

Commission on Population and Development**Forty-fourth Session****Draft Resolution
Facilitator's Text****Fertility, reproductive health and development**

The Commission on Population and Development,

PP1. Recalling the Programme of Action of the International Conference on Population and Development¹ and the key actions for its further implementation,²

PP2. Recalling also the United Nations Millennium Declaration³ and the 2005 World Summit Outcome,⁴ including the Millennium Development Goals and other internationally agreed development goals, and the Beijing Platform for Action,⁵

PP3. Recalling the outcome document of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals, "Keeping the promise: united to achieve the Millennium Development Goals",⁶

PP4. Recalling also the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

PP5. Recalling further all General Assembly resolutions related to global public health, including those related to global health and foreign policy,

PP6. Recognizing 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,⁵ 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,

PP7. Reaffirming that development is a central goal in itself and that sustainable development in its economic, social and environmental aspects constitutes a key element of the overarching framework of United Nations activities,

PP8. Recognizing 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, their right

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.

⁵ *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

⁶ See resolution 65/1.

to attain the highest standard of sexual and reproductive health, and their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents,

PP9. 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, 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,

PP10. 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,

PP12. 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,

PP13. Recognizing also the close relation between fertility and poverty eradication considering that very high fertility levels are often negatively correlated with development indicators, while 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,

PP14. Noting that the decline in fertility levels, reinforced by continued declines in mortality levels, is producing fundamental changes in the age structure of the population of most societies, most notably record increases in the proportion and number of elderly persons, including a growing number of very elderly persons,

PP15. Recognizing that the ultimate goal is the improvement of the quality of life of present and future generations, that the objective is to facilitate the demographic transition as soon as possible in countries where there is an imbalance between demographic rates and social, economic and environmental goals, while fully respecting human rights, and that this process will contribute to the stabilization of the world population, and, together with changes in unsustainable patterns of production and consumption, to sustainable development and economic growth,

PP16. Noting that owing to declining mortality levels and the persistence of high fertility levels, a large number of developing countries continue to have very large proportions of children and young people in their populations and that these young populations have health, education and employment needs to be met by families, local communities, countries and the international community,

PP17. Recognizing that the world community has a special responsibility to ensure that all children receive an education of improved quality and that they complete primary school even if it is more difficult to meet educational needs when there is rapid population growth,

PP18. Recognizing also women's and girls' right to education at all levels as well as access to life skills and sex education based on full and accurate information and, with respect to girls and boys, in a manner consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, in order to help women and girls, men and boys, to develop knowledge to enable them to make informed and responsible decisions to reduce early childbearing and maternal mortality, to promote access to pre- and post-natal care and to combat sexual harassment and gender-based violence,

PP19. Recognizing further that the availability of safer, more effective, affordable and acceptable methods of modern contraception, although still in some respects inadequate, 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,

PP20. Acknowledging that hundreds of millions of women and men lack access to safe, affordable, effective and acceptable forms of modern contraception, and, based on the current large unmet demands for reproductive health services, including family planning, and the expected growth in numbers of women and men of reproductive age, demand for these services will continue to grow over the next several decades, especially for the younger, poorer, less educated and rural segments of the population who face greater barriers to access these services,

PP21. Recognizing that under-age and forced marriage and early sexual relationships have adverse psychological effects on girls and that early pregnancy and early motherhood entail complications during pregnancy and delivery and a risk of maternal mortality and morbidity that is much greater than average, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, including in the area of emergency obstetric care, cause high levels of obstetric fistula and maternal mortality and morbidity,

PP22. Encouraging States to create a socio-economic environment conducive to the elimination of all child marriages and other unions as a matter of urgency, to discourage early marriage and to reinforce the social responsibilities that marriage entails in their educational programmes,

PP23. Recognizing that pregnancy that occurs late in reproductive life also presents a higher risk of complications during pregnancy and delivery,

PP24. Expressing deep concern that an estimated 358,000 women died in 2008 from largely preventable complications related to pregnancy and childbirth and that maternal health remains one area constrained by some of the largest health inequities in the world,

PP25. Welcoming the Secretary-General's Global Strategy for Women's and Children's Health, undertaken by a broad coalition of partners, in support of national plans and strategies, in order to significantly reduce the number of maternal, newborn and under-five child deaths as a matter of immediate concern by scaling up a priority package of high-impact interventions and integrating efforts in sectors such as health, education, gender equality, water and sanitation, poverty reduction and nutrition, and welcoming also the various national, regional and international initiatives on all the Millennium Development Goals, including those undertaken bilaterally and through South-South cooperation, in support of national plans and strategies in sectors such as health, education, gender equality, energy, water and sanitation, poverty reduction and nutrition as a way to reduce the number of maternal, newborn and under-five child deaths,

PP26. Recalling that the Programme of Action requires for its full implementation adequate and sustained mobilization and availability of resources at the national and international levels, as well as new and additional resources for developing countries from all available funding mechanisms, including multilateral, bilateral and private sources, and that Governments are not expected to meet the goals and objectives of the Programme of Action single-handedly, and expressing concern that funding levels do not meet current needs,

