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# 6 Billion

**A Time for Choices**

## Cairo Population Plan Needs More Funding to Sustain Progress

**A** fifth-year review of the 1994 International Conference on Population and Development (ICPD) shows that countries are making progress in carrying out their 20-year action plan to improve living standards, promote gender equality and sustainable development, and stabilize population growth. However, increased funding, especially by donor countries, is needed to sustain the progress, according to *The State of World Population 1999* report just released by the United Nations Population Fund (UNFPA).

At the Cairo Conference, policy emphasis shifted from a narrow focus on contraception towards a broader development agenda, and to providing better women's health care and empowering women and girls. It was acknowledged that improved services and wider choices, free of coercion, would lead to smaller families and slower population growth. Governments agreed to take action to provide universal primary education and reproductive health care, including family planning, by 2015, and to reduce the death rates of infants, children and mothers.

To review progress since Cairo, UNFPA conducted a survey of countries, held a series of technical meetings, and convened a forum at The Hague in February 1999 at which governments and non-governmental organizations (NGOs) shared their findings. Finally, the United Nations General Assembly convened a special session from 30 June to 2 July 1999 at which governments adopted a set of key actions for further implementation of the ICPD Programme of Action.

The review found that actions since Cairo were producing positive results. Over the past five years, many countries have taken steps to integrate population concerns into their development strategies. Many are focusing on quality reproductive health care, as envisioned in Cairo, including family planning, prenatal and post-natal care, screening and treatment of sexually transmitted diseases (STDs), and appropriate care during birth.

The rising use of family planning methods indicates that there is greater access to services and that more and more couples and individuals are able to choose the number and spacing of their children. Many countries have taken steps to better manage international migration flows through bilateral and multinational agreements. In addition, many civic groups are contributing to the formulation and implementation of policies, programmes and projects on their own or in partnership with governments and the private sector.

There is also progress in improving the status of women, which is viewed as essential for achieving the objectives of the Cairo Conference. Laws to protect women's rights, with regard to marriage and divorce, property, inheritance, and political and economic participation, are being passed or strengthened in many countries. Harmful traditional practices, such as female genital mutilation, are increasingly being outlawed. And violence against girls and women, including dowry murders and "honour" killings, no longer goes unchallenged.

However, for some countries and regions, progress has been limited, and in some cases setbacks have occurred. Women and girls continue to face unnecessary discrimination. HIV/AIDS has caused death rates to rise, particularly in sub-Saharan Africa. Far too many women in poor countries die or become ill as a result of pregnancy and childbirth. Young people remain particularly vulnerable to unwanted sex and pregnancy, STDs and sexual exploitation. And millions of couples and individuals still lack access to reproductive health information and services including quality, voluntary family planning.

The fifth-year review called for increased efforts and resources to raise education levels, reduce maternal mortality, increase skilled birth attendance, reduce the transmission of STDs including HIV/AIDS, and expand reproductive health information and services.

Governments set new benchmarks to measure progress in the next 15 years. Regarding education, they agreed that the 1990 illiteracy rate for women and girls should be halved by 2005, and that 90 per cent of

boys and girls should be in primary school by 2010. They agreed that by 2005, 60 per cent of primary health care and family planning facilities should offer a wide range of services, including family planning, obstetric care, and prevention and treatment of reproductive tract infections including STDs; that 80 per cent of facilities should offer such services by 2010; and all should do so by 2015.

To reduce the death rate of mothers during pregnancy and childbirth, governments agreed that by 2005 at least 40 per cent of all births should be assisted by skilled attendants where the maternal mortality rate is very high, and 80 per cent globally. By 2010, these figures should be 50 and 85 per cent respectively, and by 2015, 60 and 90 per cent. They also agreed to reduce unmet need for contraceptives by half by 2005, 75 per cent by 2010, and 100 per cent by 2015.

With HIV/AIDS spreading faster than anticipated five years ago, special emphasis was placed on sexual and reproductive health education and services for young people. The review called for school children at all levels, as appropriate, to receive education about sexual and reproductive health issues to teach them responsible sexual behaviour and protect them against diseases, unwanted pregnancy and sexual abuse. It asked governments to set up confidential counselling and health services for sexually active teens. Delegates also set a 2005 deadline for governments to ensure that 90 per cent of 15-24-year-olds have access to information and services to help them avoid HIV infection. Those services should include access to condoms, voluntary testing, counselling and follow-up.

The review also urged that where abortion is legal, countries should train and equip health service providers and should take other measures to insure that abortion is safe and accessible. It stressed, however, that abortion should not be used as a method of family planning.

At Cairo, governments agreed to provide a wide range of reproductive health services, including but not limited to family planning, through the primary health care system. The challenge for most countries is how to expand or merge services, given resource constraints and ongoing reform. In many developing countries, family planning programmes are separate from health services, and each have their own systems of administration, staffing, service delivery, supervision and reporting; moving to an integrated system, in which all primary health care services will be delivered under one roof by the same cadre of providers, is a difficult challenge. Shortage of resources adds to the difficulties involved.

Nevertheless, many countries have made good progress in putting integrated systems in place. Enabling all countries to do the same is a priority.

Achieving the goals set out in Cairo in 1994 and in New York at the fifth-year review will require greater political commitment, development of national capacity, increased international assistance and increased domestic resources. There is also a strong need to further develop effective, transparent partnerships with NGOs, religious groups, parliamentary leaders, educators and the private sector.

In Cairo, governments agreed that \$17 billion a year would be needed by the year 2000 for population and reproductive health activities. Of this, two thirds, or \$11.3 billion, was to come from developing countries themselves and the remainder, \$5.7 billion, from donor countries.

The developing countries, which now commit some \$7.7 billion, are about two thirds of the way to their target, although spending is concentrated in a few large countries. The donor countries, however, have reached only about one third of their target, or \$1.9 billion. Leading donors in the 1990s such as the Netherlands, Norway and Denmark have allocated a relatively large share of their gross national product to development assistance including the share to population; others, notably Australia, Finland and the United Kingdom, have begun to increase the population share. On the other hand, the United States, while still the leading donor for population activities, has recently reduced its level of support.

The shortfall in international assistance is a threat not merely to the ICPD Programme of Action, but to global stability and security. Unless funding increases substantially, it could spell continued high rates of female illiteracy, unwanted pregnancy, abortion, maternal and child deaths, and an even faster spread of HIV/AIDS.

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