

CPD 45th session
Theme: Adolescents and Youth
Analysis by Realizing Sexual and Reproductive Justice (RESURJ), the
International Women’s Health Coalition (IWHC), Development Alternatives with
Women for a New Era (DAWN), and Amnesty International (AI)

Executive Summary

This year’s meeting of the UN Commission on Population and Development (CPD) adopted a landmark resolution on Adolescents and Youth, its first ever on this subject matter. The resolution provides a groundbreaking framework for action on the health and human rights of adolescents and youth (10-24). In addition, it sets an important precedent and creates a favorable climate for advancing the sexual and reproductive rights agenda in the context of the 20th anniversary of the ICPD in 2014 and the review of the Millennium Development Goals in 2015.

For the first time, governments have agreed to:

- Recognize that human rights include the right to have control over and decide freely and responsibly on matters related to sexuality, including sexual and reproductive health, free of coercion, discrimination, and violence (PP 15)
- Recognize and protect the human rights of adolescents and youth to have control over and decide freely and responsibly on matters relating to their sexuality, including sexual and reproductive health, regardless of age and marital status (OP 7)
- Strengthen health systems by prioritizing sexual and reproductive health, including family planning, safe abortion where legal, maternity care, STI and HIV prevention and treatment, among others, and to provide adolescents and young people with education and counseling on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations (OP 27)
- Provide young people with evidence-based and comprehensive education on human sexuality, on sexual and reproductive health, human rights, and gender equality (OP 26)
- Meet the reproductive health service and information needs of adolescents and young people with full respect for their privacy and confidentiality (OP 25)
- Provide contraceptive access for women living with HIV and AIDS (PP17).
- Eliminate harmful practices such as early and forced marriage, female genital mutilation, and other violations of girls and women’s human rights and to enact laws and take other measures in this regard (OP 9)
- Support and invest in effective youth participation (OP 31, 32)

While many of the above agreements were controversial and drew the most attention, there were also solid agreements by governments to:

Address the problem of youth unemployment, underemployment, vulnerable and informal employment (PP 11, OP 18, OP 19)

- Support funding and programmes to deal with the consequences of malaria on young people (OP 10, OP 11)
- Enact and enforce laws to protect young people from violence including in armed conflict situations (OP 12)
- Address the needs and rights of young migrants (OP 15)
- Ensure quality education and non-discrimination in education at all levels with particular emphasis on the needs to girls and young women (OP 21 and OP 22).

The leadership of delegates (both NGO and government) of Indonesia, the United States, South Africa, Kenya, the Philippines, Brazil, Argentina, Uruguay, Peru, Norway, Indonesia, Cuba, Denmark, and Netherlands, among others, were critical to this outcome. Given the nature of these issues, leadership from the Economic South was key to the success. IWHC, RESURJ, DAWN and AI worked intensely with representatives of these governments in order to secure this ground-breaking resolution.

Strong leadership from the Executive Director and other technical staff of UNFPA for months was also crucial to achieving this outcome. UNFPA reached out to numerous African and Arab governments prior to negotiations; they played a key role in providing technical advice and to providing a strong Zero draft. Finally, the organizing, strategizing, and energy provided by the SRHR NGOs jolted governments out of post-CSW pessimism and pressured them into pushing for a strong, positive outcome.

Background

This year's session of the Commission on Population and Development (CPD) was held from April 23-27, 2012. This CPD came on the heels of the recent session of the Commission on the Status of Women (CSW), held from February 27 to March 9, 2012, did not reach Agreed Conclusions on the theme of Rural Women due to polarized debates on several issues related women's and girls' human rights (notably, harmful traditional practices, early and forced marriage, reproductive rights and the role of the family), and to the relative absence of progressive civil society at the negotiations. The failure at the CSW caused concern among both, civil society working for women and young people's sexual and reproductive rights and health and progressive States alike.

SRHR activists in-countries as well as in New York worked with UN country mission staff as well as with appropriate health and population experts in capitals to ensure that international agreements on adolescents and youth would be advanced at this year's CPD.

The theme of this year's CPD was Adolescents and Youth. It was expected that a number of issues would be very contentious, including adolescent sexuality, sexual rights and reproductive rights, comprehensive sexuality education, access to sexual and reproductive health services, early and forced marriage, and parental rights and responsibilities.

