



Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development

Invest in Health, Rights and the Future

2-4 September 2009 | Berlin, Germany

www.globalngoforum.org

TOWARDS 2015—Invest in Health, Rights and the Future

**A Synthesis of Civil Society Engagement in Achieving the Programme of Action
Of the 1994 International Conference on Population and Development**

Foreword

From September 2-4, 2009, 400 civil society representatives will gather in Berlin, Germany to commit to a forward agenda for ensuring the health, rights and economic prosperity of the world's people. Their challenge is to identify the key actions needed by policymakers, donors and nongovernmental organizations (NGOs) to achieve the groundbreaking Programme of Action (PoA) agreed to by 179 governments at the 1994 International Conference on Population and Development (ICPD)ⁱ in Cairo. As Fred Sai writes, the ICPD PoA "signaled an understanding that population is at last seen as part of the necessary investment in people, without which none of our development or environmental problems will be solved"ⁱⁱ.

As urgent as this agenda was in 1994, it is even more so today as countries, communities and individuals grapple with financial and environmental uncertainties, inadequate health resources, and inequality in ensuring basic human rights. In the 15 years since the ICPD PoA was put in place, its core principles and priority actions have been affirmed by government leaders in the 21st session of the UN General Assembly in 1999ⁱⁱⁱ, the UN Millennium Declaration in 2000^{iv} and Millennium Development Goals (MDGs)^v, the World Summit Outcome in 2005^{vi} and in the 2009 resolutions of the UN Commission on Population and Development (CPD)^{vii}.

Despite progress made toward achieving the PoA and the MDGs, as noted in the 2009 MDG report,^{viii} "we have been moving too slowly to meet our goals. And today, we face a global economic crisis whose full repercussions have yet to be felt. At the very least, it will throw us off course in a number of key areas, particularly in the developing countries. At worst it could prevent us from keeping our promises, plunging millions more into poverty and posing a risk of social and political unrest. This is an outcome we must avoid at all costs."

Recognizing the essential role of the ICPD PoA in meeting the MDGs and securing economic and environmental resilience, the United Nations Population Fund (UNFPA) and the German government are supporting a number of activities, including **Global Partners in Action: the NGO Forum on Sexual and**

*We need to build knowledge and understanding of the forces, trends and institutions that are undermining sexual and reproductive health and rights (SRHR) and strategies to address them across movements to strengthen overall impact and build a stronger movement.
Africa region applicant*

Reproductive Health and Rights in September. Designed to be a working meeting, Global Partners in Action (GPA) aims to build on the successes of NGOs in implementing the PoA, their creativity and tenacity in meeting the needs of their communities, and their vision for achieving the PoA now and beyond 2015. Its emphasis is on strategizing from the diverse experiences of NGO leaders, especially younger leaders; developing a new and powerful base of support for the ICPD PoA, and situating our collective efforts to secure sexual and reproductive health and rights (SRHR) as central to broader population and development goals.

To inform the Forum deliberations, other policy-setting opportunities, and future collaboration, this synthesis draws on two sources: the nearly 2,000 applications from local, national and international NGO representatives and regional consultations undertaken by members of the NGO Forum Steering Group and others in the summer of 2009. The input is rich with the innovation, experience and wisdom that current global realities demand if we are to achieve the ICPD PoA. The synthesis focuses on five main areas:

- Best practices in implementation
- Global health issues and partnerships
- Gender and human rights
- Development strategies
- Population, climate change and other contextual issues

It also lays out issues that are specific to young people and regions and gathers practical advice for working together more effectively.

I. Best Practices in Implementation

Advocates and health professionals in every region of the world are living their commitment to SRHR for all. While NGOs are serving a diversity of needs and communities, they see SRHR within the comprehensive framework laid out in the ICPD PoA and global movements to ensure universal access to health care. NGOs already play an essential role by providing key sexual and reproductive health (SRH) services, in many cases where the government has not done so. In particular, they have to reach those who live far from services and vulnerable and marginalized groups who often avoid the formal health system for fear of stigma, discrimination and in some cases criminal prosecution. While the role of NGOs is critical in the short and medium term, they are also deeply invested in strengthening public health systems and working with governments and donors to build the capacity and knowledge needed to deliver rights-based health services in the long term.

