



## Information kit contents

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Cairo, Egypt

5-13 September 1994

ICPD INFORMATION KIT

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## Overview of conference aims, background

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Cairo, Egypt

5-13 September 1994

ICPD INFORMATION KIT -- STORY 1

CAIRO CONFERENCE LINKS POPULATION, SUSTAINABLE DEVELOPMENT AND  
WOMEN'S RIGHTS

The international community's response to population and development challenges over the next several years will greatly affect the quality of life of present and future generations. Action to empower women and promote gender equality will be particularly crucial.

The world's population, now almost 5.7 billion, is growing at a record pace of more than 90 million persons a year. Many of the resources on which future generations will depend are being depleted at alarming rates and pollution is intensifying, driven by wasteful consumption, the unprecedented growth in human numbers, persistent poverty, and social and economic inequality.

At the same time, at least half a million women are dying each year as a consequence of pregnancy and childbirth; 99 per cent of those deaths, almost all of them preventable, occur in developing

countries. In some countries, as many as half of maternal deaths may result from unsafe abortions; many others result from the absence of the most basic antenatal, maternity and post-natal care.

Some 460 million couples in the developing regions of the world (55 per cent of the total) use some method of family planning. However, approximately 350 million couples do not have access to a full range of modern family planning information and services. It is estimated that 120 million women not currently practising contraception would use a modern family planning method, if one were available, affordable and acceptable to them and to their husbands.

These are among the issues that will be taken up at the 1994 International Conference on Population and Development (ICPD), to be held from 5-13 September in Cairo, Egypt. Delegations from some 180 countries are expected to participate in finalizing and adopting a 20-year Programme of Action focusing on population, sustained economic growth and sustainable development, with special emphasis on women's health, education and status.

A central theme is that efforts to slow population growth, reduce poverty, achieve economic progress, improve environmental protection, and reduce unsustainable consumption and production patterns are mutually reinforcing.

Convened by the United Nations, ICPD is a successor to the 1974 World Population Conference, held in Bucharest, and the 1984 International Conference on Population in Mexico City. Those gatherings spelt out actions to address issues related to rapid

population growth, and affirmed that all couples and individuals have the right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so.

This year's Conference will build on and broaden that consensus, reflecting the widespread recognition that population is inextricably linked to the full range of human development concerns -- including poverty alleviation, women's empowerment and environmental protection.

ICPD will emphasize two themes: choices and responsibilities; and the need to incorporate population considerations into all national and international efforts to achieve sustained economic growth and sustainable development.

The overall aim is to identify actions -- and to find the means of implementing them -- that will make national policies and programmes more effective in meeting individual needs, especially those of women, and in bringing population into balance with available resources.

As part of a holistic approach that emphasizes the health, education and empowerment of women, a major focus of the Conference will be to increase the availability of family planning as part of a broader package of reproductive health services. Closely related to this objective are Conference goals to significantly reduce infant, child and maternal mortality, and to expand access to education, particularly for girls.

URGENT NEED FOR ACTION

The past 20 years have seen remarkable demographic, social, economic and political changes, as well as changes in attitudes about reproductive health, family planning and population growth. Death rates have also been lowered, and education and income levels, including those of women, have increased, often significantly. As political commitment to population policies and family planning programmes has solidified, many countries have substantially expanded access to reproductive health care and reduced their birth rates.

Progress, however, has been uneven. In Western Europe, North America, Australia, New Zealand, Japan and much of East Asia, access to family planning is almost universal; between 65 and 80 per cent of couples practise contraception; and the average family size is near or below two children per couple. But in most sub-Saharan African and some Pacific Island countries, for example, family planning services are not yet widely available; contraceptive use there is below 15 per cent and women bear an average of six or more children.

Infant mortality world-wide has dropped by one third since 1974, from 92 deaths per 1,000 births to 62. But a large gap remains between developing countries (with 69 infant deaths per 1,000 births) and developed countries (12 deaths per 1,000 births).

While levels of education have risen considerably during the past two decades, an estimated 960 million persons are illiterate, two thirds of them women. Some 130 million children, including over 90 million girls, are denied access to primary schooling. This impedes progress in every sphere of development, including changes

in patterns of human reproduction.

Women's roles and status are changing in many countries. Women are entering the labour force in record numbers, a trend that is contributing to the rising demand for family planning services. But women are often the only source of support for themselves and their children. Everywhere, female-headed households are the poorest of the poor, in part because women have less access than men to training, credit, property, natural resources and better-paid jobs.

In addressing these social concerns, developing countries find that demographic changes are placing increasing strains on services and infrastructure.

By 2015, nearly 56 per cent of the global population is expected to live in urban areas, compared to under 45 per cent in 1994. The urban population of developing countries is projected to reach 50 per cent by 2015, up from 26 per cent in 1975. Lower death rates imply that developing countries will soon have to provide services to far larger numbers of elderly persons; while reduced infant mortality combined with high fertility has resulted in youthful populations in many countries, ensuring continued rapid population growth for decades to come.

How the world's nations address -- or fail to address -- these multiple concerns over the next two decades will have an enormous impact on the quality of life of all living and future generations. In particular, the level of performance in meeting unmet needs for family planning and other Conference goals in the next 20 years is likely to determine whether world population in the year 2050 reaches 7.8 billion people (the United Nations' lowest projection)

or goes as high as 12.5 billion (the high projection). The medium, or most likely projection is for 10 billion in 2050.

#### CONFERENCE PREPARATIONS

With such considerations in mind, the UN Economic and Social Council in 1989 decided to convene ICPD in 1994 (ECOSOC resolution 1989/91). Dr. Nafis Sadik, Executive Director of the United Nations Population Fund (UNFPA) was appointed Secretary-General of the Conference. Since then, a Preparatory Committee, open to all United Nations member States and a number of other States, has guided advance efforts for ICPD.

The Committee's first session in March 1991 defined the objectives and themes of the Conference -- population, sustained economic growth and sustainable development -- and identified six clusters of priority issues: population, environment and development; population policies and programmes; population and women; family planning, health and family well-being; population growth and demographic structure; and population distribution and migration.

At its second session in May 1993, the Preparatory Committee agreed on a provisional structure for the Conference Programme of Action. It instructed the Conference Secretariat to prepare a draft of the final document, to be debated at the Committee's third and last session (PrepCom III) from 4-22 April 1994.

