resolutions, and to advise Member States on a framework which they may use in monitoring their application, as appropriate to national circumstances;

Stronger support to implementation and monitoring of Code and cessation of free and low-cost supplies

⁶Document WHO A39/8 Add.1, 10 April 1986. These guidelines provide suggestions for health care management which permits continued breastfeeding or breastmilk feeding in many situations.

⁷Documents WHO/CDD/SER/91.14 *Indicators for assessing breast-feeding practices* and WHO/CDR/93.1 UNICEF/SM/93.1 *Indicators for assessing health facility practices that affect breastfeeding*.

(6) to develop, in consultation with other concerned parties and as part of WHO's normative function, guiding principles for the use in emergency situations of breast-milk substitutes or other products covered by the International Code which the competent authorities in Member States may use, in the light of national circumstances, to ensure the optimal infant-feeding conditions;

(7) to complete, in cooperation with selected research institutions, collection of revised reference data and the preparation of guidelines for their use and interpretation, for assessing the growth of breast-fed infants;

(8) to seek additional technical and financial resources for intensifying WHO's support to Member States in infant feeding and in the implementation of the International Code and subsequent relevant resolutions.

Eleventh plenary meeting, 9 May 1994
A47/VR/11

Infant and young child nutrition

TEXT
underscoring added

SIGNIFICANCE*
Of underscored points

The Forty-ninth World Health Assembly,

Having considered the summary report by the Director-General on infant feeding and young child nutrition;

Recalling resolutions WHA33.32, WHA34.22, WHA39.28, and WHA45.34 among others concerning infant and young child nutrition, appropriate feeding practices and other related questions;

Recalling and reaffirming the provisions of resolution WHA47.5 concerning infant and young child nutrition, including the emphasis on fostering appropriate complementary feeding practices;

Concerned that health institutions and ministries may be subject to subtle pressure to accept, inappropriately, financial or other support for professional training in infant and child health;

Noting the increasing interest in monitoring the application of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant Health Assembly resolutions,

1. THANKS the Director-General for his report¹;
2. STRESSES the continued need to implement the International Code of Marketing of Breast-Milk Substitutes, subsequent relevant resolutions of the Health Assembly, the Innocenti Declaration, and the World Declaration and Plan of Action for Nutrition;

WHA34.22 includes the international Code of Marketing of Breastmilk Substitutes ("the Code")

Member States reaffirm the recommendation of about 6 months of exclusive breastfeeding, and continued breastfeeding with complementary foods such as those from the local family diet continuing from 6 months to 2 years.

Acceptance of inappropriate funding may influence the objectivity of training in infant and child health.

Reaffirms support for all existing strategies for the protection of breastfeeding, including Code implementation, the ending of free and low-cost supplies, the transformation of maternity facilities and the provision of maternity entitlements.

¹ Document A49/4.



*comments provided by Nutrition Section
UNICEF, New York
June 1996



3. URGES Member States to take the following measures:

(1) to ensure that complementary foods are not marketed for or used in ways that undermine exclusive and sustained breast-feeding.

Marketing of complementary foods in ways that undermine exclusive breastfeeding until about 6 months and sustained breastfeeding (6 - 24 months) is inappropriate.

(2) to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative;

The interests of manufacturers may conflict with those of breastfeeding mothers and their children. Sponsorship or other financial assistance from the infant feeding industry may interfere with professionals' unequivocal support for BFHI and breastfeeding.

(3) to ensure that monitoring the application of the International Code and subsequent relevant resolutions is carried out in a transparent, independent manner, free from commercial influence.

Manufacturers should monitor their own marketing practices. Other monitoring efforts by nongovernmental organizations, professional groups, institutions and individuals should not receive financial support from manufacturers or distributors.

(4) to ensure that the appropriate measures are taken including health information and education in the context of primary health care, to encourage breast-feeding;

Breastfeeding is to be actively promoted throughout society as well as throughout the primary health care system.

(5) to ensure that the practices and procedures of their health care systems are consistent with the principles and aims of the International Code of Marketing of Breast-Milk Substitutes;

The Code should be complied with throughout health care systems in all countries.

(6) to provide the Director-General with complete and detailed information on the implementation of the Code;

All States should report to WHO on the progress they have made to implement the Code.

4. REQUESTS the Director-General to disseminate, as soon as possible, to Member States document WHO/NUT/96.4 (currently in preparation) on the guiding principles for feeding infants and young children during emergencies.

Sixth plenary meeting, 25 May 1996
A49/VR/6

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD, 1989

Preamble

Considering that, in accordance with the principles proclaimed in the Charter of the United Nations, recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Bearing in mind that the people of the United Nations have, in the Charter, reaffirmed their faith in fundamental human rights and in the dignity and worth of the human person, and have determined to promote social progress and better standards of life in larger freedom,

Recognising that the United Nations has, in the Universal Declaration of Human Rights and in the International Covenants on Human Rights, proclaimed and agreed that everyone is entitled to all the rights and freedoms set forth therein, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status,

Recalling that, in the Universal Declaration of Human rights, the United Nations has proclaimed that childhood is entitled to special care and assistance,

Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community,

Recognising that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding,

Considering that the child should be fully prepared to live an individual life in society, and brought up in the spirit of the ideals proclaimed in the Charter of the United Nations, and in particular in the spirit of peace, dignity, tolerance, freedom, equality and solidarity.

Bearing in mind that the need to extend particular care to the child has been stated in the Geneva Declaration of the Rights of the Child of 1924 and in the Declaration of the Rights of the Child adopted by the General Assembly on 20th November 1959 and recognised in the Universal Declaration of Human Rights, in the International Covenant on Civil and Political Rights (in particular in Articles 23 and 24), in the International Covenant on Economic, Social and Cultural Rights (in particular in Article 10) and in the statutes and relevant instruments of specialised agencies and international organisations concerned with the welfare of children,

Bearing in mind that, as indicated in the Declaration of the Rights of the Child, "the child by reason of his physical and mental immaturity, needs special safeguards and care, including appropriate legal protection, before as well as after birth",

Recalling the provision of the Declaration on Social and Legal principles relating to the Protection and Welfare of children, with special Reference to Foster Placement and Adoption, nationally and internationally, the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules); and the Declaration on the Protection of Women and Children in Emergency and Armed Conflict,

Recognising that, in all countries in the world, there are children living in exceptionally difficult conditions, and that such children need special consideration.

Taking due account of the importance of the traditions and cultural values of each people for the protection and harmonious development of the child;

Recognising the importance of international co-operation for improving the living conditions of children in every country, in particular in the developing countries. Have agrees as follows:

Article 6

1. States Parties recognise that every child has the inherent right of life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

Article 24

1. States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
 - (a) To diminish infant and child mortality;
 - (b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
 - (c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;
 - (d) To ensure appropriate pre-natal health care for mothers;
 - (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation and the prevention of accidents;
 - (f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.
4. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realisation of the right recognised in the present. Article. In this regard, particular account shall be taken of the needs of developing countries.

Article 25

1. States Parties shall recognise the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

Article 27

3. States Parties, in accordance with national conditions and within their means, shall take appropriate measures of assist parents and others responsible for the child to implement their right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

Article 32

1. States Parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, and moral or social development.

Article 34

States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:

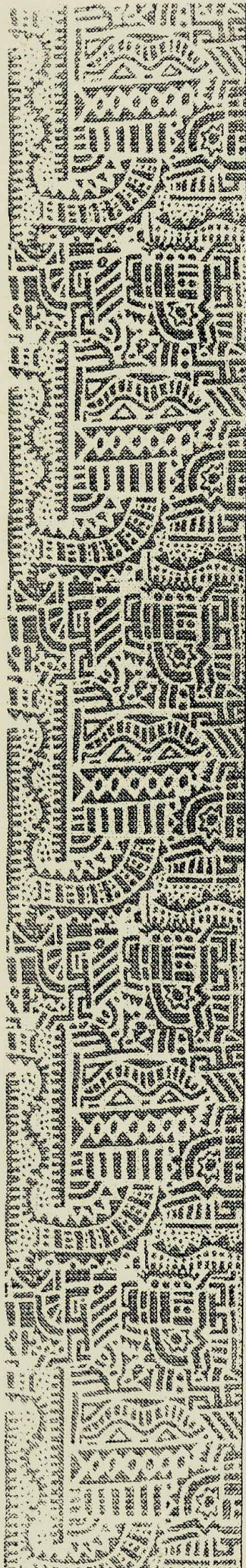
- (a) The inducement or coercion of child to engage in any unlawful sexual activity;
- (b) The exploitative use of children in prostitution or other unlawful sexual practices;
- (c) The exploitative use of children in pornographic performances and materials.

Article 36

States Parties shall protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Article 39

States Parties shall take all appropriate measure to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.



Women's Health

DECLARATION FOR WOMEN'S REPRODUCTIVE AND SEXUAL RIGHTS AND HEALTH

Issued by the *Reproductive Rights caucus at the NGO Forum and the 39th Session of the Commission on the Status of Women*, New York in March-April 1995

The signatories to this Declaration demand that governments ensure access of all women, regardless of age, marital status, race, ethnicity, religion, economic status, ability, and sexual orientation, to:

- comprehensive factual information and non-directive confidential counseling regarding all aspects of reproductive and sexual health and services;
- comprehensive, unbiased sexual education;
- confidential, accessible and affordable quality reproductive and sexual health services;
- the full range of safe and effective methods of fertility regulation, including voluntary sterilization, prevention of and treatment for infertility, emergency contraceptive methods and safe, legal abortion;
- comprehensive information and education on STDs/HIV/AIDS prevention and quality, affordable condoms;
- compassionate counselling and treatment for HIV/AIDS and other sexual and reproductive conditions that incorporate dignity and respect for women's reproductive self determination;
- funding for and gender balance in all aspects of biomedical, behavioral, epidemiological and health research regarding women's health.

Governments must condemn and eradicate any and all coercive laws, policies and practices regarding sexual and reproductive rights and health, including: forced sterilization; forced abortion; forced motherhood; forced pregnancy; female genital mutilation; forced marriage; rape; sexual violence; virginity examinations; forced contraceptive use; and discrimination on the basis of sexual orientation.

To ensure compliance with these demands, governments should mobilize resources for women's health, which is defined by the World Health Organization as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." Women must be involved at all levels of the decision-making processes. Therefore, governments must ensure women's involvement on an equal basis at all levels of research and policy design, implementation, and evaluation. Evaluations must be based on specific goals and time-frames."

