

**XII. THE RELEVANCE OF THE ICPD PROGRAMME OF ACTION FOR THE
ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT
GOALS – *AND VICE VERSA*: SHARED VISIONS AND COMMON GOALS**

A. INTRODUCTION

United Nations Secretary-General Kofi Annan, 2002

— Jeffrey Sachs, Special Adviser to the Secretary-General on the MDGs, 2002

The Millennium Declaration specifically²marked a strong recommitment to the International Conference on Population and Development (ICPD) Programme of Action, and builds upon the key outcomes of ICPD. Adopted in 1994, the ICPD Programme of Action sprang from the largest international conference at that time, and set the agenda for population development for the next twenty years. The ICPD Programme of Action goes far beyond what had been seen as “traditional” population issues, and addressed a myriad of key development problems—from eradicating poverty to ensuring environmental sustainability to supporting families—and presented quantified and qualified targets that Governments agreed to achieve. In fact, early critics of the ICPD Programme of Action worried that it addressed too many varied issues and contained too many targets. But much like the Millennium Development Goals, the ICPD Programme of Action addresses a broad spectrum of some of the most pressing development concerns because its supporters believed these issues to be fundamentally interrelated, and unachievable without the others.

The ICPD Programme of Action also viewed population concerns from within a human rights framework—creating a key shift in the population debate at that time. It succeeded in replacing a macroeconomics perspective on population policy and focused instead on a woman’s need to receive appropriate reproductive and sexual health care (within a functioning health system) and to control the timing of her pregnancies. The advancement of the human rights perspective on reproductive health, and with a more focused discussion of gender roles in development, was a major step forward for the population debate at that time. Similarly, the Millennium Development Goals should also be viewed through a human rights prism. The Goals, in fact, reflect many basic human rights—to food, shelter, healthcare and education—enumerated in the Universal Declaration of Human Rights, and go further in setting targets for their progressive realization.

The International Conference on Population and Development was also the first international conference to accept (however provisionally) estimates of resource requirements for a core programme package and to define the relative contributions of donor and developing countries. It explicitly recognized the need for strengthened partnerships on an international, regional and national level. In this same vein, the eighth Millennium Development Goal explicitly calls for strengthened global partnerships in such key areas as aid, trade, debt relief, access to essential medicines and foreign direct investment. The achievement of the Millennium Development Goals, like the ICPD Programme of Action, rests heavily on the realization of such partnerships.

It is in these ways that the Millennium Development Goals build upon the important outcomes of the International Conference on Population and Development, and should be viewed as a strong recommitment to the vision, aspirations and goals of that landmark event. Three of the four quantifiable targets put forth in the ICPD Programme of Action are also included (in close form) in the Millennium Development Goals—reducing maternal mortality, reducing infant and child mortality and ensuring universal access to education. The fourth goal—access to reproductive and sexual health services including family planning—is not included as a goal, but is widely recognized as essential to the achievement of many Millennium Development Goals. The Key Actions for the Further Implementation of the Programme of Action of the ICPD, adopted by the General Assembly at its twenty-first special session in 1999 (ICPD+5), also included a goal for preventing HIV/AIDS, which is also reflected (in close form) in the Millennium Development Goals.

The Millennium Development Goals in many ways move forward many of the aspirations of the ICPD Programme of Action. By setting time-bound and measurable targets for the achievement of some aspects of the ICPD vision—such as ensuring environmental sustainability and eradicating poverty—the Millennium Development Goals further hold Governments to account for realizing the ICPD Programme of Action. But the ICPD Programme of Action also in many ways moves forward the Millennium Development Goals. Most notably, ensuring universal access to reproductive and sexual health – a goal

agreed to by the many signatories of the ICPD Programme of Action—if realized, will help achieve many of the Millennium Development Goals.

Given that the interrelationship between the Millennium Development Goals is widely recognized, along with the synergies to be had in realizing these goals together, this paper will focus on the ICPD Programme of Action goals that were not explicitly included as Millennium Development Goals. Specifically, the impact of universal access to sexual and reproductive health services, including family planning, on each of the Millennium Development Goals will be explored.

B. RELEVANCE OF ICPD PROGRAMME OF ACTION FOR ACHIEVING THE MDGs—AND VICE VERSA

Universal access to reproductive health services is essential for achieving most of the Millennium Development Goals. Improving maternal health, reducing child mortality and combating HIV/AIDS, malaria and other diseases directly depend on access to these services. Less direct, but not less certain, is the relationship between having access to reproductive health services and reducing extreme poverty, promoting gender equality and education opportunity and attaining environmental sustainability.

While eradicating extreme poverty and hunger is not an explicit quantitative and time-bound goal of the ICPD Programme of Action, it is a shared vision, and has been clearly expressed throughout the Declaration.

“All States and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development, in order to decrease the disparities in standards of living and better meet the needs of the majority of people in the world” (Principle 7).

Realizing the ICPD goal of access to reproductive and sexual health services including family planning (not an explicit goal in the MDGs) would help in achieving the first Millennium Development Goal of reducing extreme poverty and hunger by reducing the likelihood of experiencing a “demographically-related poverty trap”.

