

**Messages and Preliminary Findings**  
**From the ICPD Beyond 2014 Global Review**  
**June 24, 2013**

*Introduction*

The world of ICPD in 1994 looks comparatively simple when viewed from 2014. Between 1990 and 2010 the number of people living in extreme poverty fell by half as a share of the total population in developing countries (from 43% to 21%), a reduction of almost 1 billion people. China was responsible for three-quarters of that achievement<sup>1</sup>, and the entry of women into Asia's export manufacturing sector has been a key driver of economic growth, and contributed to a shift in global wealth from West to East. These gains are expected to continue, and by 2030 both India and China are expected to surpass the GDP of every economy except Japan and the USA.

Along with economic growth has come a massive increase in greenhouse gas emissions, with the US being surpassed by a developing country in total emissions in 2007. Earlier this year the concentration of CO<sub>2</sub> in the atmosphere surpassed a long-feared milestone of 400 parts per million for the first time in 3 million years, suggesting that our chances of keeping climate below tolerable levels is fading quickly.

We are in a time of relative global peace, with the world experiencing a precipitous decline in interstate warfare since the end of the cold war. Yet, select regions have experienced sustained conflicts. The world has also seen important shifts in the diffusion of authority and leadership – with a growing multiplicity of national and non-state actors (including terrorist networks). In the past decade or so, the rise in coverage and attention both to religious fundamentalism as well as the activities of groups espousing or actively enforcing such ideas has impacted the environment for the implementation of the ICPD Programme of Action, including curtailing the human rights of individuals, especially women and girls.

Much global progress has been made in access to education, including for girls, and research supports a significant correlation between growing female literacy and stronger GDP growth – positioning Asia and Latin America to succeed in the knowledge-based economy of the future. The information and technology revolution of the past two decades has helped developing countries leapfrog hard technology infrastructure and bring new access and global engagement to millions of people in remote parts of the world. Over 58 percent of people in developing countries, and 25 percent in least developed countries, now have access to cell phones (UNCTAD 2010). The chance to capitalize on connectivity to further ICPD-related goals in human development is one of the great opportunities of our time.

But the rise of the global middle class in the past 20 years is shadowed by increasing inequalities both within and between countries. Deaths due to HIV/AIDS epidemic have had devastating consequences for families and the productive workforce across Africa and Asia. The estimated 1 billion people living in the 50-60 countries caught in 'development traps' of bad governance, wasted natural resource wealth, no trading partners, or conflict – have seen little to no gains in health and well-being since 1994, and some are poised to become poorer as the rest of the global population anticipates further gains in livelihoods. While all members of the population suffer in conditions of structural poverty, the threats to women's survival are especially acute, due to the vulnerabilities of high fertility without clinical care, and the

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<sup>1</sup> World Bank, 2013

extreme physical burdens of food production and water supply that fall disproportionately on poor women. It is in this subset of “least developed” regions – some within wealthier countries - that women’s status, maternal death, child marriage, and the many concerns of the ICPD – have seen minimal progress since 1994.

The scale of internal and transnational migration – a common response to structural poverty – was far smaller in 1994, but was already recognized as a major challenge to the provision of public services. But few foresaw that more than half the human population would become urban by 2008, or that the world’s cities and towns would be growing at an estimated 1.4 million per week, as they are today. And this is just the tip of the expected iceberg, with the growth of mega-cities one of the major population transformations of the coming decades – one for which international leadership is sorely needed if cities are to become places of innovation, economic growth and well-being. And while the growing internal migration of the young people into urban areas represents gains in agency and freedom, it also bears unique risks for young women, for whom the risk of sexual violence and reproductive ill-health may be increased.

The demographic transition associated with declining fertility and mortality levels has caused unprecedented changes in global population size, age structure and spatial distribution. The world’s population increased from 5.3 billion in 1990 to 6.9 billion in 2010, and crossed the 7 billion mark in late 2011, all during an unprecedented decline in global fertility of over half a child per woman. Reductions in fertility ultimately lead to a world with proportionately more older persons, with the global population aged 60 years or older increasing by more than 270 million persons since 1990, and estimated to increase to more than 2 billion by mid-century. We also have the largest generation of youth in the world today, with the fastest rate of growth in Africa. Capitalizing on the “demographic dividend” of youth demands training that will prepare them for the 21<sup>st</sup> century economies.

As elaborated in the following preliminary findings from the ICPD Beyond 2014 Global Survey (2012), ideals of expanding opportunity and elaborating human rights appear to be shared by most governments of the world, and most have committed themselves to reducing poverty, raising the status of women, expanding education, eradicating discrimination, improving reproductive health and well-being, and embracing sustainability. Progress is nonetheless uneven, and the persistence of inequalities is evident throughout. Much work will be needed in the decade ahead.

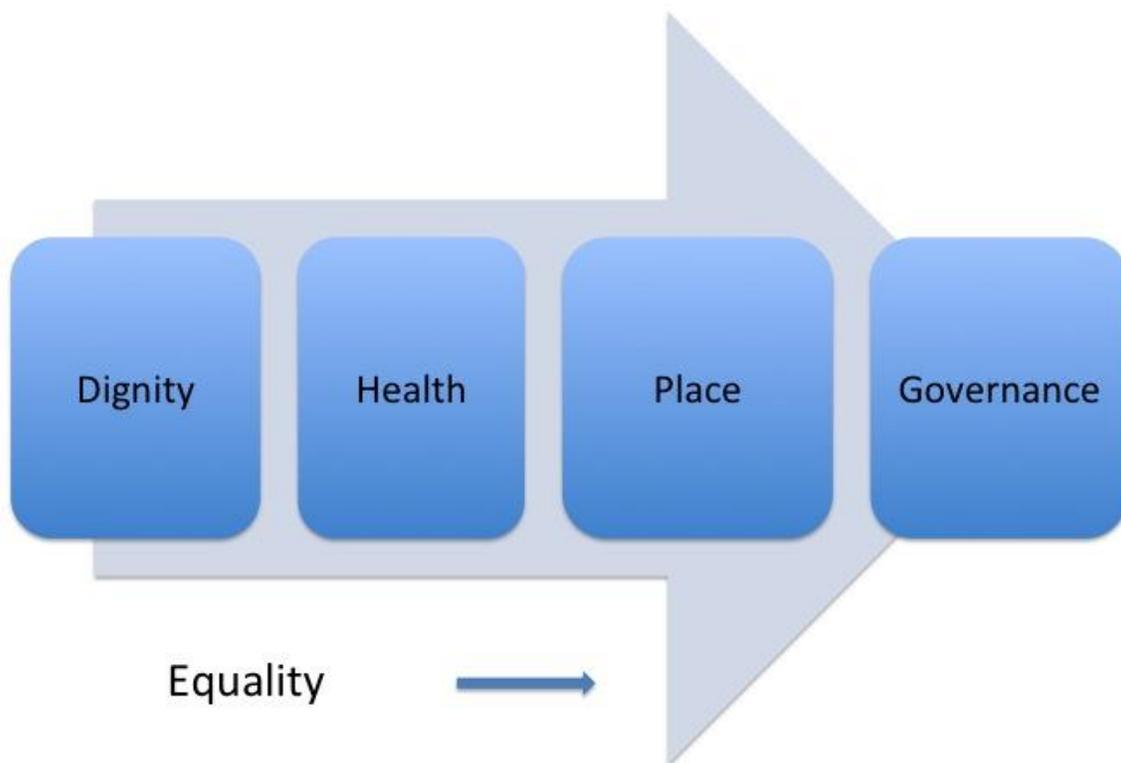
The following findings on government commitments are based on the ongoing analysis of the ICPD Beyond 2014 Global Survey that was completed by 176 member states and 7 territories and areas, representing all regions. Data on health outcomes, population change, wealth, and education are based on evidence reported by countries through censuses, household surveys (e.g. DHS, MICS), and UN-based surveillance systems (WHO; UNAIDS; UNICEF); and enriched by analyses drawn from technical reports commissioned as part for the ICPD Beyond 2014 Global Review.

## Framework of the Global Review

The Global Review offers an evidence-based appraisal of global, regional and national progress towards the goals of the 1994 ICPD Program of Action. The POA included a wide range of proposed actions addressing human rights, health care, education, work and family, discrimination, demographic freedom, sustainability, migration, democratic participation, and more.

Achievements and outstanding challenges are reviewed and reported under four ICPD-related principles of **dignity, health, security of place, and good governance** (*see below*). The Review addresses each principle in turn, summarizing accomplishments, shortfalls, and government commitments to the corresponding ICPD-related actions under each principle.

An underlying question in this Review – affecting our attention to all accomplishments – is the extent to which progress has been equitable across diverse sectors of society. Consistent with the fundamental commitment of Cairo to create a more fair and equitable world, one in which security, education, health and well-being would be shared by all persons – we examine social and spatial equality in progress throughout the review.

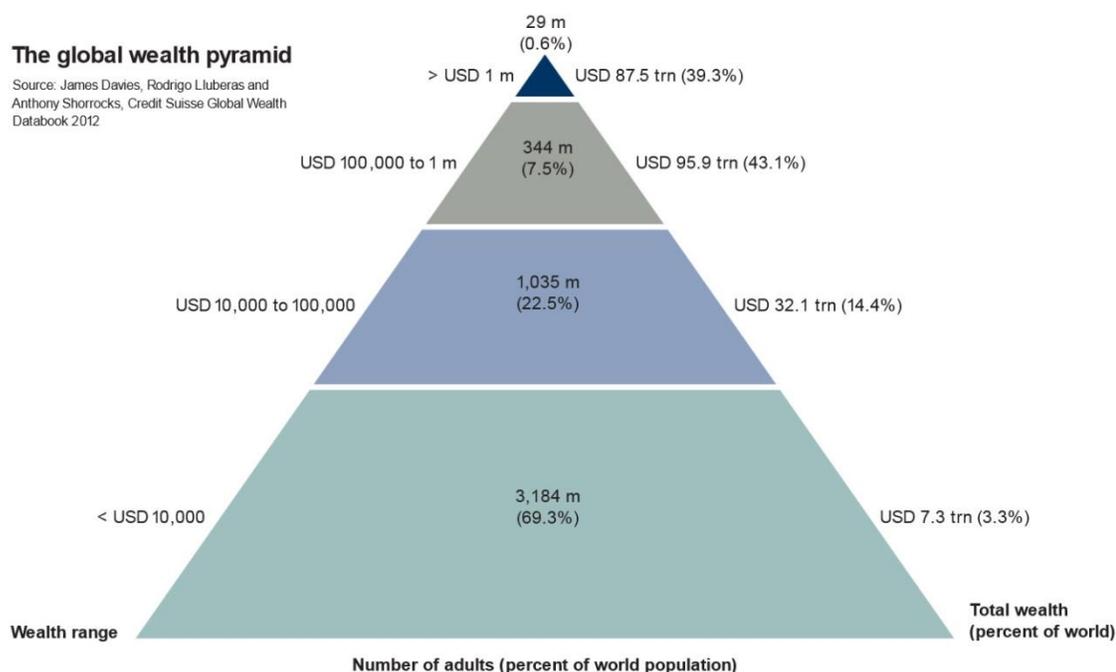


# DIGNITY

## Eradicating Poverty

- Globally, an overwhelming majority of countries, 93.1% remain committed to the eradication of poverty with special attention to income generation and employment opportunities. The current distribution of wealth is worrisome with increasing inequality which contributes to slower growth at the macro level, and prevents poverty reduction and class mobility at the micro level. The UN and Governments should put the issue of inequality and measures to address the mal-distribution of wealth at the centre of the global development agenda***

Social sustainability is a critical component of the global sustainability profile. Increasing inequality is disruptive and highly detrimental to development, even under the market-based paradigm which tends to view individual wealth as a compensation for effort and capability, as well as a further stimulus to growth. The current distribution of wealth presents a worrisome prognosis from this standpoint. Inequality may also contribute to slower growth at the macro level, and may also prevent poverty reduction and class mobility at the micro level through segmentation of markets. Further, high inequality reduces the efficiency of economic growth for poverty reduction by shunting the large majority of the proceeds to the wealthy, which is particularly salient given the environmental costs of economic growth under the current development paradigm.



According to the Credit Suisse Global Wealth Report depicted above, global wealth was estimated at US\$223 trillion in mid-2012. This works out to be an estimated US\$49,000 per capita for each of the world's 4.59 billion adults. Obviously, this average hides enormous inequalities. 69.3% of all adults were

found in the lowest income category; they had an average wealth of US\$2,293 and owned only 3.3% of global wealth. The next category (US\$ 10,000 to 100,000) had 1,035 million adults with an average wealth of US\$31,000 and owned 14.4% of global wealth. The category from US\$100,000 to US\$1,000,000 included 344 million adults, or 7.5% of the total, who had an average wealth of US\$279,000 and commanded 43.1% of global wealth. Finally, the category of millionaires included 29 million adults with an average wealth of US\$3.017 million. Representing only 0.6% of the world's adults, they commanded 39.3% of world wealth. In short, 8.1% of the adult population commands 82.4% of global wealth, while almost 70% possess only 3.3% of that wealth.

Such a concentration of wealth and opportunity in the hands of a few precludes the establishment of conditions for widespread growth and innovation, conditions necessary to eradicate poverty. It also has the potential to de-stabilize societies. In today's globalized context, wherein information spreads throughout the world like lightning, such a concentration of income could become a touchstone for political strife and instability, and demonstrations have protested against inequality. The mal-distribution of wealth also has consequences for environmental sustainability. Although the correlation between wealth and consumption or emissions is not perfect, it certainly exists. As stated elsewhere in this paper, it has been estimated that 7% of the world's population accounts for half of all emissions.

Based on findings of the Global Survey, an overwhelming majority of countries (93.1%) remain committed to "the eradication of poverty, with special attention to income generation and employment opportunities". Only 11 of the 162 responding countries were not committed to this concern, mostly rich or middle income (2 in Eastern Africa, 2 in Western Asia, 1 in Northern Africa, 2 in the Caribbean, 2 in Western Asia, 1 in Northern Europe, 2 in Southern Europe and 1 in Western Europe).

Despite such commitments, the progress in ICPD-related goals that is outlined in the following pages illustrates persistent inequalities by wealth.