Many have focused delivery of information and services on specific aspects of SRHR, there is broad agreement that SRHR must not compromise any one element of the comprehensive package: family planning; skilled care during pregnancy and delivery and postpartum; access to safe abortion where not against the law; and prevention, care, and treatment for sexually transmitted infections (STIs), including HIV, with special focus on prevention. NGOs in every region of the world are calling for greater integration of the aspects of SRH with each other and within essential health packages for reproductive, maternal, newborn and child health and advocating for increased government investments so that people everywhere have accessible and affordable services and supplies. Often the first and sometimes only responders to communities in need, NGOs are acutely attuned to the pressures of poverty and the economic crisis and this approach ensures that people's needs are met and scarce resources are more efficiently used.

In many regions there are calls for greater focus on institution-based maternal and newborn health services, including emergency obstetric care. Moreover, NGOs push for increased support for the direct supply of life-saving commodities such as magnesium sulfate and contraceptives to hospitals and other health care facilities. Efforts and funding to strengthen and expand health systems, build and maintain health facilities, and train health workers to provide these services are urgently needed and NGOs are key partners in these efforts. Other SRH services such as family planning, prenatal care and abortion also require and have increased attention in programming and advocacy. NGOs are working to meet the needs of the estimated 200 million women who cannot access contraceptives. Even so gaps remain and as a result, as many as 80 million unplanned pregnancies occur each year. Over half of these pregnancies lead to abortions, many of them in unsafe conditions. Unsafe abortion accounts for 13 percent of maternal death globally, and family planning could reduce the maternal death toll by 32 percent^{ix}. Many NGOs work to rescind legal and policy restrictions on safe abortion care and train SRH care workers on post-abortion care, various abortion methods and comprehensive women-centered care (including linkages to HIV, etc.).

Preventive care is at the center of many programs. Yet many NGOs recognize and are addressing the real challenges of “prevention fatigue” for individuals in using contraception or HIV prevention methods effectively over time. Many are pioneering youth-friendly services and comprehensive sexuality education to meet the needs of young people. They also recognize that insufficient SRH supplies compromise prevention and care and people’s abilities to protect their health and plan their pregnancies. They are working with public and private actors to overcome critical gaps in a range of commodities—STI and HIV tests and treatments; contraceptives (including male and female condoms); safe birthing kits; equipment for providing safe abortion services and post-abortion care. New technologies are critical to overcome barriers to SRHR and NGOs are at the forefront of advocacy and expertise in increasing delivery and uptake of newer technologies such as emergency contraception, post-exposure prophylaxis for HIV and medical abortion. Many actively seek to bring their experience to influencing development and marketing of new technologies such as HIV/AIDS vaccines, microbicides, and stem-cell research. NGOs are also at the forefront of innovative models for service delivery; piloting mobile services to reach remote communities, replicating culturally acceptable SRH projects, and partnering with programs providing other community services.

In addition to providing essential services, NGOs provide health education, encourage uptake of services, and raise awareness of SRHR to keep it foremost in the minds of consumers, community leaders and policymakers. They use a variety of creative and audience-specific means of communication, employing grassroots and internet campaigns, theater and popular culture. They acknowledge that the growing focus on health systems could mean a reduction in funding and support available to civil society movements to carry on this vital work and are committed to diversifying support and making a strong case for donor, government and community investment.

Finally, together with delivery of information and services, NGOs are ardent and knowledgeable spokespeople for issues and populations that are often not addressed by mainstream programs. NGOs are striving to foster honest and open dialogue around sexuality and sexual health—for women, men and young people. They work with individuals who are the victims of abuse, stigma and discrimination and work address the needs of the whole person—spiritual, sexual, emotional, and physical.

II. Global Health Issues and Partnerships

Grounded in local realities, NGOs are also highly attuned to how their experiences can inform and be impacted by global health trends. There is a repeated call to join in advocating for universal access to health care and the call for more health workers and to make SRHR central to this agenda. Many already have strong partnerships with the medical establishment—i.e. doctors, nurses, midwives, administrators. They see these partnerships as an ongoing priority for ensuring their inclusion in crucial conversations about the future of health care in their communities, countries and regions.

While some NGOs have provided expertise to national development and poverty reduction strategies, a stated high-priority is to increase understanding and cross-regional discussion of the global aid architecture and substantive engagement around how the ICPD PoA provides fundamental guidance to the MDGs, the International Health Partnership+ (IHP+), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other financing mechanisms. They see that they can contribute to initiatives such as the International Consensus on Maternal and Newborn Health and are essential partners in mobilizing both the financial resources and community commitment to ensure the required implementation of national plans that relate to SRHR.

