Economic & Social Affairs

United Nations Expert Group Meeting on Priorities for Improved Survival: ICPD beyond 2014

New York, 21-22 October 2013

Report of the Meeting

United Nations

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Department of Economic and Social Affairs
Population Division

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DESA

PREFACE

The Population Division of the Department of Economic and Social Affairs (DESA) of the United Nations Secretariat serves the Commission on Population and Development of the Economic and Social Council, which each year meets to consider a special theme within the scope of population affairs. In light of the 20th anniversary of the 1994 International Conference on Population and Development (ICPD), the Commission's theme for 2014 is an "Assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development". To inform these deliberations, the Commission has requested the Secretary-General to prepare a report on World Demographic Trends, with special attention to changes in population dynamics since the ICPD.

Accordingly, on 21-22 October 2013, the Population Division convened two Expert Group Meetings (EGM): one on mortality and health, and one on fertility trends and development. For the former, entitled "Priorities for Improved Survival: ICPD beyond 2014", experts in several fields related to health and mortality were invited to reflect on progress and challenges toward achieving the survival goals that were set out in the ICPD Programme of Action and to discuss anticipated future challenges to reductions in mortality that should be addressed in the ICPD beyond 2014 and in the post-2015 development agenda. Contributed papers and presentations addressed topics including challenges and opportunities for further reductions in infant and child mortality, evolving mortality risks associated with infectious diseases, priorities in women's health, the changing landscape of non-communicable diseases and associated risk factors, evolving trends in hea

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- Reductions in mortality since ICPD were most rapid for child mortality, while declines in the probability of dying between ages 15 and 60 were slower on average; some regions had experienced increases in adult mortality.

- Though a rising proportion of deaths now occurred a

all at or below two children per woman. Was this the end of fertility decline in these regions? Key points from the overview of world fertility trends since Cairo were:

- Since 1994, fertility in Africa declined at a much slower pace compared to Asia and Latin America and the Caribbean. In 2010-2015, total fertility in Africa was still above 4.5 children per woman.

- Fertility in parts of Europe (mainly Eastern and Southern Europe) and in East Asia declined to very low levels and in a short period of time (due in part to the impact of postponement of childbearing on period total fertility).

- Declines in total fertility in individual countries were not universal and countries with the same total fertility in early 1990s experienced different fertility trajectories.

- Adolescent childbearing and marriage was still common in Africa, and also in some countries in Asia (e.g., Afghanistan and Bangladesh). In Latin America and the Caribbean, adolescent childbearing remained high in many countries even though total fertility was close to replacement level.

- In 1994, more than 60 per cent of married or in-union women used any contraceptive method in all major areas, except Africa. Progress had been s

The discussion also pointed to a growing need for "public demography"; that is, re-energized attention to public education on population issues given frequent misinterpretations and incorrect assumptions about fertility and mortality trends, as well as progress on development goals. Mr. John Wilmoth, Director of the Population Division, stressed that educating the world on population issues was one of the key responsibilities of the Division and welcomed experts' advice as to how to improve the Population Division's work in that regard.

B. PRIORITIES FOR THE REDUCTION OF CHILD MORTALITY AND INFECTIOUS DISEASE MORTALITY BEYOND 2014

Ms. Sara Hertog (Population Division) gave a presentation entitled "Decomposing global disparities in life expectancy, with an emphasis on infectious causes of death". The analysis was drawn

accelerated since the year 2000, especially in less developed regions. Faster progress had been achieved

was the fourth-leading cause of death of women worldwide. Tobacco marketing was also increasingly targeted at women in developing countries.

Ms. Petroni called for increased focus on the health of adolescents, both because of the large proportion of young people in the population (43 per cent of the world’s population was younger than 25) and because adolescence was a profound and complex developmental period that could influence health outcomes throughout adult life. More attention was needed to the physical health of adolescents, but also to issues of mental health, substance use, and diet and exercise. She noted that causes of death among adolescents differed between boys and girls, with boys more likely to die of injuries, while girls, particularly in the least developed countries, were most susceptible to maternal mortality. Adolescent girls were subject to a range of sexual and reproductive health risks, often related to early marriage and pregnancy. Adolescent girls who lived in poverty bore heavy burdens of household labour, and faced high risks of anaemia and malnutrition. Ms. Petroni concluded that increased investments were urgently needed to support adolescent health and development. She called for disaggregated data on the health of pre-adolescents aged 10-14 and adolescents by age and sex.

