PART ONE

REPORT OF THE SEMINAR

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The Commission on Population and Development, at its thirty-seventh session, requested a report on the contribution of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD)[1], in all its aspects, to the achievement of the internationally agreed development goals, including those contained in

synergies exist between the actions called for in the ICPD Programme of Action to achieve certain objectives and the attainment of mutually reinforcing MDGs, including the reduction of poverty or the improvement of educational attainment and health.

The ICPD Programme of Action and the key ac

Furthermore, remittances amount today to more than double the levels of official development assistance (ODA). International migration generally raises the incomes of those who migrate as well as those of their families in the countries of origin who receive remittances. While those families benefit directly from the migration of their members, the communities where they live may also benefit through multiplier effects. Nevertheless, the overall effects of international migration on the reduction of extreme poverty may be weak because the poorest segments of the population usually cannot afford to pay the costs of international migration.

Discussion on poverty

Prof. David Canning of Harvard University launched the discussion on goal 1, target 1, relating to the reduction of extreme poverty. He noted that research conducted prior to 1994 had found little or no relationship between rates of population growth and rates of economic growth. That is, higher rates of population growth did not seem to depress economic growth. He cited, in particular, the conclusions of a review conducted by the U.S. National Academy of Sciences and published in 1986. However, the research reported in that study had failed to take into account the effects of changing age structure. During the 1990s, as the economies of several Asian countries prospered, research trying to account for their rapid economic growth found that the changing age structure resulting from their significant declines in fertility had led to a large demographic dividend or bonus, deriving from the increase in the proportion of the population in the working ages relative to that of children (as reflected, for instance, in the findings presented in the paper contributed by Mason and Lee). The Asian countries known as the Asian Tigers had made good use of that bonus by providing gainful employment to their working-age populations and enjoying therefore growth in income per capita. Prof. Canning cited Allen Kelley, Robert Schmidt and others who, using more recent and comprehensive macro-level data than had been available to earlier researchers, had found an inverse relationship across countries between rates of population growth and rates of economic growth, supporting the demographic dividend thesis. Prof. Canning noted that in countries that had taken advantage of the demographic dividend, such as the Asian Tigers and Ireland, a dramatic decline in poverty had also occurred. This finding suggested that the promotion of expanded access to family planning to eliminate unwanted fertility in countries with moderate or high fertility levels could be justified in terms of the eventual effects that the demographic dividend could have on economic growth and poverty reduction. That is, although ensuring reproductive health was mainly a matter of human rights and was thus treated in the ICPD Programme of Action, ensuring access to reproductive health services in countries where population was still growing very fast could also contribute to a reduction of fertility and could lead to the ensuing demographic bonus. Nevertheless, Prof. Canning noted that there was no appropriate empirical research on the effects that averting unwanted births had on family or household incomes or savings, and it was therefore not clear whether reductions of the number of unwanted births among the poor might necessarily lead to improvements in their income levels.

During the discussion, participants pointed out that most countries in Latin America had already experienced a substantial decline in fertility, which had started in the 1970s if not earlier, and had therefore experienced a change in age structure similar to that experienced by the Asian Tigers. Yet Latin American countries had not achieved similarly high rates of economic growth and poverty reduction. This failure to take advantage of the demographic dividend was attributed to a lack of appropriate economic and fiscal policies and to persisting income inequalities. In those countries, as in others with high income inequality, policies to reduce inequalities through the redistribution of income could be at least as effective in reducing poverty as sustained economic growth.

Participants emphasized that the demographic dividend could not result in economic growth without the availability of growing employment opportunities. In poor countries the rapidly increasing numbers of persons of working age were already resulting in higher unemployment and

underemployment. The MDGs did not put sufficient emphasis on the need for job creation, except under goal 8 where reference was made to a reduction of unemployment among the young.