BEIJING DECLARATION

Adopted by the Fourth World Conference on Women at Beijing, People's Republic of China, in September 1995

Declaration

1. We, the Governments participating in the Fourth World Conference on Women,
2. Gathered here in Beijing in September 1995, the year of the fiftieth anniversary of the founding of the United Nations,
3. Determined to advance the goals of equality, development and peace for all women everywhere in the interest of all humanity,
4. Acknowledging the voices of all women everywhere and taking note of the diversity of women and their roles and circumstances, honouring the women who paved the way and inspired by the hope present in the world's youth,
5. Recognize that the status of women has advanced in some important respects in the past decade but that progress has been uneven, inequalities between women and men have persisted and major obstacles remain, with serious consequences for the well-being of all people,
6. Also recognize that this situation is exacerbated by the increasing poverty that is affecting the lives of the majority of the world's people, in particular women and children, with origins in both the national and international domains,
7. Dedicate ourselves unreservedly to addressing these constraints and obstacles and thus enhancing further the advancement and empowerment of women all over the world, and agree that this requires urgent action in the spirit of determination, hope, cooperation and solidarity, now and to carry us forward into the next century.

We reaffirm our commitment to:

8. The equal rights and inherent human dignity of women and men and other purposes and principles enshrined in the Charter of the United Nations, to the Universal Declaration of Human Rights and other international human rights instruments, in particular the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, as well as the Declaration on the Elimination of Violence against Women and the Declaration on the Right to Development;

9. Ensure the full implementation of the human rights of women and of the girl child as an inalienable, integral and indivisible part of all human rights and fundamental freedoms;
10. Build on consensus and progress made at previous United Nations conferences and summits - on women in Nairobi in 1985, on children in New York in 1990, on environment and development in Rio de Janeiro in 1992, on human rights in Vienna in 1993, on population and development in Cairo in 1994 and on social development in Copenhagen in 1995 with the objective of achieving equality, development and peace;
11. Achieve the full and effective implementation of the Nairobi Forward-looking Strategies for the Advancement of Women;
12. The empowerment and advancement of women, including the right to freedom of thought, conscience, religion and belief, thus contributing to the moral, ethical, spiritual and intellectual needs of women and men, individually or in community with others and thereby guaranteeing them the possibility of realizing their full potential in society and shaping their lives in accordance with their own aspirations.

We are convinced that:

13. Women's empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace;
14. Women's rights are human rights;
15. Equal rights, opportunities and access to resources, equal sharing of responsibilities for the family by men and women, and a harmonious partnership between them are critical to their well-being and that of their families as well as to the consolidation of democracy;
16. Eradication of poverty based on sustained economic growth, social development, environmental protection and social justice requires the involvement of women in economic and social development, equal opportunities and the full and equal participation of women and men as agents and beneficiaries of people-centred sustainable development;
17. The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment;
18. Local, national, regional and global peace is attainable and is inextricably linked with the advancement of women, who are a fundamental force for leadership, conflict resolution and the promotion of lasting peace at all levels;

19. It is essential to design, implement and monitor, with the full participation of women, effective, efficient and mutually reinforcing gender-sensitive policies and programmes, including development policies and programmes, at all levels that will foster the empowerment and advancement of women;
20. The participation and contribution of all actors of civil society, particularly women's groups and networks and other non-governmental organizations and community-based organizations, with full respect for their autonomy, in cooperation with Governments, are important to the effective implementation and follow-up of the Platform for Action;
21. The implementation of the Platform for Action requires commitment from Governments and the international community. By making national and international commitments for action, including those made at the Conference, Governments and the international community recognize the need to take priority action for the empowerment and advancement of women.

We are determined to:

22. Intensify efforts and actions to achieve the goals of the Nairobi Forward-looking Strategies for the Advancement of Women by the end of this century;
23. Ensure the full enjoyment by women and the girl child of all human rights and fundamental freedoms and take effective action against violations of these rights and freedoms;
24. Take all necessary measures to eliminate all forms of discrimination against women and the girl child and remove all obstacles to gender equality and the advancement and empowerment of women;
25. Encourage men to participate fully in all actions towards equality;
26. Promote women's economic independence, including employment, and eradicate the persistent and increasing burden of poverty on women by addressing the structural causes of poverty through changes in economic structures, ensuring equal access for all women, including those in rural areas, as vital development agents, to productive resources, opportunities and public services;
27. Promote people-centred sustainable development, including sustained economic growth, through the provision of basic education, life-long education, literacy and training, and primary health care for girls and women;
28. Take positive steps to ensure peace for the advancement of women and, recognizing the leading role that women have played in the peace movement, work actively towards general and complete disarmament under strict and effective international control, and support negotiations on the conclusion, without delay, of a

universal and multilaterally and effectively verifiable comprehensive nuclear-test-ban treaty which contributes to nuclear disarmament and the prevention of the proliferation of nuclear weapons in all its aspects;

29. Prevent and eliminate all forms of violence against women and girls;
30. Ensure equal access to and equal treatment of women and men in education and health care and enhance women's sexual and reproductive health as well as education;
31. Promote and protect all human rights of women and girls;
32. Intensify efforts to ensure equal enjoyment of all human rights and fundamental freedoms for all women and girls who face multiple barriers to their empowerment and advancement because of such factors as their race, age, language, ethnicity, culture, religion, or disability, or because they are indigenous people;
33. Ensure respect for international law, including humanitarian law, in order to protect women and girls in particular;
34. Develop the fullest potential of girls and women of all ages, ensure their full and equal participation in building a better world for all and enhance their role in the development process.

We are determined to:

35. Ensure women's equal access to economic resources, including land, credit, science and technology, vocational training, information, communication and markets, as a means to further the advancement and empowerment of women and girls, including through the enhancement of their capacities to enjoy the benefits of equal access to these resources, *inter alia*, by means of international cooperation;
36. Ensure the success of the Platform for Action, which will require a strong commitment on the part of Governments, international organizations and institutions at all levels. We are deeply convinced that economic development, social development and environmental protection are interdependent and mutually reinforcing components of sustainable development, which is the framework for our efforts to achieve a higher quality of life for all people. Equitable social development that recognizes empowering the poor, particularly women living in poverty, to utilize environmental resources sustainably is a necessary foundation for sustainable development. We also recognize that broad-based and sustained economic growth in the context of sustainable development is necessary to sustain social development and social justice. The success of the Platform for Action will also require adequate mobilization of resources at the national and international levels as well as new and additional resources to the developing

countries from all available funding mechanisms, including multilateral, bilateral and private sources for the advancement of women; financial resources to strengthen the capacity of national, sub regional, regional and international institutions; a commitment to equal rights, equal responsibilities and equal opportunities and to the equal participation of women and men in all national, regional and international bodies and policy-making processes; and the establishment or strengthening of mechanisms at all levels for accountability to the world's women;

37. Ensure also the success of the Platform for Action in countries with economies in transition, which will require continued international cooperation and assistance;
38. We hereby adopt and commit ourselves as Governments to implement the following Platform for Action, ensuring that a gender perspective is reflected in all our policies and programmes. We urge the United Nations system, regional and international financial institutions, other relevant regional and international institutions and all women and men, as well as non-governmental organizations, with full respect for their autonomy, and all sectors of civil society, in cooperation with Governments, to fully commit themselves and contribute to the implementation of this Platform for Action.

HUMAN RIGHTS FOR 21ST CENTURY FROM A GENDER PERSPECTIVE

Issued by the Latin American and Caribbean women's organisation, *CLADEM* on the occasion of the 50th Anniversary of the Universal Declaration of Human Rights, December, 1998

INTRODUCTION

Taking into consideration the importance and the juridical, ethical and symbolic value achieved by the Universal Declaration of Human Rights since its adoption by the General Assembly of the United Nations via resolution 217 A (III), of December 10, 1948,

Taking into consideration that liberty, justice, and peace in the world have as a base the acknowledgement of the intrinsic dignity and equal and inalienable rights of all its members, women and men, of the human family,

Taking into consideration that the concept of human rights is of a historical nature and that its emergence has been strongly associated with an idea of the human being centered in the image of the male, westerner, adult, heterosexual and owner of assets, all which has led to exclude, restrict and/or render ineffective the rights of women, natives, homosexuals, children, old men and women, handicapped and others,

Taking into consideration that the Universal Declaration of Human Rights must be based on the plurality principal, which implies assimilating the richness of human universality and diversity,

Taking into consideration the indivisibility, universality and interdependence of human rights as a fundamental assumption of sustainable development, and that in the present world context of poverty, inequality and violence, it is crucial to strengthen and adequately guarantee the full enforcement of human rights, with special attention to the environmental, reproductive, economic, social and cultural rights.

Taking into consideration that the different United Nations instruments in reference to women's problems show advancements and innovations which point to a re-definition of the human concept, which has been in direct relation with the many efforts displayed by the women's movements and organizations of all the continents, getting indeed to reach formal agreements adopted in the framework of United Nations World Conferences,

Taking into consideration that the advances obtained by humanity in various spheres of theoretical and practical activity, including the formulation and development of a gender perspective make it necessary to broaden and deepen the contents of the Declaration,

Taking into consideration that the new concept of human rights must have as a starting point the life experiences themselves and the effective needs of all persons,

Taking into consideration that our goal is that someday the concept of humanity will include in a true way the whole world population, incorporating those which have been historically excluded from it,

Taking into consideration that the various linguistic versions of the Declaration and other international instruments must refer themselves specifically to the rights of the human persons and not to the rights of men, so as to make visible the female figure,

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We propose that the present project be duly taken into consideration when, on occasion of the 50th anniversary of the Universal Declaration of Human Rights, the convenience of elaborating a new instrument of similar functions and characteristics for the 21st century is examined.

CITIZENSHIP

I. (1) All women and men are born free and equal in dignity and rights. They have feelings, reasoning and conscience, and they recognize solidarity as a basic principle of human coexistence. Respect for the rights of all human beings is the basis of democracy and development.

(2) All human beings have the rights and liberties proclaimed in this Declaration without no distinction whatsoever of race, ethnia, color, sex, sexual orientation, physical or mental handicap, language, religion, political or any other type of opinion, national or social origin, economic position, birth or any other condition.

(3) Discrimination against women denies and limits the human rights and constitutes a violation of human dignity.

II. (1) All women and men have a right to their own identity. Likewise, they enjoy autonomy and self-determination in all spheres of their lives: emotional, sexual, family, education, labour, politics or any other.

Women's right to an identity cannot be affected in reason of their union with a partner or marriage.

(2) Slavery, servitude and the traffic of women and children in all their forms, including those which could take place in partner or family relationships are prohibited.

The consent of any human being to be subject to a situation of servitude and/or sexual slavery will not be valid.

III. (1) All women and men have guaranteed the enjoyment and exercise of the following rights in the same conditions and without any discrimination:

- a. Participating in a direct way or through the election of representatives in the management of public affairs.
- b. Electing and being elected in periodical and authentic elections which guarantee the free expression of the will of the citizens.
- c. Participating in the formulation of government policies and the execution of same.
- d. Having access to public posts and exercising all the public functions in their countries.
- e. Participating in organizations and associations and non-governmental associations which occupy themselves of the public and political life of the country.
- f. Representing their government in the international level and holding posts in international organizations.