To increase their effectiveness and political clout, many NGOs are working to build an even broader base of interest, collaboration and support for SRHR. They are engaging human rights, community development, education, environment and youth movements and the focus is on allying with others who are oriented toward monitoring and evaluating any of the many aspects of the ICPD PoA. This is enabling them to strengthen a multi-sectoral rationale for SRHR and to use every opportunity—such as meetings in shelters, hospices and religious and educational institutions—to promote the PoA. One NGO, for example, has created the Friday Group, an informal discussion among all the NGOs in their country working on development issues.

As HIV/AIDS has dominated allocation of donor funding to SRHR since the ICPD and other health crises have emerged, alliances with a wide range of stakeholders are seen as extremely important in strategizing how best to allocate scarce health resources. Cross-regional alliances are also seen to be critical in light of some regions (e.g. Latin America and Eastern Europe) that are not a priority for development aid, but that continue to have SRHR needs that are not being met

SRHR NGOs are in the vanguard in addressing disparities and overcoming deprivation and see this as a global priority. Many, in tandem with more general programs and advocacy efforts for women and young people, work with marginalized groups to see that their rights and access to services are not compromised. Among others, they include prisoners, sex workers, migrants, drug users, refugees, indigenous groups and people living in remote rural areas. NGOs have often been at the heart of emergency response to the needs of women in conflict situations and natural disasters for the full range of SRH services.

NGOs in every part of the world recognize the influence of religion in their ability to ensure SRHR and many are strategizing with religious institutions with religious leaders to address community needs. Many are also working to neutralize the impact of fundamentalist views against SRHR, correct misinformation, and to uphold the secular state.

III. Gender and Human Rights

Overall, there is a deep commitment to a rights-based approach to SRHR, premised on the conviction that all people have the right to realize their SRHR, and that governments have a duty to promote, protect and defend these rights. Many NGOs are working to countermand harmful cultural practices and overcome societal taboos that are detrimental to SRHR. These include female genital cutting and early, forced marriage. Through advocacy, legal cases and programming, NGOs are directly and successfully countering violations of human dignity.

By and large, NGOs have made gender equity and equality a priority for their work and recognize the need to strengthen a rights-based approach. They acknowledge the extent to which one's gender determines an individual's health and well-being and the large gaps between rich and poor in terms of human rights. A range of approaches have been developed to involve men, meet their needs directly and educate both boys and girls on mutual respect. Many see direct links between sexual violence and violence against women and sexual and reproductive ill-health and have created special programs for health care providers and other professionals and advocated for zero tolerance in communities and local, national and international policy forums. Others are working for equal wages for women and men to overcome gender inequities that drive poor health and compromise rights. Best practice guidelines for NGO-government partnerships are needed and more funding made available to support the development of common understanding and achievable human rights objectives.

Fundamental to these efforts is the work of organizations on multiple levels to propose ways for medical, judicial, legislative and community officials to secure support for basic human rights. Safe abortion is a priority for many, in all regions and in both legal and illegal circumstances. Together with efforts to decriminalize abortion and provide safe services, they also work to have abortion care be considered a legitimate and accessible component of SRH care.

NGOs value diversity. Often in difficult circumstances, they argue for the sexual and reproductive rights (SRR) of people living with HIV or disabilities, of all sexual orientations, and all ages. They pair their work on human rights with overcoming barriers—medical, legal, judicial—that keep individuals from being recognized as sexual beings with specialized needs for SRH care.

On a practical level, some NGOs have been effective in organizing legal clinics within communities around SRR and being watchdogs regarding rights violations. They also work directly with local legal and health professionals. They have enlisted the support of magistrates, judges, lawyers, and police to support SRR and targeted the legal responsibilities of medical professionals in their advocacy campaigns. Internationally and nationally, many are linking the PoA to other rights-based agreements and using them as a core element in their strategies to persuade policymakers and others. These agreements include the 1995 Beijing Platform of Action, the Convention on the Elimination of Discrimination against Women, Convention on the Rights of the Child and the MDGs. Many others are building on existing frameworks developed by multilateral organizations and NGOs.

IV. Development Strategies

NGOs are acutely aware of the need to place their work within financial realities and development strategies as they work to achieve the PoA. As the UN Secretary General's report noted at the 42nd

session of the CPD, “Fifteen years have passed since the ICPD financial targets were fixed. Stocktaking of progress of the Conference 15 years after it was held shows that while resources mobilized have increased, the overall funding is significantly less than necessary to meet current needs and costs, which have grown tremendously since the targets were agreed upon in 1994...It points out that without political will, renewed commitment, and adequate resources to meet current needs, it will not be possible to achieve the goals of the Conference or the Millennium Summit.^x

At the country level, NGOs recognize the need for more sophisticated understanding and strategies to influence and leverage health and development financing. While many already monitor national budgets and work with Health and Finance Ministers, parliamentarians and donors, they seek more ongoing capacity building to develop strong arguments that SRH services and commodities are cost effective and essential to economic and social development. They also understand that economic arguments are not always in accord with women’s and human rights and are committed to finding common ground.

