



Population, Reproductive Health and the Millennium Development Goals

How the ICPD
Programme of Action
Promotes
Poverty Alleviation
and Human Rights



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Introduction

“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning.”

—United Nations Secretary-General Kofi A. Annan,
Message to the Fifth Asian and
Pacific Population Conference,
Bangkok, 16 December 2002

“Reproductive health services are not just desirable in and of themselves—which they certainly are—but are absolutely critical tools for alleviating poverty, and in particular for achieving the Millennium Development Goals, which are the overarching international framework for trying to alleviate the suffering of the poorest people in the world.”

—Jeffrey D. Sachs, Special Adviser to
the Secretary-General on the Millennium
Development Goals, at the launch of UNFPA’s
State of World Population 2002 report,
3 December 2002

In the year 2000, representatives of 189 nations, including 147 heads of state and government, gathered at the United Nations for a historic Millennium Summit. They adopted an ambitious set of goals, the Millennium Development Goals (MDGs). Achieving them by the target date of 2015 will transform the lives of the world's people, including reducing by half the number of people living in extreme poverty.

The Millennium Declaration concludes, "We therefore pledge our unstinting support for these common objectives and our determination to achieve them." The next decade offers a historic opportunity for all stakeholders—including governments, civil society and international organizations—to unite behind the Millennium Development Goals.

The goals are realistic, practical and necessary. They are the result of decades of experience in development work and discussion at all levels, including a series of international conferences held in the 1990s on the environment, human rights and social development.

One of these was the 1994 International Conference on Population and Development (ICPD). The conclusions agreed by 179 nations at the ICPD were an important contribution to the Millennium Development Goals, and mesh seamlessly with them.

The ICPD consensus on population and development starts with respect for national sovereignty and for human rights. Its goals include

universal access to education and health care, including reproductive health—family planning services; safe motherhood; treatment and prevention of sexually transmitted infections including HIV/AIDS, and protection from violence. ICPD goals also include empowering women and guaranteeing their access to education, health care and work outside the home. Empowering women is an end in itself. It also translates into stronger families and communities, and gives them the power to fight poverty together.

This publication highlights the importance of the ICPD Programme of Action, the “Cairo+5” discussions and subsequent experience and agreements as we mobilize to achieve the Millennium Development Goals.

Thoraya Ahmed Obaid
Executive Director, UNFPA

Part One

Millennium Development Goals

“We will spare no effort to free our fellow men, women and children from the abject and dehumanizing conditions of extreme poverty, to which more than a billion of them are currently subjected. We are committed to making the right to development a reality for everyone and to freeing the entire human race from want.

“We resolve therefore to create an environment—at the national and global levels alike—which is conducive to development and to the elimination of poverty.”

- The Millennium Declaration, paras. 11 and 12

In the year 2000, the 189 United Nations Member States met at the Millennium Summit and adopted the following eight goals and 18 targets to combat poverty, hunger, disease, discrimination against women, degradation of land, and illiteracy.¹

¹ United Nations. 2001. *Road Map towards the Implementation of the United Nations Millennium Declaration*, Report of the Secretary-General (A/56/326); and United Nations. 2000. *United Nations Millennium Declaration* (A/RES/55/2).

Goal 1. Eradicate extreme poverty and hunger.

Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Goal 2. Achieve universal primary education.

Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Goal 3. Promote gender equality and empower women.

Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

Goal 4. Reduce child mortality.

Target 5. Reduce by two thirds, between 1990 and 2015, the under-5 mortality rate.

Goal 5. Improve maternal health.

Target 6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

Goal 6. Combat HIV/AIDS, malaria and other diseases.

Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Goal 7. Ensure environmental sustainability.

Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

Target 10. Halve by 2015 the proportion of people without sustainable access to safe drinking water.

Target 11. To have achieved by 2020 a significant improvement in the lives of at least 100 million slum dwellers.

Goal 8. Develop a global partnership for development.

Target 12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. This includes a commitment to good governance, development, and poverty reduction—both nationally and internationally.

Target 13. Address the special needs of the least developed countries.
Includes: tariff and quota-free access for

least-developed countries' exports; enhanced programme of debt relief for HIPCs [highly indebted poor countries] and cancellation of official bilateral debt; and more generous ODA [official development assistance] for countries committed to poverty reduction.

Target 14. Address the special needs of landlocked countries and small island developing states (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly).

Target 15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.

Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.

Target 18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Part Two

ICPD Goals

“The objective is to raise the quality of life for all people through appropriate population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in the context of sustainable development and sustainable patterns of consumption and production, human resource development and the guarantee of all human rights, including the right to development as a universal and inalienable right and an integral part of fundamental human rights. Particular attention is to be given to the socio-economic improvement of poor women in developed and developing countries. As women are generally the poorest of the poor and at the same time key actors in the development process, eliminating social, cultural, political and economic discrimination against women is a prerequisite of eradicating poverty, promoting sustained economic growth in the context of sustainable development, ensuring quality family planning and reproductive health services, and achieving balance between population and available resources and sustainable patterns of consumption and production.”

