Resolution 2011/1

Fertility, reproductive health and development*

violence, as expressed in human rights document

Recognizing also that all populations of the world are undergoing a historically unique transition from high levels of fertility and mortality to low levels of fertility and mortality, known as the demographic transition,

^{*} For the discussion, see chap. II.

¹ Report of the International Conference on Population and Development, Cairo, 5-13 September 1994 (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

² See resolution S-21/2, annex; Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 3 (A/S-21/5/Rev.1); and A/S-21/PV.9.

³ See resolution 55/2.

⁴ See resolution 60/1.

which has strong effects on the age structure of populations, and cognizant of the fact that countries are at different stages of this transition, with some countries still experiencing high levels of fertility and some countries experiencing fertility that is below replacement level,

Recognizing further that in the first stage of the demographic transition, when mortality is falling, the proportion of children increases, that in the second stage, when both fertility and mortality are falling, the proportion of adults of working age increases, and that in the third stage, when fertility and mortality reach low levels, only the proportion of older persons increases,

Recognizing that the second stage of the demographic transition presents a window of opportunity for development and that the translation of this window of opportunity into benefits for development requires national policies and an international economic environment conducive to investment, employment, sustained economic development and further integration and full participation of developing countries in the global economy,

Recognizing also the close relation between fertility and poverty eradication and the negative correlation between very high fertility levels and development indicators, and stressing that, since countries are at different stages of the demographic transition and experience different social and economic conditions, development and policy implications vary from country to country depending on their level of social and economic development,

Noting

maternal mortality, to promote access to prenatal and post-natal care and to combat sexual harassment and gender-based violence,

Recognizing further that the availability of safer, more effective, affordable and acceptable methods of modern contraception, although still inadequate in some respects, has permitted greater opportunities for individual choice and responsible decision-making in matters of reproduction and that this ability to decide both the number and spacing of children has directly improved the immediate and long-term health of women, children and families,

Acknowledging that hundreds of millions of women and men lack

Programme of Action single-handedly, and expressing concern that funding levels do not meet current needs,

Recognizing that one of the serious global challenges that has a negative impact on reproductive health and development is trafficking in persons, which requires a concerted international response through full and effective implementation of such international mechanisms as the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing that Convention, as well as the United Nations Global Plan of Action to Combat Trafficking in Persons,

Taking note of the reports of the Secretary-General on fertility, reproductive health and development⁷ and on the monitoring of population programmes, focusing on fertility, reproductive health and development,⁸ and taking note also of the reports of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development⁹ and on world demographic trends,¹⁰

- 1. Reaffirms the Programme of Action of the International Conference on Population and Development³ and the key actions for its further implementation;⁴
 - 2. Also reaffirms its strong commitment to the full implementation

malnutrition, harmful practices, lack of accessible and appropriate healthcare services, information and education, and gender inequality, taking into account people living in the most vulnerable situations, including persons with disabilities, displaced and refugee populations and irregular migrants, and paying particular attention to achieving gender equality and eliminating all forms of violence and discrimination against women and girls, with the full involvement of men;

- 11. Urges Governments to redouble efforts to eliminate preventable maternal morbidity and mortality by ensuring that universal access to reproductive health, including family planning, is achieved by 2015; that health systems provide a continuum of antenatal and neonatal health care, including delivery assistance by skilled health workers and emergency obstetric care; that nutritional support is always available for women, and in particular during pregnancy and the breastfeeding period; and that sexual and reproductive health information and services are integrated into HIV and AIDS plans and strategies;
- 12. Also urges Governments and development partners, including through international cooperation, in order to improve maternal health, reduce maternal and child morbidity and mortality and prevent and respond to HIV and AIDS, to strengthen health systems and ensure that they prioritize universal access to sexual and reproductive information and

expanded access to essential commodities, including male and female condoms and microbicides, through the adoption of measures to reduce costs and improve availability;