(2) All women and men have the right to be a part of groups or political organizations which must promote and guarantee equal participation in the management posts and in the lists of runners for public functions. The States will adopt policies destined to achieve that neither the women's representation nor men's, may exceed 60% or be below 40% of the posts and candidates.

THE RIGHT TO DEVELOPMENT

I. (1) The right to development has as a basis and end the human person. It is a universal and inalienable

human right which promotes the enjoyment of all human rights by men and women in relationships of economic, political, social and cultural equity, in a framework of democracy and social justice.

(2) Everybody has a right to live in a society in which the development policies have as primary objectives justice, the well being of all individuals and the establishment of harmonious forms of living. This must be acknowledged as the only way for the realization of the economic, social and cultural rights, same which are indispensable for the dignity as well as for the free personal development of human beings.

(3) The duty of the States of guaranteeing human safety implies actively promoting help and the integral wellbeing of the persons, and insure same the access to the resources and benefits of a sustainable development, centered in human dignity, in a healthy environment, in liberty in the face of oppression and exploitation, and in life opportunities free of the fear of violence.

II. (1) It is the duty of the States to effectively cooperate in the promotion of gender equality and the formulation of policies for the elimination of the constitutional, juridical, administrative, economic, social, cultural, behavioural or any other type of obstacle which precludes the full participation of women in the sustainable development and the public life.

(2) The lack of development cannot be invoked as a justification to limit the human rights internationally acknowledged.

III. The achievement of a sustainable human development with gender equality requires the effective participation of women in the decision making, execution and formulation of the development programs and projects, as well as in the responsibilities and benefits of development.

IV. The States must review and modify the macro economic policies and the structural adjustment programs in order to correct and overcome their negative effects, which harm all of humanity and particularly some groups and persons which find themselves in a situation of disadvantage, such as women, children and old men and women, among others.

Likewise, the States should create or strengthen the governmental entities which formulate, coordinate, execute and evaluate the public policies of equal opportunity, integrating them to the highest level of the State apparatus, supplying them with a budget and executive autonomy.

THE RIGHT TO A VIOLENCE-FREE LIFE AND PEACE

I. (1) All persons have the right to a violence-free life and the enjoyment of peace in the public as well as private environment.

All forms of violence against women constitute attempts against their fundamental human rights and their full integration to the social and economic development.

(2) The States must guarantee the right to the physical, psychic, moral and sexual integrity of all persons, taking measures to prevent, sanction and eradicate violence in all its forms.

II. The States must take special measures to revert the persistent situations of personal or group disadvantage which, for a reason of gender, race, ethnia, convictions or any other, are the source of acts of violence.

III. (1) The migrant, displaced or refugee persons have the right to special protection measures vis-a-vis violence.

(2) The aggressions perpetrated against persons in situations of armed conflict constitute violations of the fundamental principles of human rights and of the international humanitarian right. All of these types

of crimes, particularly the murders, rapes, sexual slavery and forced pregnancies shall be considered war crimes and they shall not prescribe.

SEXUAL AND REPRODUCTIVE RIGHTS

I. Men and women have a right to the self-determination in the exercise of their sexuality, which includes the right to physical, sexual and emotional pleasure; the right to a free sexual orientation; the right to information on sexuality and the right to a sexual education.

II. (1) The reproductive rights are based in the acknowledgement of the basic right of the individuals to decide in a free and informed manner regarding their reproductive life and to exercise the voluntary and safe control of their fertility. The reproductive rights include the right of women and men to decide in the field of reproduction, free of any possible discrimination, coercion or violence, as well as the right to have available the highest levels of sexual and reproductive health.

(2) The States must guarantee women the safe access to a legal abortion, as well as a humanitarian and adequate treatment of an incomplete abortion.

III. Women and men have the right to health, which is an State of physical, mental and social wellbeing, and not only the absence of pain or illness. Reproductive health implies that the persons are capable of leading a satisfactory and safe sexual life.

ENVIRONMENTAL RIGHTS

I. (1) The States will incorporate as one of their prime objectives the achievement of an equilibrium between the conservation of the environment and the sustainable development, through the compliance with the rights and duties established in the international, regional and bilateral agreements, and the establishment at the internal level of measures designed to ensure the sustainable use of the natural resources.

(2) The transgenerational responsibility, the solidarity and the cooperation among States are the necessary basis for the achievement of sustainable development.

II. The keeping of peace, the improvement in the levels of development, the protection of the environment and the respect for the human rights and the fundamental liberties are life conditions that cannot be separated and are necessary for life in society.

III. The right to development implies satisfying the development and environmental needs of the present and future generations in a sustainable and equal manner. The States will attend the right of the persons to an environment and level of development adequate for their health, well-being and dignity. The efforts should center mainly in the elimination of poverty, the general improvement of the economic, social and cultural conditions, the conservation of the biological diversity and the upkeep of the essential ecological processes and the life conservation systems.

IV. Civil society has the right to participate actively in the local, regional and national environmental management. Citizens' environmental demands will be taken care of by the States in a rapid way and with the due guarantees.

RIGHTS OF THE PERSONS IN VIEW OF THEIR ETHNICAL-RACIAL BELONGING

I. (1) All human beings belong to a same community of destiny, in which ethnical-racial diversity must be lived as an equivalence and not as superiority or inferiority.

(2) It is the duty of the States the formulation, implementation and incentives of policies and measures that take into consideration the multiracial and multicultural aspects of the people in order that they be respected.

II. (1) All persons and groups discriminated by reason of their race, color, national or ethnical origin, culture, language or religion, have a right to the full and effective enjoyment of human rights. They are suitable subjects of international right, with their own collective and individual rights.

(2) These persons and groups have the right to the acknowledgement of their full cultural identity and to affirm themselves through the recovery of the liberating richness of their forebearers, living free of discrimination and oppression.

Likewise, they have a right to protection against ethnocide and genocide.

III. (1) The States must guarantee to the indigenous people the right to autonomy and free determination in matters related with their own internal affairs, as well as the right to the self-managment and the participation in the adoption of decisions in the political, economic, social and cultural fields of the plurinational State.

(2) The indigenous people have the right to the maintenance of their traditional economic structures and ways of life, as well as to keep up the treatment, communication and cooperation traditional to them through the States' frontiers.

CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

*Adopted and opened for signature, ratification and accession by General Assembly
Resolution 34/180 of 18 December 1979*

Entry into force: 3 September 1981, in accordance with article 27(1)

The State Parties to the present Convention,

Noting that the Charter of the United Nations reaffirms faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women,

Noting that the Universal Declaration of Human Rights affirms the principles of the inadmissibility of discrimination and proclaims that all human beings are born free and equal in dignity and rights and that everyone is entitled to all the rights and freedoms set forth therein, without distinction of kind, including distinction based on sex,

Noting that the States Parties to the International Covenants on Human Rights have the obligation to ensure the equal rights of men and women to enjoy all economic, social, cultural, civil and political rights,

Considering the international conventions concluded under the auspices of the United Nations and the specialized agencies promoting equality of rights of men and women,

Noting also the resolutions, declarations and recommendations adopted by the United Nations and the specialized agencies promoting equality of rights of men and women,

Considering, however, that despite these various instruments extensive discrimination against women continues to exist,

Recalling that discrimination against women violates the principles of equality of rights and respect for human dignity, is an obstacle to the participation of women, of equal terms with men, in the political, social, economic and cultural life of their countries, hampers the growth of the prosperity of society and the family and makes more difficult the full development of the potentialities of women in the service of their countries and of humanity,

Concerned that in situations of poverty women have the least access of food, health, education, training and opportunities for employment and other needs,

Convinced that the establishment of the new international economic order based on equity and justice will contribute significantly towards the promotion of equality between men and women,

Emphasizing that the eradication of apartheid, all forms of racism, racial discrimination, colonialism, neo-colonialism, aggression, foreign occupation and domination and interference in the internal affairs of States is essential to the full enjoyment of the rights of men and women,

Affirming that the strengthening of international peace and security, the relaxation of international tension, mutual co-operation among all States irrespective of their social and economic systems, general and complete disarmament, in particular nuclear disarmament under strict and effective international control, the affirmation of the principles of justice, equality and mutual benefit in relations among countries and the realization of the right of people under alien and colonial domination and foreign occupation to self determination and independence, as well as respect for national sovereignty and territorial integrity, will promote social progress and development and as a consequence will contribute to the attainment of full equality between men and women,

Convinced that the full and complete development of a country, the welfare of the world and the cause of peace require the maximum participation of women and equal terms with men in all fields,

Bearing in mind the great contribution of women to the welfare of the family and to the development of society, so far not fully recognized, the social significance of maternity and the role of both parents in the family and in the upbringing of children, and aware that the role of women in procreation should not be a basis for discrimination but that the upbringing of children requires a sharing of responsibility between men and women and society as a whole,

Aware that a change in the traditional role of men as well as the role of women in society and in the family is needed to achieve full equality between men and women,

Determined to implement the principles set forth in the Declaration on the Elimination of Discrimination against Women and, for that purpose, to adopt the measures required for the elimination of such discrimination in all its forms and manifestations,

Have agreed on the following:

Article 11

- a. The right to social security, particularly in cases of retirement, unemployment, sickness, invalidity and old age and other incapacity to work, as well as the right to paid leave;
- b. The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction.

2. In order to prevent discrimination against women on the grounds of marriage or maternity and to ensure their effective right to work, States Parties shall take appropriate measures:
 - a. To prohibit, subject to the imposition of sanctions, dismissal on the grounds of pregnancy or of maternity leave and discrimination in dismissals on the basis of marital status;
 - b. To introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances;
 - c. To encourage the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life, in particular through promoting the establishment and development of a network of child care facilities;
 - d. To provide special protection to women during pregnancy in types of work proved to be harmful to them.
3. Protective legislation relating to matters covered in this article shall be reviewed periodically in the light of scientific and technological knowledge and shall be revised, repealed or extended as necessary.