—ICPD Programme of Action, para. 3.16

At the International Conference on Population and Development, held in Cairo in 1994, 179 countries approved a Programme of Action² that recommended a set of interdependent goals and objectives. These included universal access to education, with special attention to closing the gender gap in primary and secondary education; universal access to primary health care; universal access to a full range of comprehensive reproductive health care services, including family planning; reductions in infant, child and maternal morbidity and mortality; and increased life expectancy.

Countries were urged to include population factors in all development strategies, and to act to eliminate gender-based violence and harmful traditional practices, including female genital cutting.

The Programme of Action set out the following 20-year goals in four related areas:

1. Universal education.

“Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education.”
[para. 4.18]

² United Nations, 1994. *Report of the International Conference on Population and Development* (A/CONF.171/13).

2. Reduction of infant and child mortality.

“... Countries should strive to reduce their infant and under-five mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 live births and an under-five mortality rate below 60 deaths per 1,000 live births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further.” [para. 8.16]

3. Reduction of maternal mortality.

“Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of maternal mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all countries should reduce maternal morbidity and mortality

to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.” [para. 8.21]

4. Access to reproductive and sexual health services including family planning.

“All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for pre-natal care, safe delivery and post-natal care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes.” [para. 7.6]

Part Three

ICPD+5 Goals

“The objective of the landmark agreement reached at the Conference was to raise the quality of life and the well-being of human beings and to promote human development by recognizing the interrelationships between population and development policies and programmes aiming to achieve poverty eradication, sustained economic growth in the context of sustainable development, education, especially for girls, gender equity and equality, infant, child and maternal mortality reduction, the provision of universal access to reproductive health services, including family planning and sexual health, sustainable patterns of consumption and production, food security, human resources development and the guarantee of all human rights, including the right to development as a universal and inalienable right and an integral part of fundamental human rights.”

— Preamble, Para. 1, Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development, adopted by the twenty-first special session of the General Assembly, New York, 1999

In 1999, the United Nations General Assembly convened a special session to review progress towards meeting the ICPD goals. After reviewing the topics highlighted in the ICPD Programme of Action, the special session (known as ICPD+5) agreed on a new set of benchmarks³ in four areas:

1. Education and literacy.

“Governments and civil society, with the assistance of the international community, should, as quickly as possible, and in any case before 2015, meet the Conference’s goal of achieving universal access to primary education; eliminate the gender gap in primary and secondary education by 2005; and strive to ensure that by 2010 the net primary school enrolment ratio for children of both sexes will be at least 90 per cent, compared with an estimated 85 per cent in 2000.”
[para. 34].

“Governments, in particular of developing countries, with the assistance of the international community, should: ... Reduce the rate of illiteracy of women and men, at least halving it for women and girls by 2005, compared with the rate in 1990.”
[para. 35 (c)].

³ United Nations. 1999. *Report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly (A/S-21/5/Add.1)*

2. Reproductive health care and unmet need for contraception.

“...Governments should strive to ensure that by 2015 all primary healthcare and family planning facilities are able to provide, directly or through referral, the widest achievable range of safe and effective family planning and contraceptive methods; essential obstetric care; prevention and management of reproductive tract infections, including sexually transmitted diseases; and barrier methods (such as male and female condoms and microbicides if available) to prevent infection. By 2005, 60 per cent of such facilities should be able to offer this range of services, and by 2010, 80 per cent of them should be able to offer such services.” [para. 53].

“Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2050. In attempting to reach this benchmark, demographic goals, while legitimately the subject of government development strategies, should not be imposed on family planning providers in the form of targets or quotas for the recruitment of clients.” [para. 58]

3. Maternal mortality reduction.

“By 2005, where the maternal mortality rate is very high, at least 40 per cent of all births should be assisted by skilled attendants; by 2010 this figure should be at least 50 per cent and by 2015, at least 60 per cent. All countries should continue their efforts so that globally, by 2005, 80 per cent of all births should be assisted by skilled attendants, by 2010, 85 per cent, and by 2015, 90 per cent.” [para. 64]

4. HIV/AIDS.

“Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent.” [para. 70]

Part Four

Achieving the ICPD, ICPD+5 and Millennium Development Goals

“Greater investments in health and education services for all people, in particular women, to enable the full and equal participation of women in civil, cultural, economic, political and social life are essential to achieving the objectives of the Programme of Action.”