### *Gender Equality*

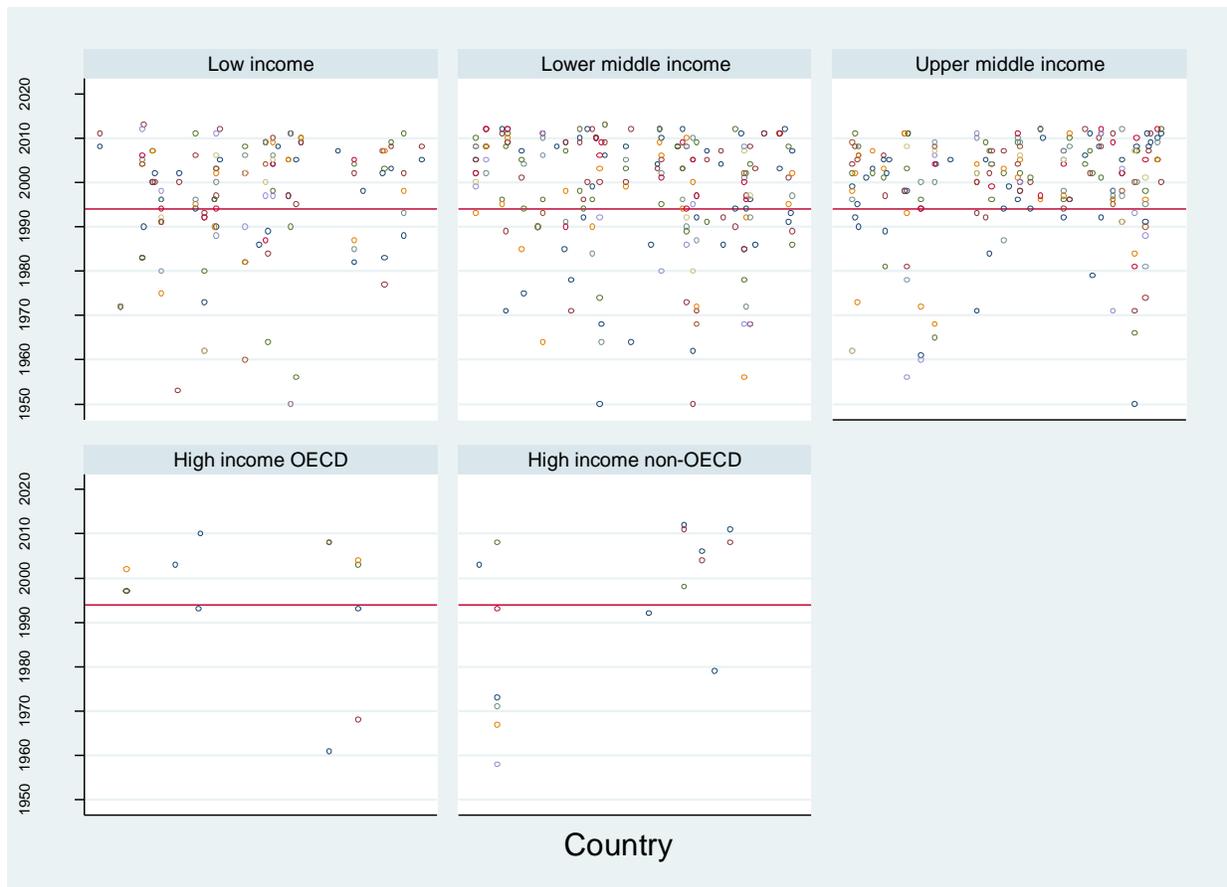
- 2. Nearly all countries recognize the importance of women's full participation in the formal and informal economy. There is need for concrete measures to translate these aspirations into measurable goals. The commitment of governments to policies, budgets and programmes for engaging men and boys to promote male participation and equal sharing of responsibilities in care work falls far short what is required to realize the full benefits of women's involvement in the work force and supportive and stable family life, with a smaller percentage of countries committing policies, budgets and programs to engage men and boys. This has to be a key priority of the global development agenda if the growing participation of women in the economic work force is to respond to the development of nations and enhance the status and quality of life of women.***
- 3. The majority of countries recognize the importance of addressing the needs of rural women and improving the welfare of the girl child in regards to health, nutrition, and education. This strong recognition in the case of improving the quality of lives of rural women is not supported by data in terms of the changes that have occurred since Cairo and points to the need for review of the soundness and effectiveness of policies related to this challenge.***

Discrimination of select populations is common in many countries, but the discrimination of women is nearly universal. Most young women are not empowered in the course of childhood. Instead, they are socialized to embrace subordination to men, and indoctrinated to adopt gender values that hold ideal femininity to be incompatible with independence, power or leadership. Women's agency is further compromised by early or unwanted marriage, unintended childbearing (particularly without adequate health system support), less education and lower wages than men, and widespread social tolerance for intimate partner violence. The hallmark commitment of the ICPD to women's empowerment, therefore, was not only an aspiration for dignity, but pivotal to creating the enabling conditions in which half the global population will have the possibility to define the direction of their lives, expand their capabilities, and elaborate their chosen contributions to society.

ICPD drew historic and overdue attention to the intimate relation between women's relative freedoms in marriage, sexuality and reproduction, their gendered position in society, and their lifetime health and well-being. The urgent need for ICPD's pro-women and pro-rights platform in 1994 reflected more than two decades of aggressive population control policies in which women's bodies were the objects, not the subject, of rights, and during which a global concern for population control had imposed birth control without heed to women's reproductive aspirations, their health, or the health of their children. Abuses were possible because women lacked political power, and it was the global coordination of women's groups at Cairo that resulted in a re-alignment of population goals within a context of reproductive rights and women's empowerment.

In the years since ICPD, many governments have established institutions to promote women's empowerment and gender equality. As reported by governments in the ICPD Beyond 2014 Global Survey, since the early 1990's the world has seen an impressive proliferation of national institutions to address gender equality and women's empowerment. These institutions span countries in all income brackets and all regions (**see Chart 1**). Countries in the chart are grouped by World Bank income classification. In each chart, one hollow circle represents one institution. The height of the circle represents the year of its establishment. Institutions from the same country are aligned vertically in one line. The X axis is categorical, representing countries in the listed income group. The red horizontal line indicates 1994.

**Chart 1. There has been a notable elaboration of institutions established to address gender equality & women’s empowerment since the early 1990’s, especially in lower-income countries.**



Worldwide, over 97% of countries report having programmes, policies and/or strategies addressing gender equality, equity and empowerment of women. At least 9 in every 10 countries across all regions have both frameworks in place (Africa, 100%; Asia, 100%; Europe, 93.9%; Americas 93.8%; Oceania, 92.9%).

However, only three quarters of responding countries have committed to “improving the situation and addressing the needs of rural women” (75.5%) and to “improving the welfare of the girl child, especially with regards to health, nutrition and education” (79.9%).

### *Equality in Work and Family Life*

The ICPD Programme of Action recognized that the full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household. In particular, the ICPD Programme of Action encouraged countries to “empower women and take steps to eliminate inequalities between men and women” by:

\*Created under the auspices of the ICPD Secretariat in its General Assembly mandated convening role for the review of the ICPD Action Programme.

- Adopting appropriate measures to improve women's ability to earn income beyond traditional occupations, achieve economic self-reliance, and ensure women's equal access to the labour market and social security systems;
- Eliminating discriminatory practices by employers against women;
- Making it possible, through laws, regulations and other appropriate measures, for women to combine the roles of child-bearing, breast-feeding and child-rearing with participation in the workforce.

With regards to enhancing women's income-generation ability, 84.9% of all countries report commitments<sup>2</sup> to "increase women's participation in the formal and informal economy", and this commitment does not vary by the wealth of countries.

The enforcement of egalitarian legislative frameworks at the national level that enable women to participate in the labour market under the same conditions as men, such as the "elimination of discriminatory practices by employers" was comparatively high, with 85.3% of countries reporting that they currently have a law in place (with an enforcement provision) against gender discrimination at work in hiring, wages and benefits.

Yet while many countries have made substantial commitments to enhancing women's participation in the labour force since 1994, gender inequalities in the balance of work and family life have not garnered high commitments. For example, fewer than two-thirds of countries (63.5%) have commitments to "facilitating compatibility between labour force participation and parental responsibilities", making it difficult for women to combine child-rearing with participation in the workforce. This issue has been prioritized by a smaller proportion of countries in the Americas (53.3%) and in Africa (55.1%) compared with those in Asia (73.7%) or Europe (92.3%). In fact, a higher proportion of richer and slow-growing countries have shown commitment to implement these issues when compared to poorer and fast-growing countries.

Regarding maternity leave (of any length), 89.5% of countries have a law in place (with an enforcement provision) for paid leave, yet only 53.5% have such an instrument in place for paid paternity leave, constituting a major barrier to men's participation in reproductive roles. Europe is the region with the highest proportion of countries with a law guaranteeing such paternity-related benefit (81.3%), followed by the Americas (53.1%), Africa (51.9%), Asia (42.5%) and Oceania (28.6%).

Fewer than half of responding countries have enforced laws guaranteeing day-care centres and facilities for breastfeeding mothers in the public (40.6%) or private sectors (38.8%). These limitations can make it impossible for women to re-join the labour market after childbearing, or to sustain breastfeeding after doing so, with negative implications for both women's productivity and child health. In fact, only one in four African countries -the region where most of the population growth will occur in the next decades- have laws in place to ensure the compatibility between breastfeeding and work responsibilities (24.5% for both public and private).

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<sup>2</sup> Note: The definition of government "commitment" (yes/no), is based on countries reporting 3 responses to a given ICPD-related issue: [the existence of relevant policy] + [allocation of budget] + [implementation of programs] during the preceding 5 years. All 3 conditions must be met to classify a government as demonstrating "commitment" to the issue.

If a composite indicator is created for the five commitments to family-work balance (commitments or laws against workplace discrimination of women; policy commitments to work-family balance; maternity leave; paternity leave; breastfeeding in the workplace), of 113 countries with complete information, only 26, or 18.7%, have commitments in place to all five policies and provisions.

Finally, gender equality in the home and the workplace also demands changes in the involvement of men and boys in reproductive roles and household chores; without such task shifting women take on an inordinate double-burden of responsibility, and are unlikely to realize their full and fair participation in both productive and reproductive life.

Less than two-thirds of countries have committed “to engaging men and boys to promote male participation, equal sharing of responsibilities such as care work” (63.2%). Although no major regional variations are observed, grouping countries by income shows that this is a higher concern for high income OECD countries (81.3%), while the proportion of countries committed to this issue in the four other income groups is just above or below the world average (Low income: 68.8%; Lower Middle Income: 58.3%; Higher Middle Income: 57.4%; High-income non-OECD: 66.7%).

#### *Gender Based Violence*

- 4. While attitudes towards gender based violence, including wife beating and intimate partner violence appear to be improving, evidence shows that this remains a serious challenge, with an estimated one in three women having been beaten. This massive violation of human rights of women and girls, one of the most prevalent forms of human rights violation worldwide, continues to be driven by social attitudes or perception of the relative value of women to men and socialization of male children in society. Greater openness in discussing this issue by world leaders, religious and community leaders and traditional authorities and a commitment to public engagement through public campaigns and conversations on the need to change men and boys’ attitudes towards women and girls (along the lines of HIV/AIDS campaigns) seems to be the only effective way of facilitating rapid progress in this area.***

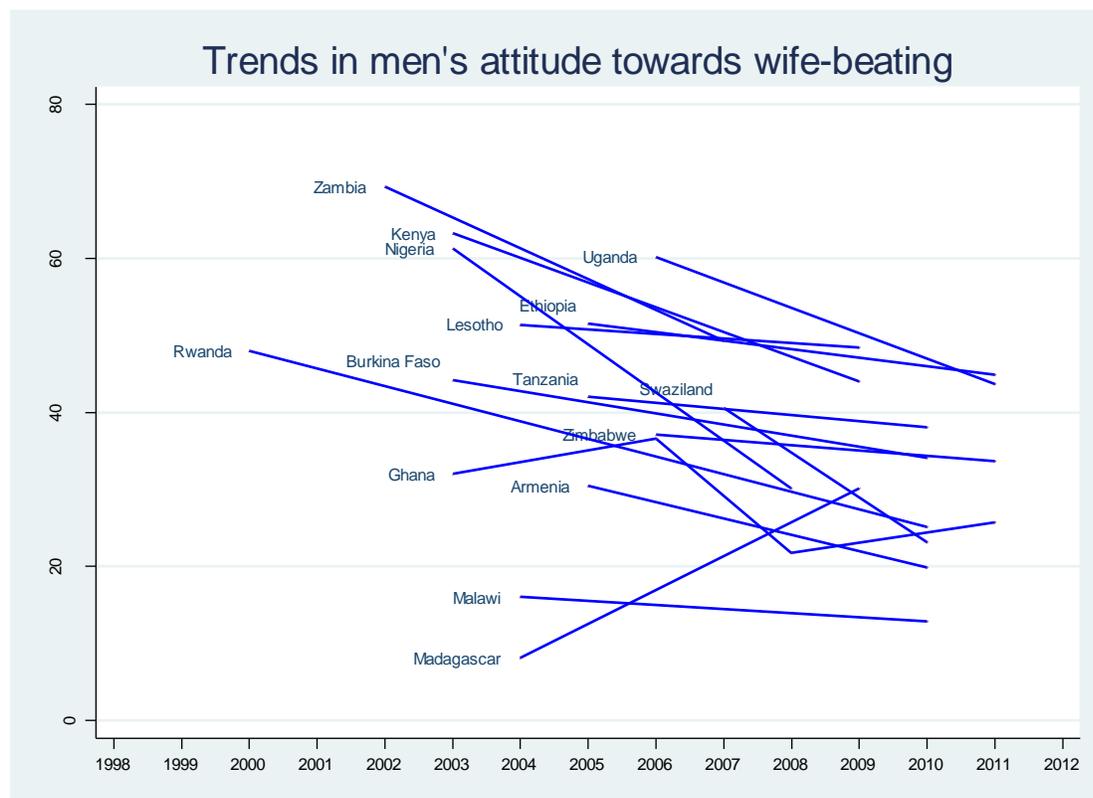
An estimated one in three women worldwide have been beaten, making gender-based violence one of the most prevalent forms of human rights violations worldwide. Yet reliable global research is unacceptably weak on this important issue. The only multi-country prevalence study estimating the extent of domestic violence (WHO 2005) found that the proportion of women who had ever suffered physical violence by a male partner ranged widely across 10 study countries – from 13% to 61%. The proportion of women who had experienced *severe physical violence* by a male partner, defined as “being hit with a fist, kicked, dragged, threatened with a weapon or having a weapon used against her” ranged from 4% to 49% of women across countries, with most countries falling between 13% and 26%. A new WHO prevalence report on the estimated prevalence of violence is anticipated later in 2013, and accountability systems should be a focus of the post-2014 agenda.

Of all the ICPD-related issues listed in the Global Survey ‘ending gender-based violence’ was among the issues to which the highest proportion of governments (88%) were committed. By region such commitments included 94% of governments in Africa, 87.1% in the Americas, 89.7% in Asia, 81.8% in Europe and 76.9% in Oceania.