- 15. Urges Member States, with the appropriate technical and financial support from development partners when needed, to design and implement national cancer control plans and strategies that encompass prevention, early detection, treatment and palliation of cancers of the male and female reproductive systems, especially prostate, breast and cervical cancers, and to strengthen existing health services and health systems to increase the capacity to detect these cancers at earlier stages and allow prompt access to quality treatment;
- 16. Reiterates the need for Governments to ensure that all women and men have comprehensive information about, and access to and choice of the widest possible range of safe, effective, affordable and acceptable modern methods of family planning, including long-acting methods and male and female condoms, so that they are able to exercise free and informed reproductive choices, and stresses that Governments and development partners, through international cooperation, should ensure that family planning programmes have a sufficient and continuous supply of safe, effective, affordable and acceptable modern contraceptives;
- 17. Calls upon Governments to further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and urges countries to extend education and training to secondary and higher school levels, and to facilitate access to and completion of education at those levels;
- 18. Recognizes the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance on sexual and reproductive matters, and that countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted infections and sexual abuse, and recognizes that in doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs, and that in this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents;
- 19. Reiterates the need for Governments to ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable and acceptable methods of family planning, including male and female condoms, and to the requisite supplies, so that they are able to exercise free and informed reproductive choices;
- 20. Recognizes that the largest generation of adolescents in history is ne aed.3(e)-6.7() TJ lh5.9

priority, deaths and complications related to pregnancy and childbirth, which are still the leading cause of death of women of reproductive age in many developing countries, recognizing that maternal mortality and morbidity have shown very little decline in the least developed countries, that the lack of safe motherhood services is still one of the world's urgent concerns and that reducing maternal mortality and morbidity saves women's lives, protects family health, alleviates poverty and improves opportunities for future generations;

30. Recognizes that sexual and reproductive health and reproductive rights and women's rights and empowerment deserve increased attention in humanitarian assistance and post-crisis recovery, and therefore emphasizes the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved in providing support to countries and regions affected by crises to address the specific needs of those affected in a comprehensive and coherent manner, in accordance with the Programme of

- 36. Encourages Governments to ensure that adequate financial and technical resources and information necessary for the effective participation of non-governmental organizations in the research, design, implementation, monitoring and evaluation of population and development activities should, if feasible and if requested, be made available to the non-governmental sector by Governments, intergovernmental organizations and international financial institutions in a manner that will not compromise their full autonomy;
- 37. Also encourages Governments and development partners to bring their investments in reproductive health in line with the revised cost estimates presented by the Secretary-General for each of the four programme components identified in chapter XIII of the Programme of Action of the International Conference on Population and Development, ¹³ and calls upon Governments of both developed and developing countries to make every effort to mobilize the required resources to ensure that the health, development and human rights-related objectives of the Programme of Action are met, and urges Governments and development partners to cooperate closely to ensure that resources are used in a manner that ensures maximum effectiveness and is in full alignment with the needs and priorities of developing countries;
- 38. Calls upon the international community to assist Governments in reducing unmet needs for family planning by increasing financial resources for the implementation of the Programme of Action of the International Conference on Population and Development, especially in the area of family planning and commodities within primary health-care systems, ensuring that funding lines for family planning programmes and commodities are included in national budget formulations and that funding enables the development of quality, comprehensive and integrated reproductive health programmes;
- 39. Urges Governments to monitor their progress towards the implementation of the Programme of Action, the key actions for its further implementation and the Millennium Development Goals at the local and national levels and, in this regard, to make special efforts to strengthen their vital registration and health information systems and to develop the capacity of relevant national institutions and mechanisms to generate population data, disaggregated by sex, age and other categories, as needed to monitor the improvement of maternal health, the achievement of the target of universal access to reproductive health and progress in empowering women and achieving gender equality, and to use these data for the formulation and implementation of population and development policies;
- 40. Requests the Secretary-General to continue, within the framework of the implementation of the Programme of Action, his substantive work on fertility, reproductive health and development, including integrating a gender and age perspective and other relevant perspectives into analyses and recommendations, in collaboration and coordination with relevant United Nations agencies, funds and programmes and other relevant international organizations, and to continue assessing the progress made in achieving the goals and objectives on fertility, reproductive health and development set out in the outcomes of the major United Nations conferences and summits, giving due