Article 12

1. States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.
2. Notwithstanding the provisions of paragraph 1 of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

VIENNA DECLARATION AND PROGRAMME OF ACTION

Adopted by the United Nations World Conference on Human Rights on 25 June 1993

Considering that the promotion and protection of human rights is a matter of priority for the international community, and that the Conference affords a unique opportunity to carry out a comprehensive analysis of the international human rights system and of the machinery for the protection of human rights, in order to enhance and thus promote a fuller observance of those rights, in a just and balanced manner,

Recognizing and affirming that all human rights derive from the dignity and worth inherent in the human person, and that the human person is the central subject of human rights and fundamental freedoms, and consequently should be the principal beneficiary and should participate actively in the realization of these rights and freedoms,

Reaffirming their commitment to the purposes and principles contained in the Charter of the United Nations and the Universal Declaration on Human Rights,

Reaffirming the commitment contained in article 56 of the Charter of the United Nations to take joint and separate action, placing proper emphasis on developing effective international cooperation for the realization of the purposes set out in article 55, including universal respect for and observance of, human rights and fundamental freedoms for all,

Emphasizing the responsibilities of all States, in conformity with the Charter of the United Nations, to develop and encourage respect of human rights and fundamental freedoms for all, without distinction as to race, sex, language or religion,

Recalling the preamble to the Charter of the United Nations, in particular the determination to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, and in the equal rights of men and women and of nations large and small,

Recalling also the determination expressed in the preamble of the Charter of the United Nations to save succeeding generations from the scourge of war, to establish conditions under which and respect for obligations arising from treaties and other sources of international law can be maintained, to promote social progress and better standards of life in larger freedom, to practice tolerance and good neighbourliness, and to employ international machinery for the promotion of the economic and social advancement of all peoples,

Emphasizing that the Universal Declaration of Human Rights, which constitutes a common standard of achievement of all people and all nations, is the source of inspiration and has been the basis for the United Nations in making advances in standard setting as contained in the existing international human rights instruments, in particular the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights,

Considering the major changes taking place on the international scene and the aspirations of all the people for an international order based on the principles enshrined in the Charter of the United Nations including the promoting and encouraging respect for human rights and fundamental freedoms for all and respect for the principle of equal rights and self determination of people, on peace, democracy, justice, equality, rule of law, pluralism, development, better standards of living and solidarity,

Deeply concerned by various forms of discrimination and violence, to which women continue to be exposed all over the world,

Recognizing that the activities of the United Nations in the field of human rights should be rationalized and enhanced in order to strengthen the United Nations machinery in this field and to further the objectives of universal respect for observance of international human rights standards,

Having taken into account the Declarations adopted by the three regional meetings at Tunis, San Jose and Bangkok and the contributions made by governments, and bearing in mind the suggestions made by intergovernmental and non-governmental organizations, as well as the studies prepared by independent experts during the preparatory process leading to the World Conference on Human Rights,

Welcoming the International Year of the World's Indigenous People in 1993 as a reaffirmation of the commitment of the international community to ensure their enjoyment of all human rights and fundamental freedoms and to respect the value and diversity of their cultures and identities,

Recognizing also that the international community should devise ways and means to remove the current obstacles and meet challenges to the full realization of all human rights and the continuation of human violations resulting thereof throughout the world,

Invoking the spirit of our age and the realities of our time which calls upon the people of the world and all States Members of the United Nations to rededicate themselves to the global task of promoting and protecting all human rights and fundamental freedoms so as to secure full and universal enjoyment of these rights,

Determined to take new steps forward in the commitment of the international community with a view to achieving substantial progress in human rights endeavours by an increased and sustained effort to international cooperation and solidarity,

Solemnly adopts the Vienna Declaration and Programme of Action:

18. The human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in the political, civil, economic, social and cultural life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex are priority objectives of the international community.

Gender-based violence and all forms of sexual harassment and exploitation, including those resulting from cultural prejudice and international trafficking are incompatible with the dignity and worth of the human person, and must be eliminated. This can be achieved by legal measures and through national action and international cooperation in such fields as economic and social development, education, safe maternity and health care, and social support.

The human rights of women should form an integral part of the United Nations human rights activities including the promotion of all human rights instruments relating to women.

The World Conference 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. The World Conference on Human Rights, welcoming the early ratification of the convention on the Rights of the Child by a large number of States and noting the recognition of the

human rights of children in the Declaration and Plan of Action adopted by the World Summit, urges universal ratification of the Convention by 1995 and its effective implementation by States Parties through the adoption of all the necessary legislative, administrative and other measures and the allocation to the maximum extent of the available resources. In all actions concerning children, non-discrimination and the best interest of the child should be primary considerations and the view 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 girl-child, abandoned children, street children, economically and sexually-exploited children including through child pornography, child prostitution or sale of organs, children victims of diseases including AIDS, 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.

The World Conference also stresses that the child for the full and harmonious development of his or her personality should grow up in a family environment, which accordingly merits broader protection.

22. Special attention needs to be paid to ensuring non-discrimination, and the equal enjoyment of all human rights and fundamental freedoms by disabled persons, including their active participation in all aspects of society.
25. The World Conference on Human Rights affirms that extreme poverty and social exclusion constitute a violation of human dignity and that urgent steps are necessary to achieve better knowledge of extreme poverty and its causes, including those related to the problem of development, in order to promote the human rights of the poorest, and to put an end to extreme poverty and social exclusion and to promote the enjoyment of the fruits of social progress. It is essential for States to foster participation by the poorest people in the decision-making process by the community in which they live, the promotion of human rights and efforts to combat extreme poverty.
28. The World Conference on Human Rights expresses its dismay at massive violations of human rights specially in the form of genocide, "ethnic cleansing" and systematic rape of women in war situations, creating mass exodus of refugees and displaced persons. While strongly condemning such abhorrent practices it reiterates the call that perpetrators of such crimes be punished and such practices immediately stopped.
29. The World Conference on Human Rights expresses grave concern about continuing human rights violations in all parts of the world in disregard of standards as contained in international human rights instruments and international humanitarian law and about the lack of sufficient and effective remedies for the victims.

The World Conference is deeply concerned about violations of human rights during armed conflicts, affecting the civilian population, especially women. Children, the elderly and the disabled. The Conference therefore calls upon States and all parties to armed conflicts to strictly observe international humanitarian law, as set forth in the Geneva Conventions of 1949 and other rules and principles of international law, as well as minimum standards for protection of human rights, as laid down in international conventions.

The World Conference reaffirms the right of the victims to be assisted by humanitarian organizations, as set forth in the Geneva Conventions of 1949 and other relevant instruments or international humanitarian law and calls for the safe and timely access for such assistance.

6. The rights of the disabled person

63. The World Conference on Human Rights reaffirms that all human rights and fundamental freedoms are universal and thus unreservedly include persons with disabilities. Every person is born equal and has the same rights of life and welfare, education and work, living independently and active participation in all aspects of society. Any direct discrimination or other negative discriminatory treatment of a disabled person is therefore a violation of his or her rights. The World Conference calls on governments, where necessary, to adopt or adjust legislation to assure to these and other rights for disabled persons.
64. The Place of disabled persons is everywhere. Persons with disabilities should be guaranteed equal opportunity through the elimination of all socially-determined barriers, be they physical, financial, social or psychological, which exclude or restrict full participation in society.
65. Recalling the World Programme of Action concerning Disabled Persons, adopted by the General Assembly at its thirty-seventh session, the World Conference calls upon the General Assembly and the Economic and Social Council to adopt the draft Standard Rules on the Equalization of Opportunities for persons with Disabilities, at their meetings in 1993.

ICPD PREAMBLE AND PRINCIPLES

Adopted by the *International Conference on Population and Development (ICPD)*,
Cairo, Egypt, 5-13 September 1994

Preamble

1.1. The 1994 International Conference on Population and Development occurs at a defining moment in the history of international cooperation. With the growing recognition of global population, development and environmental interdependence, the opportunity to adopt suitable macro- and socio-economic policies to promote sustained economic growth in the context of sustainable development in all countries and to mobilize human and financial resources for global problem-solving has never been greater.

Never before has the world community had so many resources, so much knowledge and such powerful technologies at its disposal which, if suitably redirected, could foster sustained economic growth and sustainable development. Nonetheless, the effective use of resources, knowledge and technologies is conditioned by political and economic obstacles at the national and international levels.

Therefore, although ample resources have been available for some time, their use for socially equitable and environmentally sound development has been seriously limited.

1.2. The world has undergone far-reaching changes in the past two decades. Significant progress in many fields important for human welfare has been made through national and international efforts. However, the developing countries are still facing serious economic difficulties and an unfavourable international economic environment, and the number of people living in absolute poverty has increased in many countries. Around the world many of the basic resources on which future generations will depend for their survival and well-being are being depleted and environmental degradation is intensifying, driven by unsustainable patterns of production and consumption, unprecedented growth in population, widespread and persistent poverty, and social and economic inequality. Ecological problems, such as global climate change, largely driven by unsustainable patterns of production and consumption, are adding to the threats to the well-being of future generations. There is an emerging global consensus on the need for increased international cooperation in regard to population in the context of sustainable development, for which Agenda 21 1/ provides a framework. Much has been achieved in this respect, but more needs to be done.

1.3. The world population is currently estimated at 5.6 billion. While the rate of growth is on the decline, absolute increments have been increasing, currently exceeding 86 million persons per annum. Annual population increments are likely to remain above 86 million until the year 2015.

1.4. During the remaining six years of this critical decade, the world's nations by their actions or inactions will choose from among a range of alternative demographic futures. The low, medium and high variants of the United Nations population projections for the coming 20 years range from a low of 7.1 billion people to the medium variant of 7.5 billion and a high of 7.8 billion. The difference of 720 million people in the short span of 20 years exceeds the current population of the African continent. Further into the future, the projections diverge even more significantly.

By the year 2050, the United Nations projections range from 7.9 billion to the medium variant of 9.8 billion and a high of 11.9 billion. Implementation of the goals and objectives contained in the present 20-year Programme of Action, which address many of the fundamental population, health, education and development challenges facing the entire human community, would result in world population growth during this period and beyond at levels below the United Nations medium projection.

1.5. The International Conference on Population and Development is not an isolated event. Its Programme of Action builds on the considerable international consensus that has developed since the World Population Conference at Bucharest in 1974 and the International Conference on Population at Mexico City in 1984, to consider the broad issues of and interrelationships between population, sustained economic growth and sustainable development, and advances in the education, economic status and empowerment of women. The 1994 Conference was explicitly given a broader mandate on development issues than previous population conferences, reflecting the growing awareness that population, poverty, patterns of production and consumption and the environment are so closely interconnected that none of them can be considered in isolation.

1.6. The International Conference on Population and Development follows and builds on other important recent international activities, and its recommendations should be supportive of, consistent with and based on the agreements reached at the following:

(a) The World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace, held in Nairobi in 1985;

(b) The World Summit for Children, held in New York in 1990;

(c) The United Nations Conference on Environment and Development, held in Rio de Janeiro in 1992;

(d) The International Conference on Nutrition, held in Rome in 1992;

(e) The World Conference on Human Rights, held in Vienna in 1993;

(f) The International Year of the World's Indigenous People, 1993, which would lead to the International Decade of the World's Indigenous People;

(g) The Global Conference on the Sustainable Development of Island Developing States, held in Barbados in 1994;

(h) The International Year of the Family, 1994.