Based on the Demographic and Health Surveys (DHS), there is evidence of changing values towards wife beating in Africa the past decade. In 15 countries (14 in Africa) the DHS collected data on attitudes to wife-beating at two time points, based on the percentage of men aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children or refuses sexual relations.

As displayed in the following figure (Figure 1), there has been a measurable decline in the proportion of males who endorse such justifications in all countries except one. While these trends suggest positive change in men’s respect for women’s dignity, it must be noted that in five countries, despite such trends, more than 40% of men still endorse justifications for wife beating.

**Figure 1. Trends in men’s attitudes towards wife-beating, 15 countries.**



Note: Chart based on data from 15 countries where at least two data points are available – Armenia, Burkina Faso, Ethiopia, Ghana, Kenya, Lesotho, Madagascar, Malawi, Nigeria, Rwanda, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

Source: DHS Surveys; UNICEF Global Database

*Young people*

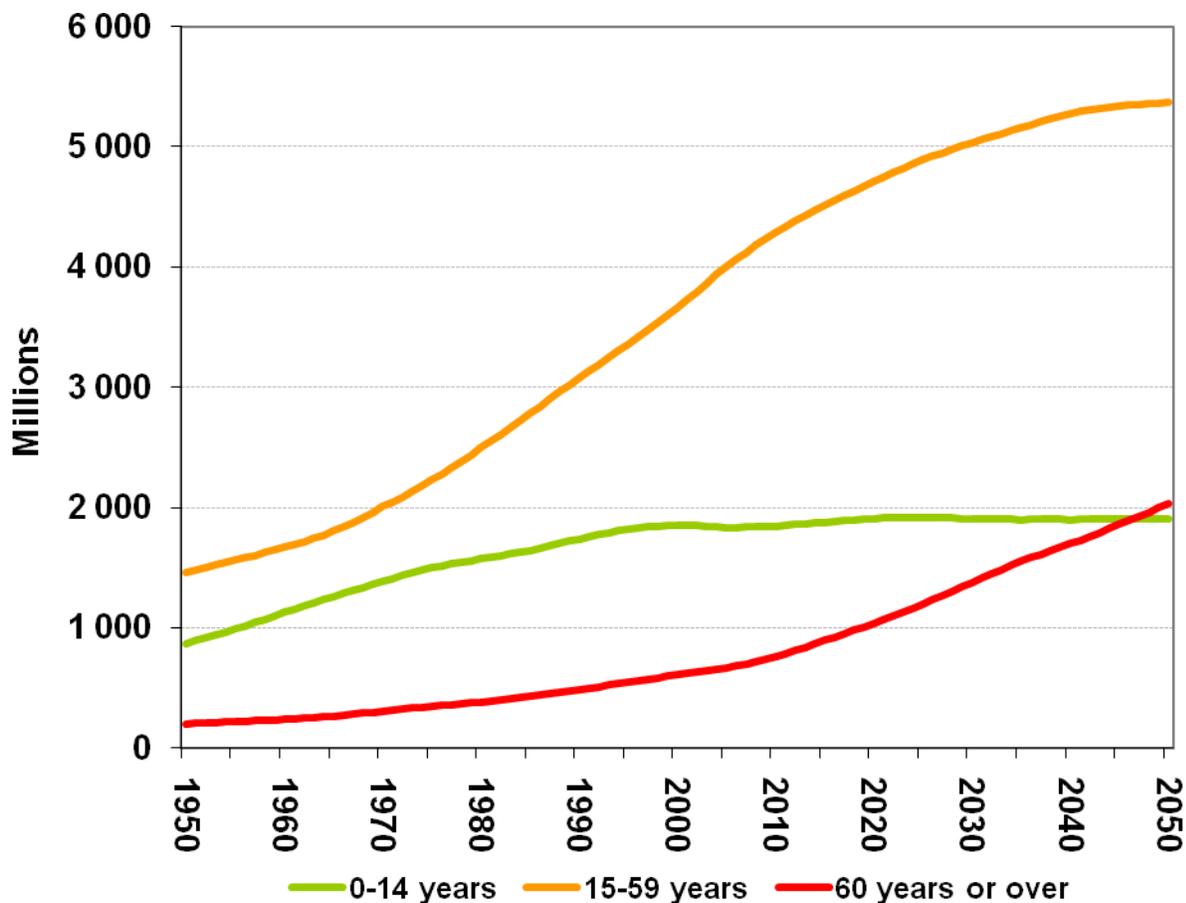
**5. Demographic changes in the past decades have led to the largest generation of youth in the world today. Reaping the benefits of the youth bulge depends on the commitment, policies and**

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*programmes to train and enhance the human capital of young people to ensure that they have the capabilities to spur social and economic innovation.*

Demographic changes in the past decades have led to the largest generation of youth in the world today (Figure 2). The number of young people, aged 15–24, in the world has increased from 461 million in 1950 to 1.0 billion in 1990 and more than 1.2 billion in 2010. During this time, youth population grew the fastest in the least developed countries, from 100 million in 1990 to 169 million in 2010. The number of young people increased the fastest in Africa, from 122 million in 1990 to 205 million in 2010

**Figure 2. Trends in world population by broad age groups, 1950–2050**



Reaping the benefits of the youth bulge largely hinges on the commitments of governments to develop the human capital of young people, prepare them for productive activities, and reward them for their labours. Investments in human development targeting young people are most critical to ensure that they have the capabilities and opportunities to spur social and economic innovation.

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The Bali Declaration underscores the intersectionality between the right to decent employment and key principles such as meaningful participation, non-discrimination, and the importance of investing in young people as key drivers of sustainable development within future post-2015 development frameworks. It particularly highlights the needs of young women and members of marginalized communities and contains key language on the importance the full participation and recognition of all young people's work across all employment sectors.

Countries that will enjoy a significant youth bulge over the next two decades are very concerned with addressing the needs their adolescent and youth populations, in particular with regards to job creation and access to sexual and reproductive health services ("creating employment opportunities for youth", 94%; "ensuring the same rights and access to sexual and reproductive health services, including HIV prevention", 94%). A high percentage also commit to "addressing the violence, exploitation and abuse" (81%), and "instituting concrete procedures and mechanisms for participation" (81%). "Addressing the adverse effects of poverty on adolescents and youth" is the issue to which the smallest proportion of countries have committed to implementing (75%), but this level of commitment is still higher than commitments towards any ageing-related issues.

### *Child Marriage*

- 6. Despite the fact that 158 countries have implemented laws to increase the legal age of marriage to 18, the practice of child marriage remains a significant violation of the rights of children, with an estimated 67 million girls being married before their eighteenth birthday. This requires, among others, national and community conversations and engagement involving political, religious, cultural and other traditional leaders as well as a global framework to ensure accountability by governments.***

Denial of the rights of a child by the practice of child marriage is a violation that remains commonplace in many countries and most regions worldwide -- even where laws forbid it. Vulnerability to child marriage is related to extreme poverty, the low status of women, and community vulnerability, as much as to cultural norms. If current trends continue, by 2020, an additional 142 million girls will be married before their 18th birthday.

Since ICPD, an impressive 158 countries have implemented laws to increase the legal age of marriage to 18 years. Nevertheless, between 2000 and 2010, an estimated 67 million girls were married before their 18th birthday.

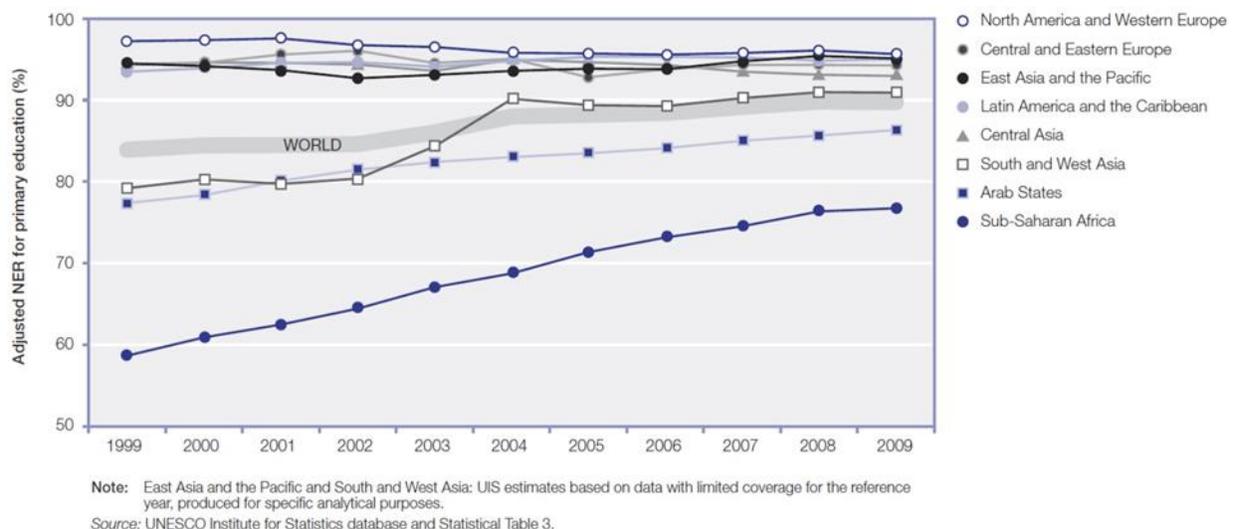
Within the Global Survey, government commitment to "addressing child marriage / forced marriage" was low overall (50.6%), most likely reflecting that the practice is not a problem worldwide. When analysis was confined to the 41 'priority countries' in which marriage before age 18 affects more than 30% of girls, 90% of reporting countries are fully committed to addressing this issue. Yet three of the poorest countries with high rates of child marriage (affecting between 39-75% of girls) do not show government commitment toward this issue, and 11 of the 41 priority countries did not respond.

### *Educational attainment*

7. **The great progress made in primary school completion rates mask considerable gender disparities across regions. In view of the significant correlation between growing female literacy and stronger GDP growth and the importance of education to the well-being of people and the development of nations, countries need to increase attention to keeping children in school, including pregnant girls, through at least secondary level.**
8. **There was overwhelming evidence that higher literacy among young women aged 15-19 years is associated with a significantly lower adolescent birth rate. While ensuring literacy for girls is important it may not be sufficient to reduce the adolescent birth rate and governments need to pay greater attention to other factors such as cultural norms, comprehensive sexuality education and family planning services, with related needed increases in capacity and funding.**

Over the past 15 years the number of children in the world who are attending primary school has expanded to an extraordinary degree, with global enrolment now reaching 90%. Despite these achievements the bid to achieve universal primary education (UPE) by 2015 is far from certain, and large geographic disparities still exist. Primary school enrolments have increased most dramatically in West and South Asia, the Arab States and in sub-Saharan Africa (see Figure 3), but because of low starting levels (~60%) in Africa at the turn of the millennium, nearly one in four primary school aged children in sub-Saharan Africa is still not in school.

**Figure 3.** What proportion of primary school-age children are enrolled at the appropriate age? Adjusted net enrolment rate for primary education by region, 1999 to 2009.

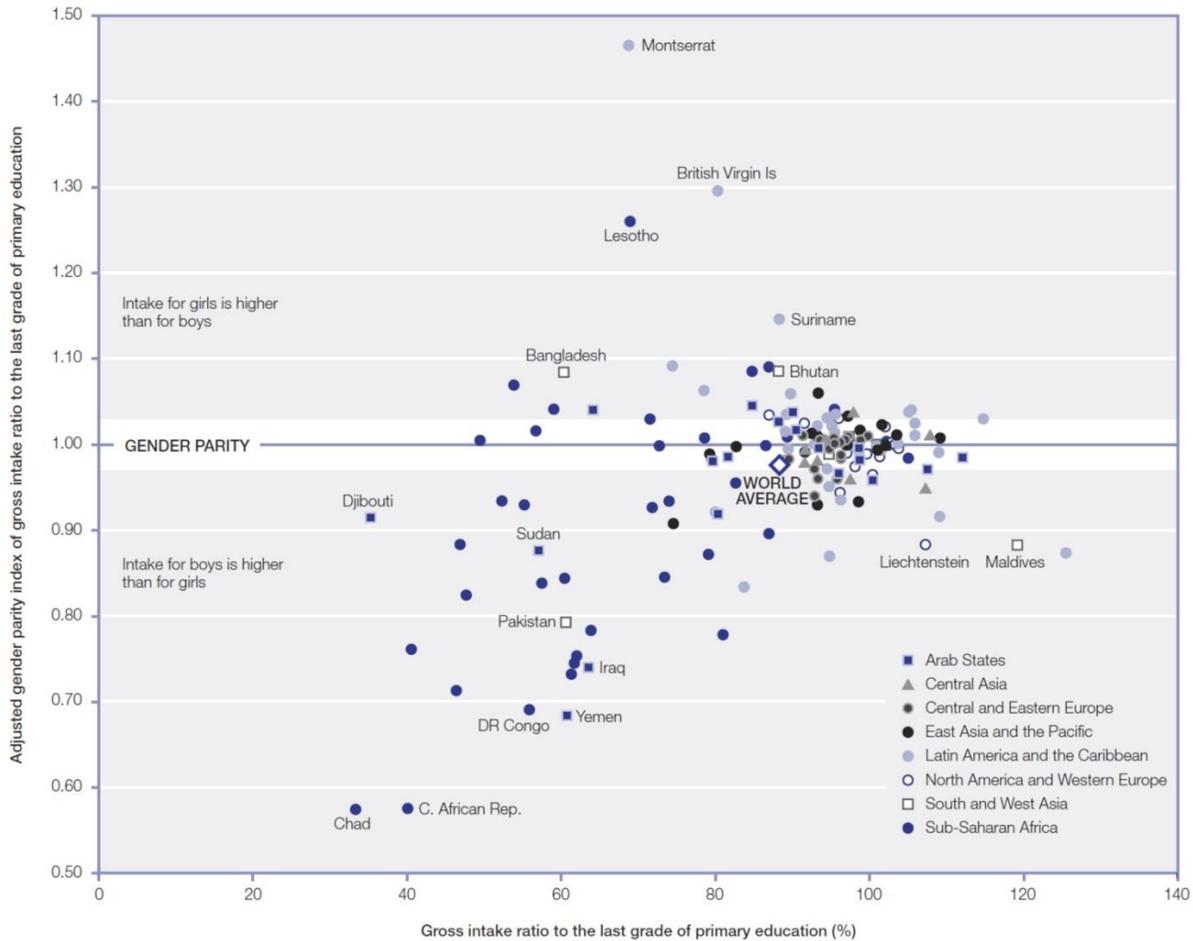


Reaching the goal of universal primary education (UPE) would be a hollow achievement if it focused simply on enrolment rather than completion of primary education. At the global level, in 2009 primary completion rates were as high as 88%, although regional values ranged from 67% in sub-Saharan Africa to 100% in Latin America and the Caribbean. But these rates mask considerable gender inequalities across regions. In nearly half of the 162 countries with comparable data, boys and girls do not have an equal

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chance of completing primary education. In the majority – it is generally girls who lag behind boys, but not in all countries (see Figure 4).