Participants noted that countries in sub-Saha

also relevant. Relative poverty levels had to be examined, especially in middle income countries, such as those in Latin America. Also important was the time spent in poverty. Families living in chronic poverty often had large numbers of children. It was recognized that the target set by the MDGs, based on the concept of absolute poverty, was modest and yet might not be reached by all countries unless their economic growth increased. International aid flows could not by themselves lift low-income developing countries out of poverty. Those countries had to generate their own resources via enhanced economic growth.

poverty in the latter. Regarding the effect of population growth on hunger, he noted that regions such as sub-Saharan Africa, where population growth had been greater than growth in agricultural production, had led to a decline of per capita food availability and hence to greater levels of hunger. With the help of

their inability to afford more nutritious foods, such as fresh vegetables and fruits. In rural areas of developing countries obesity was rare and undernourishment common.

Universal Primary Education (MDG 2)

Main conclusions

The ICPD Programme of Action gives considerable attention to education, especially the education of girls, at both primary and secondary levels. This goal is similar and more ambitious than MDG 2, which calls for the achievement of universal primary education by 2015. By calling for universal secondary education as well, the ICPD Programme of Action, if fulfilled, would accrue substantial benefits that could contribute to the attainment of other MDGs, including the reduction of poverty and hunger through the effects that improvements in human capital might bring; the reduction of child mortality, maternal mortality, and HIV/AIDS; the promotion of gender equality and the empowerment of women; the facilitation of sustainable development and possibly the conservation of natural resources; and by enhancing the ability of young persons, particularly women, to use information technologies.

Discussion

Ms. Nicole Bella of UNESCO launched the discussion by noting that both the ICPD Programme of Action and MDG 2 call for the achievement of universal primary education, for both girls and boys, by 2015, although they differ somewhat in the expected pace of attainment of that goal over the period 1990-2015.[4] She emphasized that access to education was a basic human right contained in the Universal Declaration of Human Rights and was widely seen as crucial for both human and economic development. Educational attainment was known to influence demographic behaviour with respect to fertility, health and mortality, and migration. Education had important implications for intergenerational formation of human capital, as women with higher educational attainment tended to have children that also attained higher levels of education. Rapid population growth was seen as an important obstacle to the achievement of universal primary education in many developing countries, especially the least developed. Nevertheless, significant increases in primary school enrolment ratios had been recorded in virtually all regions between 1990 and 2001 (except for a slight deterioration in Eastern Europe). There was also a general decline in the gender gap in enrolment ratios in primary education. Nevertheless, Said Belkachla of the UNESCO Institute of Statistics noted that the data on enrolment ratios used by UNESCO used as denominators the adjusted population figures provided by the Population Division/DESA of the United Nations which were not always consistent with the enrolment ratios estimated by the countries themselves. As a result, the estimated changes between 1990 and 2001 might be quite different according to the UNESCO estimates and those used by national authorities.

Ms. Bella noted that implementation of the ICPD Programme of Action would also contribute to the attainment of MDG 2 by helping to prevent early marriage and pregnancies among adolescent women, since both of these events were known to lead to dropping out of school. The Programme of Action also called for a reduction of illiteracy among women. Measures to improve reading and writing skills among women would also improve the educational prospects of their children.

The discussion emphasized the need to maintain the quality of education as the quantity increased. Mention was made of instances in which, in order to increase enrolments, class sizes had been doubled or tripled, effectively reducing the quality of education received. Furthermore, participants noted that educational attainment had been increasing in many developing countries over the past 20 or 30

years, yet many of them had not experienced sustained economic growth as a result. In some of those countries, the poor quality of education and the high prevailing rates of functional illiteracy among the educated effectively negated the positive expected impact of rising educational attainment.

During the 1990s, as a result of structural adjustment measures, social expenditures in many developing countries, particularly in Africa and Latin America, were subject to constraints, with the result that the shares spent on education declined sharply. Consequently, in many countries, the salaries of teachers declined compared to those of other similarly educated persons, lowering the quality of teaching staff. Furthermore, student-teacher ratios rose in many countries, especially in sub-Saharan Africa. Participants noted that although it had been recommended that Governments abolish all school fees to increase enrolment, particularly of poor children, fees continued to be charged. Partly because of that, dropout rates continued to be high in many countries. Among the 50 least developed countries, 25 had data allowing the measurement of trends in enrolment ratios and only 7 were thought likely to attain universal primary education by 2015.