In drafting the document, the Secretariat drew on recommendations of various gatherings, including: five regional population conferences (for Asia and the Pacific, Africa, Europe



and North America, Latin America and the Caribbean, and the Arab States) in 1992 and 1993, and a number of subregional preparatory meetings; expert group meetings on the six priority issues; and a series of ad hoc round-tables on important Conference themes. Important input also came from national population reports prepared in more than 140 countries.

At its forty-eighth session in 1993, the UN General Assembly (in resolution 48/186) strongly endorsed ICPD by deciding to make the Preparatory Committee a subsidiary body of the Assembly, giving ICPD a status comparable to that of the 1992 UN Conference on Environment and Development (UNCED). Debate in the General Assembly's Second Committee on the proposed annotated outline of the Programme of Action further guided the Secretariat in preparing the draft final document for negotiation at PrepCom III.

Delegations from over 170 countries took part in the Preparatory Committee's third session, held at UN Headquarters in New York. Negotiation of the 113-page draft Programme of Action was the central activity. Delegates reached agreement on about 85 per cent of the wording that is expected to be adopted in Cairo in September; the remainder, including some substantial issues that were not resolved, is subject to further negotiation at the Conference.

An estimated 1,200 representatives from over 500 non-governmental organizations (NGOs) had unprecedented access to the negotiation process and therefore an important influence in shaping the outcome. The deliberations were widely covered by the international news media.

The three-week session strengthened the consensus that population concerns are an indispensable part of national and international efforts to achieve equitable, sustainable development. There was also broad agreement that family planning should be provided as part of a broader effort to meet overall reproductive health care needs, particularly of women.

This approach, Dr. Sadik later summarized, is "focused not on demographic targets, but on seriously addressing the health and education needs of individuals, especially of girls and women. . . . Central to such endeavours is the imperative need to empower women, to provide girls with a good education and women with better health and real choices."

#### DRAFT PROGRAMME OF ACTION

The draft Programme of Action that emerged from PrepCom III builds on the World Population Plan of Action adopted in Bucharest in 1974 and further developed 10 years later at the International Conference on Population in Mexico City. But as the draft Preamble points out, the document also reflects "the considerable international consensus that has developed" since 1984 ""to consider the broad issues of population, sustained economic growth and sustainable development, and advances in the educational and economic status of women . . . reflecting the growing awareness of the linkages" among these issues.

In addition, the Preamble notes that ICPD will also build on the achievements of the 1990 World Summit for Children, UNCED, and the 1993 World Conference on Human Rights, among others; and is expected to contribute significantly to the World Summit for Social

Development, the Fourth World Conference on Women, and the celebration of the United Nations' 50th anniversary, all in 1995, as well as to the Second United Nations Conference on Human Settlements in 1996.

"These events are expected to highlight further the call of the 1994 Conference for greater investments in people and for a new action agenda to make women full partners with men in the social, economic and political lives of their communities," the Preamble states.

The draft Programme stresses that efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to modify unsustainable patterns of consumption and production are mutually reinforcing. Its more than 40 subchapters spell out actions needed in regard to a wide range of population and development themes, including poverty alleviation, environmental protection, support for families, population growth, ageing, sexuality, sexually transmitted diseases including HIV/AIDS, reproductive health needs of adolescents, gender relations and male responsibility, maternal and child health, urbanization, internal and international migration, and education.

The Programme also defines: national, regional and international efforts and resources required to implement some of the actions outlined; related research, awareness creation and data collection; partnership between Governments and non-governmental organizations and the private sector; and mechanisms for following up Conference decisions.

## PLAN OF WORK IN CAIRO

The Conference will open on Monday, 5 September, at 10 a.m., at the Cairo International Conference Centre. According to General Assembly resolution 47/176, the head of each delegation should be at the ministerial level or higher. A number of Heads of State or Government have indicated they will attend and address the Conference, including President Soeharto of Indonesia, Prime Minister Benazir Bhutto of Pakistan, Prime Minister Gro Harlem Brundtland of Norway, Prime Minister Tansu Ciller of Turkey, and Prime Minister Kaamuta Laatasi of Tuvalu.

Nearly 1,000 non-governmental organizations have been accredited to attend ICPD. In addition, while the Conference is taking place, these and other NGOs will also participate in the NGO Forum '94, to be held from 4 to 13 September at the National Covered Stadium Complex, a 10-minute walk from the International Conference Centre.

Registration of national delegations begins at 9 a.m. on 25 August and will continue through to the start of the Conference. It is expected that many delegations will include parliamentarians and representatives of non-governmental organizations and of various national groups with important roles to play in implementing population and development strategies.

In accordance with established practice at UN conferences, preliminary consultations will be held on 3 and 4 September at the Conference site to address procedural and organizational matters which are to be taken up on the opening day. These include election of officers, composition of the Conference General Committee,

adoption of the agenda and organization of work, and arrangements for preparing the final report of the Conference.

From the representatives of participating States, the Conference will elect a President, 27 Vice-Presidents from the various regions (7 from Africa, 6 Asia, 5 Latin America and the Caribbean, 6 Western Europe and others, and 3 Eastern Europe), an ex officio Vice-President from the host country, a Rapporteur-General, and the Chairman of the Conference's Main Committee.

The Conference's general debate will take place in plenary meetings from 5-9 September. It is expected to focus on experiences in population and development strategies and programmes (item 8 of the provisional agenda).

A separate Main Committee will meet in parallel with the plenary from 5-9 September. This will finalize the ICPD Programme of Action (item 9), by completing work on Chapters I (Preamble) and II (Principles) and resolving those sections of Chapters III to XVI of the draft text that are still in brackets for further negotiation. The Committee will then submit the Programme of Action to the plenary for approval and adoption.

The Rapporteur-General will prepare a draft report on the Conference's background, proceedings and decisions, including an account of the Main Committee's recommendations and the action taken on them in plenary meetings. After the report and the Programme of Action are adopted by the Conference, they will be submitted to the General Assembly for consideration and approval at its 49th session, which is to begin a few days after ICPD

concludes.