**Figure 4.** Do boys and girls have equal chances of completing primary education?  
Gross intake ratio to the last grade of primary education and adjusted gender parity index, 2009



Source: UNESCO Institute for Statistics, Statistical Table 4.

Education of all children increases their capacity to participate socially, economically and politically, but the education of girls leads to special benefits for girls themselves, their families and communities. When girls are educated it reduces the likelihood of child marriage and delays childbearing, leading to healthier eventual birth outcomes. Female education is consistently associated with greater use of family planning, more couple communication about family planning, and lower overall fertility. A recent analysis in East Africa found that temporal fertility trends across DHS waves were associated with changes in female educational attainment, and there was an association between the proportion of females having no education and stalled fertility declines in Kenya, Tanzania, Uganda, and Zimbabwe.

Researchers have presented theories and evidence to explain why greater female education leads to lower fertility, showing that education affects girls opportunities and aspirations for work outside the

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home, enhances their status and alters the types of men they marry, increases their bargaining power within marriage, increases their use of health services, and enhances the health and survival of their children.

Greater educational attainment also shapes attitudes of both girls and boys to gender equality, i.e. their gender values, with greater education leading to more positive attitudes towards gender equality among both males and females.

The Global Survey finds that 82% of countries report commitments to “ensuring equal access of girls to education at all levels”, and 80.5% of countries are committed to “keeping more girls and adolescents in secondary school”. If countries are grouped according to income, there are no major differences in these proportions with regard to ensuring equal access, but keeping girls in secondary school is a policy that is budgeted and implemented by a higher proportion of poor countries.

There is a notable fall off in government commitments to girls education when the topic is “facilitating school completion for pregnant girls”, with only 39.7% of all countries committed to such a policy. By region, it is only in the Americas that commitment to this issue is substantial, with 66.7% of governments reporting policies, budgets and programs; in Europe and Asia only 29.2% and 21.1% of countries, respectively, report commitments to this issue. Proportions remain very similar if countries are grouped by income level. Support for this issue in Latin America and the Caribbean may reflect that it is the only region where adolescents have experienced a fertility *increase* in the last 30 years.

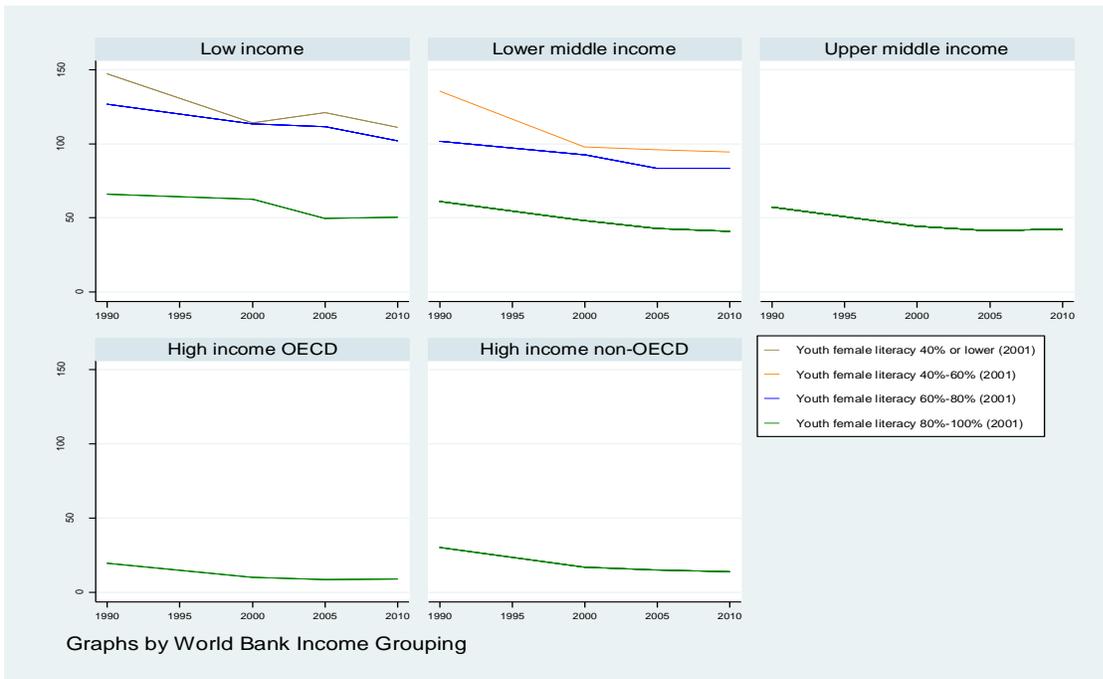
### **The Relationship between Young Female Literacy and Adolescent Births**

Despite widespread government commitments to reducing child marriage, and increasing school enrolments for girls, approximately 16 million girls age 15 to 19 years give birth every year, with one in five girls giving birth before they turn 18. A significant proportion of adolescent pregnancies result from non-consensual sex, and most take place in the context of early marriage. Pregnancies occurring at young ages have greater health risks for mother and child, and many girls who become pregnant drop out of school, drastically limiting their future opportunities, their future earnings, and both their own health and the health of their children. Globally, adolescent birth rates are highest in poor countries, and in wealthy countries they are clustered among the poorest sectors of society, compounding the risk of poor maternal outcomes for both mother and child.

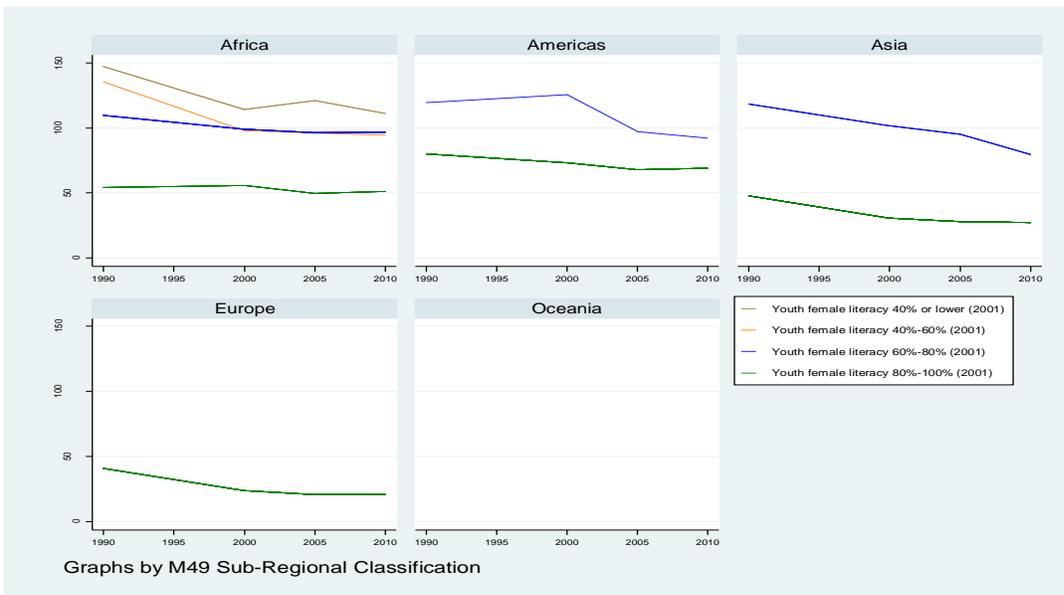
Adolescent birth rates (ABRs) have been declining from 1990 to 2010 across countries in all income groups (**See Figure 5**), but both the level and trends in ABR differ by the 2001 (mid-point) literacy rate among young women age 15-19 (see figure legend, with lines corresponding to differing levels of female literacy). As expected, higher income groups have lower adolescent birth rates, *but in all income groups, higher literacy among young women is associated with significantly lower adolescent birth rates.*

When examined by region, a distinct pattern of adolescent birth rates is evident in Latin America (see **Figure 6**). While greater youth literacy rates are still clearly associated with lower birth rates in all regions, the Latin American region has notably higher adolescent birth rates for a given level of youth literacy, suggesting that literacy does not have the same impact on youth fertility as it does in other

**Figure 5. Trends in Adolescent Birth Rate (ABR) from 1990 to 2010 in countries grouped by World Bank income group, and by the literacy rate (% literate) among young women age 15-19 years.**



**Figure 6. Trends in Adolescent Birth Rate (ABR), by region and Youth female literacy (%)**



regions. Even among Latin American countries with 80-100% youth literacy (green line), the adolescent birth rate is hovering between 70-80; by contrast, in countries where youth literacy rates are between 80-100% in Africa adolescent birth rates have dropped to 50, and such levels of youth literacy in Asia are associated with adolescent birth rates from 50 to 25 (see **Figure 6**). This pattern is consistent with evidence that adolescent birth rates in Latin America are uniquely high, and that they occur across all

\*Created under the auspices of the ICPD Secretariat in its General Assembly mandated convening role for the review of the ICPD Action Programme.

classes of society. Latin America is also the only world region where adolescent birth rates have increased in the past 30 years.

### *Older Persons*

- 9. One of humanity's greatest achievements is that people are living longer and healthier lives and the number and proportion of older persons is rising in all countries. Population aging presents social, economic, and cultural challenges to individuals, families and societies but also opportunities to enrich the lives of older persons, entire households and the larger society. Governments should commit to policies and budget lines to support social protection, including the extension of pension systems, and health care that enable older persons to make full use of their skills and abilities and to enjoy independence and dignity throughout the life course***

An inevitable consequence of demographic changes resulting from fertility decline and increased longevity is population ageing. The number and proportion of older persons aged 60 years or over are rising in all countries. During 1990 to 2010, the population of older persons aged 60 years or over increased in all world regions, with Asia adding the maximum 171 million older persons to its population. In absolute numbers, the majority of old people already live in developing countries (**See Figure 2, p. 11**).

Due to longer life expectancy among females than among males at older ages, elderly women outnumber elderly men in most societies. In 2012, globally, there were 84 men per 100 women in the age group 60 years or over and 61 men per 100 women in the age group 80 years or over.

While it is one of humanity's greatest achievements that people are living longer and healthier lives, population ageing presents social, economic and cultural challenges to individuals, families, and societies that must be addressed to ensure a just society for all ages. Many persons continue to contribute to their families, communities and societies well into old age. Not all elderly require support, nor do all persons of working age provide direct or indirect support to older persons. In fact, older persons in many societies are often providers of support to their adult children and grandchildren. Many older persons continue to work and often their earnings support the entire household.

The ICPD Beyond 2014 Global Survey shows that commitment to address the needs of older persons is high among countries with old-age structures, that is, those with current old-age dependency ratios higher than 12 persons aged 65 or over per 100 persons of working age (15-64). However, we have also examined commitments for those countries that will be transitioning to such population structures over the next two decades, in order to ascertain whether the government policies to address the needs of older persons are already in place.

Globally, 40 countries -including China, India, Indonesia, Vietnam, Brazil, Mexico and Iran- had an old-age dependency ratio between 6 and 12 in 2010 that is estimated to increase to more than 12 in 2030 (medium projection). Commitment among these countries is high in relation "providing social services including long-term care" (94.3%), "providing affordable, appropriate and accessible health care" (91.4%), "extending or improving old age allowances" (87.5%), "enabling older persons to live independently as long as possible" (88.6%) and "collecting disaggregated data" (87.5%).

These commitments in the areas of social protection, health care and data collection have not been matched by commitments in employment, non-discrimination or participation in society, with a smaller share of countries committing to “addressing neglect, abuse and violence against older persons” (73.5%), “enabling older persons to make full use of their skills and abilities” (68.6%), “providing support to families caring for older persons” (66.7%), “instituting concrete procedures and mechanisms for participation” (62.9%), “preventing discrimination against older persons, especially widows (57.6%) or promoting employment opportunities for older workers” (38.7%).

At the other extreme of the demographic trajectory, 17 countries –including Chad, the Democratic People’s Republic of the Congo, Kenya, Uganda, Afghanistan and Yemen- had an old-age dependency ratio lower than 6 persons aged 65 or over per 100 persons of working age (15-64) in 2010 that is expected to remain at this level during the next two decades (2030 medium projection).

### *Indigenous persons*

**10. The state of indigenous people is one of the biggest human rights and development challenges. The commitment by governments to policies and programmes for indigenous peoples is weak across all regions and requires accountability systems monitored within the UN framework.**

According to the Global Survey, government commitments to policies and programs for indigenous persons are weak, and this is consistently the case across global regions. No more than two-thirds of reporting countries affirmed having government policies, budgets and programs to meet the needs of indigenous persons, and frequently such commitments were reported by fewer than half of all countries.

The most positive response was with regard to education – for which 67% of countries stated that they have policies, budgets and programs to ensure access to “all levels and forms of public education without discrimination”, yet those commitments fell to 58.8% for creating access to education in a person’s “own language and respecting culture”. Just under half (48.7%) of reporting governments reported policies, budgets and programs to “create different work opportunities for indigenous persons without discrimination”.

Around half of the reporting countries express commitment to providing “culturally appropriate SRH care, including HIV prevention services” for indigenous persons (56%). Regarding issues of governance, 57.5% of countries have policies, budgets and programs to “institute concrete procedures and mechanisms for participation and protection of indigenous peoples”, 51.9% are committed to “protecting and restoring natural ecosystems on which indigenous communities depend and just under half of all reporting countries” (49.5%) have policies, budgets and programs that “address land tenure and management by indigenous persons”. The issue for which the fewest countries (30.6%) are committed to was with regard to “seeking free, prior and informed consent in trade and foreign direct investment concessions” for indigenous persons. Around half of reporting countries commit to the collection of disaggregated data relevant to indigenous persons (56.8%), likely reflecting the collection of relevant census data.

### *Discrimination*

**11. It is clear that the notion of human rights embedded in international conventions, the UN Charter and other outcomes of the UN conferences and summits, including the Millennium**

***Declaration cannot be realized in the individual lives of people unless each individual is recognized as holding unique needs, feelings and capacities, while being part of a family, community, nation and world. Respecting and promoting the rights of all, and reducing discrimination, is key to achieving the ICPD priorities, as identified by a number of countries in the global survey.***

The past 20 years have witnessed enormous leaps in scientific understanding of how discrimination and stigma impact both physical and mental health, as well as human performance; such research affirms the extent and manner by which a climate of discrimination curtails the well-being and productivity of persons and nations.