Development of the Resolution and Government positions

The Chair of this year's CPD session was Ambassador Hasan Kleib of Indonesia and the facilitator of the negotiations, Mr. Pius Wennubst of Switzerland. A very strong Zero draft was circulated on March 28. States had until April 15 to submit written input to the facilitator. Informal negotiations started the week before the CPD session, with a first reading scheduled for Thursday April 19 and Friday April 20.

As a result of the strong preparation by civil society and UNFPA, strong progressive blocks were formed by MERCOSUR+ other like-minded Latin Americans (Argentina, Brazil, Uruguay, Venezuela, Bolivia, Dominican Republic, Paraguay). Together with the Philippines, South Africa, Zambia, Kenya and Ghana, these countries introduced and championed progressive language on access to comprehensive sexual and reproductive health services for adolescents; sexual and reproductive rights; elimination of harmful traditional practices, including early and forced marriages; employment for young people; non-discrimination for young migrants and other marginalized youth; and comprehensive sexuality education, and others. The US, New Zealand and European like-minded governments (Belgium, Denmark, Germany, Estonia, Finland, France, Iceland, the Netherlands, UK and Sweden) were supportive. The Holy See, Egypt, Syria, Malta and Iran voiced the most sustained opposition throughout.

The facilitator presented 11 revised compilations during the entire process of informal negotiations, reflecting what was meeting with general agreement as the week progressed. Although there were several working groups on thematic issues formed by the Chair, there was no agreement achieved on the most contentious of issues, such as sovereignty, comprehensive sexuality education and parental guidance, during the negotiations. In the end, a Chair's text was presented on Friday morning based on the Zero Draft but also capturing the bulk of what had been negotiated during the week, in addition to the bottom lines ("red lines") that several of the government blocks had proposed.

The Chair's Text was adopted the last day at the CPD with some last-minute so-called "technical fixes" (see below). The Indonesian Chair's leadership was critical in achieving this outcome.

A number of States expressed strong support for the resolution including the **Philippines, Cuba, South Africa, Uruguay, Peru, Brazil, Colombia, Kenya, China, Argentina, Costa Rica, Indonesia** and the **European** likeminded States. South Africa and Indonesia both gave the floor to young women on their delegations (see attached their interventions). Also of importance was that a handful of governments expressed their concern and deep regret at not having discrimination based on sexual orientation and gender identity spelled out in this document. **Argentina** made a passionate appeal to all member states to recognize that unsafe abortion is a major cause of maternal deaths and that providing women with their sexual and reproductive health and rights are fundamental for achieving sustainable development. **Brazil's** Mission Staff, Fabio Farias, thanked women's rights and young people's organizations for the energy and commitment to advance this fundamental agenda and said that he felt his faith had been restored in the UN system.

Some countries also expressed reservations:

Uganda said parents' rights and responsibilities should not be limited by phrases such as evolving capacities and expressed reservations to PP15 (reproductive rights). The US commended the CPD for achieving this consensus document but stated that it was concerned about recognizing access to medicines as a human right. **Malta** expressed a reservation on the use of the terms SRHR¹, SRH commodities and said that they consider induced abortion as illegal, and not a measure of family planning. **Guatemala** spoke about the fundamental role of family in promoting welfare of adolescents and youth. **Hungary** spoke about the protection of fetal life and not promoting abortion as a method of family planning. **Tunisia** spoke about cultural, ethnic (ethical) and religious values. **Poland** spoke about

¹ Sexual and reproductive health and rights

understanding any references to SRH services and RR as not promoting abortion. **Egypt on behalf of the Arab group** expressed a reservation to PP15 (sexual and reproductive rights), early marriages (supported term child marriages), and rejected any values that do not enjoy international recognition. **Chile** said they protect life since conception and do not accept abortion. The **Holy See** issued a strongly-worded statement about the ills of promoting abortion and sexuality education for young children and expressed its “shock” at the lack of strong language that reinforces the rights and responsibilities of parents. They specifically objected to OP7, 21, 22, 23 and did not recognize reproductive rights saying “no international consensus exists” and reaffirmed its reservations to the ICPD PoA², BPfA³ and WPAY⁴. The **Arab group** made a statement reiterating the rights sovereign states to interpret all policies in a manner consistent with their own religious laws. They also reinforced the rights of parents and legal guardians over their children’s health and education.

Analysis of the Negotiations

As expected, there were a number of contentious issues, including the definition of “Adolescents,” “Youth,” and “Young People,” the recognition of their rights independent of parental guidance, the limits of parental rights, and the recognition of sexual and reproductive health and rights.