While the growing focus on health systems strengthening is a positive development, NGOs ask donors and developing country governments to ensure that health systems strengthening efforts lead to progress on the range of SRHR issues contained in the ICPD PoA. This can be done by including SRHR targets and indicators in the national health planning process, and ensuring that budget support agreements and IHP+ country compacts and their monitoring frameworks contain criteria on SRHR. As many are addressing HIV/AIDS within their efforts to promote SRHR, NGOs are highly interested in influencing GFATM priorities and securing support.

Resource issues focus on personnel as well as supplies and many NGOs are working with both the public and private sector to meet the needs. They see the need to prioritize consistent supply delivery (including investing in the development of new technologies such as microbicides and improved female condoms), strengthening supply mechanisms and ensuring that sexual and reproductive health supplies appear on essential commodities lists. Health worker shortages are also impacting their work and many NGOs see their training capacity as a strong contribution to health system strengthening.

NGOs are also incorporating greater awareness of “personal economies” and their relation to SRHR. They are using evidence to document that SRHR is strongly linked to economic prosperity for people, communities and countries and the impact of unwanted pregnancy and maternal death and illness on health systems and people’s lives. They are developing programs that recognize the pressures that lead to transactional sex and tailoring specific programs to young people, police and the judiciary, and sex workers.

Beyond 2015 there will be an opportunity for a renewed global framework to advance SRHR that will be a renewed opportunity to marshal the needed resources. As one NGO noted, “if it is in the context of a continued MDG framework, then we need to make sure that reproductive health and rights are an explicit component with more targets including targets specific to young people. If it is something new, then again, it will be critical to articulate reproductive health and rights targets with a timeline, indicators that are disaggregated by age, gender and sexual orientation and identified with reference to funding allocations needed by governments to achieve the targets.”

V. Population, Climate Change and Other Contextual Issues

Macro-level issues such as the growing threat of climate change and its impact on environmental conditions around the globe and the current economic crisis are focusing renewed and heightened attention on population dynamics (fertility, mortality, migration and age structure changes) while recognizing or assuming individual rights-based concerns, including the unmet need for contraception. NGOs are monitoring this shift in terms of their advocacy and resource mobilization strategies, being concerned about any loss of focus on the needs of individuals. They have also begun to collect adaptive strategies by communities to climate change, to set out the gender dimensions of environmental crises and to plan for their part in responding to future humanitarian crises related to environmental changes, ensuring that the full range of SRH needs are met and supported. In this effort, it has been suggested that a group of climate experts should be rallied to make the connections between climate change and SRHR. There was a call to examine how SRHR is compromised by environmental factors. These include genetically modified foods, agricultural and industrial toxins, pesticides, hazardous chemicals and pollutants.

NGOs also see links between their work and food and water security. They look to collaboration with the agricultural sector to raise awareness of how chronic malnutrition contributes to pelvic underdevelopment, problems in pregnancy and low birthweight babies and how hygiene issues intersect with SRHR. Stronger collaboration with women's rights organizations would also enable SRHR groups to be work with them to gain greater acknowledgement of women's roles in securing food and water for families and the impact of ill-health on their ability to do so.

Trends toward urbanization and migration are also demanding new approaches by NGOs and they are adapting their programs accordingly. Concurrently, they are also striving to have donors and government recognize and act upon their vested interest in SRHR, especially those concerned with economic growth, education, women's rights and environmental sustainability.

VI. Youth

From the outset of planning the Forum, the organizers made it a priority to engage youth leadership and anticipate and address the needs of the large cohort of youth and the major increase in demand for SRH information and services expected through 2050. NGOs share this priority and many called for the development of a youth-specific ICPD POA that would speak to disparities within the youth population and set out specific guidelines for ensuring SRHR for young people.