In the area of women's health, birth outcomes are increasingly recognized as responsive to conditions of sustained and acute stress in the mother. A recent illustrative investigation of California mothers compared birth outcomes before and after the terrorist attacks of September 11, 2001. Mothers with Arabic-sounding names had a significantly increased risk of preterm delivery and low birth weight over a six-month period just after 9/11, compared to the same calendar time a year earlier, and those with the most ethnically distinctive names were at the greatest risk. No similar change was observed among other mothers, suggesting that the stress and discrimination of anti-Arabic sentiment in the post-9/11 period compromised birth outcomes among Arabic-named mothers<sup>3</sup>.

The evidence of discrimination's effect on performance and productivity is equally compelling. When junior high school boys in India were asked to perform a maze puzzle, there was no difference in performance between high and low caste boys when caste identity was not revealed. But when family name and caste were announced and affirmed before a second round of testing, there was a large and significant performance differential by caste. The announcement of caste in front of other boys had a debilitating effect on the performance of lower caste boys<sup>4</sup>.

A growing number of psychological experiments around the world demonstrate that mental health and productivity are not only compromised by physical harassment, bullying, or violence; similar effects are prompted by pervasive negative stereotypes, experience of stigma, and fear of discrimination.

Government commitments to explicitly addressing various forms of discrimination are not encouraging, with the proportion of countries committing policies, budgets and implementation to these issues around 60% or less, depending on the groups addressed. For example, 56.3% of countries commit to "preventing discrimination against older persons, especially widows", and 59.8% commit to "guaranteeing to persons with disabilities equal and effective legal protection against discrimination on all grounds."

The same proportion of countries have addressed, budgeted and implemented the issue of "protecting migrants against human rights abuses, racism, ethnocentrism and xenophobia" (60.4%). This issue is of particular relevance to American (70%) and Asian (70.6%) countries, compared with those in Africa (56.5%), Europe (58.6%) or Oceania (20%).

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<sup>3</sup> Lauderdale D (2006) *Demography*, 43, pp.185-201

<sup>4</sup> Hoff K., Pandey P. (2003)

Protecting children as they attend school garners a similar level of support, with 58.7% of countries committed to “improving the safety of pupils, especially girls, in and on their way to school”, but only 39.7% of countries commit to “facilitating school completion for pregnant girls”, a form of discrimination that is especially costly to society given the age of the young women involved, and the importance of their education to not only their own long-term prospects, but the well-being of their child. This latter commitment decreases to 29.2% among countries in Europe and 21.1% in Asia, but is committed to 66.7% of countries in the Americas. This may be linked to the fact that Latin America and the Caribbean have the second highest rate of adolescent pregnancies in the world, and is the only region where adolescents experienced a rise in fertility in the last 30 years.

# HEALTH

## *Sexual & Reproductive Health*

Efforts to improve the quality and accessibility of SRH services since 1994 have led to significant improvements in many SRH indicators, with evidence of strong government commitments to policy, budgeting and programs for some of the greatest vulnerabilities.

***12. Of all the key areas of the ICPD agenda, the greatest success has been in the reduction of maternal mortality by 47% since 1994. However, with 800 women dying each day from pregnancy or pregnancy-related complications especially in developing countries, there is urgent need for governments to take responsive measures related to improved ante-natal care, improved skilled-birth attendance, emergency obstetric care, family planning/reduction in unwanted pregnancies, reduced abortion-related deaths due to improved technologies and increased use of the WHO guidelines for safe abortion and post-abortion care and greater access to safe abortion. The evidence shows that higher government commitments result in a steeper decline in MMR, most notably in low-income countries. This calls for greater commitment by governments including social protection and community medical support for adolescent women as well as for better access to facilities for all women.***

Of all SRH indicators, the greatest gains since 1994 have been made in the maternal mortality ratio (MMR). In 1994, more than half a million women died each year from largely preventable causes related to pregnancy and childbirth, and by 2010 the maternal mortality ratio had declined by 47%.

However, an estimated 800 women in the world still die from pregnancy or childbirth-related complications each day, and the differences between developed and developing regions remain stark. Women in the developed world have only a one in 3800 lifetime risk of dying of maternal causes, while the lifetime risk for those in developing regions is one in 150, and in sub-Saharan Africa, the lifetime risk is one in 39. Twenty-six countries have experienced an *increase* in maternal deaths since 1990, in large part due to deaths related to AIDS – and in sub-Saharan Africa, AIDS and maternal causes now compete as the 2 predominant causes of women's premature death. And in spite of significant progress in many countries, the majority of developing countries are not on target to achieve Millennium Development Goal 5, i.e. to reduce the maternal mortality ratio by three-quarters between 1990 and 2015; in no region is the gap more pronounced than in sub-Saharan Africa.

The gains made in maternal survival can be attributed to significant advances in the use of antenatal care, skilled attendance at delivery, and in emergency obstetric care.

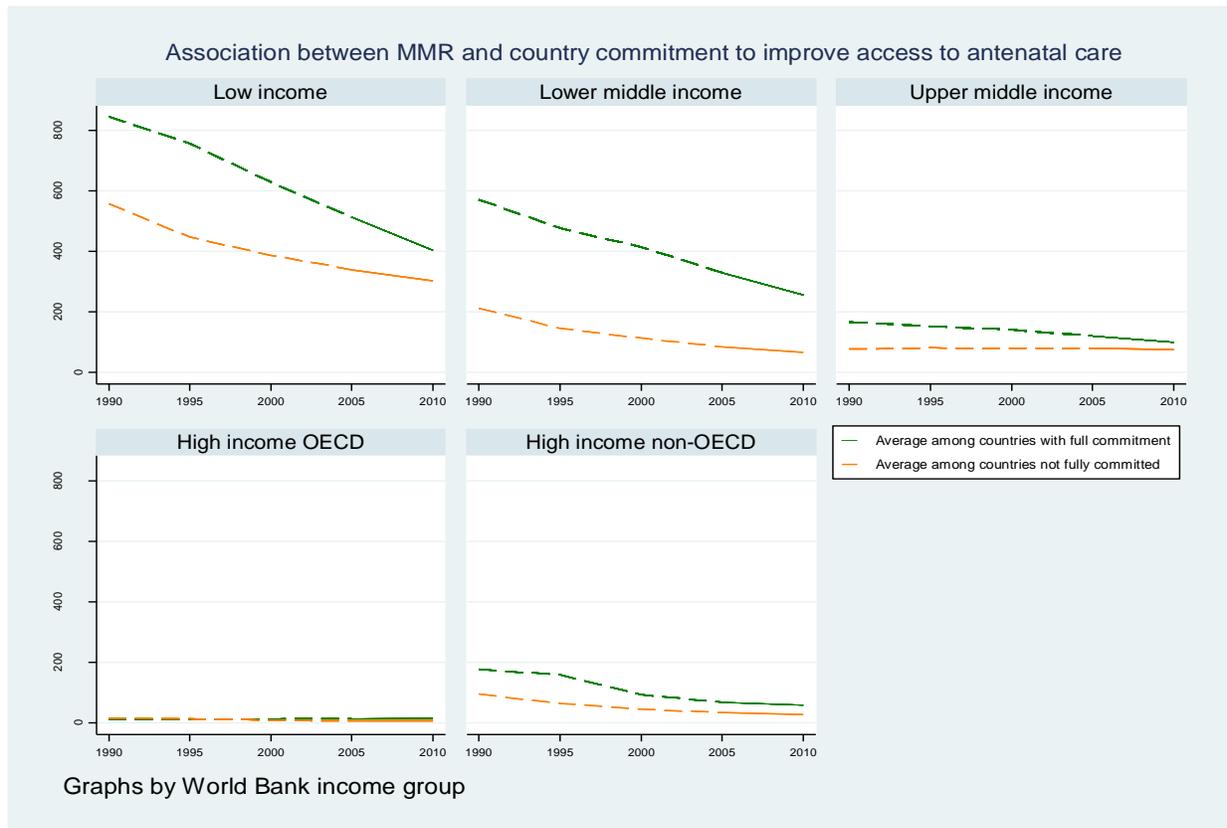
### **Antenatal Care**

The percentage of pregnant women who had at least one antenatal care visit increased globally from 63% in 1990 to 80% in 2010, an overall improvement of approximately 30%. Again, these accomplishments mask regional disparities: Southern Africa had achieved 94% coverage of ANC by 2010, whereas in West

Africa only 67% of pregnant women had at least one antenatal care visit. In Latin America, nearly all women now have at least one antenatal care visit (96%) and 88% have at least four.

According to the Global Survey 88.4% of countries have committed to “increasing access to antenatal care” in the past 5 years. On average, countries reporting commitments to increasing access to antenatal care (green solid line, see Figure 7) have MMR levels higher than countries that did not report such commitments (orange solid line), suggesting targeted attention by governments with higher MMR levels at the time of the survey. Furthermore, we can associate higher government commitments with a steeper decline in MMR, as is most clearly visualized in the chart of low income countries.

**Figure 7. Trends in Maternal Mortality Ratio (MMR), by income group and reported government commitments to increasing antenatal care.**



Despite high commitments to antenatal care reported in the Global Survey, a reduced proportion of countries reported commitments to providing adequate food and nutrition to pregnant women (71.4%), and even fewer report commitments to providing social protection and medical support for adolescent pregnant women (65.3%).

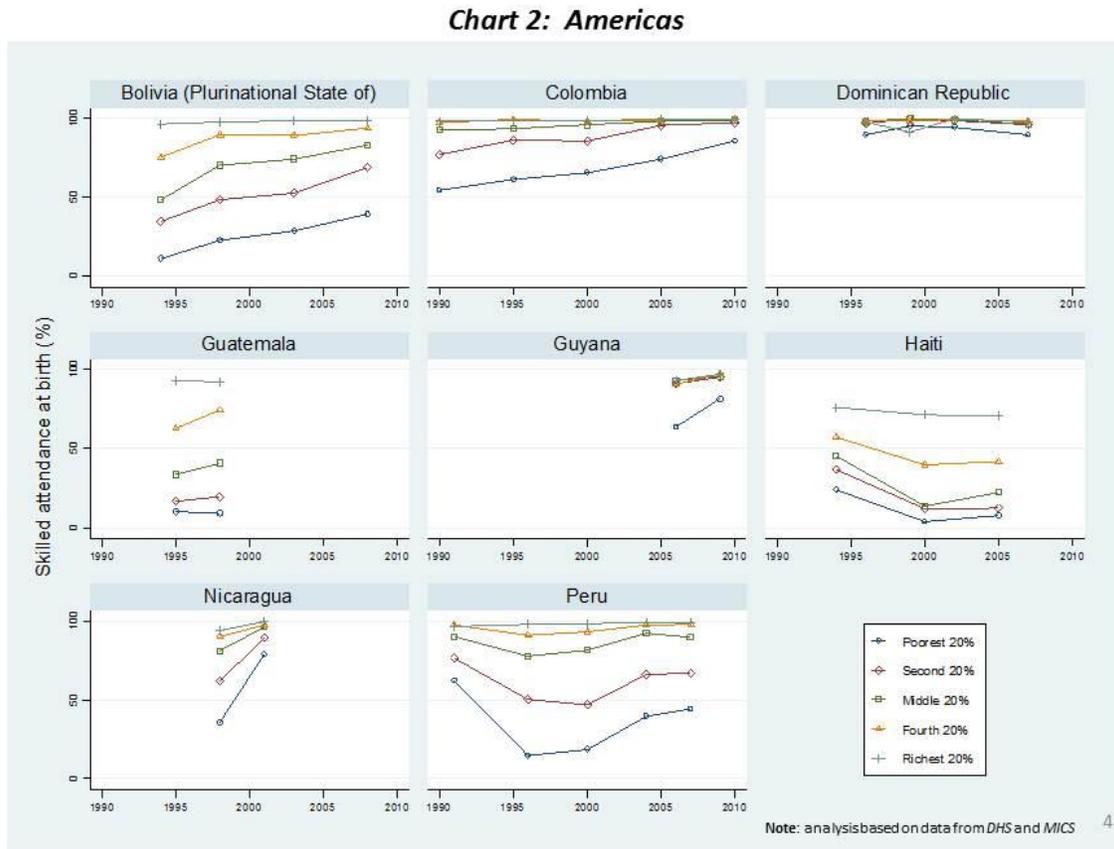
### Skilled Attendance at Birth

The proportion of deliveries attended by skilled health personnel rose in developing countries from 57% in 1990 to 66% in 2010, a gain of approximately 15%. Despite the positive trends, access to good maternal health care remains highly inequitable across regions and within countries, among poor and wealthier

\*Created under the auspices of the ICPD Secretariat in its General Assembly mandated convening role for the review of the ICPD Action Programme.

women. Skilled attendance at birth shows the greatest inequity according to wealth, as illustrated by the differential progress within countries when stratified by wealth quintiles within households (See Charts 2-4).

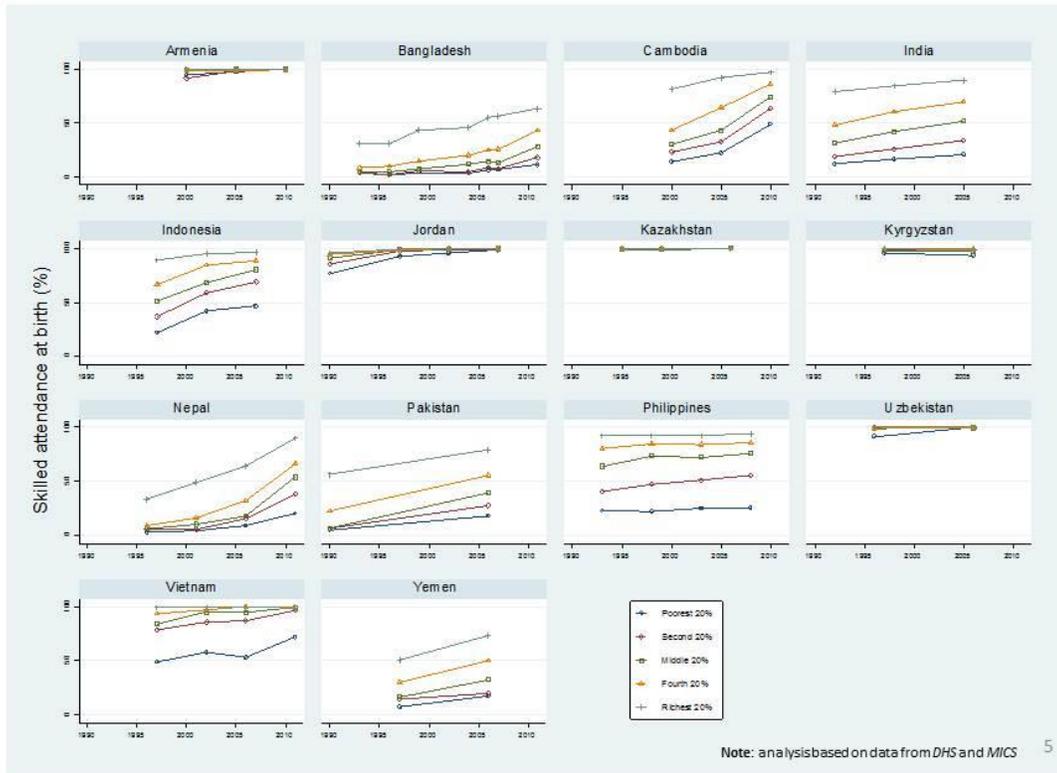
**Charts 2: Trends in Skilled attendance at Birth since 1990 in the Americas, by household wealth quintiles (Data based on DHS and MICS).**



\*Created under the auspices of the ICPD Secretariat in its General Assembly mandated convening role for the review of the ICPD Action Programme.