1.7. The Conference outcomes are closely related to and will make significant contributions to other major conferences in 1995 and 1996, such as the World Summit for Social Development, the Fourth World Conference on Women: Action for Equality, Development and Peace, the

Second United Nations Conference on Human Settlements (Habitat II), the elaboration of the Agenda for Development, as well as the celebration of the fiftieth anniversary of the United Nations. These events are expected to highlight further the call of the 1994 Conference for greater investment in people, and for a new action agenda for the empowerment of women to ensure their full participation at all levels in the social, economic and political lives of their communities.

1.8. Over the past 20 years, many parts of the world have undergone remarkable demographic, social, economic, environmental and political change. Many countries have made substantial progress in expanding access to reproductive health care and lowering birth rates, as well as in lowering death rates and raising education and income levels, including the educational and economic status of women. While the advances of the past two decades in areas such as increased use of contraception, decreased maternal mortality, implemented sustainable development plans and projects and enhanced educational programmes provide a basis for optimism about successful implementation of the present Programme of Action, much remains to be accomplished. The world as a whole has changed in ways that create important new opportunities for addressing population and development issues. Among the most significant are the major shifts in attitude among the world's people and their leaders in regard to reproductive health, family planning and population growth, resulting, *inter alia*, in the new comprehensive concept of reproductive health, including family planning and sexual health, as defined in the present Programme of Action. A particularly encouraging trend has been the strengthening of political commitment to population-related policies and family-planning programmes by many Governments. In this regard, sustained economic growth in the context of sustainable development will enhance the ability of countries to meet the pressures of expected population growth; will facilitate the demographic transition in countries where there is an imbalance between demographic rates and social, economic and environmental goals; and will permit the balance and integration of the population dimension into other development-related policies.

1.9. The population and development objectives and actions of the present Programme of Action will collectively address the critical challenges and interrelationships between population and sustained economic growth in the context of sustainable development. In order to do so, adequate mobilization of resources at the national and international levels will be required as well as new and additional resources to the developing countries from all available funding mechanisms, including multilateral, bilateral and private sources. Financial resources are also required to strengthen the capacity of national, regional, sub regional and international institutions to implement this Programme of Action.

1.10. The two decades ahead are likely to produce a further shift of rural populations to urban areas as well as continued high levels of migration between countries. These migrations are an important part of the economic transformations occurring around the world, and they present serious new challenges. Therefore, these issues must be addressed with more emphasis within population and development policies. By the year 2015, nearly 56 per cent of the global population is expected to live in urban areas, compared to under 45 per cent in 1994. The most rapid rates of urbanization will occur in the developing countries. The urban population of the developing regions was just 26 per cent in 1975, but is projected to rise to 50 per cent by 2015. This change will place enormous strain on existing social services and infrastructure, much of which will not be able to expand at the same rate as that of urbanization.

1.11. Intensified efforts are needed in the coming 5, 10 and 20 years, in a range of population and development activities, bearing in mind the crucial contribution that early stabilization of the world population would make towards the achievement of sustainable development. The present

Programme of Action addresses all those issues, and more, in a comprehensive and integrated framework designed to improve the quality of life of the current world population and its future generations. The recommendations for action are made in a spirit of consensus and international cooperation, recognizing that the formulation and implementation of population-related policies is the responsibility of each country and should take into account the economic, social and environmental diversity of conditions in each country, with full respect for the various religious and ethical values, cultural backgrounds and philosophical convictions of its people, as well as the shared but differentiated responsibilities of all the world's people for a common future.

1.12. The present Programme of Action recommends to the international community a set of important population and development objectives, as well as qualitative and quantitative goals that are mutually supportive and of critical importance to these objectives. Among these objectives and goals are:

- sustained economic growth in the context of sustainable development;
- education, especially for girls; gender equity and equality;
- infant, child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health.

1.13. Many of the quantitative and qualitative goals of the present Programme of Action clearly require additional resources, some of which could become available from a reordering of priorities at the individual, national and international levels.

However, none of the actions required - nor all of them combined - is expensive in the context of either current global development or military expenditures. A few would require little or no additional financial resources, in that they involve changes in lifestyles, social norms or government policies that can be largely brought about and sustained through greater citizen action and political leadership. But to meet the resource needs of those actions that do require increased expenditures over the next two decades, additional commitments will be required on the part of both developing and developed countries. This will be particularly difficult in the case of some developing countries and some countries with economies in transition that are experiencing extreme resource constraints.

1.14. The present Programme of Action recognizes that over the next 20 years Governments are not expected to meet the goals and objectives of the International Conference on Population and Development single-handedly. All members of and groups in society have the right, and indeed the responsibility, to play an active part in efforts to reach those goals. The increased level of interest manifested by non-governmental organizations, first in the context of the United Nations Conference on Environment and Development and the World Conference on Human Rights, and now in these deliberations, reflects an important and in many places rapid change in the relationship between Governments and a variety of non-governmental institutions. In nearly all countries new partnerships are emerging between government, business, non-governmental organizations and community groups, which will have a direct and positive bearing on the implementation of the present Programme of Action.

1.15. While the International Conference on Population and Development does not create any new international human rights, it affirms the application of universally recognized human rights standards to all aspects of population programmes. It also represents the last opportunity in the

twentieth century for the international community to collectively address the critical challenges and interrelationships between population and development. The Programme of Action will require the establishment of common ground, with full respect for the various religious and ethical values and cultural backgrounds. The impact of this Conference will be measured by the strength of the specific commitments made here and the consequent actions to fulfill them, as part of a new global partnership among all the world's countries and peoples, based on a sense of shared but differentiated responsibility for each other and for our planetary home.

PRINCIPLES

The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.

International cooperation and universal solidarity, guided by the principles of the Charter of the United Nations, and in a spirit of partnership, are crucial in order to improve the quality of life of the peoples of the world.

In addressing the mandate of the International Conference on Population and Development and its overall theme, the interrelationships between population, sustained economic growth and sustainable development, and in their deliberations, the participants were and will continue to be guided by the following set of principles:

Principle 1

All human beings are born free and equal in dignity and rights. Everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Everyone has the right to life, liberty and security of person.

Principle 2

Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature. People are the most important and valuable resource of any nation. Countries should ensure that all individuals are given the opportunity to make the most of their potential. They have the right to an adequate standard of living for themselves and their families, including adequate food, clothing, housing, water and sanitation.

Principle 3

The right to development is a universal and inalienable right and an integral part of fundamental human rights, and the human person is the central subject of development. While development facilitates the enjoyment of all human rights, the lack of development may not be invoked to justify the abridgement of internationally recognized human rights. The right to development must be fulfilled so as to equitably meet the population, development and environment needs of present and future generations.

Principle 4

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development- related programmes.

The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community.

Principle 5

Population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of life of all people.

Principle 6

Sustainable development as a means to ensure human well-being, equitably shared by all people today and in the future, requires that the interrelationships between population, resources, the environment and development should be fully recognized, properly managed and brought into harmonious, dynamic balance. To achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate policies, including population-related policies, in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

Principle 7

All States and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development, in order to decrease the disparities in standards of living and better meet the needs of the majority of the people of the world. The special situation and needs of developing countries, particularly the least developed, shall be given special priority. Countries with economies in transition, as well as all other countries, need to be fully integrated into the world economy.

Principle 8

Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programmes should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.

Principle 9

The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners.

Principle 10

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. Education should be designed to strengthen respect for human rights and fundamental freedoms.

including those relating to population and development. The best interests of the child shall be the guiding principle of those responsible for his or her education and guidance; that responsibility lies in the first place with the parents.

Principle 11

All States and families should give the highest possible priority to children. The child has the right to standards of living adequate for its well-being and the right to the highest attainable standards of health, and the right to education. The child has the right to be cared for, guided and supported by parents, families and society and to be protected by appropriate legislative, administrative, social and educational measures from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sale, trafficking, sexual abuse, and trafficking in its organs.

Principle 12

Countries receiving documented migrants should provide proper treatment and adequate social welfare services for them and their families, and should ensure their physical safety and security, bearing in mind the special circumstances and needs of countries, in particular developing countries, attempting to meet these objectives or requirements with regard to undocumented migrants, in conformity with the provisions of relevant conventions and international instruments and documents. Countries should guarantee to all migrants all basic human rights as included in the *Universal Declaration of Human Rights*.

Principle 13

Everyone has the right to seek and to enjoy in other countries asylum from persecution. States have responsibilities with respect to refugees as set forth in the *Geneva Convention on the Status of Refugees* and its 1967 Protocol.

Principle 14

In considering the population and development needs of indigenous people, States should recognize and support their identity, culture and interests, and enable them to participate fully in the economic, political and social life of the country, particularly where their health, education and well-being are affected.

Principle 15

Sustained economic growth, in the context of sustainable development, and social progress require that growth be broadly based, offering equal opportunities to all people. All countries should recognize their common but differentiated responsibilities. The developed countries acknowledge the responsibility that they bear in the international pursuit of sustainable development, and should continue to improve their efforts to promote sustained economic growth and to narrow imbalances in a manner that can benefit all countries, particularly the developing countries.

BEIJING PLATFORM FOR ACTION

Strategic Objectives and Actions on Health and Violence against Women

Adopted by the *Fourth World Conference on Women*, at Beijing,
People's Republic of China, September 1995

C. Women and Health

89. Women have the right to the enjoyment of the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their life and well-being and their ability to participate in all areas of public and private life. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology. However, health and well-being elude the majority of women. A major barrier for women to the achievement of the highest attainable standard of health is inequality, both between men and women and among women in different geographical regions, social classes and indigenous and ethnic groups. In national and international forums, women have emphasized that to attain optimal health throughout the life cycle, equality, including the sharing of family responsibilities, development and peace are necessary conditions.
90. Women have different and unequal access to and use of basic health resources, including primary health services for the prevention and treatment of childhood diseases, malnutrition, anaemia, diarrhoeal diseases, communicable diseases, malaria and other tropical diseases and tuberculosis, among others. Women also have different and unequal opportunities for the protection, promotion and maintenance of their health. In many developing countries, the lack of emergency obstetric services is also of particular concern. Health policies and programmes often perpetuate gender stereotypes and fail to consider socio-economic disparities and other differences among women and may not fully take account of the lack of autonomy of women regarding their health. Women's health is also affected by gender bias in the health system and by the provision of inadequate and inappropriate medical services to women.
91. In many countries, especially developing countries, in particular the least developed countries, a decrease in public health spending and, in some cases, structural adjustment, contribute to the deterioration of public health systems. In addition, privatization of health-care systems without appropriate guarantees of universal access to affordable health care further reduces health-care availability. This situation not only directly affects the health of girls and women, but also places disproportionate responsibilities on women, whose multiple roles, including their roles within the family and the community, are often not acknowledged; hence they do not receive the necessary social, psychological and economic support.
92. Women's right to the enjoyment of the highest standard of health must be secured throughout the whole life cycle in equality with men. Women are affected by many of the same health conditions as men, but women experience them differently. The prevalence among women of poverty and economic dependence, their experience of violence, negative attitudes towards women and girls, racial and other forms of discrimination, the limited power many women have over their sexual and reproductive lives and lack of influence in decision-making are social realities which have an adverse impact on their health. Lack of food and inequitable distribution of

food for girls and women in the household, inadequate access to safe water, sanitation facilities and fuel supplies, particularly in rural and poor urban areas, and deficient housing conditions, all overburden women and their families and have a negative effect on their health. Good health is essential to leading a productive and fulfilling life, and the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment.

