



## 经济及社会理事会

Distr.  
GENERAL

E/CN.4/Sub.2/2003/41  
10 July 2003  
CHINESE  
Original: ENGLISH

人权委员会  
增进和保护人权小组委员会  
第五十五届会议  
临时议程项目 4 和 6

### 经济、社会、文化权利 具体人权问题

#### 联合国人口基金提交的报告 \*

##### 秘书处的说明

1. 本报告是由联合国人口基金(人口基金)提交增进和保护人权小组委员会第五十五届会议的,内载人口基金从事的与人权、尤其是青少年的权利有关的活动的一般资料以及与临时议程项目 4 和 6 有关的问题的具体要点的一般资料。人口基金通过就政策、规划和宣传方面提供技术援助,致力增进和保护若干领域的基本人权。

2. 本报告的目的是要提请小组委员会注意人口基金的一些活动,通知其考虑事项并便利其工作。人口基金希望本报告对小组委员会委员、观察员和非政府组织而言将是一项宝贵的工具,可作为资料来源和参考指南。

---

\* 附件不译,原文照发。

## Annex

### *General Information*

In its Mission Statement, UNFPA stresses the universality and indivisibility of human rights, focusing on the sexual and reproductive rights of women and men and on the promotion of gender equality, equity and empowerment of women and girls. In line with the Programme of Action (PoA) of the International Conference on Population and Development (ICPD), special attention is given to a rights-based approach to population and development with focus on meeting the rights of the individual and couple. The application of a human rights framework to all programmes and activities is central to UNFPA's work.

The Millennium Declaration and the MDGs provide a framework and compass to orient international development efforts and establishes the relationship between poverty reduction, reproductive health and rights, population, gender equality and equity, and development. It is not possible to reduce poverty and achieve the MDGs without increasing gender equality and access to reproductive health.

Ensuring adequate priority is given to population, reproductive health, and gender in the development of CCAs, UNDAFs, PRSPs, Health and Education Sector Reforms, SWAPs and MDG implementation and reporting is now essential. Progressing towards the MDGs is dependent, *inter alia* on making progress towards ICPD goals.

Practical efforts to eradicate poverty rest directly upon the enforcement of basic human rights. These rights are the starting point from which goals were set in the ICPD Programme of Action and the follow-up goals that came out of the ICPD+5 conference in 1999.

Poverty cannot and will not be eradicated without achieving ICPD goals. Universal access to education and reproductive health care are crucial steps that can help to eradicate poverty. Meeting these ICPD goals will pave a straight road directly toward reaching the Millennium Development Goals.

### **UNFPA's work within the human rights system**

UNFPA has spearheaded several important initiatives in bringing human rights and its work with the treaty bodies close to home.

Over the past six years, UNFPA has been closely engaged with the human rights treaty committees, bridging the work of the committees with that of its Country Offices. UNFPA has submitted country reports and transmitted Concluding Observations to the UNFPA Representatives. This has allowed for constructive dialogue with key governments and NGO partners in the field.

One important regional initiative was the seminar workshop "The Promotion and Protection of Reproductive Rights through the Work of the Ombudsman Offices of the Caribbean", convened by the United Nations Population Fund (UNFPA), the Office of the

United Nations High Commissioner for Human Rights (OHCHR), and the Inter-American Institute of Human Rights (IHR) in March 2003.

The objectives of the seminar were to provide the Ombudsman Offices with a framework for the application of human rights to reproductive and sexual health; to discuss critical reproductive health/rights issues within the region; to assess obstacles and opportunities that women, men and young people face in the exercise of reproductive rights; to examine the existing structures and/or mechanisms within the Ombudsman Offices to promote and protect reproductive rights within the region; to encourage the development of action plans by the Ombudsman Offices for the promotion and protection of reproductive rights.

As outcome of the meeting, representatives of the Ombudsman Offices adopted a Resolution with general recommendations for action at the national and regional levels. Some of these recommendations are: to adopt the definition of Reproductive Rights as stated in paragraph 7.3 of the Programme of Action of the International Conference on Population and Development (1994); disseminate information on reproductive rights and health to staff of the Ombudsman Offices in order to sensitize them to be able to identify violations when brought to their attention; lobby legislative bodies to adopt specific provisions from the CEDAW to be enacted locally, which will give each country better capacity to deal with discrimination issues; examine country legislation to see if there are any constraints impeding the investigation of reproductive rights and propose changes as necessary. At the regional level, the establishment of a regional database to allow for the monitoring of violations of human rights and reproductive rights both at the national and legislative levels.

UNFPA also contributed a report to the 59<sup>th</sup> session of the Commission on Human Rights under item 12, women's rights, and was one of two UN agencies to contribute a report to the Sub-Commission last year.