Ms. Adrienne Germain, president emerita of the International Women’s Health Coalition, provided invited comments. She called for a paradigm shift in the health sector, focusing not only on length of life, but on quality of life for individuals and groups. Key changes needed included a shift to an emphasis on prevention, rather than technical fixes; aiming for early diagnosis when conditions were more treatable; and making incremental changes to weak health systems. Ms. Germain saw the health of women and adolescent girls as a fulcrum, with investments in mothers reaping gains in the health of both women and their families. Advocates for sexual and reproductive health saw this area as a platform for treating reproductive cancers, preventing adolescents’ adoption of NCD risk behaviours, and eventually for treating NCDs. Ms. Germain called attention to inequalities in health and the need for accountability. The capacity of countries to collect and analyze data on health and prevention, by age and sex, needed to be enhanced, and indicators should track equity and quality of health services.

Participants lauded the introduction of adolescent health into the discussion. They noted various challenges to adolescents’ health, including early marriage and childbirth, poor access to family planning, and reproductive health care, including postnatal care, and inadequate attention to HIV prevention; and mental health among this age group. Gender and social protection were mentioned as overriding concerns. There was a need to involve adolescentes4(gE5b[illegible]

around 5 billion sticks in 1997 to more than 6 billion sticks in 2013. Most of the increase was due to increased smoking in Asia: in China cigarette sales

around 38 per cent and other Latin American and Caribbean countries were showing increasing obesity rates as well.

All three shifts implied changes in the risk of chronic conditions, such as cardiovascular disease, cancers, type-2 diabetes and respiratory diseases. In addition, the shifts had the potential to slow improvements in longevity by preventing the reductions in mortality that typically occur in adult ages during the mortality transition. Furthermore, the shifts implied changes in the demand for health

interventions in certain contexts. In many parts of Latin America and the Caribbean, for example, alcohol sales and consumption were considered a critical component of the tourism industry, thus efforts to decrease consumption tended to be viewed unfavourably. Both culture and gender needed to be considered in measuring NCD risks and developing policies to address them.

Ms. Sealey cautioned participants against overreliance on health transition theories that predict that developing countries will follow the paths already taken by developed countries on things like risk behaviours and disease risk patterns. She proposed instead thinking of different risk profiles as mosaics. Accordingly, it was critically important to improve the evidence base, especially in low-resource settings,

potential for incentives to undermine recipient autonomy are misplaced when incentives are used to overcome economic obstacles or a lack of effective motivation, and when recipients are incentivized to

incentives, but the trial was not designed in such a way that the programme could be scaled up to a national level.

Conditional cash transfer programmes were one type of incentive initiative that had been

that restricted drinking and driving; restrictions on advertising and sponsorships by alcohol companies; and taxation and tiered pricing systems that taxed lower-quality alcohol more heavily.

Several health promotion strategies were available to promote healthier diets, such as sustained, community-based information campaigns that focused on specific food and drinks, coupled with labelling and regulation. Regulations that restricted marketing of unhealthy foods and drinks to children were both low-cost and effective, as were school-based diet and activity programmes, garden programmes and fresh fruit and vegetable programmes. Economic incentives toward healthier eating had taken the form of subsidies to lower the prices of healthful foods, taxes to increase the prices of less healthful foods, and long-term agricultural and infrastructure changes to facilitate the production, transport and marketing of healthier foods. Strategies known to be ineffective to promote healthier diets included short term media efforts that targeted multiple risk factors simultaneously, detailed nutrition facts labels, menu labelling, and restricted accessibility to vending machines in schools, among others.