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## Provisional agenda of ICPD

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Cairo, Egypt

5-13 September 1994

ICPD INFORMATION KIT -- STORY 2

PROVISIONAL AGENDA OF ICPD

1. Opening of the International Conference on Population and Development.
2. Election of the President.
3. Adoption of the rules of procedure.
4. Adoption of the agenda.
5. Election of officers other than the President.
6. Organization of work, including the establishment of the Main Committee of the Conference.
7. Credentials of representatives to the Conference:
  - (a) Appointment of the members of the Credentials Committee;
  - (b) Report of the Credentials Committee.
8. Experiences in population and development strategies and programmes.
9. Programme of Action of the Conference.
10. Adoption of the report of the Conference.
11. Other matters.

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## **Programme of action**

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Cairo, Egypt

5-13 September 1994

ICPD INFORMATION KIT -- STORY 3

CONFERENCE PROGRAMME OF ACTION ADDRESSES WIDE RANGE OF POPULATION CONCERNS

Nearly all countries now agree that family planning should be provided in the broader context of meeting overall reproductive health care needs, particularly of women. Endorsement of this approach is a key aspect of the draft Programme of Action of the International Conference on Population and Development (ICPD).

The draft Programme articulates a 20-year course of action to address a wide range of population and development concerns, based on the premise that such action should be seen as an indispensable part of national and international efforts to achieve equitable, sustainable development.

Some 170 Governments spent three weeks in negotiations on the 16-chapter document at the third session of the ICPD Preparatory Committee (PrepCom III) in April 1994. The document is now considerably longer, stronger, more inclusive and more

action-oriented than the draft that had been submitted to PrepCom III. A final version is expected to be adopted at the Cairo Conference.

The draft Programme emphasizes the need to empower women and eliminate all forms of gender bias; to integrate population concerns into all development policies and programmes; and to base population programmes on meeting people's needs rather than demographic targets. It includes a Preamble (Chapter I) which sets the context for action, and a list of principles (Chapter II) guiding Conference deliberations. Each of the 44 subsequent subchapters on specific areas of concern includes three sections: the basis for action; objectives; and proposed actions.

For PrepCom III, the ICPD Secretariat prepared a first draft text, based on debate at PrepCom II and the 48th session of the UN General Assembly, and on the recommendations of various regional and subregional population conferences, expert group meetings and informal round tables.

After several rounds of detailed discussion, consensus was reached on most of the final wording of Chapters III-XVI; square brackets were placed around paragraphs, sentences and phrases that have not yet been agreed to. Revised versions of Chapters I and II were prepared by the Chairman of the Preparatory Committee with the agreement that these will be discussed in Cairo.

#### OUTSTANDING ISSUES

In addition to Chapters I and II, final negotiation of the Programme of Action of the Conference is expected to focus largely

on three groups of issues that were not resolved at PrepCom. The first concerns a set of proposed 20-year goals in three mutually reinforcing areas: reduction of infant, child and maternal mortality; universal completion of primary education, especially for girls; and universal access to family planning information and services, in the context of reproductive health services. These 20-year goals incorporate and build upon a number of goals for the year 2000 that have been agreed to at previous international forums.

Second are the estimates of financial resources -- their breakdown, levels and sources -- that will be required in developing countries to provide reproductive health services including family planning; to operate programmes for the prevention of sexually transmitted diseases including HIV/AIDS; and to meet population data, policy and research needs.

Third, and potentially most difficult, are definitional issues. Several important terms, including "reproductive rights", "reproductive health", "safe motherhood", "fertility regulation" and "family planning" were repeatedly placed within brackets in the draft Programme of Action because PrepCom III was not unanimous on what they include or imply. Underlying differences concerned proposals to deal with unsafe abortion as a major health concern, and with adolescents' needs for access to reproductive health information and services including family planning.

In the text that follows, square brackets have been used to indicate areas where agreement has not been reached.

Following is a summary of some of the main topics covered in the draft Programme of Action of the Conference:

Chapter I, Preamble. Stating that ICPD "occurs at a defining moment in the history of international cooperation", Chapter I provides an overview and sets the context for action in terms of environmental concerns; population growth projections; use of and access to family planning; infant, child and maternal mortality; and education levels.

Chapter II, Principles. This chapter lists 15 principles guiding Conference deliberations; concerns addressed include human rights, sustainable development, gender equity, health care and family planning, education, support of families and children, migration and asylum. The language proposed for most of the principles is taken or derived from various international declarations; the sources are listed after each principle.

Chapter III, The Interrelationships between Population, Sustained Economic Growth and Sustainable Development. Economic and development strategies to alleviate poverty, curb wasteful consumption and protect the environment are all closely connected to population growth, structure and distribution and cannot be addressed effectively in isolation. Barriers to women's participation in the workforce and in policy making should be eliminated. Proposed wording on human rights, on the right to development and on international trade in relation to these issues remains bracketed for further negotiation.

Chapter IV, Gender Equality, Equity and Empowerment of Women. These

are recognized both as fundamental human rights in their own right and as prerequisites of sustainable development. To raise the status of women, countries are called upon to facilitate equal participation of women in the political process; to promote women's education and employment; and to eliminate violence against women.

To increase the value placed on girls in the family and society, the draft Programme calls for: expanded access for girls to education and technical training; increased attention to their nutritional needs; enforcement of laws requiring marriage to be based on consent; and prohibition of female genital mutilation, infanticide, prenatal sex selection and girls' prostitution. Men's equal participation in regard to family planning, child-rearing and housework should also be promoted.

Chapter V, The Family, its Roles, Composition and Structure. Utilizing consensus wording from General Assembly resolution 47/237, the draft Programme notes that family structures and composition are increasingly diverse, and that families in difficult circumstances need increased socio-economic support. The chapter makes clear that one of the objectives of the Programme of Action is "to develop policies and laws that better support the family, contribute to its stability and take into account its plurality of forms, particularly the growing number of single-parent households." Proposed actions would support parents' participation in the labour force, seek to eliminate coercion and discrimination in regard to marriage, and formulate family-sensitive policies related to housing, work, health, social security and education.

Chapter VI, Population Growth and Structure. World population is

5.7 billion and growing by over 90 million persons a year. In many countries, high fertility and declining mortality have resulted in youthful populations, guaranteeing that rapid growth will continue into the next century; actions taken over the next 20 years (and particularly over the remainder of this decade) will determine what level world population will reach before human numbers stabilize.