Participants tried to identify some of the factors stalling the advance toward universal primary education. Large family sizes had, in some contexts, been found to reduce the likelihood that older female children would attend school since they were needed at home to take care of household chores. Similar opportunity costs reduced the likelihood of school attendance among children of poor families, particularly of girls who often had to help collecting fuelwood or water in rural areas, working in small family businesses or taking care of younger siblings. School fees and charges for uniforms also reduced school enrolment. Provision of school lunches contributed to attract students and keep them in school. In some countries, poor families received a monetary compensation for keeping children in school. In Kenya, for instance, school enrolment increased by 20 per cent when fees were eliminated.

A study in Matlab, Bangladesh, showed that use of family planning to reduce family size contributed to increase the educational attainment of children. However, earlier research by Bilsborrow in the 1980s and Schultz in the early 1990s had found that high rates of population growth were not impeding increases in the enrolment ratios of developing countries but they were leading to a deteriorating quality of education as measured by student/teacher ratios. It was suggested that such research should be updated using more recent and comprehensive data, examining differences across regions, and between the least developed and other less developed countries. Such research might lead to revised conclusions about the impact of population growth on educational attainment.

Lastly, participants noted that in several countries, including most of those in Latin America, the difference between male and female enrolment ratios was declining rapidly or had even disappeared at the primary and even the secondary levels, but it was still evident at the tertiary level. In addition, women enrolled in tertiary education tended to study subjects that led to lower paying jobs than those in which men were being trained.

Gender Equality and Empowerment of Women (MDG 3)

Main conclusions

Both the ICPD Programme of Action and MDG 3 are concerned with gender equality and women's empowerment, and hence are fully consistent with each other. However, the ICPD Programme of Action sets a broader agenda and provides more detailed guidance on how to achieve that goal, not only in chapter IV but throughout other chapters. Thus, the ICPD Programme of Action stresses the importance of increasing women's equality in the labour market and with respect to property ownership and inheritance rights; it underscores the need to eliminate violence against women, and points out

repeatedly that actions to enhance the welfare of people should be particularly tailored to meet the needs of women and girls. That is, the ICPD Programme

contexts that education could be influential in changing deeply rooted social norms that validated male-dominated mindsets inculcated in both boys and girls since early childhood.

Participants also noted that in many developing countries and in developed countries women had already achieved similar school enrolment ratios similar to those of men, and sometimes had surpassed men in their participation in tertiary education. Women in those countries also had widespread access to family planning and to reproductive health services in general. They had gained access to jobs that used to

Child Mortality (MDG 4)

Main conclusions

The ICPD Programme of Action states that under-five mortality should be reduced by one-third or to a maximum of 70 deaths per 1000 births in all countries between 1990 and 2005, and it should drop further, to below 45 deaths per 1000 births, in all countries by 2015. This goal is consistent with MDG 4, which states that under-five mortality should be reduced by two-thirds between 1990 and 2015. Therefore the measures proposed in the ICPD Programme of Action and the key actions for its further

income settings. That is, the full implementation of the ICDP Programme of Action and the key actions for its further implementation actions would go a long way in ensuring that MDG 4 would be met.

Dr. Mukelabai of UNICEF noted that 11 million children died every year from preventable causes and that 78 countries would fail to meet the 2005 goals on the reduction of child mortality. In many countries, HIV/AIDS had eroded the hard won gains in improving child health made earlier. UNICEF was implementing an Accelerated Child Survival and Development (ACSD) Programme in 11 countries of Western Africa. The Programme, which focused on mothers and children, aimed at strengthening routine immunization, distributing insecticide treated nets to prevent malaria, providing vitamin A supplementation, and treating diarrhoea with oral rehydration therapy.