93. Discrimination against girls, often resulting from son preference, in access to nutrition and health-care services endangers their current and future health and well-being. Conditions that force girls into early marriage, pregnancy and child-bearing and subject them to harmful practices, such as female genital mutilation, pose grave health risks. Adolescent girls need, but too often do not have, access to necessary health and nutrition services as they mature. Counselling and access to sexual and reproductive health information and services for adolescents are still inadequate or lacking completely, and a young woman's right to privacy, confidentiality, respect and informed consent is often not considered. Adolescent girls are both biologically and psychosocially more vulnerable than boys to sexual abuse, violence and prostitution, and to the consequences of unprotected and premature sexual relations. The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwanted and too early pregnancy, HIV infection and other sexually transmitted diseases, as well as unsafe abortions. Early child-bearing continues to be an impediment to improvements in the educational, economic and social status of women in all parts of the world. Overall, for young women early marriage and early motherhood can severely curtail educational and employment opportunities and are likely to have a long-term, adverse impact on the quality of their lives and the lives of their children. Young men are often not educated to respect women's self-determination and to share responsibility with women in matters of sexuality and reproduction.
94. Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, 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.
95. Bearing in mind the above definition, 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 these 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. 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. 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. Adolescents are particularly vulnerable because of their lack of information and access to relevant services in most countries. Older women and men have distinct reproductive and sexual health issues which are often inadequately addressed.

96. The human rights of women include their right 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. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behaviour and its consequences.
97. Further, women are subject to particular health risks due to inadequate responsiveness and lack of services to meet health needs related to sexuality and reproduction. Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world. Similar problems exist to a certain degree in some countries with economies in transition. Unsafe abortions threaten the lives of a large number of women, representing a grave public health problem as it is primarily the poorest and youngest who take the highest risk. Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care, recognizing the right of women and men to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. These problems and means should be addressed on the basis of the report of the International Conference on Population and Development, with particular reference to relevant paragraphs of the Programme of Action of the Conference. [14] In most countries, the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The ability of women to control their own fertility forms an important basis for the enjoyment of other rights. Shared responsibility between women and men in matters related to sexual and reproductive behaviour is also essential to improving women's 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.

99. Sexual and gender-based violence, including physical and psychological abuse, trafficking in women and girls, and other forms of abuse and sexual exploitation place girls and women at high risk of physical and mental trauma, disease and unwanted pregnancy. Such situations often deter women from using health and other services.
100. Mental disorders related to marginalization, powerlessness and poverty, along with overwork and stress and the growing incidence of domestic violence as well as substance abuse, are among other health issues of growing concern to women. Women throughout the world, especially young women, are increasing their use of tobacco with serious effects on their health and that of their children. Occupational health issues are also growing in importance, as a large number of women work in low-paid jobs in either the formal or the informal labour market under tedious and unhealthy conditions, and the number is rising. Cancers of the breast and cervix and other cancers of the reproductive system, as well as infertility affect growing numbers of women and may be preventable, or curable, if detected early.
101. With the increase in life expectancy and the growing number of older women, their health concerns require particular attention. The long-term health prospects of women are influenced by changes at menopause, which, in combination with life-long conditions and other factors, such as poor nutrition and lack of physical activity, may increase the risk of cardiovascular disease and osteoporosis. Other diseases of ageing and the interrelationships of ageing and disability among women also need particular attention.
102. Women, like men, particularly in rural areas and poor urban areas, are increasingly exposed to environmental health hazards owing to environmental catastrophes and degradation. Women have a different susceptibility to various environmental hazards, contaminants and substances and they suffer different consequences from exposure to them.
103. The quality of women's health care is often deficient in various ways, depending on local circumstances. Women are frequently not treated with respect, nor are they guaranteed privacy and confidentiality, nor do they always receive full information about the options and services available. Furthermore, in some countries, over-medication of women's life events is common, leading to unnecessary surgical intervention and inappropriate medication.
104. Statistical data on health are often not systematically collected, disaggregated and analysed by age, sex and socio-economic status and by established demographic criteria used to serve the interests and solve the problems of subgroups, with particular emphasis on the vulnerable and marginalized and other relevant variables. Recent and reliable data on the mortality and morbidity of women and conditions and diseases particularly affecting women are not available in many countries. Relatively little is known about how social and economic factors affect the health of girls and women of all ages, about the provision of health services to girls and women and the patterns of their use of such services, and about the value of disease prevention and health promotion programmes for women. Subjects of importance to women's health have not been adequately researched and women's health research often lacks funding. Medical research, on heart disease, for example, and epidemiological studies in many countries are often based solely on men; they are not gender specific. Clinical trials involving women to establish basic information about dosage, side-

effects and effectiveness of drugs, including contraceptives, are noticeably absent and do not always conform to ethical standards for research and testing. Many drug therapy protocols and other medical treatments and interventions administered to women are based on research on men without any investigation and adjustment for gender differences.

105. In addressing inequalities in health status and unequal access to and inadequate health-care services between women and men, Governments and other actors should promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes, so that, before decisions are taken, an analysis is made of the effects for women and men, respectively.

Strategic objective C.1.

Increase women's access throughout the life cycle to appropriate, affordable and quality health care, information and related services

Actions to be taken

106. By Governments, in collaboration with non-governmental organizations and employers' and workers' organizations and with the support of international institutions:
- a. Support and implement the commitments made in the Programme of Action of the International Conference on Population and Development, as established in the report of that Conference and the Copenhagen Declaration on Social Development and Programme of Action of the World Summit for Social Development and the obligations of States parties under the Convention on the Elimination of All Forms of Discrimination against Women and other relevant international agreements, to meet the health needs of girls and women of all ages;
 - b. Reaffirm the right to the enjoyment of the highest attainable standards of physical and mental health, protect and promote the attainment of this right for women and girls and incorporate it in national legislation, for example; review existing legislation, including health legislation, as well as policies, where necessary, to reflect a commitment to women's health and to ensure that they meet the changing roles and responsibilities of women wherever they reside;
 - c. Design and implement, in cooperation with women and community-based organizations, gender-sensitive health programmes, including decentralized health services, that address the needs of women throughout their lives and take into account their multiple roles and responsibilities, the demands on their time, the special needs of rural women and women with disabilities and the diversity of women's needs arising from age and socio-economic and cultural differences, among others; include women, especially local and indigenous women, in the identification and planning of health-care priorities and programmes; remove all barriers to women's health services and provide a broad range of health-care services;
 - d. Allow women access to social security systems in equality with men throughout the whole life cycle;
 - e. Provide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular

attention to maternal and emergency obstetric care, as agreed to in the Programme of Action of the International Conference on Population and Development:

- f. Redesign health information, services and training for health workers so that they are gender-sensitive and reflect the user's perspectives with regard to interpersonal and communications skills and the user's right to privacy and confidentiality; these services, information and training should be based on a holistic approach;
- g. Ensure that all health services and workers conform to human rights and to ethical, professional and gender-sensitive standards in the delivery of women's health services aimed at ensuring responsible, voluntary and informed consent; encourage the development, implementation and dissemination of codes of ethics guided by existing international codes of medical ethics as well as ethical principles that govern other health professionals;
- h. Take all appropriate measures to eliminate harmful, medically unnecessary or coercive medical interventions, as well as inappropriate medication and over-medication of women, and ensure that all women are fully informed of their options, including likely benefits and potential side-effects, by properly trained personnel;
- i. Strengthen and reorient health services, particularly primary health care, in order to ensure universal access to quality health services for women and girls; reduce ill health and maternal morbidity and achieve world wide the agreed-upon goal of reducing maternal mortality by at least 50 per cent of the 1990 levels by the year 2000 and a further one half by the year 2015; ensure that the necessary services are available at each level of the health system and make reproductive health care accessible, through the primary health-care system, to all individuals of appropriate ages as soon as possible and no later than the year 2015;
- j. Recognize and deal with the health impact of unsafe abortion as a major public health concern, as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development;
- k. In the light of paragraph 8.25 of the Programme of Action of the International Conference on Population and Development, which states: "In no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and compassionate counselling. Any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family-planning services should be offered promptly, which will also help to avoid repeat abortions", consider reviewing laws containing punitive measures against women who have undergone illegal abortions;

- l. Give particular attention to the needs of girls, especially the promotion of healthy behaviour, including physical activities; take specific measures for closing the gender gaps in morbidity and mortality where girls are disadvantaged, while achieving internationally approved goals for the reduction of infant and child mortality - specifically, by the year 2000, the reduction of mortality rates of infants and children under five years of age by one third of the 1990 level, or 50 to 70 per 1,000 live births, whichever is less; by the year 2015 an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000;
- m. Ensure that girls have continuing access to necessary health and nutrition information and services as they mature, to facilitate a healthful transition from childhood to adulthood;
- n. Develop information, programmes and services to assist women to understand and adapt to changes associated with ageing and to address and treat the health needs of older women, paying particular attention to those who are physically or psychologically dependent;
- o. Ensure that girls and women of all ages with any form of disability receive supportive services;
- p. Formulate special policies, design programmes and enact the legislation necessary to alleviate and eliminate environmental and occupational health hazards associated with work in the home, in the workplace and elsewhere with attention to pregnant and lactating women;
- q. Integrate mental health services into primary health-care systems or other appropriate levels, develop supportive programmes and train primary health workers to recognize and care for girls and women of all ages who have experienced any form of violence especially domestic violence, sexual abuse or other abuse resulting from armed and non-armed conflict;
- r. Promote public information on the benefits of breast-feeding; examine ways and means of implementing fully the WHO/UNICEF International Code of Marketing of Breast-milk Substitutes, and enable mothers to breast-feed their infants by providing legal, economic, practical and emotional support;
- s. Establish mechanisms to support and involve non-governmental organizations, particularly women's organizations, professional groups and other bodies working to improve the health of girls and women, in government policy-making, programme design, as appropriate, and implementation within the health sector and related sectors at all levels;
- t. Support non-governmental organizations working on women's health and help develop networks aimed at improving coordination and collaboration between all sectors that affect health;
- u. Rationalize drug procurement and ensure a reliable, continuous supply of high-quality pharmaceutical, contraceptive and other supplies and equipment, using the WHO Model List of Essential Drugs as a guide, and ensure the safety of drugs and devices through national regulatory drug approval processes;
- v. Provide improved access to appropriate treatment and rehabilitation services for women substance abusers and their families;
- w. Promote and ensure household and national food security, as appropriate, and implement programmes aimed at improving the nutritional status of all girls and women by implementing the commitments made in the Plan of Action on

Nutrition of the International Conference on Nutrition, including a reduction world wide of severe and moderate malnutrition among children under the age of five by one half of 1990 levels by the year 2000, giving special attention to the gender gap in nutrition, and a reduction in iron deficiency anaemia in girls and women by one third of the 1990 levels by the year 2000;

- x. Ensure the availability of and universal access to safe drinking water and sanitation and put in place effective public distribution systems as soon as possible;
- y. Ensure full and equal access to health-care infrastructure and services for indigenous women.