There was less evidence available to assess the cost-effectiveness of initiatives aimed at promoting physical activity. Most studies had focused on high-risk populations, older persons or work site interventions, and thus their findings were not generalizable to the greater population. Some initiatives had proven effective at increasing physical activity in middle- to high-income countries, and were considered promising in low- to middle-income countries. One such programme was Brazil's Academia da Cidade Programme (ACP) which provided free, supervised physical activity classes in public parks. Ms. Nugent noted that the indirect cost benefits of physical activity initiatives were greater, in general, than the direct medical benefits, but were even less researched.

Interventions in the built environment to promote physical activity, such as urban design that incorporated walking and biking paths, for example, were being explored. The potential utility of e-technology for case management and health promotion was also inspiring a large amount of research. There were opportunities to leverage the tools and expertise in [illegible]

Mr. Fotso concluded his discussion by emphasizing t

Following the two expert group summary presentations, an interactive discussion coalesced around three key issues of relevance for both fertility and mortality levels and trends: 1) how to organize the discussion of demographic trends to better explain the different challenges and priorities of countries at various levels of fertility and mortality, 2) how to consider incentive-based programmes that aim to address challenges posed by current demographic trends, in the context of existing ICPD language and 3) whether the expert group wanted to recommend that countries set new targets in order to accelerate progress in health, survival, and universal access to reproductive health, including family planning.

behaviours and cost-effective. Financial incentives around provider quality, such as ensuring that they stocked supplies of a range of family planning methods or counselled a minimum number of women, were also considered, although some worried that the incentives could encourage providers to act in a way that was not in the best interest of the patient.

The discussion then shifted to whether the expert groups wanted to recommend that countries aspire to particular targets with respect to health, mortality and fertility into the future. On health and mortality, one participant emphasized that while enormous success had been achieved in recent decades on water and sanitation, it was important to establish new targets in order to continue that momentum. It was noted that economic analysis deemed water and s

of research in policy decisions was to develop the capacity of and opportunities for researchers to communicate their research findings via such mechan

of statistics and information available to citizens". Some participants noted that there had been little research on how to improve civil registration and that more efforts were needed in this area. Improving civil registration for valid cause-of-death attribu

12:00-1:00

4. PRIORITIES IN WOMEN'S HEALTH

Moderator: Barney Cohen (Population Division)

Improving the health of women and adolescents: an unfinished agenda

Suzanne Petroni (International Center for Research on Women)

Discussant: Adrienne Germain (President Emerita, International Women's Health Coalition)

1:00-2:30 Lunch break

2:30-4:00

5. PRIORITIES FOR REDUCING NON-COMMUNICABLE DISEASE MORTALITY AND MORTALITY AT OLDER AGES

Moderator: Jorge Bravo (Population Division)

(a) *The changing landscape of non-communicable diseases and associated risk factors*

Sanjay Basu (Stanford University)

(b) *Longevity in the 21st century: how strong is the tug of the past?*

Alberto Palloni (University of Wisconsin, Madison)

Discussant: Karen Sealey (World Health Organization)

4:00-4:15 Break

4:15-5:45

6. EFFECTIVE POLICY AND PROGRAMME APPROACHES TO IMPROVE HEALTH OUTCOMES

Moderator: Victor Gaigbe-Togbe (Population Division)

(a) *Incentivizing use of health care*

Discussant: Jean Christophe Fotso (Concern Worldwide, U.S.)

5:45-6:00

7. CLOSING OF DAY 1 AND GUIDANCE FOR MORNING SESSION OF DAY 2

Moderator: Barney Cohen (Population Division)

Tuesday, 22 October (joint with Expert Group Meeting on Fertility, Changing Population Trends and Development: Implications for the Future)
Location: DC2-23rd floor conference room

9:00-11:00

1. SUMMARIES AND INTERACTIVE DISCUSSIONS:
KEY CHALLENGES AND OPPORTUNITIES FOR FURTHER PROGRESS IN IMPROVING LIFE EXPECTANCY AND RESPONDING TO IMPLICATIONS OF FERTILITY TRENDS FOR THE GLOBAL DEVELOPMENT AGENDA

Experts: Alberto Palloni (University of Wisconsin, Madison) and Monica Das Gupta (University of Maryland)

Moderator: John Wilmoth (Population Division)

11:00-11:15 - Break

11:15 – 1:00

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