In the discussion, participants remarked that there were vast differences in levels of child mortality among developing regions, with only 1 in 29 children dying before age 5 in Latin America and the Caribbean versus 1 in 6 in sub-Saharan Africa. At the world level, 42 per cent of all children who died before age 5 did so in countries of sub-Saharan Africa, and 42 countries accounted for 95 per cent of all child deaths in the world. The rate of decline in child mortality implied by the ICPD goals and MDG 4 was 4.4 per cent per year, which was, not coincidentally, the rate observed in the 1970s and 1980s. However, the actual rate of decline in the 1990s had been considerably lower, especially in the least developed countries. Consequently, the 39 countries whose decline in child mortality had been the slowest would have to achieve extraordinary annual reductions amounting to 8 per cent per year after 2005 to reach the goal of 45 deaths per 1000 births by 2015, a very unlikely outcome. Although one of the causes of the slowdown in child mortality decline, particularly in sub-Saharan Africa, was the expanding HIV/AIDS epidemic, most child deaths were preventable and could be avoided through cost effective interventions. Yet implementation of such interventions was being hampered by shortages of medical personnel and trained birth attendants, particularly in the least developed countries.

Participants cited evidence in support of the positive effects of birth spacing in reducing child mortality, with consistently lower infant mortality among children born at least 24 months after a previous child. Participants also stressed the importance of having a skilled attendant present at the time of birth and of improving child nutrition. Better sanitation, access to clean water and vaccination campaigns, especially against measles, were also identified as key interventions. Local community involvement in promoting health was described as successful in different sites, especially with regard to campaigns to prevent the spread of HIV/AIDS.

Participants noted that it was still not clear why certain countries had been more successful than others in reducing child mortality. Research was needed to try and determine the causes of such variety of experiences and to provide guidance on the type of interventions likely to be most effective in different settings.

Maternal Mortality (MDG 5)

Main conclusions

With respect to maternal mortality, as with child mortality, the ICPD Programme of Action and MDG 5 are largely equivalent. According to the ICPD Programme of Action countries should strive to reduce maternal mortality by one half between 1990 and 2000 and by a further one half by 2015. For MDG 5 the target is to reduce the maternal mortality ratio by 75 per cent between 1990 and 2015, implying an annual rate of decline of 5.4 per cent. ICPD calls for a number of actions to achieve this goal, presented mostly in chapter VIII. They include both preventive measures such as access to family planning to avoid pregnancy or micronutrient supplementation to improve a pregnant woman’s nutrition,

as well as interventions related to treatment, including the presence of a trained attendant at delivery, access to emergency obstetric care, and referral services for pregnancy, childbirth and abortion complications. In addition the Programme of Action calls for the narrowing of disparities within countries and between socio-economic, geographical and ethnic groups. Clearly, the implementation of the measures suggested in the Programme of Action would greatly contribute to reaching the target set by MDG 5.

Discussion

Ms. Lale Say of the World Health Organization launched the discussion on maternal mortality. She noted that an estimated 539,000 women died in childbirth every year, half of them in sub-Saharan Africa. She presented an overview of factors involved in maternal mortality, including individual characteristics (age, education, ethnicity); demographic factors (parity, migration); household factors (income, location of residence, issues related to the status of women, such as whether it was necessary for a woman to obtain her husband's permission to go to hospital); and the woman's health status, including the presence of anemia. She observed that some pregnancies carried high risk to women and needed special management, especially those to women who were suffering from severe anaemia and to very young women. There was also some evidence suggesting that women suffering from HIV/AIDS, malaria or tuberculosis ran greater risks during childbirth. However, there had been little research on the relative effects of the various risk factors on maternal mortality in developing countries, studies that were sorely needed to guide the choice of interventions.