Poverty has a devastating effect on children and youth; their protection, survival and development should be given high priority. It is expected that reductions in infant, child and maternal mortality would lead to lower fertility. Elderly populations are increasing in many countries, necessitating social security systems and other measures that encourage multi-generational families, and allow the elderly to lead healthy and productive lives.

While indigenous people are experiencing steady population growth in some places, elsewhere their numbers are declining due to diseases, loss of land, ecological destruction, and displacement; Governments should consult with indigenous people on how to address their specific needs. Also needed are measures to promote the social and economic integration of persons with disabilities.

Chapter VII, Reproductive Rights, [Sexual and Reproductive Health] and Family Planning. Family planning programmes must aim to establish a wide freedom of choice in matters of procreation; coercion has no part to play. Government programmes should assist individuals in ensuring that all pregnancies and all children are wanted.

Reproductive health care, provided through the primary

health-care system, should include family planning counselling, information, education and services for prenatal care, prevention of sexually transmitted diseases, and prevention of abortion and the management of the consequences of abortion.

Promotion of equitable sexual relations is crucial to safeguarding reproductive rights. Among the proposals in this chapter that remain in brackets is a call for removal of legal and social barriers to sexual and reproductive health information and care for adolescents.

Chapter VIII, Health, Morbidity and Mortality. Primary health care systems must be strengthened to better guarantee the survival and health of infants and children, reduce maternal morbidity and mortality, and prevent HIV/AIDS. Maternal health services should be expanded, based on informed choice, to include education on safe motherhood, prenatal care, maternal nutrition, referral services and post-natal care. The term "safe motherhood" remains in brackets because there was no agreement on its definition. Two alternative versions of paragraph 8.25, both in brackets, propose to address unsafe abortion as a major public health concern.

The demographic and development impact of HIV infection and AIDS must be assessed, and efforts undertaken to control the pandemic by promoting responsible sexual behaviour and voluntary sexual abstinence, and providing affordable access to condoms.

Chapter IX, Population Distribution, Urbanization and Internal Migration. To slow migration from rural areas to cities which is contributing to rapid urban growth, the document emphasizes the need to reduce urban-rural inequality, to foster environmentally

sustainable development of rural areas and small and medium-sized cities, and to better manage cities to improve the quality of life of the urban poor. Countries are also called upon to address the causes of internal displacement, including environmental degradation, natural disasters, armed conflict and forced resettlement.

Chapter X, International Migration. Actions are needed in this area to reduce undocumented migration by addressing its root causes, especially those related to poverty; to encourage more cooperation between sending and receiving countries; to ensure the well-being and social integration of documented migrants; to protect both the documented and undocumented from racism and xenophobia; to seek to resolve conflicts; and to find durable solutions to the plight of refugees and displaced persons.

Chapter XI, Population, Development and Education. Providing universal primary schooling and literacy and job training for women and girls contributes to women's empowerment, to postponement of marriage, and to reductions in family size. When mothers are better educated, children's survival rate tends to increase.

Efforts are also needed to increase awareness of population, development and health issues, including safe motherhood, sexual and reproductive health and rights, maternal and child health and family planning, discrimination against girls, gender equity, sexually transmitted diseases and HIV/AIDS, responsible sexual behaviour, teenage pregnancy, racism and xenophobia, ageing populations, and unsustainable patterns of consumption and production.



Chapter XII, Technology, Research and Development. Improved collection, analysis and dissemination of data would allow better understanding of the relationships between population and socio-economic and environmental conditions. [Biomedical research is needed to expand people's choices of family planning methods, particularly male methods, and to combat the spread of sexually transmitted diseases and HIV/AIDS.]

Chapter XIII, National Action. This chapter includes estimates of the funding levels required to meet developing countries' needs in the period 2000-2015 for basic reproductive health services including family planning; prevention of sexually transmitted diseases including HIV/AIDS; and population data collection, analysis and dissemination, policy formulation and research.

The estimates of funds required from developing and developed countries to meet these needs, as well as the methodology used to arrive at the funding levels proposed, are in brackets pending further discussion in Cairo. There will also be further negotiation on a recommendation that at least 20 per cent of countries' public-sector expenditures and 20 per cent of official development assistance be devoted to social sectors, stressing poverty eradication within the context of sustainable development.

Chapter XIV, International Cooperation. If the Conference objectives are to be met, resources committed to population and development programmes will need to increase substantially. The developing countries themselves will continue to provide, on average, approximately two thirds of the resources needed for population programmes, but it is estimated that international

assistance will have to account for up to one third, a share projected to total \$5.7 billion in 2000 and \$7.2 billion in 2015 (in 1993 dollars).

Donors are called on to make available 0.7 per cent of their gross national product for official development assistance, and to endeavour to increase funding for population and development programmes commensurate with the scale and scope of activities required to meet the objectives of the Programme of Action.

Chapter XV, Partnership with the Non-governmental Sector. Non-governmental organizations often have an advantage over government agencies in regard to programme design and implementation involving grass-roots participation; they often interact with constituencies that are poorly served and hard to reach through official channels. A partnership among non-governmental groups, the private sector and individuals is essential to the formulation and implementation of national policies and programmes. The private sector's role in the production and delivery of quality contraceptives should be strengthened.

Chapter XVI, Follow-up to the Conference. Appropriate national, regional and subregional and international mechanisms are needed for policy guidance, resource mobilization, coordination, sharing of experience, and monitoring and reporting of progress in implementing the Programme of Action. The UN General Assembly is called on to organize a regular review of the implementation of the ICPD Programme of Action, and to consider establishing a separate executive board of the United Nations Population Fund (UNFPA).

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## Quantitative goals

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Cairo, Egypt

5-13 September 1994

ICPD INFORMATION KIT -- STORY 4

QUANTITATIVE GOALS IN THE DRAFT PROGRAMME OF ACTION

The following is excerpted from the ICPD draft Programme of Action.

(Passages in brackets have not been agreed to.)

1.18 The present Programme of Action commits the international community to quantitative goals in three areas that are mutually supporting and of critical importance to the achievement of other important population and development objectives. These areas are: education, especially for girls; infant, child and maternal mortality reduction; and the provision of universal access to family planning and reproductive health services.

