ICPD AND THE HEALTH-MDGs

World Health Organization

A. Introduction

The eight Millennium Development Goals derived from the Millennium Declaration mark a turning point in the history of development. Unlike previous approaches, they represent a genuine global compact, with Goal 8 identifying actions that developed countries must take if targets are to be achieved. Pulling together targets from various UN conferences throughout the 1990s—including the International Conference on Population and Development (ICPD)—the MDGs look beyond income to other dimensions of poverty and thereby explicitly acknowledge the contribution of health to poverty reduction. Moreover, it is recognized that they are a package of synergistic goals and cannot be achieved individually.

The Programme of Action of the ICPD adopted by 179 countries in 1994 continues to be highly relevant for international development and, consequently, also for the achievement for the MDGs. Halfway through the Programme of Action's 20-year programme, the picture on the ICPD goals is mixed: while many countries have made significant progress, there was little or no change in others. Not coincidentally, the picture looks very similar when looking at progress on the MDGs.

While the MDGs do not include the ICPD goal of universal access to quality reproductive health services, three of the MDGs are directly related to health and strongly reflect key ICPD issues: reducing child mortality; reducing maternal mortality; and combating HIV/AIDS, malaria and other diseases. In addition, the goals on education, gender equality and the empowerment of women are equally important for achieving health outcomes and the reduction of poverty in general. As has been emphasized frequently, the implementation of the ICPD Programme of Action and renewed commitment by the international community remains essential for the achievement of the MDGs. While the MDGs represent—both in format and content—a very condensed framework for human development expressing commitments to outcomes ("the what"), the ICPD Programme of Action contains commitments to many of the strategies and policies that will help achieve those outcomes ("the how").

The purpose of this paper is to respond to a request by the organizers of the seminar to report on how the implementation of the Programme of Action of the ICPD contributes to the achievement of the MDGs. WHO was asked to focus in this paper specifically on target 8 of Goal 6.

B. Goal 6, target 8 OF THE MDGs and the ICPD Programme of Action

"Have halted by 2015 and begun to reverse
the incidence of malaria and other major diseases"

Chapter VIII of the ICPD Programme of Action on "Health, Morbidity and Mortality" refers to the large numbers of people at "continued risk of infectious, parasitic and water-borne diseases, such as tuberculosis, malaria and schistosomiasis" (para. 8.2). It also set targets for improved life expectancy at birth and also adopted the goals set at the World Summit for Children held four years earlier with targets for reductions in infant and under-five mortality rates. Actions describ

TB rates per population are in sub-Saharan Africa. The TB epidemic is worsening rapidly in the latter region, given its fundamental relationship with the HIV/AIDS epidemic. For all of the above reasons, international, national and community-level action to reduce poverty, enable improved reproductive health, and the empowerment and development opportunities for women and children will be supportive

the reproductive health for adolescent girls are therefore important in reducing that portion of child and maternal mortality related to adolescent pregnancy.

In order to address the international goals of relevance to adolescents, both normative and technical support work is undertaken to strengthen the health sector's response capacities. The health sector has a role in both the prevention of unsafe (and unwanted) pregnancy among adolescents and care of pregnant adolescents. WHO activities, including the Making Pregnancy Safer initiative, involve making pregnancy, newborn, abortion, and emergency obstetric care more responsive to and accessible to adolescents.

5. *HIV/AIDS*

Reducing the incidence and spread of HIV and sexually transmitted infections as part of a comprehensive public health response to the pandemic is a key objective both for ICPD and the MDGs. HIV/AIDS education, condom distribution, and optional diagnostic testing are three of the most important interventions against HIV and sexually transmitted infections (STIs). They must be integral components of all reproductive health services.

ICPD emphasized the need to provide specialized training in prevention, detection, counselling, and treatment of STIs and HIV/AIDS, especially in women and youth. As the Programme of Action stated, the “objective is to prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV/AIDS” (para. 7.29). Thanks to the significant progress made in HIV research since 1994, the debate is not any longer on the “if” but the “how” of providing access to treatment. With close to 40 million people living with HIV globally, half of them women, there is urgent need to mobilize all available resources. WHO and its partners are committed to extending care and treatment for 3 million people in clinical need of antiretroviral therapy by December 2005 (the “3 by 5” target).

6. *Health information*

Regarding health information, the Programme of Action notes that “valid, reliable, timely, culturally relevant and internationally comparable data form the basis for policy and programme development, implementation, monitoring and evaluation” (para. 12.1). The Programme of Action urges Governments and technical assistance organizations to strengthen their “national capacity to carry out sustained and comprehensive programmes on collection, analysis, dissemination and utilization of population and development data” (para. 12.3). It also advocates for, *inter alia*, the creation or strengthening of “[D]emographic, socio-economic and other relevant information networks…” (para. 12.7) and for “[T]raining programmes in statistics, demography and population and development studies…” (para. 12.8).

Ten years after Cairo, the need for sound and timely data on which to base decision-making in health remains acute. On the positive side, there is increased interest in sound monitoring and evaluation, stimulated in large measure by the unprecedented global drive to address poverty and global development strategies such as the focus on the MDGs. However, an unintended negative effect of the increased focus on time-bound goals, targets and performance-based results, has been a veritable storm of demands on countries for data. Different development partners, donors, disease-focused programmes and initiatives establish separate mechanisms which often overlap and further weaken already fragile country health information systems. Critical basic building blocks for health information are still not in place. For example, complete counting of births and deaths—the basic elements of population dynamics—is the exception rather than the rule in developing countries.

In 2003, countries, multilateral and bilateral donors, development agencies, donors and technical experts came together to formulate strategies that would help strengthen country capacity to generate and

greater harmonization of donor reporting requirements in order to avoid duplication and distortion of

REFERENCES

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