Countries that were vocal during informal discussions, opposing adolescent and youth sexual and reproductive health and rights were: India, **Malta, Poland, El Salvador, Chile, Iran, Syria, Egypt (on behalf of the Arab group), Pakistan, Swaziland, Belarus, Russia and Hungary**. These countries opposed language on adolescent sexuality, sexual and reproductive health, reproductive rights, comprehensive sexuality education, young people’s sexual and reproductive health and rights, safe abortion, early and forced marriage and gender equality; and promoted language on conscience protection, parental rights/guidance for SRH and education of children; and sovereignty with respect for religious and cultural values in national implementation. Swaziland and Pakistan were not as vocal as in previous years. This is possibly due to SRHR advocates joining national delegations as NGO advisers. The strategy of the opposition was to reiterate that sexual and reproductive rights are not universally recognized nor internationally agreed, and to insist on a very strong affirmation of the sovereign rights of governments to implement laws and policies as they see fit and in accordance with religious and cultural values.

Progressive positions on sexual and reproductive health and rights for adolescents young people were expressed by: **Zambia, Ghana, South Africa, Kenya, Cuba, Dominican Republic, Argentina, Brazil, Uruguay, Thailand, the Philippines, Switzerland, Norway, Luxembourg, Canada, the European likeminded group⁵, the U.S., New Zealand, and Israel**. Several of these countries worked closely with SRHR civil society throughout, notably South Africa, Brazil, Uruguay, Argentina, Zambia and the Philippines. Colombia, Bolivia, Paraguay, Mexico and Venezuela supported the Latin American likeminded group on some occasions but were not overly vocal. The Africa Group was broken up early in the negotiations and this was essential for a progressive outcome. They negotiated together on development and financing issues but broke on the health services, education, gender equality, and human rights paragraphs.

² The Programme of Action of the International Conference on Population and Development

³ Beijing Platform for Action

⁴ World Programme of Action for Youth

⁵ Belgium, Denmark, Germany, Estonia, Finland, France, Iceland, the Netherlands, the United Kingdom and Sweden

There was a recognition by many governments that there could not be a resolution on adolescents and youth without addressing in some way the role of parents and they sought to achieve a balance between adolescent and youth rights and parental guidance (as opposed to their rights). It was very effective to have strong voices from the global South that were supportive of SRHR issues and bringing edits proposed by IWHC, RESURJ, AI and DAWN to the negotiations. Progressive voices within the African Group were instrumental in not allowing Egypt to take over the Africa group and speak on its behalf.

Disputed language throughout the negotiations

- (i) Definitions of ages for Adolescents and Youth – introduced by El Salvador as a stalling/derailing tactic, even though the UN has used informal definitions for years now. Was dropped early on as a result of lobbying by our side in capital – reason given for dropping it was that “every country has its own definition and it is better to keep it as such”
- (ii) Gender – opposed because the term may be encompassing diverse sexual orientations and gender identities
- (iii) Gender equality – for reasons mentioned in (ii), and allegedly worried about leaving men out. The Holy See and others have systematically tried to change this to include “between men and women” to explicitly exclude the concepts of sexual orientation and gender identity from the phrase
- (iv) Comprehensive Sexuality education – opponents assert that it includes teaching masturbation to 5 yr olds and ‘promoting homosexuality’ to young children... they also consistently raise the rights of the parents to choose what kind of education they want for their children.
- (v) Rights- and evidence-based (sexuality education) – wanted sexuality education to be determined by parents and focus on abstinence and fidelity
- (vi) Sexual and reproductive health services – opposed because these services include abortion, contraception, male and female condoms, etc.
- (vii) Reproductive rights – opposed to women’s bodily autonomy to decide on if and when to have children; claim that life begins from the moment of conception and that several forms of modern contraceptives are “abortifacients”;
- (viii) Sexual rights – opposed due to unwillingness to accept diverse sexual orientations and gender identities, homosexuality, out-of-marriage sexual relationships
- (ix) Opponents wanted any reference to sexual and reproductive health information, counseling and services and sexuality education for young people to be qualified with parental rights to provide guidance and direction.