INFANT AND CHILD MORTALITY

8.16 . . . [Countries should strive to reduce their infant and under-5 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 2015 all countries should aim to achieve an

infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further.]

#### MATERNAL MORTALITY

8.21 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. . . . ]

#### EDUCATION

4.18 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 vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education.

11.6 . . . All countries should 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 in any case before the year 2015. . . .

#### FAMILY PLANNING

7.14. All countries should, over the next several years, assess the extent of national unmet need for good-quality family planning services and its integration in the [sexual and reproductive

health] context. . . . All countries should take steps to meet the family planning needs of their populations as soon as possible and should, [in all cases by the year 2015], seek to provide universal access to a full range of safe and reliable family-planning methods and to related [legally permissible] [reproductive health] services.

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## Women, empowerment and health

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Cairo, Egypt

5-13 September 1994

ICPD INFORMATION KIT -- STORY 5

WOMEN, EMPOWERMENT AND HEALTH

The empowerment and autonomy of women, and improvements in their political, social, economic and health status, are recognized by the International Conference on Population and Development (ICPD) as highly important ends in themselves. In addition, they are seen as essential for the achievement of sustainable development.

The central role women play in regard to population and development has been strongly emphasized in all preparations for ICPD. Empowerment of women was discussed during five regional population meetings, three sessions of the ICPD Preparatory Committee, and a number of expert group meetings and round tables.

The need for gender equality, equity and empowerment of women is emphasized throughout the draft Programme of Action of the Conference, adopted at the third and last session of the ICPD Preparatory Committee (PrepCom III) in April 1994. (Wording within square brackets was proposed but not agreed to at PrepCom III, and

is subject to further negotiation in Cairo.)

Chapter IV of the draft Programme, entitled, Gender Equality, Equity and the Empowerment of Women, includes subchapters on: the empowerment and status of women; the girl child; and male responsibilities and participation. The draft chapter calls upon countries to act to empower women and to take steps to eliminate inequalities between men and women as soon as possible.

Recognizing that discrimination on the basis of gender starts at the earliest stages in life, the document asserts that greater equality for girls in regard to health, nutrition and education is the first step in ensuring that women realize their full potential and become equal partners in development. The draft Programme encourages leaders to speak out forcefully against gender discrimination, and undertake efforts to promote equitable treatment of girls and boys with respect to nutrition, health care, inheritance rights, education, and social, economic and political activity.

The draft Programme of Action underscores the need to promote gender equality in the family and in the community, noting in particular that men should take responsibility for their fertility and parental duties. It calls for special efforts to involve men in safe and responsible parenthood and family planning.

Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in the development process. One of the goals specified in the draft Programme of Action is for all countries to



ensure that all girls and boys have access to primary school or equivalent level of education, as quickly as possible and in any case before 2015.

Countries that achieve universal primary education sooner are urged to extend access to and facilitate completion of secondary and higher levels of education and training. In seeking to attain these goals, the draft Programme states that particular attention should be given to eliminating disparities in educational access and support that are detrimental to girls.

#### REPRODUCTIVE RIGHTS, [SEXUAL AND REPRODUCTIVE HEALTH] AND FAMILY PLANNING

To realize their full potential, women must be guaranteed the exercise of their reproductive rights and must be able to manage their reproductive roles, the ICPD draft Programme states. Chapter VII, Reproductive Rights, [Sexual and Reproductive Health] and Family Planning focuses in five subchapters on: reproductive rights and reproductive health; family planning; sexually transmitted diseases and prevention of human immunodeficiency virus (HIV) infection; human sexuality and gender relations; and adolescents.

The draft Programme defines reproductive health as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes."

Reproductive health implies that people are able to have a satisfying and safe sex life and that they will have the capability to reproduce and the freedom to decide if, when and how often to do so. Women and men must be provided with the necessary information

and services to exercise this right, according to the draft Programme.

Sexual health is defined in the draft Programme as: "the integration of somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love."

According to the document, the cornerstone of [sexual and reproductive health] is 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. It also includes respect for [security of the person and] physical integrity of the human body.

Promotion of the responsible exercise of these rights by all people should be the basis of government policies and programmes in the area of [sexual and reproductive health], including family planning, the draft Programme asserts. It urges all countries to strive to make accessible through the primary health-care system [reproductive health] care to all individuals [of all ages] as soon as possible [and no later than 2015].

Reproductive health care, the document states, should include: information and services for family planning, prenatal care, delivery and post-natal care; prevention of abortion and management of complications of abortions; health care for women and infants; and prevention and treatment of infertility and sexually transmitted diseases; among others.

The draft Programme stresses that women should be involved in all levels of health care programmes, and involved in the planning, implementation and evaluation of [sexual and reproductive] health care programmes. The document emphasizes that the principle of informed free choice is essential to the long-term success of family planning programmes; no form of coercion has any part to play.

Currently about 55 per cent of couples in developing countries use some method of family planning. This figure represents a tenfold increase in absolute terms (to 460 million couples) and a fivefold increase in percentage terms since the 1960s. Family planning programmes have contributed considerably to the decline in fertility rates in developing countries from about six to seven children per family in the 1960s to three to four children at present.

However, the number of couples of reproductive age will grow by at least 18 million each year during the rest of this decade. The full range of modern family planning methods presently remains unavailable to at least 350 million couples world-wide, many of whom say they want to space or prevent another pregnancy. Survey data suggest that approximately 120 million additional women world-wide would currently be using a modern family planning method if more accurate information and services were accessible to them.

These figures would be even higher if sexually active unmarried individuals were also included. The [reproductive health] needs of adolescents have been largely ignored by existing services. The draft Programme calls upon Governments to remove legal, regulatory and social barriers to sexual and reproductive

health information and services for adolescents.

Another crucial issue addressed in Chapter VII is human sexuality and gender relations, two closely related issues which together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Violence against women is widespread, and rising numbers of women are at risk from acquired immune deficiency syndrome (AIDS) and other sexually transmitted diseases as a result of the high-risk sexual behaviour of their partners. In a number of countries, harmful practices like female genital mutilation pose a major lifelong risk to women's health.