In terms of rights-based approach, UNFPA is an active member of the inter-agency Task Force on rights-based approach to development. UNFPA co-chaired with UNICEF the inter-agency workshop held in Stamford, Connecticut in May 2003 on Human Rights based Approach in the context of UN Reform. UNFPA is a member of the working group on the Secretary General's Action Plan II.

With regards to rights-based approach to programming, UNFPA has undertaken several initiatives. At the end of last year, UNFPA conducted a field inquiry of rights-based approach experiences at country and regional level. Capacity development activities for its field offices is foreseen for 2003 and 2004.

### **Reproductive Rights and the ICPD**

The promotion of human rights has been a major priority for the United Nations Population Fund since it's founding more than 30 years ago. The UNFPA continues to work to strengthen the legal and institutional framework for recognizing reproductive and sexual

health rights as human rights; to secure accountability in terms of securing and protecting those rights; and to meet the basic right of every individual and couple to a lifetime of reproductive and sexual health.

Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents. The Programme of Action that was adopted by consensus by 179 governments at the 1994 Cairo Conference, and which guides the work of the United Nations Population Fund, states that these rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and the 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.

Since the Cairo Conference and its five-year review, the United Nations Population Fund has increased its efforts to support governments and civil society around the world to put in place bold initiatives to delay marriage and pregnancy for girls; to ban harmful traditional practices; to end sexual abuse and violence; to prevent unwanted pregnancy and HIV infection and to close the gap on gender discrimination.

### **Promoting and protecting the rights of adolescents**

On July 11 2003, World Population Day will focus on the rights and needs of young people. Half of today's 6.3 billion world population are under the age of 25. Over one billion are between the ages of 10 and 19—the largest youth generation in human history.

At the most basic level, every young person has the right to education and health. Yet, far too many young people are deprived of schooling and adequate healthcare, and the consequences are devastating. Each day, over 70,000 teenage girls are married, many against their will, and nearly 40,000 give birth. For these young women, this means an incomplete education, limited opportunities and serious health risks. Assisting girls to complete secondary schooling and delay marriage and childbirth can help break the cycle of poor health, illiteracy and poverty. Stronger efforts are also needed to confront sexual violence, exploitation and abuse.

Another great risk and challenge is HIV/AIDS. Today, half of all new HIV infections occur among young people. Each day, 6,000 young women and men are newly infected — one every 15 seconds. At the end of 2001, an estimated 11.8 million young people ages 15-24 were living with HIV/AIDS, one third of the global total of people living with HIV/AIDS. Only a small percentage of these young people know they are HIV-positive. These facts alone demonstrate the need for greater education, information and services to help young people protect their health. In countries where national programmes target and involve youth, infection rates are declining. By educating, empowering and mobilizing young people, the AIDS epidemic can be turned around.

Of sexually active young people, only 17 per cent use contraceptives. Every day at least 4,000 people under age 25 are infected with HIV, mainly in sub-Saharan Africa and parts of Asia. Over four million women aged 15-19 have abortions every year, 40 per cent of which are performed under unsafe conditions.

Prevention, the centrepiece of UNFPA's fight against the disease, is being integrated into reproductive health programming around the world. Prevention includes promoting safer sexual behaviour among young people, making sure condoms are readily available and widely and correctly used, empowering women to protect themselves and their children, and encouraging men to make a difference. This can only be achieved if laws, policies and programmes that support their well-being and participation and protect their human rights are in place.

Another challenge for UNFPA is Obstetric fistula among young women and girls. Malnutrition, stunted growth, limited access to health care and traditions of early marriage and pregnancy all contribute to the likelihood of obstructed labour. It is estimated that more than 2 million women are living with obstetric fistulas today and prevalence is highest in impoverished communities in Africa and Asia. An estimated 17 million young women between the ages of 15 and 19 give birth each year, increasing their risk of complications. It is the most devastating of all pregnancy-related disabilities.

Postponing childbirth, alleviating poverty and malnutrition, providing women with access to quality medical care during pregnancy and childbirth, and to emergency obstetric care should complications arise, are all measures to prevent fistula.

Young people have a right to reproductive health information and services. Studies repeatedly show that education about sexuality and reproduction does not increase irresponsible behaviour. On the contrary, it helps young people to make responsible, healthy decisions. As articulated in the Programme of Action from the International Conference on Population and Development (ICPD), and in other International Consensus Documents, access to information and to education are rights that belong to young people as much as adults.

The ICPD recognized adolescents rights to sexual and reproductive health, to freedom from sexual abuse and violence, and respect for women's self-determination. These were reiterated at the ICPD+5 session. Paragraphs 7.45 through 7.48 of the ICPD PoA sets out commitments for governments, NGOs and the international community in the area of adolescent's right to sexual and reproductive health. Actions agreed on require that programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted diseases and sexual abuse; promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies. Programmes should include support mechanisms for the education and counselling of adolescents in the areas of gender relations and equality, violence, responsible sexual behavior, responsible family planning practice, reproductive health, HIV infection and

AIDS; programmes should also involve and train all who are in a position to provide guidance to adolescents concerning responsible sexual and reproductive behavior.

