

# 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”*

Former Secretary-General  
Kofi Annan, 2002

## Background

The 1994 International Conference on Population and Development in Cairo created a shift in the way the world viewed the relationship between population and development. The 179 nations participating in the conference approved a 20-year Programme of Action. This visionary programme, which was later endorsed by the United Nations General Assembly, reflects an international consensus on the need to foster sustainable development. It emphasized the linkages between reducing poverty, empowering women, improving health, providing universal access to reproductive health services, enhancing the quality of life of the world’s people and creating a better balance between population dynamics and social and economic development.

The following year, the Fourth World Conference on Women in Beijing defined a 20-year Platform for Action that complemented and expanded on the Cairo commitments. This Platform aims to eliminate all forms of discrimination and violence against women, and to constructively engage men in achieving gender equality.

Five years later, at the start of the new millennium, representatives of 189 nations, including 147 heads of state or government, gathered at the United Nations for a historic Millennium Summit in 2000. They adopted an ambitious set of Millennium Development Goals, which embraced the commitments of Cairo and Beijing.

The importance of the MDGs in quantifying many of the goals articulated in these earlier agreements should not be underestimated. The global community now has measurable targets to live up to, and most countries have established baselines by which they are assessing their own progress.

Achieving the MDGs by the target date of 2015 would fulfil many of the commitments made in Cairo and Beijing, while transforming the lives of billions of the world’s people. This achievement would cut the number of people living in extreme poverty in half, demonstrate progress towards achieving gender equality, whether in

the classroom or in Parliament, improve maternal and reproductive health and reverse the AIDS epidemic.

In 2009 and 2010, the 15th anniversaries of the Cairo and Beijing conferences, respectively, were commemorated. The year 2010 also marks the 10th anniversary of the Millennium Summit, from which emerged the Millennium Development Goals. Encouragingly, with so much attention focused on these landmark events, we have seen no wavering of commitment to the issues they defined. There has been acknowledgement, however, of how much remains to be accomplished if the visions inspired by them are to become actualized.

The United Nations, regional organisations, national governments, parliamentarians and civil society organisations around the world continue to strive to implement the Cairo Programme of Action, the Beijing Platform for Action and the Millennium Goals. We remain committed to the idea that reproductive health and rights form a cornerstone of development and to the MDG target of universal access to reproductive health by 2015.

## Resource Requirements for Population and Reproductive Health

Mobilizing the resources to reach the ICPD and MDG target of universal access to reproductive health by 2015 is essential if international development goals are to be realized. The challenge before the international community – donors and developing countries alike – is to move from declarations of good intentions to active partnerships and investments in a healthier future. This book provides an abundance of easy-to-access information that can be helpful in building the case for increased resources.

In this regard, it may be helpful to recall that the ICPD Programme of Action contained global estimates of resource requirements for the implementation of national population and reproductive health programmes through 2015. Approximately two thirds of the projected costs were to come from domestic sources and one-third from the international donor community. Each year, UNFPA takes the lead in tracking these resource flows for population activities.

Much has changed in the 15 years since those resource requirements were set, and the projections have been revised upwards, to reflect rising costs, the AIDS epidemic and more strenuous efforts to reduce maternal death.

The new estimated resource requirement is US \$65 billion for 2010, rising to \$70 billion by 2015. According to figures released in September 2009 by UNFPA, donor assistance to population activities reached \$8.7 billion in 2007, with another \$18.5 billion mobilized by developing countries for that year. The global total fell far below what was needed to achieve universal access to reproductive health and meet other ICPD and MDG targets. Family planning in particular was shortchanged, with lower actual resources available in 2007 than in 2000.



## Using This Edition - And the Online Version

Since 2003, UNFPA and the Population Reference Bureau have collaborated in publishing the Country Profiles for Population and Reproductive Health: Policy Developments and Indicators. All the information, country statistics and indicators in the report are also placed on the websites of UNFPA ([www.unfpa.org/countries](http://www.unfpa.org/countries)) and PRB ([www.prb.org](http://www.prb.org)). These resources provide users, whether government officials or civil society advocates, with reputable and updated data to inform their work.