PP26 bis. Recognizing that one of the serious global challenges that have a negative impact on reproductive health and development is posed by trafficking in persons which requires a concerted international response by 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 it, as well as the United Nations global plan of action to combat trafficking in persons,

PP27. Taking note of the reports of the Secretary-General on world population monitoring⁷ and on the monitoring of population programmes,⁸ both of which focus on fertility, reproductive health and development, 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

OP1. Reaffirms the Programme of Action of the International Conference on Population and Development¹ and the key actions for its further implementation;²

OP2. Reaffirms also its strong commitment to the full implementation of the Programme of Action adopted at the International Conference on Population and Development in 1994, as well as the key actions for the further implementation of the Programme of Action agreed at the five-year review of the Programme of Action, and the Copenhagen Declaration on Social Development and the Programme of Action;¹¹

OP3. Welcomes the decision of the General Assembly in resolution 65/234 of 22 December 2010 to extend the Programme of Action and the key actions for its further implementation² beyond 2014 and ensure its follow-up in order to fully meet its goals and objectives;

OP3 bis. Reaffirms 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 this 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,

OP4. Reaffirms that gender equality cannot be achieved without promoting and protecting the right of women to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health, and reaffirming that expanding access to sexual and reproductive health information

⁷ E/CN.9/2011/3.

⁸ E/CN.9/2011/4.

⁹ E/CN.9/2011/5.

¹⁰ E/CN.9/2011/6.

¹¹ *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II.

and health services is essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millennium Development Goals;

OP5. Urges Governments, in order to ensure the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, to, inter alia, protect and promote the full respect of human rights and fundamental freedoms regardless of age and marital status, including 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 and in sexual and reproductive life, empowering women and girls, promoting and protecting women's and girls' right to education at all levels, providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality, enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, ensuring the right of women 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, combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation, developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, 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;

OP6. Stresses that States should eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection, increase public awareness of the value of the girl child, and concurrently, strengthen the girl child's self-image, self-esteem and status, and improve the welfare of the girl child, especially in regard to health, nutrition and education, and urges Governments to take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children and use of girls in prostitution and pornography;

OP7. 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 by 2015;

OP8. Stresses the need to strengthen health systems so that they deliver equitable health outcomes as a basis for a comprehensive approach to achieving Millennium Development Goals 4, 5 and 6, underlining the need to build sustainable national health systems and strengthen national capacities through attention to, inter alia, service delivery, health systems financing, including appropriate budgetary allocations, the health workforce, health information systems, the procurement and distribution of medicines, vaccines and technologies, sexual and reproductive health care and political will in leadership and governance, and further stresses the need to promote the widest possible access to health-care services at the point of use, especially to those in vulnerable situations, through public policies that remove barriers to access to and use of health-care services;

OP9. Encourages Governments to prioritize universal access to sexual and reproductive health as part of health systems strengthening to eliminate preventable maternal mortality and morbidity and to take action at all levels to address the interlinked root causes of sexual and reproductive ill health, unintended pregnancy, complications due to unsafe abortion, and maternal mortality and morbidity, including poverty, malnutrition, harmful practices, lack of accessible and appropriate health-care 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 full involvement of men;

OP10. 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 particularly during pregnancy and breastfeeding period; and that sexual and reproductive health information and services are integrated into HIV and AIDS plans and strategies;

OP11. Urges also 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, prenatal 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;

OP12. Emphasizes the need to strengthen policy and programme linkages and coordination between HIV and AIDS and sexual and reproductive health and their inclusion in national development plans, including poverty reduction strategies and sector-wide approaches where they exist, as a necessary strategy for fighting the HIV and AIDS pandemic and mitigating its impact on population that could result in more relevant and cost-effective interventions with greater impact;

OP13. Calls upon Governments to scale up significantly efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, free of discrimination and with a gender perspective, and the goal of halting and reversing the spread of HIV and AIDS by 2015, particularly by integrating HIV and AIDS interventions into programmes for primary health care, sexual and reproductive health, and maternal, neonatal and child health, including by strengthening efforts to eliminate the vertical transmission of HIV from mother to child, and by preventing and treating other sexually transmitted infections, and encouraging responsible sexual behaviour, including abstinence and fidelity, and expanded access to essential commodities, including male and female condoms and microbicides, through the adoption of measures to reduce costs and improve availability;

OP14. Urges Member States, with, when needed, the appropriate technical and financial support from development partners, 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;

OP15. 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;

OP16. 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, and facilitate access to, and completion of education at, secondary and higher school levels;

OP17. 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 in 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 rights 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;

OP18. 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;

OP19. Recognizes that the largest generation of adolescents ever in history is now entering sexual and reproductive life and that their access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms, as well as voluntary abstinence and fidelity are essential to achieving the goals set out in Cairo 17 years ago;