Develop the right of young people to accurate, scientific information, free from prejudice, that allows them to take decisions consonant with their sexual and reproductive rights. *Latin American applicant*

NGOs see the shortcomings in how current programs, including their own, provide information, services and opportunities to be heard. They see a great need for government endorsed and supported sexuality education that is age appropriate, gender sensitive and comprehensive. Comprehensiveness includes not only SRHR, but also instruction on how to participate in the democratic process, gender relations and human rights, specific instruction on how to cope with a range of risks facing young people—violence and sexual abuse, unplanned pregnancy, HIV/AIDS, drug and alcohol abuse and discrimination. It also includes open and candid discussion of sexuality and training for teachers and parents.

They are also developing models for youth-friendly services and engaging young people from the planning stages through implementation and evaluation. In most regions, provision of SRH services for

young girls is extremely limited. Adolescent girls are often extremely vulnerable to sexual and reproductive ill health and to HIV infection due to biological factors and their low social status, lack of economic independence and poor education. NGOs see a growing responsibility for providing information and services to younger adolescents and to hard-to-reach youth (e.g. those out of school, at different education levels, orphans) as services targeting this group are nonexistent in most countries and there is little government or donor support.

Youth leadership is seen as non-negotiable. Young people are increasingly active in articulating their own SRHR needs, arguing successfully for policy and program change, and implementing innovative communications and advocacy campaigns. They are at the forefront of using new media and connecting SRHR to other concerns such as employment, the environment, and human rights.

VII. Regional Insights

Many NGOs argued that regional POAs and standards for SRHR are needed. Whereas the insights above ran through all regions, some themes were more prominent for each:

- *Africa and the Middle East and North Africa*—gender inequity, HIV/AIDS, condom and contraceptive shortages or barriers to access, harmful cultural practices, and language barriers within countries and for francophone Africa, which is consistently left behind.
- *Asia*—youth leadership and youth-friendly services, gender inequity, early marriage and disaster management.
- *Latin America*—indigenous groups, language barriers, adolescent pregnancy and diminished donor support, despite dire SRHR needs among the rural, the young and the poor.
- *Developed countries*—the dynamics of partnership between North and South and the drive for two-way capacity building, health care reform and the role of SRHR in assessments of aid policies, and ensuring that the ICPD POA is implemented in the North—e.g. Eastern Europe, the United States.

We need to advocate for at least the continuation of the content of the Programme of Action, not allowing the next agenda to become less progressive. We should link the end of the Millennium Agenda with the end of the Programme of Action.
Developed country applicant

VIII. Practical Strategies

Foremost among the expectations for the Forum is that the participants will issue a Call to Action for Policymakers and set out Strategic Options to spur results-oriented collaboration and coordination in the years leading up to 2015. NGOs are already well on the road and offered a number of concrete suggestions. They urge that the SRHR community work to prioritize the top three elements of the ICPD POA that need to be accomplished in the next five years, to identify the top policy setting opportunities, and to synchronize messages and indicators of success and create opportunities for information exchange. They asked explicitly for a strategy that focuses on the most extreme gaps in funding and services, not merely overall figures.

Accountability. Many NGOs and regional networks are focusing increasing effort on holding their governments accountable and defining the strategies and advocacy actions that have led to

governments taking action. They similarly seek accountability from donors. To make this accountability and civil society input function effectively will require that NGOs identify new financial support and/or reallocate current support to work develop ways to more formally with government and other international financing institutions such as the World Bank or GFTAM. They see their role as making accountability transparent and using monitoring of government budgets, policies and their implementation as a way of broadening their networks in the NGO and development communities and strengthening their influence. All governments should be expected to reaffirm their commitment to the ICPD POA regularly and demonstrate what they have done. Governments and donors should ensure meaningful civil society participation in planning and evaluation processes.

Influencing policy outcomes. NGOs see the ongoing need to educate policymakers driven both by the election and appointment of new leaders and the support of the SRHR champions who are already in power. They also see the need to reinforce the urgency and importance of SRHR. This includes tailoring the top three priorities for the next five years to the national or regional context and includes having a well-defined goal and clear objectives, knowing which decision-makers to target, and employing effective strategies (e.g. meeting with legislators, media outreach, grassroots mobilization) to achieve the ultimate goal.

Partnerships. To succeed, NGOs recognize that linkages with all sectors in a society and ongoing, financially supported partnerships are key. Strategies must be multidimensional to be effective—addressing religion (including fundamentalists), political opposition and cultural differences while realizing the expectations of supporters of all backgrounds. NGOs target partnerships with academic institutions as helping to highlight the best research behind the ICPD PoA and progress made. They see public-private partnerships and the mobilization of the private sector as essential in responding to national needs for SRH services, particularly in a poor economic environment.