In the outcome document of the ICPD + 5 review, Governments, with the full involvement of young people and with the support of the international community, are called to protect and promote the right of adolescents to the enjoyment of the highest attainable standards of health, through provision of appropriate, specific, user-friendly and accessible services to address effectively their reproductive and sexual health needs, including reproductive health education information, counselling and health promotion strategies. These services should safeguard the rights of adolescents to privacy, confidentiality and informed consent, respecting their cultural values and religious beliefs and in conformity with relevant existing international agreements and conventions.

#### Identifying and Removing Barriers to Access

Adolescents and youth face multiple barriers to accessing reproductive and sexual health services. For instance, services for youth may simply not exist and are often opposed by adults. Where they do exist, they may not be affordable. Even where youth-specific services are offered, concerns about confidentiality and being treated with respect may inhibit young people from using them. Quality school-based programmes, while proven effective, are scarce. And where they do exist, they are not available to adolescents who are not in school.

Where adolescents are denied services, UNFPA advocates for policy, legislative, and other measures to address this. Where services do not exist, or are inadequate, UNFPA may provide support, training and quality improvement. Where they are not used, UNFPA offers guidance on how to make them more accessible or youth-friendly. UNFPA also provides training at all levels to ensure that young people receive proper care and that their rights to reliable information and a range of service options are respected. Training of providers emphasizes interpersonal and communications skills to address sensitive topics such as sexuality and gender relations.

Women of all ages often lack the power and status to exercise their reproductive rights, to freely determine when, whether and how they conduct their reproductive and sexual lives. As a result of this inequality, their lives – even from a very early age – can be characterized by coercion, violence, and lack of control.

Adolescent girls and young women are more vulnerable than their male counterparts to unwanted pregnancy, unsafe abortion, sexually transmitted diseases, HIV/AIDS and sexual abuse. These risks may be exacerbated by cultural norms in some societies that place high value on a girl's 'honour' or subordinate them into 'passive' objects of boys' and men's authority and attention. They are often not empowered to protect themselves.

UNFPA places girls' and young women's empowerment, rights and gender equality at the centre of development. But because men are fundamental to this challenge, many UNFPA-

supported programmes are also aimed at helping them to be better partners. UNFPA is committed to improving the lives of girls and female adolescents in many contexts. This includes: advocating for girls' education, adequate nutrition, and safety from all forms of abuse; providing girls with more opportunities to build self-esteem, for example, by creating girl-only safe spaces, offering training in vocational skills or in sports traditionally reserved for boys, and providing information about their equal rights and potential.

Advocacy for a supportive policy and legislative context is another key strategy in promoting gender equality and development for adolescent girls and boys. Reaching out to the millions of young married female adolescents, who may have abandoned their schooling and who may not have access to other sources of information and services. Advocating for laws that increase the legal age at marriage and forbid forced marriage, so that girls can complete their schooling and have more opportunities for personal growth. Advocacy with government national and local decision-makers, parliamentarians and community leaders focuses on promoting laws against violence against girls and young women; preventing adolescent pregnancies and supporting pregnant adolescents, including their reintegration into the educational system; or delaying marriage.

The work of the human rights treaty bodies and their General Comments strengthens UNFPA's work. For example, the Committee on the Rights of the Child has recently adopted a General Comment on Adolescent health and development. The Committee notes with concern that in implementing their obligations under the Convention, States Parties have given insufficient attention to the specificities of adolescents as rights holders and to the promotion of their health and development. Respect for, protection and fulfillment of the rights of adolescents, requires formulation of specific strategies and policies.

As stated in paragraph 21, "States Parties should provide adolescents with access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and prevention and treatment of STIs." Further on, paragraph 24 states that adolescent girls should have access to information on the negative impact of early marriage and early pregnancy and those who become pregnant should have access to health services that are sensitive to their particularities and rights. State Parties should take measures to reduce maternal morbidity and mortality in adolescent girls, particularly due to early pregnancy and unsafe abortion practices and to support adolescent mothers and fathers in their parenthood.

Paragraph 23 of the General Comment on the Right to the highest attainable standard of health of the International Covenant on Economic, Social and Cultural Rights states that States parties should provide a safe and supportive environment for adolescents, that ensures the opportunity to participate in decisions affecting their health, to build life-skills, to acquire appropriate information, to receive counseling and to negotiate the health-behavior choices they make. The realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services.