OP20. 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-care service, information and education needs of adolescents to enable them to deal in a positive and responsible way with their sexuality;

OP21. Urges 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;

OP22. Calls upon Governments to incorporate gender perspectives and human rights in health-sector policies, programmes and research activities, paying attention to women's and girls' specific needs and priorities, ensuring women's right to the highest attainable standards of health and their access to

affordable and adequate health-care services, including sexual, reproductive and maternal health care and lifesaving obstetric care, in accordance with the Programme of Action of the International Conference on Population and Development, and recognizes that the lack of economic empowerment and independence has increased women's vulnerability to a range of negative consequences, involving the risk of contracting HIV and AIDS, malaria, tuberculosis and other poverty-related diseases;

OP23. Urges Member States, the United Nations and civil society to include in their development priorities programmes that enable men to support women's access to safe conditions for pregnancy and childbirth, contributing to family planning, preventing sexually transmitted infections and HIV, and ending violence against women and girls;

OP24. Urges Governments to strengthen basic infrastructure, human and technical resources and the provision of health facilities so as to improve health systems and ensure the accessibility, affordability and quality, especially in rural and remote areas, of health-care services, as well as sustainable access to safe drinking water and basic sanitation, bearing in mind the commitment to halving, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation as a means of fighting waterborne diseases;

OP25. Encourages Member States to adopt and implement legislation and policies to promote the reconciliation of paid work and family responsibilities, inter alia, through family-friendly and gender-sensitive work environments, the facilitation of breastfeeding for working mothers and the provision of the necessary care for working women's children and other dependants, increased flexibility in working arrangements, and to ensure that both women and men have access to maternity, paternity, parental and other forms of leave and are not discriminated against when availing themselves of such benefits;

OP26. Recognizes the need to address the economic, social and psychological implications of infertility for individuals, couples and societies as a whole; and encourages Member States and development partners, including through international cooperation and resources, to facilitate access to prevention, required know-how and technologies for more effective and affordable treatment of infertility;

OP27. Recognizes also that children often form the majority within poor households and therefore calls upon Governments to develop and implement appropriate social protection measures to provide for the basic needs for children in poor households especially for orphans and vulnerable children;

OP28. Encourages Governments, including through technical and financial support and cooperation, to prevent and address, as a matter of 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 the next generations;

OP29. 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 with 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 Action of the International Conference on Population and Development;

OP30. Underlines the health and rehabilitation needs of victims of terrorism, encompassing both physical and mental health;

OP30 bis. Also underlines its commitment to developing and implementing national strategies that promote public health in programmes or actions that respond to challenges faced by all populations affected by conflict, natural disasters and other humanitarian emergencies, and acknowledges that inequities in access to health care can increase during times of crisis, and that special efforts should be made to maintain primary health-care functions during these periods, as well as to ensure that the needs of the poorest and most vulnerable are met during the post-crisis, peacebuilding and early recovery stages;

OP31. Further underlines the need of people living in situations of armed conflict and foreign occupation for a functioning public-health system, including access to health care and services;

OP32. Welcomes the adoption by the sixty-third World Health Assembly of the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel¹² as a guide to respond to the concerns over the lack of and imbalanced distribution of health workers within countries and throughout the world, in particular the shortage in Africa, and the retention of health personnel, in a manner that strengthens the health systems of developing countries, countries with economies in transition and small island developing States;

OP33. Calls upon Governments, in formulating and implementing national development plans, budgets and poverty eradication strategies, to prioritize actions to address challenges relating to the impact of population dynamics on poverty and sustainable development, taking into account a differential approach to people living in the most vulnerable situations, keeping in mind that universal reproductive health-care services, commodities and supplies, as well as information, education, skill development, national capacity-building for population and development and transfer of appropriate technology and know-how to developing countries are essential for achieving the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals and can contribute to economic and social development and to poverty eradication;

OP34. 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;

OP35. 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

¹² See World Health Organization, Sixty-third World Health Assembly, Geneva, 17-21 May 2010, Resolutions and Decisions, Annexes (WHA63/2010/REC/1).

¹³ E/CN.9/2011/5, sect. V.

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 which ensures maximum effectiveness and in full alignment with the needs and priorities of developing countries;

OP36. Calls upon the international community to assist Governments to reduce unmet needs for family planning by increasing financial resources for implementation of the Programme of Action of the ICPD, 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;

OP37. Urges Governments to monitor their progress towards the implementation of the Programme of Action of the International Conference on Population and Development, 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 develop capacity of relevant national institutions and mechanisms to generate population data, disaggregated, by sex and age and other categories, as needed for monitoring 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;

OP38. Requests the Secretary-General to continue, in the framework of the implementation of the Programme of Action of the International Conference on Population and Development, his substantive work on fertility, reproductive health and development, including integrating a gender and age perspective as well as other relevant perspectives, into its 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 consideration to their implications for development and poverty eradication and sustained, equitable and inclusive economic growth.