Gains

Gender equality

PP13. *Reaffirming* the need to promote gender equality and the empowerment of girls and young women in all aspects of youth development, recognizing the vulnerability of adolescent girls and young women and the need to eliminate discrimination against them, and the critical role of boys and young men in ensuring gender equality, (new language from working groups)

OP16. *Calls upon also* Governments to take all necessary measures to eliminate all forms of discrimination against girls and young women, to remove all obstacles to gender equality, to promote the empowerment of girls and young women in all aspects of youth development, and to encourage boys and young men to participate fully in all actions toward gender equality; (new language from working groups)

OP18. *Urges* Member States to improve and actively support opportunities for young people to gain access to productive employment and decent work, [...], taking into account gender equality and the empowerment of women;

OP21. *Calls upon* Member States to ensure the right to education for women and girls, of good quality, on an equal basis with men and boys, and to ensure that they complete a full course of primary education, and to renew their efforts to improve and expand the education of girls and women at all levels, including at the secondary and higher levels, as well as vocational education and technical training, in order to, inter alia, achieve gender equality, the empowerment of women and poverty eradication;

Early and forced marriage

PP14. *Concerned* that early and forced marriage and forced sexual relationships have adverse physical, social and psychological effects on adolescent and young girls and violate their human rights, and that early childbearing and early and forced marriage reduce opportunities for adolescent and young girls to complete their education, develop employable skills and participate in community development,

OP8. *Urges further* Member States to enact and strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses and, in addition, to enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage, and to raise the minimum age for marriage where necessary;

Harmful practices

OP9. *Urges* all States to develop, adopt, and fully implement laws and take other measures, such as policies and educational programmes, as appropriate, to eradicate harmful practices, including, among others, female genital mutilation, early and forced marriage, which are violations of the human rights of women and girls, and to intensify efforts, in cooperation with local women's and youth groups, to raise collective and individual awareness on how such harmful practices violate the human rights of women and girls;

Human rights of adolescents and youth

PP6. *Recognizing* that the ways in which young people are able to address their aspirations and challenges and fulfill their potential will influence current social and economic conditions and the wellbeing and livelihood of future generations, and stressing the need for further efforts to promote the interests of youth, including the full enjoyment of their human rights, inter alia, by supporting young people in developing their potential and talents and tackling obstacles facing youth,

PP7. *Recognizing* also that the full implementation of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, including those related to sexual and reproductive health and reproductive rights, which would also contribute to the implementation of the Beijing Platform for Action, as well as those on population and development, education and gender equality, is integrally linked to global efforts to eradicate poverty and achieve sustainable development and that population dynamics are all-important for development,

PP10. *Reaffirming* our commitment to realizing the right of everyone to education, and emphasizing that education shall be directed to the full development of the human person and his or her dignity and shall

strengthen respect for all human rights and fundamental freedoms, and *recalling* that commitments made at the international level emphasize inclusive quality learning, including early childhood education, and universal access to complete, free and compulsory primary education as well as access to secondary, tertiary and vocational education and training and lifelong learning, as well as equal access to education and successful schooling for girls and women,

OP6. *Urges* Member States to promote equal opportunities for all, to combat all forms of discrimination against young people, including that based on race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status and to foster social integration for marginalized groups, such as young persons with disabilities, young migrants and indigenous youth on an equal basis with others;

OP15. *Calls upon* Member States to promote and protect effectively the human rights and fundamental freedoms of all migrants, especially young people, regardless of their migration status, and address international migration through international, regional or bilateral cooperation and dialogue and through a comprehensive and balanced approach, recognizing the roles and responsibilities of countries of origin, transit and destination in promoting and protecting the human rights of all migrants, especially young people and address the root causes of youth migration, while avoiding approaches that might aggravate their vulnerability;

Sexual and Reproductive Rights

PP15. *Recognizing* that reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents and 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. Human rights 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.

OP7. *Urges also* Governments to protect and promote human rights and fundamental freedoms regardless of age and marital status, including, inter alia, by eliminating all forms of discrimination against girls and women, working more effectively to achieve equality between women and men in all areas of family responsibility, in sexual and reproductive life, in education at all levels, and by protecting the human rights of adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health; (new language)

OP26. *Calls upon* Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health service, information and education needs of young people with full respect for their privacy and confidentiality, free of discrimination, and to provide them with evidence-based comprehensive education on human sexuality, on sexual and reproductive health, human rights and gender equality, to enable them to deal in a positive and responsible way with their sexuality; (new language)

Health

PP12. *Noting* with concern that for millions of people throughout the world, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, including access to medicines, still remains a distant goal and that in many cases, especially for children, youth and people living in poverty, the likelihood of achieving this goal is becoming increasingly remote,