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, son preference (which results in female infanticide and prenatal sex selection), early marriage, including child marriage, violence against women, sexual exploitation, sexual abuse, which at times is conducive to infection with HIV/AIDS and other sexually transmitted diseases, drug abuse, discrimination against girls and women in food allocation and other harmful attitudes and practices related to the life, health and well-being of women, and recognizing that some of these practices can be violations of human rights and ethical medical principles;
 - b. Pursue social, human development, education and employment policies to eliminate poverty among women in order to reduce their susceptibility to ill health and to improve their health;
 - c. Encourage men to share equally in child care and household work and to provide their share of financial support for their families, even if they do not live with them;
 - d. Reinforce laws, reform institutions and promote norms and practices that eliminate discrimination against women and encourage both women and men to take responsibility for their sexual and reproductive behaviour; ensure full respect for the integrity of the person, take action to ensure the conditions necessary for women to exercise their reproductive rights and eliminate coercive laws and practices;
 - e. Prepare and disseminate accessible information, through public health campaigns, the media, reliable counselling and the education system, designed to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction, taking into account the rights of the child to access to

information, privacy, confidentiality, respect and informed consent, as well as the responsibilities, rights and duties of parents and legal guardians to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the Convention on the Rights of the Child, and in conformity with the Convention on the Elimination of All Forms of Discrimination against Women; ensure that in all actions concerning children, the best interests of the child are a primary consideration;

- f. Create and support programmes in the educational system, in the workplace and in the community to make opportunities to participate in sport, physical activity and recreation available to girls and women of all ages on the same basis as they are made available to men and boys;
- 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;
- h. Develop policies that reduce the disproportionate and increasing burden on women who have multiple roles within the family and the community by providing them with adequate support and programmes from health and social services;
- i. Adopt regulations to ensure that the working conditions, including remuneration and promotion of women at all levels of the health system, are non-discriminatory and meet fair and professional standards to enable them to work effectively;
- j. Ensure that health and nutritional information and training form an integral part of all adult literacy programmes and school curricula from the primary level;
- k. Develop and undertake media campaigns and information and educational programmes that inform women and girls of the health and related risks of substance abuse and addiction and pursue strategies and programmes that discourage substance abuse and addiction and promote rehabilitation and recovery;
- l. Devise and implement comprehensive and coherent programmes for the prevention, diagnosis and treatment of osteoporosis, a condition that predominantly affects women;
- m. Establish and/or strengthen programmes and services, including media campaigns, that address the prevention, early detection and treatment of breast, cervical and other cancers of the reproductive system;
- n. Reduce environmental hazards that pose a growing threat to health, especially in poor regions and communities; apply a precautionary approach, as agreed to in the Rio Declaration on Environment and Development, adopted by the United Nations Conference on Environment and Development, and include reporting on women's health risks related to the environment in monitoring the implementation of Agenda 21;
- o. Create awareness among women, health professionals, policy makers and the general public about the serious but preventable health hazards stemming from tobacco consumption and the need for regulatory and education measures to reduce smoking as important health promotion and disease prevention activities;

- p. Ensure that medical school curricula and other health-care training include gender-sensitive, comprehensive and mandatory courses on women's health;
- q. Adopt specific preventive measures to protect women, youth and children from any abuse - sexual abuse, exploitation, trafficking and violence, for example - including the formulation and enforcement of laws, and provide legal protection and medical and other assistance.

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 transmitted 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:
- a. Train researchers and introduce systems that allow for the use of data collected, analysed and disaggregated by, among other factors, sex and age, other established demographic criteria and socio-economic variables, in policy-making, as appropriate, planning, monitoring and evaluation;
 - b. Promote gender-sensitive and women-centred health research, treatment and technology and link traditional and indigenous knowledge with modern medicine, making information available to women to enable them to make informed and responsible decisions;
 - c. Increase the number of women in leadership positions in the health professions, including researchers and scientists, to achieve equality at the earliest possible date;
 - 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 social, 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 cardiovascular diseases and conditions, cancers, reproductive tract infections and injuries, HIV/AIDS and other sexually transmitted diseases, domestic violence, occupational health, disabilities, environmentally related health problems, tropical diseases and health aspects of ageing;
 - e. Inform women about the factors which increase the risks of developing cancers and infections of the reproductive tract, so that they can make informed decisions about their health;
 - f. Support and fund social, economic, political and cultural research on how gender-based inequalities affect women's health, including etiology, epidemiology, provision and utilization of services and eventual outcome of treatment;
 - g. Support health service systems and operations research to strengthen access and improve the quality of service delivery, to ensure appropriate support for women as health-care providers and to examine patterns with respect to the provision of health services to women and use of such services by women;
 - 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 more safe, effective, affordable and acceptable methods for the regulation of fertility, including natural family planning for both sexes, 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;

- i. Since unsafe abortion is a major threat to the health and life of women, research to understand and better address the determinants and consequences of induced abortion, including its effects on subsequent fertility, reproductive and mental health and contraceptive practice, should be promoted, as well as research on treatment of complications of abortions and post-abortion care;
- j. Acknowledge and encourage beneficial traditional health care, especially that practised by indigenous women, with a view to preserving and incorporating the value of traditional health care in the provision of health services, and support research directed towards achieving this aim;
- k. Develop mechanisms to evaluate and disseminate available data and research findings to researchers, policy makers, health professionals and women's groups, among others;
- l. Monitor human genome and related genetic research from the perspective of women's health and disseminate information and results of studies conducted in accordance with accepted ethical standards.

Strategic objective C.5.

Increase resources and monitor follow-up for women's health

Actions to be taken

- 110. By Governments at all levels and, where appropriate, in cooperation with non-governmental organizations, especially women's and youth organizations:
 - a. Increase budgetary allocations for primary health care and social services, with adequate support for secondary and tertiary levels, and give special attention to the reproductive and sexual health of girls and women and give priority to health programmes in rural and poor urban areas;
 - b. Develop innovative approaches to funding health services through promoting community participation and local financing; increase, where necessary, budgetary allocations for community health centres and community-based programmes and services that address women's specific health needs;
 - c. Develop local health services, promoting the incorporation of gender-sensitive community-based participation and self-care and specially designed preventive health programmes;
 - d. Develop goals and time-frames, where appropriate, for improving women's health and for planning, implementing, monitoring and evaluating programmes, based on gender-impact assessments using qualitative and quantitative data disaggregated by sex, age, other established demographic criteria and socio-economic variables;
 - e. Establish, as appropriate, ministerial and inter-ministerial mechanisms for monitoring the implementation of women's health policy and programme reforms and establish, as appropriate, high-level focal points in national planning authorities responsible for monitoring to ensure that women's health concerns are mainstreamed in all relevant government agencies and programmes.
- 111. By Governments, the United Nations and its specialized agencies, international financial institutions, bilateral donors and the private sector, as appropriate:
 - a. Formulate policies favourable to investment in women's health and, where appropriate, increase allocations for such investment;

- b. Provide appropriate material, financial and logistical assistance to youth non-governmental organizations in order to strengthen them to address youth concerns in the area of health, including sexual and reproductive health;
- c. Give higher priority to women's health and develop mechanisms for coordinating and implementing the health objectives of the Platform for Action and relevant international agreements to ensure progress.

D. Violence against Women

- 112. Violence against women is an obstacle to the achievement of the objectives of equality, development and peace. Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. The long-standing failure to protect and promote those rights and freedoms in the case of violence against women is a matter of concern to all States and should be addressed. Knowledge about its causes and consequences, as well as its incidence and measures to combat it, have been greatly expanded since the Nairobi Conference. In all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture. The low social and economic status of women can be both a cause and a consequence of violence against women.
- 113. The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:
 - a. Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
 - b. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
 - c. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.
- 114. Other acts of violence against women include violation of the human rights of women in situations of armed conflict, in particular murder, systematic rape, sexual slavery and forced pregnancy.
- 115. Acts of violence against women also include forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.
- 116. Some groups of women, such as women belonging to minority groups, indigenous women, refugee women, women migrants, including women migrant workers, women in poverty living in rural or remote communities, destitute women, women in institutions or in detention, female children, women with disabilities, elderly women, displaced women, repatriated women, women living in poverty and women in situations of armed conflict, foreign occupation, wars of aggression, civil wars, terrorism, including hostage-taking, are also particularly vulnerable to violence.
- 117. Acts or threats of violence, whether occurring within the home or in the community, or perpetrated or condoned by the State, instil fear and insecurity in women's lives

and are obstacles to the achievement of equality and for development and peace. The fear of violence, including harassment, is a permanent constraint on the mobility of women and limits their access to resources and basic activities. High social, health and economic costs to the individual and society are associated with violence against women. Violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men. In many cases, violence against women and girls occurs in the family or within the home, where violence is often tolerated. The neglect, physical and sexual abuse, and rape of girl children and women by family members and other members of the household, as well as incidences of spousal and non-spousal abuse, often go unreported and are thus difficult to detect. Even when such violence is reported, there is often a failure to protect victims or punish perpetrators.