The world-wide incidence of sexually transmitted diseases is high and increasing. The situation has worsened considerably with the emergence of the HIV pandemic. The draft Programme calls for prevention and reduction of the incidence of sexually transmitted diseases, including HIV/AIDS. At the same time, it states, treatment should be provided for the complications of sexually transmitted diseases such as infertility, with special attention to girls and women.

#### HEALTH, MORBIDITY AND MORTALITY

Chapter VIII of the draft Programme of Action, "Health, Morbidity and Mortality", deals with: primary health care and the health-care sector; child survival and health; women's health and [safe motherhood]; and HIV infection and AIDS.

In the past half century, life expectancy in the world as a whole has increased by about 20 years, and the risk of dying in the

first year of life has been reduced by nearly two thirds.

Nevertheless, the draft Programme points out, considerable improvements are still needed; the document calls upon countries to ensure that health care services and facilities are accessible, available, acceptable and affordable to all people.

The draft Programme presents a comprehensive set of mortality-reduction goals, calling particular attention to the need to reduce infant and child mortality and maternal mortality. It states that one of the aims of Governments should be to eliminate excess mortality of girls, wherever such a pattern exists. It underscores the need to achieve a rapid and substantial reduction of maternal morbidity and mortality. The realization of these goals will have different implications for countries with different levels of mortality. However, all countries are called upon to reduce maternal morbidity and mortality levels to where they no longer constitute a public health problem.

The age at which women begin or stop child-bearing, the intervals between births, the total number of pregnancies and the sociocultural and economic circumstances in which women live all influence maternal morbidity and mortality.

Addressing the threat to women's health due to self-induced or otherwise unsafe abortion is another feature of Chapter VIII. There was considerable debate on this issue during PrepCom III. This debate will continue at the Conference. The draft text contains two alternative paragraphs on abortion under section 8.25. Both are bracketed and will be the subject of further negotiation in the Main Committee of the Conference. They are:

"8.25. [All Governments, intergovernmental organizations and relevant non-governmental organizations are urged to deal openly and forthrightly with [unsafe abortion] as a major public health concern. Particular efforts should be made to obtain objective and reliable information on the policies on, incidence of and consequences of abortion in every country. Unwanted pregnancies should be prevented through sexual health education and through expanded and improved family-planning services, including proper counselling to reduce the rate of abortion. Governments are urged to assess the health and social impact of induced abortion, to address the situations that cause women to have recourse to abortion and to provide adequate medical care and counselling. [Governments are urged to evaluate and review laws and policies on abortion so that they take into account the commitment to women's health and well-being in accordance with local situations, rather than relying on criminal codes or punitive measures. Although the main objective of public policy is to prevent unwanted pregnancies and reduce the rate of abortion, women should have ready access to quality health-care services that include reliable information, counselling and medical care to enable them to terminate pregnancies in those cases where it is allowed by law, if they so decide, and that provide for the management of complications and sequelae of unsafe abortion. Post-abortion counselling, education and family-planning services should be offered promptly so as to prevent repeat abortions].

"[ALTERNATIVE 8.25. All Governments and intergovernmental and non-governmental organizations are urged to deal openly and forthrightly with unsafe abortion as a major public health concern. Governments are urged to assess the health impact of unsafe

abortion and to reduce the need for abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. In no case should abortion be promoted as a method of family planning. In circumstances where abortion is legal, women who wish to terminate their pregnancies should have ready access to reliable information and compassionate counselling and such abortion should be safe. In all cases, women should have access to services for the management of complications arising from unsafe abortions. Any measures to provide for safe and legal abortion within the health system can only be determined at the national level through policy changes and legislative processes which reflect the diversity of views on the issue of abortion.]"

AIDS is another major threat to health, in both developed and developing countries. The World Health Organization estimates that the cumulative number of AIDS cases in the world by mid-1993 amounted to 2.5 million persons, and that over 14 million people had been infected with HIV since the pandemic began. The draft Programme calls upon Governments to assess the demographic and development impact of HIV/AIDS and to address the pandemic through policies in a range of social sectors.

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## **Population and sustainable development**

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Cairo, Egypt

5-13 September 1994

ICPD INFORMATION KIT -- STORY 6

AN INTEGRATED APPROACH TO POVERTY, POPULATION AND SUSTAINABLE  
DEVELOPMENT

Widespread poverty, environmental conditions, the use of natural resources, and economic and social development are closely linked to population growth and distribution. Ensuring that population and development strategies acknowledge these links and address the full range of related issues is a key objective of the International Conference on Population and Development (ICPD).

Unsustainable patterns of consumption and production are depleting natural resources and causing environmental degradation, while reinforcing social inequity and poverty. The development challenge is to meet the needs of present generations and improve their quality of life in ways that do not compromise future generations' ability to meet their own needs.

Chapter III of the draft Programme of Action of the Conference, "Interrelationships between Population, Sustained

Economic Growth and Sustainable Development", spells out actions aimed at meeting this challenge, in three related areas: integrating population and development strategies; population, sustained economic growth and poverty; and population and environment.

#### INTEGRATED APPROACH SOUGHT

Macroeconomic and sectoral development policies have rarely given due attention to population considerations. The ICPD draft Programme states that explicitly taking population considerations into account in economic and development strategies -- planning, decision-making and resource allocation at all levels and in all regions -- will contribute to both sustainable development and poverty alleviation, and to slower population growth and an improved quality of life.

The draft Programme calls for the integration of population issues into the formulation, implementation, monitoring and evaluation of all international, regional, national and local policies and programmes relating to sustainable development.

Governments are also called upon to reduce and eliminate unsustainable patterns of production and consumption, and promote appropriate demographic policies. Developed countries are urged to take the lead in achieving sustainable consumption patterns and effective waste management.

#### POVERTY ALLEVIATION

Despite decades of development efforts and gains in such indicators as life expectancy and national product, both the gap between rich

and poor nations and inequalities within nations have widened in recent years. Serious economic, social, gender and other inequities persist and hamper efforts to improve the quality of life for hundreds of millions of people. Approximately 1 billion people live in poverty and the number continues to mount.