OP23. *Urges also* Governments and the international community to ensure that young people, on an equitable and universal basis, enjoy the highest attainable standard of physical and mental health by providing them with access to sustainable health and social services without discrimination; by paying special attention to nutrition including eating disorders and obesity prevention of non-communicable and communicable diseases, promotion of sexual and reproductive health, and mental health; and by supporting measures to prevent sexually transmitted diseases, including HIV and AIDS, to reduce road traffic fatalities and injuries, to prevent tobacco and illicit drug use and the harmful use of alcohol; and to encourage sports and recreation as well as the removal of all types of barriers to the ability of adolescents and youth to protect their health;

Sexual and reproductive health services

OP25. *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;

OP27. *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 health-care services, including family planning, pre-natal care, safe delivery and post-natal care, especially breastfeeding and infant and women's health care, emergency obstetric care, prevention and appropriate treatment of infertility, quality services for the management of complications arising from abortion, reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning, prevention and treatment of sexually transmitted infections, including HIV, and other reproductive health conditions and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

OP28. *Reiterates* the need for Governments to ensure that all women and men have comprehensive information about, and access to a 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;

HIV and AIDS

PP16. *Recognizing also* that young people between the ages of 15 and 24 years account for more than 40 per cent of all new HIV infections among those aged 15 or over because of the social and economic factors and other inequities that increase their vulnerability, including stigma and discrimination, gender-based and sexual violence, gender inequality and violations and lack of accurate information on HIV and other sexually transmitted infections and ready access to sexual and reproductive health including HIV services, (new language)

PP17. *Deeply concerned* that young women living with HIV would like to space or limit pregnancy but are not using an effective modern method of contraception due to limited access to voluntary family planning services, and that addressing reproductive health and HIV together would better serve the needs of clients and health care providers in a more comprehensive, cost effective and efficient manner, (new language)

OP29. *Calls upon* Governments to pay particular attention to adolescents and youth, especially young women and adolescent girls, in significantly scaling up efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, free of stigma and discrimination and with a gender perspective, and to provide comprehensive information, voluntary counseling and testing to adolescents and youth living with HIV as they transition into adulthood; (new language)

OP30. *Calls upon also* Governments to strengthen national social and child protection systems and care and support programmes for adolescents and youth, in particular for young women and adolescent girls affected by and vulnerable to HIV, as well as their families and caregivers, including through the provision of equal opportunities to support the development to full potential of orphans and other children affected by and living with HIV, especially through equal access to education, the creation of safe and non-discriminatory learning environments, supportive legal systems and protections, including civil registration systems, and provision of comprehensive information and support, including youth friendly health centres to children and their families and caregivers, especially age-appropriate HIV information to assist children living with HIV as they transition through adolescence, consistent with their evolving capacities;

Violence

PP18. *Recognizing* that all forms of violence against adolescents and youth violate their rights and in this regard recognizing the need to take appropriate actions to address the factors that increase the particular vulnerability of adolescents and youth to all forms of violence,

OP12. *Urges* all States to enact and enforce legislation to protect all adolescents and youth, including those in situations of armed conflict, natural disasters or humanitarian emergencies, from all forms of violence, including gender-based violence and sexual violence, trafficking in persons, and involvement in criminal activities and to provide social and health services, including sexual and reproductive health services, and complaint and reporting mechanisms for the redress of violations of their human rights;

OP13. *Urges also* Member States to take effective measures in conformity with international law to protect adolescents and youth affected or exploited by terrorism and incitement;

Financing

OP34. *Encourages* the United Nations agencies, the international community and civil society, as well as the private sector, to promote and support the implementation of the adolescent and youth development agenda and to strengthen international cooperation and the exchange of information on effective policies, programmes and activities as a matter of priority;

OP35. *Underlines* the central role of the global partnership for development and the importance of Goal 8 in achieving the Millennium Development Goals, and recognizes that without substantial international support, several of the goals are likely to be missed in many developing countries;

OP36. *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,⁶ 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;

Youth Participation

PP8. *Recognizing further* that adolescents and youth in all countries are a major resource for development and key agents for social change, economic development and technological innovation, and that further progress for development requires the full and effective participation of young people and youth-led organizations at the local, national, regional and international levels,

OP31. *Calls upon further* Governments, United Nations agencies, and others as appropriate, to actively support and invest in increased participation of young people and in youth-led and youth-focused organizations, taking into account gender equality and representation of youth of various backgrounds, in the formulation, decisions about, implementation and monitoring and evaluation of, as appropriate, local, national, regional and international development strategies and policies that affect young people; (new language)

OP32. *Encourages* Governments to improve information in order to enable young people to make better use of their opportunities to participate in decision-making, to develop and strengthen opportunities for young people to learn their rights and responsibilities, promoting their social and political participation and removing obstacles that affect their full contribution to society and to promote and support youth associations, volunteer groups and entrepreneurship;

Opposition strategy

Different from what was expected and from other years, the participation of opposition groups during this CPD session did not include many adolescents and youth. Although young people from opposition did attend side events and took the floor for questions, they did not stay at the UN building during late night informals as in other years.