118. Violence against women is a manifestation of the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement. Violence against women throughout the life cycle derives essentially from cultural patterns, in particular the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society. Violence against women is exacerbated by social pressures, notably the shame of denouncing certain acts that have been perpetrated against women; women's lack of access to legal information, aid or protection; the lack of laws that effectively prohibit violence against women; failure to reform existing laws; inadequate efforts on the part of public authorities to promote awareness of and enforce existing laws; and the absence of educational and other means to address the causes and consequences of violence. Images in the media of violence against women, in particular those that depict rape or sexual slavery as well as the use of women and girls as sex objects, including pornography, are factors contributing to the continued prevalence of such violence, adversely influencing the community at large, in particular children and young people.
119. Developing a holistic and multidisciplinary approach to the challenging task of promoting families, communities and States that are free of violence against women is necessary and achievable. Equality, partnership between women and men and respect for human dignity must permeate all stages of the socialization process. Educational systems should promote self-respect, mutual respect, and cooperation between women and men.
120. The absence of adequate gender-disaggregated data and statistics on the incidence of violence makes the elaboration of programmes and monitoring of changes difficult. Lack of or inadequate documentation and research on domestic violence, sexual harassment and violence against women and girls in private and in public, including the workplace, impede efforts to design specific intervention strategies. Experience in a number of countries shows that women and men can be mobilized to overcome violence in all its forms and that effective public measures can be taken to address both the causes and the consequences of violence. Men's groups mobilizing against gender violence are necessary allies for change.
121. Women may be vulnerable to violence perpetrated by persons in positions of authority in both conflict and non-conflict situations. Training of all officials in humanitarian and human rights law and the punishment of perpetrators of violent acts against women would help to ensure that such violence does not take place at the hands of public officials in whom women should be able to place trust, including police and prison officials and security forces.

122. The effective suppression of trafficking in women and girls for the sex trade is a matter of pressing international concern. Implementation of the 1949 Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others, as well as other relevant instruments, needs to be reviewed and strengthened. The use of women in international prostitution and trafficking networks has become a major focus of international organized crime. The Special Rapporteur of the Commission on Human Rights on violence against women, who has explored these acts as an additional cause of the violation of the human rights and fundamental freedoms of women and girls, is invited to address, within her mandate and as a matter of urgency, 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.
123. In addressing violence against women, Governments and other actors should promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes so that before decisions are taken an analysis may be made of their effects on women and men, respectively.

Strategic objective D.1.

Take integrated measures to prevent and eliminate violence against women

Actions to be taken

124. By Governments:

- a. Condemn violence against women and refrain from invoking any custom, tradition or religious consideration to avoid their obligations with respect to its elimination as set out in the Declaration on the Elimination of Violence against Women;
- b. Refrain from engaging in violence against women and exercise due diligence to prevent, investigate and, in accordance with national legislation, punish acts of violence against women, whether those acts are perpetrated by the State or by private persons;
- c. Enact and/or reinforce penal, civil, labour and administrative sanctions in domestic legislation to punish and redress the wrongs done to women and girls who are subjected to any form of violence, whether in the home, the workplace, the community or society;
- d. Adopt and/or implement and periodically review and analyse legislation to ensure its effectiveness in eliminating violence against women, emphasizing the prevention of violence and the prosecution of offenders; take measures to ensure the protection of women subjected to violence, access to just and effective remedies, including compensation and indemnification and healing of victims, and rehabilitation of perpetrators;
- e. Work actively to ratify and/or implement international human rights norms and instruments as they relate to violence against women, including those contained in the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment;
- f. Implement the Convention on the Elimination of All Forms of Discrimination against Women, taking into account general recommendation 19, adopted by

the Committee on the Elimination of Discrimination against Women at its eleventh session;

- g. Promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes related to violence against women; actively encourage, support and implement measures and programmes aimed at increasing the knowledge and understanding of the causes, consequences and mechanisms of violence against women among those responsible for implementing these policies, such as law enforcement officers, police personnel and judicial, medical and social workers, as well as those who deal with minority, migration and refugee issues, and develop strategies to ensure that the revictimization of women victims of violence does not occur because of gender-insensitive laws or judicial or enforcement practices;
- h. Provide women who are subjected to violence with access to the mechanisms of justice and, as provided for by national legislation, to just and effective remedies for the harm they have suffered and inform women of their rights in seeking redress through such mechanisms;
- i. Enact and enforce legislation against the perpetrators of practices and acts of violence against women, such as female genital mutilation, female infanticide, prenatal sex selection and dowry-related violence, and give vigorous support to the efforts of non-governmental and community organizations to eliminate such practices;
- j. Formulate and implement, at all appropriate levels, plans of action to eliminate violence against women;
- k. Adopt all appropriate measures, especially in the field of education, to modify the social and cultural patterns of conduct of men and women, and to eliminate prejudices, customary practices and all other practices based on the idea of the inferiority or superiority of either of the sexes and on stereotyped roles for men and women;
- l. Create or strengthen institutional mechanisms so that women and girls can report acts of violence against them in a safe and confidential environment, free from the fear of penalties or retaliation, and file charges;
- m. Ensure that women with disabilities have access to information and services in the field of violence against women;
- n. Create, improve or develop as appropriate, and fund the training programmes for judicial, legal, medical, social, educational and police and immigrant personnel, in order to avoid the abuse of power leading to violence against women and sensitize such personnel to the nature of gender-based acts and threats of violence so that fair treatment of female victims can be assured;
- o. Adopt laws, where necessary, and reinforce existing laws that punish police, security forces or any other agents of the State who engage in acts of violence against women in the course of the performance of their duties; review existing legislation and take effective measures against the perpetrators of such violence;
- p. Allocate adequate resources within the government budget and mobilize community resources for activities related to the elimination of violence against women, including resources for the implementation of plans of action at all appropriate levels;
- q. Include in reports submitted in accordance with the provisions of relevant United Nations human rights instruments, information pertaining to violence

against women and measures taken to implement the Declaration on the Elimination of Violence against Women;

- r. Cooperate with and assist the Special Rapporteur of the Commission on Human Rights on violence against women in the performance of her mandate and furnish all information requested; cooperate also with other competent mechanisms, such as the Special Rapporteur of the Commission on Human Rights on torture and the Special Rapporteur of the Commission on Human Rights on summary, extrajudiciary and arbitrary executions, in relation to violence against women;
 - s. Recommend that the Commission on Human Rights renew the mandate of the Special Rapporteur on violence against women when her term ends in 1997 and, if warranted, to update and strengthen it.
125. By Governments, including local governments, community organizations, non-governmental organizations, educational institutions, the public and private sectors, particularly enterprises, and the mass media, as appropriate:
- a. Provide well-funded shelters and relief support for girls and women subjected to violence, as well as medical, psychological and other counselling services and free or low-cost legal aid, where it is needed, as well as appropriate assistance to enable them to find a means of subsistence;
 - b. Establish linguistically and culturally accessible services for migrant women and girls, including women migrant workers, who are victims of gender-based violence;
 - c. Recognize the vulnerability to violence and other forms of abuse of women migrants, including women migrant workers, whose legal status in the host country depends on employers who may exploit their situation;
 - d. Support initiatives of women's organizations and non-governmental organizations all over the world to raise awareness on the issue of violence against women and to contribute to its elimination;
 - e. Organize, support and fund community-based education and training campaigns to raise awareness about violence against women as a violation of women's enjoyment of their human rights and mobilize local communities to use appropriate gender-sensitive traditional and innovative methods of conflict resolution;
 - f. Recognize, support and promote the fundamental role of intermediate institutions, such as primary health-care centres, family-planning centres, existing school health services, mother and baby protection services, centres for migrant families and so forth in the field of information and education related to abuse;
 - g. Organize and fund information campaigns and educational and training programmes in order to sensitize girls and boys and women and men to the personal and social detrimental effects of violence in the family, community and society; teach them how to communicate without violence and promote training for victims and potential victims so that they can protect themselves and others against such violence;
 - h. Disseminate information on the assistance available to women and families who are victims of violence;
 - i. Provide, fund and encourage counselling and rehabilitation programmes for the perpetrators of violence and promote research to further efforts

concerning such counselling and rehabilitation so as to prevent the recurrence of such violence;

- j. Raise awareness of the responsibility of the media in promoting non-stereotyped images of women and men, as well as in eliminating patterns of media presentation that generate violence, and encourage those responsible for media content to establish professional guidelines and codes of conduct; also raise awareness of the important role of the media in informing and educating people about the causes and effects of violence against women and in stimulating public debate on the topic.
126. By Governments, employers, trade unions, community and youth organizations and non-governmental organizations, as appropriate:
- a. Develop programmes and procedures to eliminate sexual harassment and other forms of violence against women in all educational institutions, workplaces and elsewhere;
 - b. Develop programmes and procedures to educate and raise awareness of acts of violence against women that constitute a crime and a violation of the human rights of women;
 - c. Develop counselling, healing and support programmes for girls, adolescents and young women who have been or are involved in abusive relationships, particularly those who live in homes or institutions where abuse occurs;
 - d. Take special measures to eliminate violence against women, particularly those in vulnerable situations, such as young women, refugee, displaced and internally displaced women, women with disabilities and women migrant workers, including enforcing any existing legislation and developing, as appropriate, new legislation for women migrant workers in both sending and receiving countries.
127. By the Secretary-General of the United Nations:
- Provide the Special Rapporteur of the Commission on Human Rights on violence against women with all necessary assistance, in particular the staff and resources required to perform all mandated functions, especially in carrying out and following up on missions undertaken either separately or jointly with other special rapporteurs and working groups, and adequate assistance for periodic consultations with the Committee on the Elimination of Discrimination against Women and all treaty bodies.
128. By Governments, international organizations and non-governmental organizations:
- Encourage the dissemination and implementation of the UNHCR Guidelines on the Protection of Refugee Women and the UNHCR Guidelines on the Prevention of and Response to Sexual Violence against Refugees.

Strategic objective D.2.

Study the causes and consequences of violence against women and the effectiveness of preventive measures

Actions to be taken

129. By Governments, regional organizations, the United Nations, other international organizations, research institutions, women's and youth organizations and non-governmental organizations, as appropriate:
- a. Promote research, collect data and compile statistics, especially concerning domestic violence relating to the prevalence of different forms of violence against women, and encourage research into the causes, nature, seriousness

and consequences of violence against women and the effectiveness of measures implemented to prevent and redress violence against women;

- b. Disseminate findings of research and studies widely;
- c. Support and initiate research on the impact of violence, such as rape, on women and girl children, and make the resulting information and statistics available to the public;
- d. Encourage the media to examine the impact of gender role stereotypes, including those perpetuated by commercial advertisements which foster gender-based violence and inequalities, and how they are transmitted during the life cycle, and take measures to eliminate these negative images with a view to promoting a violence-free society.

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:
- a. Consider the ratification and enforcement of international conventions on trafficking in persons and on slavery;
 - b. Take appropriate measures to address the root factors, including external factors, that encourage trafficking in women and girls for prostitution and other forms of commercialized sex, forced marriages and forced labour in order to eliminate trafficking in women, including by strengthening existing legislation with a view to providing better protection of the rights of women and girls and to punishing the perpetrators, through both criminal and civil measures;
 - c. Step up cooperation and concerted action by all relevant law enforcement authorities and institutions with a view to dismantling national, regional and international networks in trafficking;
 - 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;
 - e. Develop educational and training programmes and policies and consider enacting legislation aimed at preventing sex tourism and trafficking, giving special emphasis to the protection of young women and children.