— Preamble, Para. 2, Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development, adopted by the twenty-first special session of the General Assembly, New York, 1999

The international community has committed itself to an ambitious goal: cutting in half the number of people living in absolute poverty by 2015. To do this, world leaders have adopted specific targets for life expectancy, education, housing, gender equality, openness of trade and environmental protection.

But success in achieving these goals depends upon several conditions:

- The first condition rests on respect for national sovereignty: each country will assess its own needs.
- The second condition is that all of the Millennium Development Goals are interrelated and strategic efforts must be made to achieve all of the targets at the same time.

- The third condition is that these goals remain the starting point, and not the final steps, for eradicating poverty. Efforts in other areas not mentioned in the list of goals should be made. These include debt relief and changes in trade regimes and investment arrangements as well as development assistance.

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

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

Goal 1: Eradicate extreme poverty and hunger

- To halve the number of people living on less than \$1 a day and the number of people living in hunger, universal access to reproductive health care for men and women is imperative.
- The ICPD Programme of Action and ICPD+5 benchmarks aim for universal access to voluntary reproductive health services, including family planning. Access to these services will give their users fundamental choices that will change the

repetitive cycle of poverty. With access to family planning, women and men can decide if, when and how many children they want.

- Lower fertility results in, slower population growth and opens a “demographic window” of opportunity for economic growth and poverty reduction, as the ratio of dependants to working-age people declines.
- Large families dilute the assets of poorer households, and unwanted births deepen household poverty. Smaller families allow more investment in each child’s education and health.

Goal 2: Achieve universal primary education

- To achieve universal primary education, the gender gap must be closed.
- The ICPD Programme of Action’s goal of basic education for all boys and girls by 2015 can be supported through the empowerment of women, training teachers to be gender sensitive, promoting the value of educating girls, postponing early marriage and childbearing, allowing pregnant teens to continue studying, providing scholarships, providing universal access to reproductive health, and lowering fertility, morbidity and mortality rates.

Goal 3: Promote gender equality and empower women

- Ensuring gender equity and equality and the empowerment of women depends in part on overcoming cultural, social and economic constraints that limit women’s access to education, as well as providing universal access

to reproductive health services that allow them to control their fertility.

- Combating violence against women, and removing social and family barriers to women's wider social participation are essential.

Goal 4: Reduce child mortality

- A healthy mother is the first step towards a healthy child. Infant and child mortality are highest for the youngest mothers and after closely spaced births. High fertility reduces the provision of health care to children.
- Unwanted children are more likely to die than wanted ones. Providing universal access to reproductive health care will help to prevent unwanted pregnancy.
- The death of a mother increases the risk that her children will die.

Goal 5: Improve maternal health

- The highest proportion of women's ill health burden is related to their reproductive role. Universal access to reproductive health care—including family planning; care in pregnancy, during and after childbirth; and emergency obstetric care—would reduce unwanted pregnancy, unsafe abortion and maternal death, saving women's lives and the lives of their children.
- Women's empowerment will enable women to address the social conditions that endanger their health and lives.

Goal 6: Combat HIV/AIDS, tuberculosis, malaria and other diseases

- Universal access to reproductive health care is critically important in the fight against HIV/AIDS.
- The ICPD notes that better information on HIV/AIDS can prevent transmission of HIV and other STIs.
- Half of new HIV infections are among young people. Preventing infection means enabling young people to protect themselves from sexually transmitted infections. This includes teaching abstinence outside marriage, fidelity within it and responsible behaviour at all times, including the responsible use of condoms.
- Poor countries need an adequate supply of reproductive health commodities, including male and female condoms, and strengthened systems for their supply and distribution.

Goal 7: Ensure environmental sustainability

- Balancing resource use and ecological requirements will depend critically on population growth, location and movements, on patterns of resource consumption, and management of waste.
- The ICPD acknowledges that rapid growth of poor rural populations puts enormous stress on local environments. Poor people need better education and health services, including universal access to reproductive health care and family planning, to improve their health and well-being.
- Appropriate policies will reduce urban migration and promote sustainable rural population growth.

- The sustainable improvement of the lives of slum and shanty dwellers will depend on policies to address high urban growth rates, which result from both natural increase and migration.

Goal 8: Develop a global partnership for development

- Population and reproductive health programmes have lagged in the least-developed countries, especially those with high levels of mortality and unwanted fertility. These countries will benefit most from higher international assistance and debt forgiveness, as well as domestic resources for health and education. They need universal access to reproductive health care coupled with affordable prices for essential drugs for treating HIV/AIDS, malaria and tuberculosis, and a secure supply of contraceptives and other reproductive health commodities.
- The ICPD called on international donors to provide one third of the support needed for reproductive health programmes in developing countries worldwide: \$5.7 billion (of the \$17 billion total requirement) in 2000, rising to \$7.2 billion by 2015. Current international support is less than half of this required level.