**Charts 3: Trends in Skilled attendance at Birth since 1990 in Asian countries, by household wealth quintiles (Data based on DHS and MICS).**

**Chart 3: Asia**



\*Created under the auspices of the ICPD Secretariat in its General Assembly mandated convening role for the review of the ICPD Action Programme.

**Charts 4: Trends in Skilled attendance at Birth since 1990 in African countries, by household wealth quintiles (Data based on DHS and MICS).**

*Chart 4: Africa*



Differences in access among urban and rural women are also strikingly inequitable – with rural women much less likely than urban women to have a skilled attendant during delivery. This is driven in part by a profound health worker shortage in the 58 countries in which 91% of maternal deaths occur. In the aggregate, little progress was seen in skilled birth attendance in sub-Saharan Africa as a region, where fewer than half of all births are attended by skilled personnel.

Although 79.2% of countries reporting in the 2014 Global Survey that they have committed to “providing referrals to essential and emergency obstetric care”, the percentage of countries that reports having an adequate geographic distribution of emergency obstetric care (EmOC) facilities ranges from 40.4% in Africa to 96.7% in Europe. Hence, commitments fall short where health systems are most fragile, and where the numbers of skilled personnel are inadequate and mal-distributed in countries.

Distribution of health care services is strongly associated with maternal mortality ratios, in that 96% of countries with the lowest maternal mortality ratios report having an adequate geographic distribution of EmOC facilities in the 2014 Global Survey, but this percentage drops to 29% in the case of countries with the highest maternal mortality ratios.

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**13. While unmet need for modern methods of contraception declined by approximately 10% since 1994 in some parts of the world (West Africa), 36% of reproductive age women have unmet needs-this means that more than 1/3 of women are not protected from unwanted pregnancies. The high commitment expressed by countries (8 out of every 10 countries) to increase access to comprehensive sexual and reproductive health services for women and men has to be translated into action on the ground in terms of services, especially in the most remote areas.**

Globally, fertility fell by 29% between 1994 and 2012. Falling fertility is largely the result of desire for smaller families, coupled with better access to contraception. Aspirations for smaller families are affected by many factors, including improvements in child survival and expanded opportunities for women, especially education. In Africa as a whole, and sub-Saharan Africa in particular, fertility has fallen more slowly than in other regions, and remains about twice as high as in any other region in the world.

Globally, contraceptive prevalence for women ages 15 to 49 who are married or in union, rose from 58.4% in 1994 to 63.6% in 2012, a rise of approximately 10%. While contraceptive use increased faster over that period among developing countries, (excluding China), (from 40 to 54%), use in developing regions remained much lower than in developed countries, where nearly 72% of married or in union women use contraception. Contraceptive prevalence increased more rapidly in the 1990s than in the most recent decade, and in a number of extremely poor countries, prevalence has remained below 10%.

Unmet need for modern methods globally declined modestly from 20.7% in 1994 to 18.5% in 2014. Ninety percent of women with unmet need today live in developing countries, with the greatest need among women and men in Africa. In 28 sub-Saharan African countries, including all countries in West Africa with the exception of Cape Verde, fewer than 25% of reproductive age women use contraception, with unmet need as high as 36%, suggesting that more than a third of women in West Africa are not protected against unintended pregnancy.

Findings from the Global Survey show that 8 of every 10 countries are committed to “increasing women’s accessibility to information and counselling on sexual and reproductive health” (83.6%) and to “increasing men’s access to sexual and reproductive health information, counselling, and services” (77.5%)

Similarly, around 8 out of every 10 countries are committed “to increasing access to comprehensive sexual and reproductive health services for women” (81.6%) and “adolescents” (78.3%). However, this percentage decreases in the case of “persons with disabilities” (55.3%) and “indigenous people and cultural minorities” (61.5%).

**14. Countries are far from achieving the ICPD commitment in paragraph 8.25 on preventing unwanted pregnancies and eliminating the need for abortion. Best practices, universal access to sexual and reproductive health services, including access to family planning and modern methods of contraception as well as enabling social conditions that allow couple negotiations should be given priority if governments are to achieve this ICPD commitment.**

The use of abortion is another indicator of unmet need for family planning, reflecting possible shortfalls in the accessibility or acceptability of birth control, disparities in couple’s desires for children, poor

negotiation between partners, or some combination of these conditions. Where HIV is widespread, and anti-retroviral medication is unavailable, the demand for abortion (and therefore family planning) appears to be elevated. Recent estimations suggest the following trends:

- The risk of death due to complications of unsafe abortion is decreasing at both global and regional levels<sup>5</sup>. This improvement is widely attributed to improved technologies, increased use of the WHO Guidelines for safe abortion and post-abortion care, and greater access to safe abortion;
- But death rates from abortion in Africa and Asia are still shockingly high, with estimates that the case fatality of abortion in Africa is 800 times that seen in the USA;
- The overall rate of abortions declined globally from 35 abortions per 1000 women (age 15-44 years) in 1995, to 28 per 1000 in 2003, but has remained stable at 29 per 1000 in 2008;
- The highest sub-regional abortion rates are in Eastern Europe (43), the Caribbean (39), East Africa (38) and Southeast Asia (36); the lowest sub-regional rate is in Western Europe (12);
- An estimated 86% of all abortions took place in the developing world in 2008, the last year of available estimates.

While important gains have been made in reducing deaths due to unsafe abortion since the ICPD, the number of abortion-related deaths has held steady in recent years even as maternal deaths overall have continued to fall. As of 2008, an estimated 47,000 maternal deaths were attributed to unsafe abortion, a decline from 69,000 deaths in 1990. But given the overall decline in maternal deaths since 1990, the contribution of unsafe abortions to overall maternal deaths in the world appears to have increased.

Nearly all abortions in Africa (outside of Southern Africa) and in Central and South America remain unsafe (97%)<sup>6</sup>. But this masks dramatic differences in the risk of death due to abortion, which is 15 times higher in Africa than in Latin America and the Caribbean. It is also in Africa where the number of deaths due to unsafe abortion has declined least since 1990. The estimated decline in deaths in Latin America was from 80 to 30 per 100,000 abortions, whereas in Africa it declined from a staggering rate of 680 to 460 deaths per 100,000 abortions (and to 520 per 100,000 in sub-Saharan Africa).

### **Abortions among Young Women**

Adolescent girls aged 10-19 account for at least 2.2-4 million unsafe abortions in developing countries. Young adolescents face a higher risk of complications, and women under the age of 25 account for almost half of all abortion deaths. Evidence points to the fact that adolescents and young girls are more susceptible to delay seeking an abortion, and even in countries where abortion may be legal, they resort to unsafe abortion providers due to fear, lack of knowledge and financial resources.

The Netherlands provides an excellent example of a country where a pragmatic and comprehensive approach to family planning – especially for young people - has resulted in one of the lowest abortion rates worldwide. By the late 1960s family doctors in the Netherlands offered family planning services. In

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<sup>5</sup> WHO 2007; WHO 2011

<sup>6</sup>Sedge et al Lancet, Vol 379, Feb 18<sup>th</sup>, 2012.

1971, family planning was included in the national public health insurance system, providing free contraceptives. Sexual education is universal and comprehensive, and women's empowerment is among the highest worldwide. Sexually active young people display some of the highest rates of contraceptive use of any youth population, and as a consequence, the Dutch abortion rate fluctuates between 5 and 9 per 1000 women age 15-45, one of the lowest rates in the world (Ketting and Visser 1994, Sedgh et al. 2007).

ICPD committed governments to place the highest priority on preventing unwanted pregnancies, and thereby making "every attempt to eliminate the need for abortion". Closer examination of policy and practice in low-abortion countries such as the Netherlands may offer valuable lessons on reducing unwanted pregnancies in other countries.

The Global Survey found that only 50.4% of countries are committed to 'providing access to safe abortion services to the extent of the law'. A larger proportion of countries (64.9%) report commitments to address the issue of 'prevention and management of the consequences of unsafe abortion'. The proportion of governments' commitment to this issue is inversely proportional to the wealth of the countries. Thus while 68.8 % of the lowest income countries address this issue via policy, budget and concrete actions, only 28.6% of the wealthiest do the same. This may reflect the higher prevalence of unsafe abortions in low income countries.

When grouping countries by the current status of their abortion laws (*Most, Less, Least Restrictive*<sup>7</sup>), government commitments to "prevention and management of the consequences of unsafe abortion" are lowest (72%) in countries with the most restrictive laws. Likewise, only 48% of countries with the most restrictive laws are likely to state commitments to ensuring "access to safe abortion to the extent of the law."

**15. The 40% increase in STIs since Cairo is a major cause for concern and requires urgent focus and concerted action on inexpensive and accurate rapid diagnostic tests (RDT), information and education and the diagnosis and treatment of men.**

The number of sexually transmitted infections has actually increased significantly since the ICPD, driven in large part by rapid population growth in areas of high incidence, including sub-Saharan Africa. In 1995, WHO estimated 333 million cases among 15 to 49 year olds, of the four major curable sexually transmitted infections: syphilis, gonorrhoea, chlamydia and trichomoniasis. By 2005, (the most recent available), this figure had grown to nearly half a billion (448 million), cases. These included 101 million new cases of chlamydia, 88 million cases of gonorrhoea, 11 million cases of syphilis and 248 million cases of trichomoniasis. At any given time, one in four women in Latin America and sub-Saharan Africa will have one of these four infections.

Not all post-Cairo investments have been successful, and diagnostic interventions for STI's have seen little success. Widespread adoption of syndromic algorithms to diagnose STI's among women with vaginal discharge has not proven reliable and has led to overtreatment. Syndromic approaches are most successful in diagnosing symptomatic men, and historically, when directed towards men these methods

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<sup>7</sup>U.N. Population Division World Abortion Policy 2013.

have been effective for controlling population-level STI's in select countries (e.g. in Australia). A renewed focus on diagnosing and treating men may warrant consideration.

Inexpensive and accurate rapid diagnostic tests (RDT) are also urgently needed for low resource settings without laboratories. RTD tests for syphilis are not yet widely available and a test for chlamydia is still under development, but the HPV vaccine has proven highly effective, and offers considerable promise for curtailing this virus.

**16. The evidence clearly shows that obstetric fistula is the manifestation of multiple inequalities, including discrimination against women and girls, early/underage pregnancy, early marriage, poverty and limited access to emergency obstetric services. The success of any UN development agenda to address this would demand achievement across social and clinical arenas. Governments need to, in the shortest possible time, put forward measures to ensure the conditions needed to eliminate entirely preventable conditions such as obstetric fistula**

For every woman who dies of pregnancy related causes, an estimated 20 others experience a maternal morbidity, including severe and long-lasting complications. The primary causes of maternal morbidity are the same as the primary causes of maternal death – including poverty and lack of skilled care. Most of these, including obstetric fistula, are entirely preventable with skilled care at birth, and emergency obstetric care as a backup. An estimated 2-3.5 million women live with obstetric fistula in the developing world, mostly in sub-Saharan Africa and Asia where adolescent births are highest and access to emergency obstetric care is low, and between 50,000 and 100,000 new cases develop each year. All but eliminated from the developed world, obstetric fistula continues to affect the poorest of the poor: women and girls living in some of the most under-resourced regions in the world. Obstetric fistula represents the face of our failure as a global community to protect the sexual and reproductive rights of women and girls and achieve equity in the distribution and access to comprehensive sexual and reproductive health services.

The ICPD was mindful of other aspects of women's health, and included commitments to address infertility, cancers of the reproductive systems, and non-communicable diseases. More than a half million women each year develop cervical cancer, the second most common cancer among women ages 15 to 44 worldwide. More than 275,000 women die of the disease each year, the great majority (242,000) in developing regions, especially sub-Saharan Africa. While the survey was carried out before widespread appreciation of the impact of the HPV vaccine, this advancing technology has significant promise for curtailing cervical cancer.

Breast cancer was, and remains, the most common cancer among women in high-income countries, currently affecting 70 per 100,000 women. Incidence is less than half of that in low income countries, but because of poor access to diagnosis and treatment, mortality in the developing world is similar to that in developed countries

The Global survey indicates that around three quarters of countries have committed to providing breast cancer screening and treatment (74.2%) and cervical cancer screening and treatment (79.2%).

**17. The progress achieved in reducing mother-to-child transmission of HIV and in extending the lives of PLWA and through anti-retroviral treatment, testifies to the potential of delivering care even within fragile health systems with adequate mobilization of political and fiscal**

***commitments by governments and with the support of the global community. Governments should commit to extending, in the shortest possible time, universal treatment and care.***

What was soon to become an HIV/AIDS pandemic had not fully emerged at the time of the Cairo conference in 1994. In 1993, an estimated 2.5 million people were living with HIV – but it was following ICPD that the pandemic exploded. Within a decade (2003), an estimated 40 million people were in infected, with three-quarters residing in Africa. The response of governments and aid institutions followed, but not before deaths from AIDS had reached a peak of 2.2 million per year in 2005. In terms of global burden of disease, HIV rose from the 33rd largest cause of disability-adjusted life years lost (DALYS) in 1990 to the 5th largest in 2010.