Many developing countries and countries with economies in transition face major development obstacles which make it increasingly difficult to improve the quality of life of their people in a sustainable manner. These include persistent trade imbalances, the slow-down in the world economy, debt-servicing problems, and the need for technologies and external assistance.

The draft Programme states that sustainable development and poverty eradication should be supported by macro-economic policies designed to provide an appropriate international economic environment, as well as by good governance, effective national policies and efficient national institutions.

Widespread poverty remains the major challenge to development efforts. Poverty is often accompanied by unemployment, malnutrition, illiteracy, low status of women, exposure to environmental risks and limited access to social and health services, including reproductive health services which include family planning. All these factors contribute to high levels of fertility, morbidity, and mortality, as well as to low economic productivity.

Poverty is also closely related to inappropriate distribution of population, to unsustainable use and inequitable distribution of such natural resources as land and water, and to serious

environmental degradation.

Efforts to slow population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing. Slower population growth has in many countries bought more time to adjust to future population increases. This has increased those countries' ability to attack poverty, protect and repair the environment, and build the base for future sustainable development.

Efforts to eradicate poverty require investments in basic education, sanitation, drinking water, housing, food supply and infrastructure for rapidly growing populations. This strains already weak economies and limits development options. Jobs must be created for growing numbers of young people entering the labour force at a time when unemployment is already widespread. The number of elderly persons requiring public support is also increasing rapidly. Sustained economic growth in the context of sustainable development is necessary to accommodate all these pressures.

Success in eradicating poverty, in turn, would contribute to slowing population growth and to achieving population stabilization earlier than would otherwise be the case.

Proposed actions in this regard include: giving priority in national population and development strategies and budgets to human resource development, job creation and training; eliminating inequities and barriers to women in the workforce; taking measures to strengthen food, nutrition and agricultural policies and

programmes; promoting women's participation in policy-making and implementation; and strengthening women's access to productive resources, including land.

#### POPULATION AND ENVIRONMENT

Agenda 21, adopted at the 1992 UN Conference on Environment and Development, addressed major environment and development challenges such as poverty, consumption, demographic dynamics, human health and human settlements, and a broad range of environmental and natural resource concerns. The ICPD draft Programme of Action explicitly supports the objectives and actions agreed upon in Agenda 21, and then goes on to recommend five actions to help achieve population and environment integration.

This process should include: integrating demographic factors into environment impact assessments; developing income-generation and employment strategies directed at the rural poor and those living within or on the edge of fragile ecosystems; utilizing demographic data to promote sustainable resource management; modifying unsustainable consumption and production patterns through economic, legislative and administrative measures; and addressing the ecological implications of inevitable increases in population and changes in concentration and distribution, particularly in ecologically vulnerable areas and urban agglomerations.

Meeting the basic human needs of growing populations is dependent on a healthy environment. Environmental degradation and resource depletion are exacerbated by demographic factors, in combination with poverty and lack of access to resources in some areas, and with excessive consumption and wasteful production patterns in others.

The draft Programme of Action also emphasizes the need for women's full participation at all levels of population and environmental decision-making to achieve sustainable management of natural resources. In addition, it calls for research on linkages among population, consumption and production, the environment and natural resources, and human health as a guide to effective sustainable development policies.

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## Mobilizing international commitment

INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Cairo, Egypt

5-13 September 1994

ICPD INFORMATION KIT -- STORY 7

MOBILIZING INTERNATIONAL COMMITMENT TO ICPD OBJECTIVES

Achieving the population, health, education and development goals of the International Conference on Population and Development (ICPD) will depend on the strength of local, national, regional and international commitment to implementing the proposals outlined in the ICPD draft Programme of Action.

Chapters XIII (National Action), XIV (International Cooperation), XV (Partnership with the Non-Governmental Sector) and XVI (Follow-up to the Conference) of the draft Programme discuss various aspects of implementation. Estimates are made of the domestic costs and international assistance that will be required to provide reproductive health care and related services in developing countries. (Proposed wording that has not been agreed to is included within square brackets in the document and in the summary below.)

NATIONAL ACTION

Population and development programmes and projects have proven successful, Chapter XIII points out, where national leaders are strongly committed to economic growth, human resource development, gender equality and equity, and meeting the health needs -- including reproductive health -- of everyone. Noting the growing recognition of the intrinsic links between population and development, the draft Programme of Action stresses the need to take this connection into account in development planning.

The document also stresses that the intended beneficiaries need to be engaged fully in the design and implementation of population-related policies and programmes if they are to be sustainable. It recognizes non-governmental organizations and the private sector as important partners in the formulation and especially the implementation of national policies and programmes. And it emphasizes the importance of national legislatures in enacting legislation, allocating funds, ensuring accountability of expenditure, and raising public awareness of population issues.

Well-managed human resource development is critical to population and development programmes, the draft Programme of Action states; special consideration should be given to training and employing women.

The bulk of funds for countries' development efforts will continue to come from national resources, the document notes, making domestic resource mobilization a priority if ICPD objectives are to be met. Least-developed and other poor countries that are undergoing structural adjustments or experiencing economic recession will also need significantly greater financial and



technical assistance from the international community.

Demand for [reproductive health, including family planning] services will continue to grow very rapidly over the next two decades as the number of women and men of reproductive age increases. This demand will be boosted by the growing interest in delaying child-bearing, spacing births and limiting family size, and by easier access to higher-quality services.

To meet this increased need for basic [reproductive health, including family planning] services, the ICPD draft Programme of Action stresses the need for a broad, integrated package of services that includes the following components:

- \* [Family planning services -- including contraceptive commodities and service delivery;] support for information, education and training; upgrading of facilities, especially at the primary health-care level; policy development and programme evaluation; supplies; management information systems; and service statistics.

- \* Other basic [reproductive health services] -- information and routine services for prenatal, normal and safe delivery and post-natal care; [safe abortion (as permitted by the laws of individual countries);] education about [reproductive health], including sexually transmitted diseases, human sexuality and responsible parenthood, and against harmful practices; adequate counselling; diagnosis and treatment for sexually transmitted diseases and other reproductive tract infections; prevention of infertility and appropriate treatment; and referrals and counselling about sexually transmitted diseases, including

HIV/AIDS, and pregnancy and delivery complications.