At the same time opposition representatives were very active in reaching out to country delegates especially from African and Arab countries. In February 2012, they held an all-expense paid retreat in Arizona with dozens of NY-based UN diplomats from developing countries, to promote “traditional family values” and encourage negotiators to not compromise on the same (preferring no resolution to a compromise text).

As a result, the opposition’s strategy was primarily oriented towards ensuring a repeat of CSW, namely, no resolution. During CPD negotiations conservative States therefore questioned every concept, proposed addition of agreed text taken out of context, and deliberately stalled negotiations. For example, El Salvador insisted that the resolution define the age brackets comprised by the terms “adolescents” and “youth” and differentiate these two groups in the substantive content and the action points of the resolution. They also behaved very unreasonably, refusing to negotiate and meet others half-way or any part of the way. Egypt exemplified this strategy.

Losses and mixed results

⁶ See E/CN.9/2012/6, chap. V.

In order to retain strong language on adolescent and youth sexual and reproductive health and human rights, the final compromise in the Chair's text was to include, as an operational paragraph, the right of each country to implement this resolution in a manner consistent with national laws and with respect for religious values. That language is, however, balanced by the requirement that implementation be carried out in conformity with international human rights:

OP3. *Reaffirms further* the sovereign right of each country to implement recommendations of the Programme of Action of the International Conference on Population and Development or other proposals in the present resolution, 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;

The final text also includes a paragraph that recognizes the rights, duties and responsibilities of parents to provide appropriate direction and guidance on SRH to adolescents, as well as cultural values and religious beliefs. However, this language is balanced by , the concept of evolving capacities, and instructs countries to ensure that services safeguard the right of adolescents to privacy, confidentiality, respect and informed consent and to remove barriers that limit this access.

OP25. *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;*

Conclusion

The 45th Session of the Commission on Population and Development signaled to governments, the UN system, NGOs, and the international community at large what is still possible to achieve at the international policy level if there is commitment to advancing and challenging the status quo- both with governments and progressive civil society alike working together. Young people are already going back to their countries and speaking of this experience, using it as a tool in their advocacy work, and holding governments accountable for implementation.

As we move towards the Rio @20, Cairo@20, and MDG reviews, the CPD Resolution on Youth and Adolescents provides key provisions for ensuring that adolescents and young people's human rights, including their sexual and reproductive rights and health, are central to the international development agenda.

ANNEX I

Intervention Delivered by Kgomotso Papo, a young woman on the South African Delegation

Youth advocates at the 45th Commission on Population and Development call on **you to agree to an outcome document by the end of this session, that not only reaffirms previous commitments made in the ICPD Programme of Action** but also advances on new and emerging issues related to youth and adolescents.

We applaud and appreciate those delegates who are supportive of finding a solution within this process to ensure that commitments to young people are upheld.

We want our governments to live up to their commitments affirmed through the Programme of Action, the Beijing Platform for Action, the World Programme of Action for Youth and the Universal Declaration of Human Rights and all human rights treaties and agreements. These agreements are essential to advance women's health and rights, the well-being of young people, in particular young women and adolescent girls, and to ensure sustainable development . We will not allow our rights to be compromised.

This CPD is one of the most important events to take place - to talk about young people, for young people and with young people. All too often, the needs and wants young people, in particular adolescents are misrepresented in political spaces, therefore it is essential to support the participation of young people in these processes. Here, we are telling you what we want.

We are fighting for a world where every adolescent and young person has access to comprehensive sexuality education that gives them the skills and information to know that their bodies belong to them and nobody else, that they can enjoy their sexuality, that they have the right to access comprehensive and integrated sexual and reproductive health services including contraception.

Governments must ensure that every young woman has the right to decide if and when she wants to have children, if and when to marry, and to live free of violence, coercion and discrimination. We must remove all barriers, including legal barriers, that compromise the health, well-being and development of youth; and ensure that the right of every individual to autonomous decision making in regards to their bodies, their health and their sexual relationships.

On these points, there can be no compromise.