Life-extending anti-retroviral treatment (ART), initially launched as a short-term therapy to prevent mother-to-child transmission (PMTCT), is increasingly available in highly endemic countries, but delivery remains challenging where health systems are weak and under-staffed, and stigma creates obstacles for testing and care. The percentage of infected mothers who now have access to antiretroviral drugs has risen dramatically, reaching nearly 60% in sub-Saharan Africa, where 92% of HIV-positive pregnant women reside. Transmission of the virus from mothers to their children has declined by 43% in recent years, reducing the number of infected children from 560,000 in 2003 to 330,000 in 2011. In sub-Saharan Africa, coverage of the most effective PMTCT treatment still ranges widely, accessible to fewer than 10% of women in the Democratic Republic of the Congo, Chad and Nigeria, yet to more than 95% of women in Botswana, South Africa and Swaziland. While deaths due to AIDS have declined sharply to an estimated 1.7 million in 2012, AIDS remains the leading cause of death in women of reproductive age (15 to 49 yrs.) worldwide.

Regarding government commitment to ‘Eliminating mother-to-child transmission of HIV and treatment for improving the life expectancy of HIV-positive mothers’, the ICPD Global Survey shows that 85.5% of countries show commitment to addressing this issue. However, among the 38 countries that UNAIDS has identified as suffering from a ‘high impact’ of HIV/AIDS, 97% of reporting countries were committed to addressing this issue. Although goals are not yet met, this indicates a greater concentration of efforts in the countries of greatest need.

A similar pattern of commitment was found regarding the ‘Integration of SRH and HIV services’: 75% of countries worldwide reported a commitment to such integration, but among the UNAIDS high-impact countries, this commitment was reported by 91% of countries.

***18. Prevention of new HIV infections depends to a considerable extent on behavioural change. The effectiveness of approaches to causing such change has differed from region to region. There is the need for a major UN meeting of government, experts, and civil society organizations to address this uneven success, including failure in some parts of the world, of behavioural change interventions for preventing new HIV/AIDS infections.***

Globally, new HIV infections have declined from a high of 3.2 million per year to 2.5 million per year in 2011. Declines were largely attributed to a delay in new infections among young people, who appear to have increasingly adopted condoms and reduced the number of sexual partners. But again, this global success masks great disparities between countries. While East African countries have made significant gains in preventing the spread of HIV, infections rose by 25% in nine countries, primarily in Eastern Europe

and Central Asia, and countries in southern Africa have made little progress against new cases. In Eastern Europe and Central Asia the challenges include preventing HIV among injecting drug users and their sexual partners, while in southern Africa, new sexually transmitted HIV infections are occurring despite widespread knowledge and access to condoms. Understanding and addressing the persistence of risk-taking in the face of widespread knowledge and access to condoms is a major public health challenge for the coming decade.

Survey results find 91.9% of countries committed to “increasing access to STI/HIV prevention, treatment and care services for vulnerable population groups and populations at risk”, and this proportion is higher among lower and middle income countries.

Given the importance of HIV testing to prevention, it is heartening to see that 92.5% of countries are committed to “increasing access to voluntary and confidential HIV testing”. If countries are stratified by income level, there are no substantial differences in terms of commitment among lower, middle and high income countries.

***19. The global survey found that three quarters of countries were committed to age appropriate sexuality education within schools with 69% supporting life-skills training for young people through formal education. However, less than half the countries committed to reaching out of school youth with sexual and reproductive health information. Governments need to take an integrated approach to health and well-being for young people that go beyond prevention and treatment of diseases and instead focus on conditions and enabling environments necessary for young people to lead healthy lives free from coercion, discrimination, violence and stigma. In addition, governments should commit to ensure young peoples' right to health information education and services including universal access to a basic package of youth friendly health services including mental health care, and sexual reproductive health services and access to safe and legal abortion.***

The 2012 Bali Declaration advanced an integrated approach to health and well-being that goes beyond prevention and treatment of diseases to focus on the conditions and enabling environments necessary for young people to lead healthy lives free from coercion, discrimination, violence and stigma. It recognizes the importance of policy and legal frameworks that protect, promote and fulfil the sexual and reproductive health as well as the dignity and equality of all young people, including recognizing their sexuality. The Bali Declaration emphasizes young people’s right to health information, education and services. It calls for universal access to a basic package of youth friendly health services including mental health care and sexual and reproductive health services, as well as access to safe and legal abortion.

Support for youth SRH services in the Global Survey varied starkly. Regarding government commitment for “specific programmes to ensure the access of adolescents and youth to sexual and reproductive health information and services that warrant and respect privacy, confidentiality and informed consent”, only 53.6% of countries in the Africa region committed to such programmes, compared to 96%, 90% and 80% of countries in the Americas, Europe and Asia.

Three-quarters (75.8%) of countries were committed to “age-appropriate sexuality education and counselling within schools”, 69.2% to incorporating life planning skills into young people’s formal

education, and 70.4% committed to “revising the contents of curricula to make them more gender-sensitive.”

However, only 59.3% were committed to “incorporating comprehensive sexuality education into formal education”, or “incorporating population and sexual and reproductive health information into the teacher’s training curricula” (59.6%). And only 49.3% were committed to “reaching out-of-school youth with sexual and reproductive health information and services”. When countries are grouped according to income, few major differences in these proportions are observed, but commitments to out-of-school SRH education were higher in poorer countries than in wealthier countries.

## PLACE

Much of the added growth in the global population in the past 20 years has occurred in developing countries, yet *rates of population growth* are declining in these countries, from an average annual rate of 1.8 per cent in 1990–1995 to 1.3 per cent in 2010–2015. Africa's population is growing most rapidly, at 2.3 per cent per year during 2010–2015, a rate more than double that of Asia's population (1.0 per cent per year). Yet, in 2011, 60 per cent of the global population lived in Asia and only 15 per cent in Africa. Asia's population is currently 4.2 billion, while the population of Africa surpassed a billion in 2009. The populations of all other major regions combined (the Americas, Europe and Oceania) amounted to 1.7 billion in 2011.

The overall decline in fertility is unmatched in human history. Developed countries and some middle income countries are now experiencing below-replacement fertility levels (that is, when women are not having enough children to ensure that, on average, each woman is replaced by a daughter who survives to the age of procreation), declining population growth rates, and in some cases, declining population size. Low-fertility countries include all the countries in Europe except Iceland and Ireland, 19 of the 51 countries in Asia, 14 of the 39 countries in the Americas, two in Africa (Mauritius and Tunisia) and one in Oceania (Australia).

Fertility has also continued to fall in the vast majority of developing countries, and 32 developing countries reached below replacement level fertility in 2005–2010. Yet, in 2005–2010, total fertility remained high at four children per woman or greater in 47 developing countries, including 26 countries where total fertility was five children per woman or greater. High-fertility countries are mostly concentrated in Africa (39 out of the 55 countries in the continent have high fertility), but there are nine in Asia, six in Oceania and four in Latin America.

As fertility declines, child dependency ratios decline, implying a population with relatively more working age adults (15-64) and fewer non-working age dependents. In developed countries, the proportion of the population of working age increased steadily from 61.8 per cent in 1990 to 63.0 per cent in 2005. Since then, that proportion has been declining, and in 2010 it was at the same level as in 1990. In developing countries, the proportion of the population of working age increased considerably from 57.0 per cent in 1990 to 62.3 per cent in 2010, and is also projected to decline to 58.7 per cent in 2050. However, among the least developed countries, this proportion will rise from 54.6 per cent in 2010 to 60.3 per cent in 2050 and then decline thereafter. The increasing proportion of the population of working age in the least developed countries in the coming decades represents an opportunity to spur economic growth provided that the challenge of creating gainful employment for the growing numbers of persons of working age is met.

### *Internal Migration*

Whether people move within or beyond international borders, permanently, temporarily or cyclically, their underlying motivations continue to be the same: people move in order to improve their well-being and socio-economic conditions and to reduce their vulnerability. While estimates of internal migration are very challenging, analysis suggests that over three quarters of a billion people worldwide were living

in their home country but outside their region of birth in 2005<sup>8</sup>, a scale that vastly outnumbers international migration.

Mobility exists on a continuum from forced displacement to voluntary migration, from humanitarian crisis to a critical component of development. The increasing frequency and intensity of climate change impacts are heightening concerns about displacement, and the history of severe environmental impacts shows conclusively that these movements are generally short term and local; it takes resources to move, whether to the city or internationally. Being trapped in a place is therefore a significant factor in vulnerability and the likelihood of forced migration or displacement, whether caused by natural hazards or conflict; ensuring prospects for return is vital.

The most pressing trend in internal migration is undoubtedly massive urbanization and the right to the city, given that the overwhelming majority of internal movements are headed towards (and often also from) towns and cities.

### *Urbanization*

***20. While world rural population is projected to decrease in the coming years, the urban areas of the world are expected to absorb all global population growth over the next 4 decades. Urbanization creates significant opportunities for sustainable development and the reduction of poverty. Without proper policies these potential advantages would translate into vulnerabilities. Current government policies have been based on mistaken assumptions of the causes and consequences of urban growth, leading to anti-urban policies such as decentralization and de-incentivization of migration into urban areas. Proactive innovative planning for urbanization including safe housing, reliable transport, water and land use, health services, lighting, security and sanitation would enable countries to benefit from the significant opportunities for making urban areas places of innovation, economic growth and well-being for entire societies, including rural communities. Governments should, as a matter of urgency, incorporate these issues into their national planning frameworks.***

In 2010 the populations in the America's were the most urbanized of all regions, with 82% of the population of Northern America, and 79% of the population of Latin America, living in urban areas. Europe's population follows closely with 73% living in urban areas. In Asia, 44% of the population lived in urban areas in 2010, but this is projected to increase to about 64 per cent in 2050. Oceania is the only major region where the level of urbanization has stagnated (or even declined) since the mid-1970s – however at a relatively high level of more than 70 per cent, and it is not expected to change much over the next decades. Africa remains the least urbanized region in world, with 39 per cent of the population living in urban areas in 2010.

The urban areas of the world are expected to absorb all the population growth expected over the next four decades (**see Figure 8**). As a result of rural-urban migration, the world rural population is projected to start decreasing in about a decade and there will likely be 0.3 billion fewer rural inhabitants in 2050 than today.

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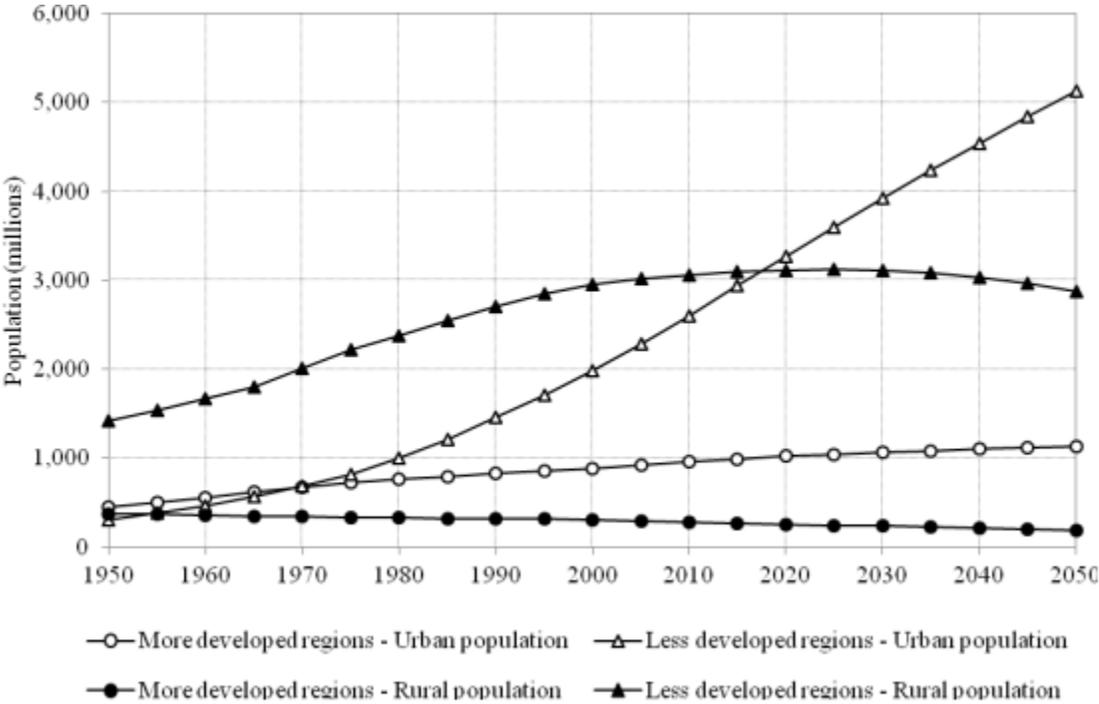
<sup>8</sup><http://www.un.org/en/development/desa/population/publications/pdf/technical/TP2013-1.pdf>

The future urban population will be increasingly concentrated in large cities of one million or more inhabitants. In 1970, there were only two megacities of at least 10 million inhabitants in the world, but by 2011 the number of megacities in the world had increased to 23 megacities. The number of megacities is projected to increase to 37 in 2025, at which time they are expected to account for 13.6 per cent of the world urban population. Even so, over half of the urban population by 2025 will live in towns and cities below 500,000 people.

Urbanization creates significant opportunities for sustainable development and for the reduction of poverty. In the face of globalization, massive future urban growth is both inevitable and necessary, but without proper policies, its potential advantages will translate into vulnerabilities. Policymakers today increasingly resist urban growth and, as the findings of the Global Survey testify – concentrate policies on decentralizing, and discouraging migration into urban areas.

Anti-urban policies misapprehend both the challenges and opportunities of urban growth. The vulnerability of people, especially women, in many urban areas today reflects the absence of pro-active, innovative planning for urbanization to provide safe housing, reliable transport, efficient water and land use, adequate health services, lighting, security, and sanitation. Given the massive urban growth to come in coming decades, and the fact that its largest social component is made up of poor people, appropriate longer-term approaches are urgently needed. Innovative, multi-sector leadership in urban planning will be a major agenda for the coming decade.

**Figure 8. Trends and projections in urban and rural population by development group, 1950–2050**



\*Created under the auspices of the ICPD Secretariat in its General Assembly mandated convening role for the review of the ICPD Action Programme.

Among the eight listed issues under the urbanization and internal migration theme, the one receiving commitment from the highest proportion of countries is “promoting decentralization” (73.9%). This issue is of particular relevance to African countries, where 40 out of 47, or 85.1%, have committed to its implementation. The same could be said for countries in Asia (78.8%) and the Americas (73.3%). However, decentralization seems to be less of a priority in Europe (43.8%) or Oceania (58.3%), particularly across smaller countries or larger countries which have already achieved higher decentralization levels.