For a quick overview of the country situation, readers can refer to the country profile, which is followed by more than 100 indicators on health and development. In addition, regional overviews and maps show the relative position of countries with regard to leading social and economic indicators.

The 2009-2010 publication is an update of the 2005 volume. It contains the same types of statistics, but they have been arranged into additional categories to simplify finding specific data. The report covers basic

demographic trends, as well as social and economic indicators, and statistics on maternal and child health, adolescent reproductive health, education, HIV and AIDS, gender equality and reproductive health demand. All data were collected prior to November 2009. These indicators are provided for both the reference year, generally 1990, and the most recent year for which data are available. (The year is shown after each indicator.) A symbol is used to highlight those indicators used for monitoring the MDGs and ICPD Programme of Action. This year, regional editions are also being published for each of the five regions.

An online version of this publication is also available, linked to a dynamic database that is updated regularly ([www.unfpa.org/countries](http://www.unfpa.org/countries)). The online version will be the best place to access updated information and indicators. The database is collated and maintained by the Population Reference Bureau staff.

## Data Sources

Technical notes (on page 331) provide information detailing the specific data sources for key indicators as well as guidance for the interpretation of the statistics. Official United Nations estimates are used for all MDG indicators. These figures are supplemented, as necessary, by additional standard data sources. Information on social and political contexts and policy priorities have been obtained from UNFPA country offices and standard United Nations reports. National statistics may differ from the UN estimates due to delays in reporting or incorporation of new estimates into UN databases, application of methodologies adjusting data to increase cross-country comparability and use of non-standard methodologies. Any discrepancies deserve attention in the formulation of national programme strategies and in the improvement of statistical systems. Information on disparities within countries is derived from reports of Demographic and Health Surveys, special tabulations of the World Bank and related sources.



Mobilizing the resources to reach the ICPD goal of universal access to reproductive health care by 2015 is essential if the promises of the Millennium Declaration are to be realized.

Indicators			
<b>SOCIO-ECONOMIC &amp; HEALTH</b>			
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	1990	Most Recent	
	3,376	6,941	2008
Gross Domestic Product Growth Rate, Annual Per Cent	10.6	3.0	2008
Income Group per World Bank Classification	na	Lower middle income	2009
Population Below \$1.25/Day, Per Cent	▲	na	na
Population Living Below National Poverty Line, Per Cent	na	na	na
Share of Income or Consumption by Poorest Quintile	▲	na	na
Access to Improved Drinking Water Supply, Per Cent	●	na	91
Access to Improved Sanitation, Per Cent	●	na	47
<b>MATERNAL HEALTH</b>			
Maternal Mortality Ratio per 100,000 Live Births (MMR)	1990	Most Recent	
	na	52	2005
MMR, Lower Bound	na	52	2005
MMR, Upper Bound	na	100	2005
Antenatal Care, At Least One Visit, Per Cent	●	na	94
Deliveries Attended by Skilled Attendants, Per Cent	●	na	96
<b>CHILD HEALTH</b>			
Infant Mortality Rate per 1,000 Live Births	1990	Most Recent	
	35	22	2007
<b>ADOLESCENT REPRODUCTION</b>			
Proportion of Population 15-24			
Age-Specific Fertility Rate per 1,000 15-19			
Adolescent Women 15-19 Who Have Childbearing, Per Cent			
Median Age at First Sexual Intercourse 25-49, Female			
Median Age at Marriage/Union, Male			
Median Age at Marriage/Union, 25-34, Female			
Married/In-Union by Age 18, Per Cent			
HIV Knowledge, Men 15-24 Who Know That a Person Can Reduce Risk of HIV by Consistent Condom Use, Per Cent			
HIV Knowledge, Women 15-24 Who Know That a Person Can Reduce Risk of HIV by Consistent Condom Use, Per Cent			
HIV Knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Have HIV, Per Cent			
HIV/AIDS Prevalence, 15-24, Male, Per Cent			
HIV/AIDS Prevalence, 15-24, Female, Per Cent			
<b>GENDER EQUALITY</b>			
Gender Parity Index, Net Primary Education			

MDG and ICPD Programme of Action Monitoring Indicators are called out through the use of symbols.

MDG Indicators

ICPD Indicators