Also, paragraph 18 of the General Recommendation on Women and Health adopted by the Committee on the Elimination of Discrimination Against Women's, requests States parties to ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their right to privacy and confidentiality, and particular attention be paid to the health education of adolescents, including information and counseling on all methods of family planning.

Recommendations of the 1994 International Conference on Population and Development (ICPD), and its five year review (ICPD + 5), as well as the related commitments from the Beijing Platform for Action, the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women, the Covenant on Economic, Social and Cultural Rights and the Declaration of Commitment on HIV/AIDS, among other International Agreements collectively represent the intergovernmental consensus on the rights of adolescents.

### **UNFPA's best practices**

In Mongolia, with UNFPA support, the Government made an explicit policy decision to support sexuality education for all, every year beginning in grade three, stressing gender as a key concept. Some 60 per cent of secondary schools now teach the course.

Combining school efforts with other community activities, a UNFPA-supported project in the Occupied Palestinian Territories integrated reproductive health and gender issues into school curricula, adult education, and youth education programmes. Teachers and supervisors became community advocates and youth leaders were able to generate discussion on formerly restricted topics.

UNFPA and others have developed programmes to help parents communicate effectively with adolescents about sexuality. Family Care International and the International Planned Parenthood Federation/Africa Region have produced materials aimed at facilitating such communication.

In collaboration with the Program for Appropriate Technology in Health, the Kenya Scouts Association developed a 72-hour family life skills programme that covered decision-making, health and hygiene, STIs and HIV, sexuality, relationships and reproductive health. Scout leaders were trained to teach the lessons and to work with parents on improving communication with youth, including on sexuality. In 1998, UNFPA supported the expansion of this programme to all scouting units throughout the country over a four-year period.

"I do what I want, but I know what I'm doing" is the slogan of another UNFPA-supported campaign to promote safer behaviour among Albanian youth.

A UNFPA-supported radio soap opera in Jamaica sought to debunk myths, highlight young people's vulnerability to HIV and the dangers of casual sex, and promote condom use and abstinence. The project was backed up by a telephone hotline and peer educators who taught young people condom negotiation skills.

In Brazil, the NGO *Criar Brasil* (Create Brazil) launched a radio programme for adolescents in poor urban neighbourhoods in the country's interior. In 2001, the programme aired on 1,100 radio stations.

A UNFPA-supported project in the Russian Federation provided comprehensive assistance to youth centres in six cities and encouraged positive public attitudes about adolescent access to reproductive health information. Young people helped to design these centres, ensuring that they would be well attended.

In 1999, the United Nations Foundation approved a multi-country initiative advanced by UNICEF and UNFPA (later involving WHO) to better address the development needs and participation rights of adolescents, with an emphasis on girls.

Thirteen countries are involved in this comprehensive, integrated approach: Bangladesh, Benin, Burkina Faso, China, Jordan, Malawi, Mali, Mauritania, Mongolia, Occupied Palestinian Territory, the Russian Federation, Senegal and Sao Tome. In most countries, all three coordinating UN agencies are involved in joint programming for adolescents (UNFPA is not active in China or Sao Tome).

The African Youth Alliance (AYA) is a four-country effort to apply proven HIV/AIDS prevention approaches on a wider scale. Operating in Botswana, Ghana, Uganda and United Republic of Tanzania, AYA is a collaboration among two U.S.-based NGOs, Pathfinder International and the Program for Appropriate Technology in Health (PATH), and UNFPA. These organizations work with implementing partners within each country: government agencies, NGOs and community-based organizations.

AYA's overall goal is to improve adolescent reproductive health. Specifically, it is designed to reduce rates of HIV/AIDS, other STIs and pregnancy among young people; promote the delay of sexual debut, and among already sexually active youth, the use of condoms and other contraceptives; eliminate harmful traditional practices and forced and coerced sex.

In Central America and the Caribbean, UNFPA has launched a new initiative to prevent HIV/AIDS. The effort, implemented by UNFPA with a contribution from the Organization of Petroleum Exporting Countries (OPEC) Fund for International Development, aims to raise awareness of sexually transmitted diseases among the youth of the region, which has the highest HIV/AIDS prevalence rates in the Western Hemisphere. It will also provide young people with sexual and reproductive health care that is youth-friendly, and gender and culturally sensitive. Countries benefiting from the initiative include Belize, Costa Rica, Guatemala, Guyana, Honduras and Saint Lucia.

UNFPA and the European Union (EU) have joined partnership in a three-year Reproductive Health Initiative for Youth in Asia, which will be implemented in Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Viet Nam. The new EU/UNFPA Initiative will support peer counselling and promote HIV/AIDS awareness and prevention. It will also help improve access to youth-oriented reproductive health services and build the capacity of local NGOs to meet young persons' health needs. The Initiative will serve vulnerable youth in and out of school, street children, factory workers, rural migrants and sex workers.

-----