The issues of “promoting the growth of small or medium-sized urban centers” (70.5%) and “promoting rural development strategies to decrease push factors on urbanization” (72.1%) are addressed, budgeted and implemented by seven of ten countries globally, but no major regional variations are observed in either case, with the exception of lower commitments to both in Oceania (53.8% and 58.3% respectively) – consistent with their halt in urban growth (see above). The proportion of European countries committed to both issues (70% and 77.8% respectively) is not considerably lower than those of Africa (71.4% and 66.7% respectively), Asia (81.8% and 76.5% respectively) or the Americas (64.5% and 77.4% respectively).

Similarly, “ensuring land, housing, services and the livelihoods for the urban poor” (70.6%) and “promoting environmental management of urban agglomerations” (67.2%) are commitments by over two-thirds of countries worldwide. With regards to the former issue, only 58.3% of African countries commit to its implementation, which contrasts with the Americas, where all but 3 countries do so (96.9%).

### *International Migration*

Contemporary patterns of international movement are significantly more complex than those of the past, not only because of the sheer numbers of international migrants, standing today at 215 million, but also because the flows are now truly global. The growth and diversification of migration patterns have meant that an increasing number of countries are affected by migration, and locations of origin and destination have both increased and changed. Countries which previously defined themselves as countries of destination may now also be countries of origin, and vice versa.

Additionally, the composition of migration flows is changing in a number of ways. Today’s migrants come from a broader spectrum of cultural, economic and social backgrounds than ever before. Women, once considered only in their role as accompanying or joining migrating husbands or other family members, are now independent agents in international migration. Many women migrate in search of employment opportunities, either on their own or as heads of households. In fact, women currently comprise about half of all international migrants, and in some regions of the world, they outnumber males.

One result of low fertility rates and ageing populations is labour shortages at all skill levels. These are already easily identifiable in many developed countries and can be foreseen in many developing countries, especially those that have seen unprecedented rates of economic growth in recent decades.

At the same time, many developing countries still experience a mismatch between the number of young, working-age people and the absorptive capacities of their labour markets. As a consequence, while migration flows (particularly labour migration) are primarily due to economic conditions and inequalities, they can also be explained by demographic imbalances reflected in labour force surpluses and deficits. Migration is already the principal driver of population growth in many countries, but the long-term

demographic outcomes of migration will vary depending on the composition of the migrant population and on whether movement is temporary, permanent or something in between

Over 69% of countries have created institutions and programmes, policies and/or strategies addressing the theme of international migration and development. Nonetheless, this percentage is as low as 38.5% in Oceania and 61.3% in Europe, but exceeds 81% in Asia. In the case of the Americas, 75% of countries have created institutions and programmes, policies and/or strategies, while in Africa 70% of countries have done so. Only 5 out of 13 countries in Oceania report lacking both types of frameworks in place.

The 18 countries that report having no institutions or policies, programmes and/or strategies in place are spread out relatively evenly across the world (5 in Europe, 5 in the Americas, 3 in Asia, 3 in Oceania and 2 in Africa). Moreover, 22 countries across the world lack policies related to international migration and development (11 in Africa) and 10 lack institutional structures (4 in Europe).

The main issue of concern being addressed, budgeted and implemented by existing institutional entities, programmes, policies and/or strategies during the past 5 years relates to combat the trafficking and/or smuggling of migrants. It is worth highlighting that 65% of countries showed commitment to implementing this issue, with descending regional commitments for European (71.4%), American (70%), Asian (69.7%) and African (65.1%) countries, and Oceania (11%). If countries are disaggregated by income level, the analysis reveals that the share of lower income countries that address, budget and implement this issue is inferior to that of middle and higher income ones.

A smaller proportion of countries have committed to “strengthening dialogue and cooperation between countries of origin, transit and destination” (54.2%). Although no remarkable differences are observed by region or population growth, this issue was prioritized by wealthier countries. A similar proportion of countries have focused their efforts on “strengthening support for international activities to protect and assist refugees and displaced persons” (56.2%). Although this issue also grows in relevance as countries develop, there are large differences in commitment between high income OECD countries (90.5%) and high income non-OECD countries (11.1%). Around one third of countries in Europe have not addressed, budgeted and implemented this issue, while in the case of Africa, the Americas and Asia this percentage increases to between 41.7% and 50%. In Oceania, 8 out of 13 countries, or 66.7%, have not committed to implementing it.

Six of ten countries have made commitments to “protecting migrants against human rights abuses, racism, ethnocentrism and xenophobia” (60.4%). This issue receives commitments by a higher proportion of countries in the Americas (70%) and Asia (70.6%), compared with those in Africa (56.5%), Europe (58.6%) or Oceania (20%). For this issue, the level of commitment is proportional to the countries’ income level.

On the contrary, less than half of the responding countries have committed to “addressing the root causes of migration so migration is by choice” (35.4%), or to “facilitate the flow and use of remittances to support development” (42%). In relation to facilitating the flow and use of remittances to support development, Africa is the only region where half of its countries address, budget and implement it (52.2%), and the proportion decreases in the case of the Americas (44.8%), Asia (43.3%), Europe (26.9%) or Oceania (25%). A detailed sub-regional analysis illustrates differences among the American sub-regions (Caribbean: 33%; Central America: 57%; South America: 50%) as well as in the European ones (Western Europe: 100%;

Southern Europe: 10%; Northern Europe: 20%, Eastern Europe: 14%). Income and population growth analysis show that this issue receives higher commitment among poorer and fast-growing countries.

Finally, only 23.4% of countries have committed to address the factors that contribute to forced internal displacement, but global and regional frequencies might have been distorted as countries where the issue is not applicable might have responded “no” (there was no “not applicable” option available in the questionnaire). Most countries that have addressed, budgeted and implemented this issue are located in Africa (12), Asia (10) and Europe (6).

### *Consumption Patterns*

***21. Ever-rising levels of consumption, coupled with rapid expansion in the number of people with enough resources to have significant consumption profiles, has left humanity on the verge of several ecological tipping points. The fact that two-thirds of the world's population is still poor, that the poor bear the brunt of environmental burdens, and that they are at the mercy of an unsustainable development model for improvement in their lives is one of the major ethical quandaries in human history. Delaying socio-economic advances in developing countries while industrialized countries maintain their standards of living would be unthinkable and unacceptable. There is a need for the UN to convene a multi-stakeholder forum to address ways, including through market incentives and other measures to promote innovation for a green economy, to change unsustainable consumption patterns that result in environmental debacles as well as a cleaner world for mankind. Ensuring sustainable development guarantees the right of individuals and couples to decide freely on the number, timing and spacing for having children and places human rights at the heart of development.***

Scheduled only two years after the 1992 Rio Earth Summit, the ICPD was profoundly imprinted by the objective of “sustainable development”. Though still deeply desired and much debated, “sustainable development” has become the greatest challenge to humankind in the 21st century. The fact that two-thirds of the world’s population is still poor, that the poor bear the brunt of environmental burdens, and that they are at the mercy of an unsustainable development model for improvement in their lives is one of the major ethical quandaries in human history. Delaying socio-economic advances in developing countries while industrialized countries maintain their standards of living would be unthinkable. Yet the lifestyles and consumption patterns of the rich have by themselves already overstepped Nature’s boundaries.

Ever-rising levels of consumption, coupled with rapid expansion in the number of people with enough resources to have significant consumption profiles, has left us on the verge of several ecological tipping points. Two thirds of the world’s population is still not part of the global consumption market by global business and are clearly not emitters. This large majority cannot be incorporated, under the present model, without further multiplying the emissions caused by production and consumption.

Population size and growth are now posited as promising areas for intervention. Most of the discussions take for granted that population size could be reduced through family planning programs and that this would reduce consumption and the threat of environmental debacles. That is a gross oversimplification. The ultimate size of the global population obviously makes a huge difference, but the impacts of population size and growth on climate change are NOT direct or linear, since different population groups impinge on the environment in radically dissimilar ways.

The error that is habitually made in discussing demographics and climate change is that a larger population is automatically identified with greater emissions – as if one population unit (i.e. – one person) was equal to one consumption unit. Confusing people with consumers is an error that continues to prevail in the public mind as well as in the environmental literature. But one additional person is NOT equivalent to one additional unit of consumption. As of this moment, only 2.5 billion people, little more than a third of the world's population, could be minimally considered as having consumption profiles that contribute to emissions.

The battle for a sustainable environmental future will be waged primarily in the world's cities where population, economic activity and environmental issues are increasingly concentrated. At the aggregate level, virtually all population growth is occurring in cities, and most future urban growth will be concentrated in developing countries, especially in Africa and Asia. Fulfilling the potentialities of cities for long-term sustainability will require innovation, but offers important opportunities for sustainable development. Adjusted for income, people in urban areas tend to consume less energy per capita than in rural areas. Energy savings are particularly large in the housing and transportation sector.

For the most part, countries with high rates of poverty and population growth contribute relatively little to greenhouse gases and other irreversible global ecological threats. In addition, poor people are among those most affected by environmental change. Slowing the rate of population growth may provide time for innovation to reduce vulnerability. It would also help to create conditions for designing and implementing effective policies and practices to mitigate global climate change.

The primary issue of sustainability to which governments are committed, in both developing and developed countries, relates to “promoting environmental resource management” (93.4%). All but 10 countries have shown commitment to implement this issue (2 in Eastern Africa, 1 in the Caribbean, 1 in South America, 2 in Eastern Europe, 1 in Northern Europe, 1 in Western Europe and 2 in Micronesia), although this has occurred to a somewhat lesser extent in high income countries.

A related priority, “fostering sustainable resource use and preventing environmental degradation” was also a commitment of 92% of countries, that is, all countries except 12 in (3 in Eastern Africa, 1 in Middle Africa, 2 in Northern Africa, 1 in Western Africa, 1 in the Caribbean, 1 in South America, 1 in Eastern Europe and 2 in Micronesia).

Other sustainability concerns issues to which many countries were committed include “strengthening food security” (91.2%) and “improving solid waste management” (88.9%). In the former case, the level of concern is inversely proportional to the countries' income level, while in the latter case it is directly proportional.

Overall, these findings suggest that the injunction to pursue “sustainable development” has been almost universally adopted as a primary development goal, although the data does not permit us to evaluate the nature or the effectiveness of such efforts.

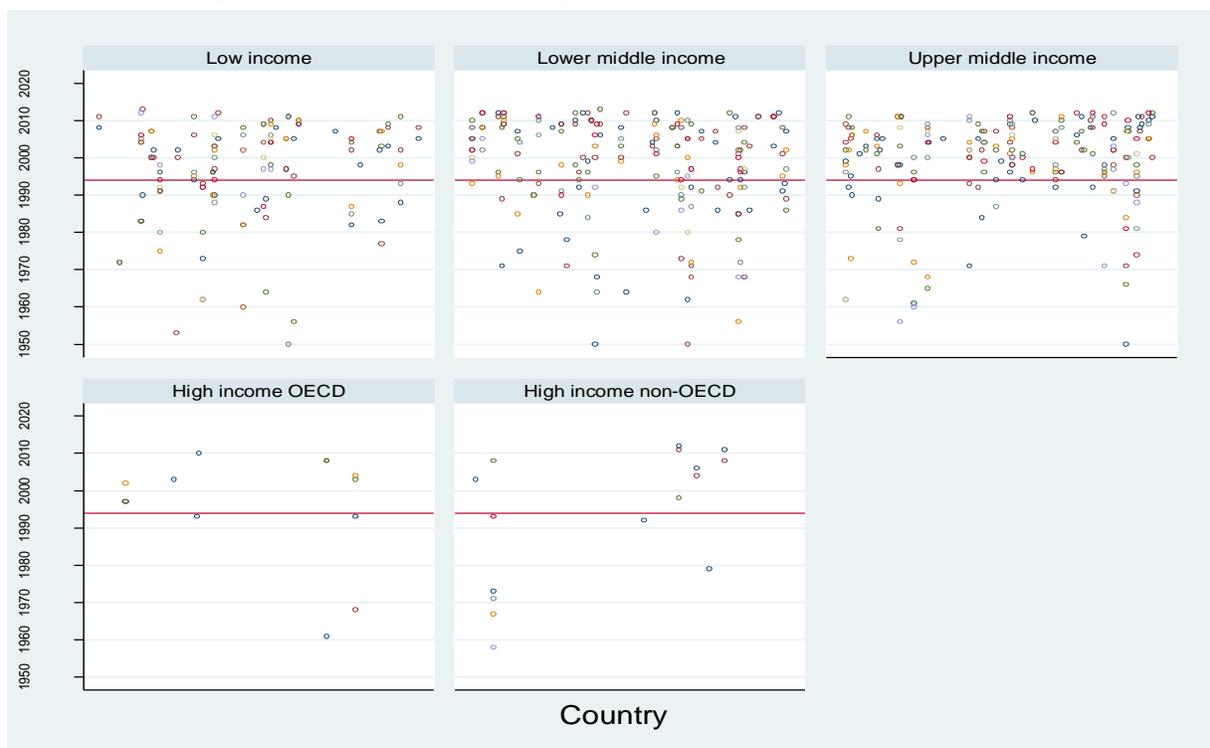
# GOVERNANCE

## Planning

**22. Many developing countries, which did not have state institutions for dealing with population matters set up such institutions after the ICPD conference. However, these institutions had varying influence in ensuring a comprehensive approach to population and development planning. Greater progress in integrating population dynamics into development planning at national and sub-national levels in order to comprehensively respond to population and development issues, including population dynamics and its implications for human rights, dignity, quality of life, poverty eradication, and sustainable development would require Governments to create, where such institutions are not available, or strengthen existing relevant institutions, with the necessary capacity to ensure effective integration of population dynamics into development planning as well as efficiency and accountability, including ensuring effective coordination of all relevant social and planning bodies.**

Globally, the ICPD generated momentum in the creation and renewal of institutions addressing several ICPD-related themes – with a notable expansion of institutions to address population, sustained economic growth and sustainable development; the needs of adolescents and youth; and gender equality and women’s empowerment.

**Chart 5.** A notable establishment and renewal of institutions that address population, sustained economic growth and sustained development after 1994 in low and middle income countries.



\*Created under the auspices of the ICPD Secretariat in its General Assembly mandated convening role for the review of the ICPD Action Programme.

As evident in Chart 5 (**above**), a majority of institutions established to address population and sustainable development are clustered after the mid-1990s. However, variations are observed if countries are stratified by wealth, where the growth of institutions was most evident in lower and upper middle income countries.

Globally, 84.2% of countries report having institutions as well as programmes, policies and/or strategies addressing the interaction between population and sustainable development, although this percentage is as low as 57.1% in the case of Oceania and 68% in the case of Europe, and considerably higher for countries in the Asian (92.9%), African (92.3%) and American (84.4%) continents.

A smaller proportion of countries (approximately 70%), currently have in place institutions and programmes, policies and/or strategies addressing internal migration and urbanization and international migration.