The relationship between poverty and reproductive health, especially in the least developed countries, has been diagnosed as a demographically related ‘poverty-trap’. High levels of observed fertility in some of the poorest countries, and in poor sub-populations in all countries, are only partly a question of deliberate choice. Poor families often want more children than richer families to ensure that at least some of their children survive in the face of high levels of infant and child mortality. But they are also more likely than their wealthier counterparts to have more children than they claim to want. Such high levels of fertility among the poor have ripple effects at the household and societal levels as well as on macroeconomic planning for Governments—creating a “poverty trap”.

Household level: Ability to control the timing and number of births prevents dilution of resources within the household and competition for scarce resources—such as in health and education—and also increases the opportunity for household savings. Episodes of ill health are an important trigger for depletion of resources and the descent of families into poverty. Similarly, unplanned and higher-than-desired numbers of births operate in the relatively short-term.

Societal level: High fertility contributes to poverty traps by requiring higher public investment in

and technical training, bearing in mind the need to improve the quality and relevance of that education” (para. 4.18).

Although overall access to primary education has risen substantially over the last decade in many developing countries, there are still stark inequalities in attendance between rich and poor children within countries. Such gaps are quite large in several West African countries, such as Benin and Senegal. A recent study of 35 countries in West and Central Africa as well as in South Asia showed that in 10 countries half or more of students aged 15-19 from poor households never completed first grade (Filmer and Pritchett, 1999). The disparities between boys’ and girls’ primary school attendance is also stark in some regions, most notably in South Asia and Sub-Saharan Africa.

Realizing the ICPD Programme of Action goal of ensuring universal access to reproductive and sexual health services, including family planning, would help to achieve the second Millennium Development Goal. As discussed below (in section 3), having access to family planning and reproductive health services makes it less likely for girls to drop out of school due to pregnancy, or to be pulled out to help family members care for their many children (including unplanned). Additionally, with fewer children, less competition exists for limited resources including money for school or uniform fees.

3.

Consistent with the third Millennium Development Goal, the ICPD Programme of Action also calls for the elimination of gender disparity in primary education, and a strengthening of post-primary education for girls. The ICPD Programme of Action and the second and third Millennium Development Goals fit “hand in glove” with their calls to eliminate gender disparity in education, to provide universal access to primary education, and to ensure the widest and earliest possible access to secondary education for girls.

The gender gap in education has been narrowing over the past decade, but is still wide at higher levels of education. Women in South Asia have only half as many years of schooling as men, and their enrolment in secondary education is only two-thirds of the male rate. In Sub-Saharan Africa, school attendance for girls aged 12-13 is 80 per cent of that for their male counterparts, but drops to 50 per cent for schoolchildren aged 18-19 (Mensch, Bruce and Greene, 1998).

Realizing the ICPD Programme of Action goal of ensuring universal access to reproductive and sexual health services, including family planning, would help to achieve the third Millennium Development Goal of eliminating gender disparities in education. If enrolment rates remain the same and mortality and fertility rates decline as expected, there will still be a gender gap in educational attainment in 2030.¹ But, as noted above, effective access to sexual and reproductive health services may also help to improve the gender balance in secondary education by making it less likely that girls will drop out of school due to pregnancy, or be pulled out to help family members care for their many children.

4.

Consistent with the fourth Millennium Development Goal, the ICPD Programme of Action puts forth the explicit goal of reducing child mortality.

6.

While not an explicit and time bound goal of the ICPD Programme of Action, the ICPD+5 Key Actions for the Further Implementation of the Programme of Action of the ICPD adopted by the General Assembly in 1999 (A/RES/S-21/2) put forth the prevention target for HIV/AIDS as follows:

“Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15-24 have access to the information, education and services necessary to develop the life skills required

Improving the lives of slum dwellers also means ensuring their access to reproductive and sexual health services within a functioning health system. Within many cities, stark intra-urban inequities exist in health outcomes, with the poorest experiencing disproportionately worse outcomes than their richer counterparts. Some urban poor face disadvantages in health outcomes rivalling those of rural dwellers (National Academy of Sciences, 2003).

8.

The International Conference on Population and Development was the first international conference to accept (however provisionally) estimates of resource requirements for a core package of policies and interventions. It further defined relative contributions to be made by developing countries (2/3 of the total) and donor countries (1/3 of the total), and it explicitly outlined the global, regional and national partnerships required to achieve the goals of the ICPD Programme of Action.

The inclusion of the eighth Millennium Development Goal should be warmly welcomed by all parties working toward the realization of the ICPD Programme of Action. This Goal reaffirms the need for strengthened partnerships, especially between rich and poor countries, to achieve international development targets. Global partnerships developed to help achieve the Millennium Development Goals—such as improved policies for aid, trade, debt relief, access to essential medicines and foreign direct investment—if realized, will no doubt help to achieve many of the goals and aspirations of the ICPD Programme of Action as well. Indeed, many of the shared goals—such as improving child and maternal health, ensuring universal access to primary education, combating HIV/AIDS and empowering women—may not be met without strengthened international partnerships, including higher donor investment in technical and financial resources.

C. ACHIEVING THE GOALS OF THE ICPD P

conferences, with the additional modification to ensure that, as with the other maternal and child health targets, priority is given to the critical issue of equity.

Universal access to reproductive

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