\* Prevention of sexually transmitted diseases and HIV/AIDS -- mass media and in-school education programmes; promotion of voluntary abstinence and responsible sexual behaviour; and expanded distribution of condoms.

\* Research; data collection and analysis; and population and development policy analysis, with an emphasis on building national capacities in these critical areas.

#### COST ESTIMATES

The ICPD draft Programme of Action offers cost estimates for programmes in developing countries and countries with economies in transition, in regard to [reproductive health and family planning], maternal health and the prevention of sexually transmitted diseases, and collection and analysis of population data. The total amounts needed are put at: [\$17.0 billion in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010 and \$21.7 billion in 2015]; approximately 65 per cent of this is for delivery systems.

The family planning component is estimated to cost [\$10.2 billion in 2000, \$11.5 billion in 2005, \$12.6 billion in 2010 and \$13.8 billion in 2015]. This is based on projections of the number of couples and individuals likely to be using family planning information and services, and of future costs for improved quality of care (increases are likely to be offset by reduced costs per user as both contraceptive prevalence and programme efficiency increase).

Other [reproductive health] services (not including the delivery-system costs, which are part of the [family planning] component) are estimated to cost [\$5.0 billion in 2000, \$5.4 billion in 2005, \$5.7 billion in 2010 and \$6.1 billion in 2015]. These estimates are based on experience with maternal health programmes in countries at different levels of development, selectively including other reproductive health services.

The sexually transmitted disease/HIV/AIDS prevention programme is estimated by the WHO Global Programme on AIDS to cost \$1.3 billion in 2000, \$1.4 billion in 2005, and approximately \$1.5 billion in 2010 and \$1.5 billion in 2015.

Basic research, data collection, and population and development policy analysis are estimated to cost [\$500 million in 2000, \$200 million in 2005, \$700 million in 2010 and \$300 million in 2015].

It is tentatively estimated that up to two thirds of the costs will continue to be met by the countries themselves [and up to one third from external sources]. However, the document states, the least developed countries and other low-income developing countries will require a greater than one-third share of the costs in external resources on a concessional and grant basis.

Additional resources will be needed in the health-care sector to strengthen the primary health-care system, child survival programmes, emergency obstetrical care, control of sexually transmitted diseases and HIV/AIDS, and treatment and care of those infected.

Substantial additional investments are also required: to provide universal basic education and to eliminate disparities in educational access due to gender, geographical location, or social or economic status; to improve the status of women and ensure their full participation in the development process; to generate employment; to address environmental concerns, including unsustainable patterns of production and consumption; to provide social services; to achieve balanced distributions of population; and to eradicate poverty through sustained economic growth in the context of sustainable development. Investments in these areas are expected to result in improvements in the quality of life and greater equity.

In mobilizing and effectively utilizing resources to improve the quality and expand availability of [sexual and reproductive health care, including [family planning], Governments, non-governmental organizations, the private sector and local communities are called on to emphasize meeting the needs of underserved population groups, including adolescents, and the rural and the urban poor. Governments are urged to devote [at least 20 per cent] or [an increased proportion] of all public-sector expenditures to the social sectors, as well as [20 per cent] or [an increased proportion] of official development assistance, stressing poverty eradication within the context of sustainable development.

#### INTERNATIONAL COOPERATION

Chapter XIV of the draft Programme of Action points out that in the past two decades, international cooperation has been essential for the implementation of population and development programmes. The number of financial donors has increased steadily, and includes

both developed and developing countries and multilateral agencies as well as non-governmental and private-sector organizations. The document calls for better coordination of these efforts.

The 1989 Amsterdam Declaration on a Better Life for Future Generations called on Governments to double expenditures in population programmes and on donors to increase their support of [family planning] and other population activities from 2 per cent to 4 per cent of official development assistance by the year 2000. Since then, however, prolonged recession in traditional donor countries and economic difficulties in developing countries have impeded progress towards these targets.

The draft Programme stresses that additional resources are urgently required to satisfy unmet needs related to population and development, including [sexual and reproductive health care and family planning information and services], as well as to respond to future increases in demand, and to improve the scope and quality of programmes. It also calls for a diversification of sources of contributions, short-term assistance to the countries with economies in transition, and increased support for direct South-South cooperation.

Given the magnitude of the financial resource needs for national population and related programmes, and assuming that recipient countries will be able to generate sufficient increases in domestic allocations for population and related programmes, the draft Programme of Action estimates that the following amounts of complementary resources from donor countries will be needed to meet the overall resource needs [identified in Chapter XIII] (in 1993 US dollars): [\$5.7 billion in 2000; \$6.1 billion in 2005;

\$6.8 billion in 2010; and \$7.2 billion in 2015].

[Donor agencies and the recipient Governments concerned are invited to devote at least 20 per cent of development assistance to the social sectors, along with a similar level of domestic expenditure.]

The document goes on to propose that the United Nations Population Fund, other United Nations organizations, multilateral financial institutions, regional banks and bilateral financial sources coordinate their financing policies and planning procedures to improve cost-effectiveness.

#### PARTNERSHIP WITH NGOS

"Broad and effective partnership" between Governments and non-governmental organizations (NGOs) is essential to the formulation, implementation, monitoring and evaluation of population and development activities, the ICPD draft Programme of Action states.

NGOs are already recognized for their innovative programme design and implementation, including grass-roots participation. Often they are rooted in and interact with constituencies that are poorly served and hard to reach.

Many NGOs have expertise in areas of direct relevance to the Programme of Action. [Family planning organizations], women's organizations and immigrant and refugee support advocacy groups have provided educational services and raised public awareness of population and development policies. Youth organizations play an

increasingly important role in educating youth on [sexual and reproductive health], gender and environmental issues.

Organizations of the aged, migrants and persons with disabilities also contribute to programmes.

According to the draft Programme, the full range of NGOs and community groups should be involved in discussion and decisions on the design, implementation, coordination, monitoring and evaluation of programmes relating to population, development and environment. The participation of women and of women's organizations is particularly important.

The document also acknowledges the role played by the private sector in social and economic development, including production and delivery of [sexual and reproductive health commodities and services] in a cost-efficient manner. It calls on Governments to promote private sector involvement in service delivery and in the production and distribution of [reproductive health and family planning] commodities and contraceptives which are accessible and affordable to low-income sectors of the population.

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