Monitoring and evaluation. NGOs call for capacity building to improve their ability to demonstrate and document the effectiveness of their programmes, approaches and the ICPD PoA overall. They seek to improve their ability to collect and use evidence—medical, legal and demographic—and to enlist their own experts in promoting the PoA. They believe that should be a core element of all leadership programs and advocacy training for young people.

Civil society engagement. NGOs want to work more effectively with their counterparts in their own country, region and internationally to ensure that civil society is always at the table and that women and youth are strongly represented. The stated goal is that by joining together NGOs in every country will be better able to influence public policy and that when NGOs are able to gather and provide input; the international community is able to respond quickly and powerfully. They see the significance of international agreements and initiatives in driving the agenda in their own countries and ask for the resources to enable their involvement at the UN, with the European and African Unions, the GFATM, UNAIDS, and the International AIDS Society, IHP+, the World Bank, the World Health Organization and the H4 partnership to accelerate efforts to reduce maternal and newborn death. One strategy is to start local and enable the voices of young people, boys and girls as well as young men and women, to be shared in the media and in community settings expressing their needs and requirements for a healthy future. They challenge their own staff and advisors to include youth and neglected groups and to ensure that they have the resources to participate fully.

Communication. While some NGOs are undertaking sophisticated advocacy and communications campaigns, many are ready to strategize more effectively about target audiences, core messages and

the balance between traditional media outlets and Web sites, email and blogging. They want integrate theater and pop culture and to work closely with young people and neglected groups to identify which means of communication are most conducive to providing them with information and engaging them as activists. Translation into all relevant languages is a priority issue in this regard. NGOs seek to learn from one another and with communications experts on how to present their work in ways that will make clear that progress is possible and stimulate action on the part of those in power.

In Summary

The NGO Forum intends not only to set out an agenda for the next five years, but to begin to anticipate what might succeed the ICPD PoA in improving the lives and future of the world's people. Going beyond 2015, several main themes emerge:

- advancing gender equity and equality;
- addressing the social and economic determinants of health;
- establishing SRHR as a core component in universal access to health information and care, including preventive care;
- upholding human rights;
- making youth and their SRHR a priority; and
- linking SRHR to sustainable development, economic security and environmental stewardship.

Overall, achieving the ICPD PoA will require more synergy of strategies among all sectors—NGO, government, donors and private sector. It will require transparent mechanisms for holding governments accountable for their commitments to the ICPD PoA and for measuring the effectiveness of donors by their prioritization of SRHR. It remains unclear how the development paradigm post-2015 will look. However, the SRHR community needs to ensure that arguments around the role of SRHR in tackling poverty and promoting growth are strongly heard in the discussions and that our issues are reflected in any future plans.

Acknowledgements—The synthesis of the application and consultation information was undertaken by Beth Fredrick, an independent consultant and member of the Global Partners in Action Steering Group, with Davron Mirsagatov, Special Youth Fellow, UNFPA, and Stan Bernstein, UNFPA. Christina Rodriguez and Noemi Espinoza, UNFPA and Marianne Haselgrave, Commat provided additional assistance. Regional consultations were undertaken by Gunstan Chola, African Youth and Adolescent Network on Population and Development, Nirvana Gonzalez Rosa, Latin American and Caribbean Women's Health Network, Jennifer Bergeson-Lockwood, Population Action International, Mirja Liebnitz, EuroNGOS, Leo Bryant, Chair of the UKSRHR Network, and Maike Schliebs, Deutsche Stiftung Weltbevölkerung. The views in this publication do not necessarily represent those of any organization.

ⁱ <http://www.unfpa.org/icpd/summary.cfm>

ⁱⁱ "The ICPD Programme of Action: Pious Hope or a Workable Guide?" *Supplement 4 to Health Transition Review*, 1997.

ⁱⁱⁱ <http://www.unfpa.org/icpd/icpd5-keyactions.cfm>

^{iv} <http://www.un.org/millennium/declaration/ares552e.htm>

^v <http://www.un.org/millenniumgoals/>

^{vi} <http://www.un.org/summit2005/documents.html>

^{vii} http://www.un.org/esa/population/cpd/cpd2009/CPD42_draft_resolution.pdf

^{viii} <http://www.un.org/millenniumgoals/pdf/MDG%20Report%202009%20ENG.pdf>

^{ix} Reference statistics if used

^x <http://daccessdds.un.org/doc/UNDOC/GEN/N09/215/67/PDF/N0921567.pdf?OpenElement>