Ms. Say underscored the importance that access to trained birth attendants and to emergency obstetric care had for the reduction of maternal mortality. High availability of birthing facilities together with established referral links between facilities and access to emergency obstetric care at the district level had proved successful in reducing maternal mortality in a number of countries. These interventions were cost effective and needed to be targeted at the most vulnerable groups. In this regard, data for a number of developing countries showed that maternal mortality was much higher among the poorer segments of society than among the better off. Similarly, Demographic and Health Surveys carried out in 45 countries indicated that the average percentage of women having access to a trained attendant at delivery was 31 per cent among women in the poorest quintile vs. 84 per cent among women in the richest quintile. As the Programme of Action indicated, interventions had to be planned so that they reduced such differentials.

Ms. Therese McGinn complemented Ms. Say's introductory remarks by noting that access to emergency obstetric care was crucial to reduce maternal mortality, as indicated in the ICPD Programme of Action. Such emergency care could be provided in virtually all countries in a cost-effective manner by taking advantage of the existing health care infrastructure, mainly through district hospitals. Most of those hospitals already had adequate building facilities and even personnel, but needed medical supplies, equipment and training to provide adequate emergency obstetric care. In Rajastan, India, for instance, improvements in the functioning of district hospitals had resulted in over a 60 per cent increase in their use by women requiring emergency care. She added that, it was too expensive and not necessary to provide emergency obstetric care at clinics below the district or county levels since the number of cases requiring such care was relatively low and the larger district population could be served efficiently with one facility. However, access to transportation was crucial to ensure that women needing emergency care could be taken rapidly to the appropriate facility. These points reflected the recommendations made by WHO regarding the provision of emergency obstetric care to reduce maternal mortality.

In the discussion, participants pointed out that according to estimates of maternal mortality for the 1990-2000 decade, it was estimated that the reductions recorded would not lead to the achievement of MDG 5, since the overall rate of decline of the maternal mortality ratio had been of the order of 3.2 per

cent per year over the decade, not sufficient to reduce maternal mortality by 75 per cent by 2015. Participants suggested that such a slow decline indicated that programmes were not reaching the women who needed help the most, especially the poor. Clearly, poor women lacked access to services, mainly because of physical and financial barriers, lack of information or unavailability of care within a reasonable distance. The ICPD Programme of Action did not put sufficient emphasis on the need to provide ante-natal and delivery services especially for the poor, but the key actions for its further implementation addressed this issue better. The ICPD goal of providing "access to reproductive health care for all by 2015" would, if achieved, ensure that poor women gained access to needed services.

Participants remarked that the availability of reproductive health care of good quality and especially of family planning, by reducing unwanted pregnancies, would reduce the lifetime risk that women had of dying from childbirth. However, the avoidance of unwanted pregnancies did not have a direct effect on the maternal mortality ratio which was used to formulate the target under MDG 5 because the latter was calculated as the number of female deaths related to pregnancy over the total number of births.

Mention was also made of the beneficial effects of access to family planning services to prevent pregnancy among very young women who were subject to greater risks at delivery. Yet participants pointed out that such increased risks would affect mainly very young women, aged 15 years or less, and that the number of pregnancies at those ages was low in most populations. Consequently, most maternal deaths occurred at ages in which most women had children, that is, the 20s and 30s. Hence, to reduce maternal mortality services needed to focus on all pregnant women, irrespective of their age.

There was some discussion on the impact of certain diseases on maternal mortality. It was noted that women suffering from severe anaemia were more likely to die at childbirth from hemorrhage. Yet, whereas a well nourished woman would see her life threatened by a hemorrhage that lasted an hour and a half, a severely anaemic women would reach the same stage in an hour and a quarter. That is, the marginal vulnerability of the latter was not so large. Mention was also made of the increased risks face by women suffering from HIV/AIDS, malaria or tuberculosis. However, data on maternal mortality for countries highly affected by 53 9Pu- mtlernal mot(ality)-7.6 ecaused by

global level of HIV prevalence among persons aged 15 to 24 by 2005 and a 25 per cent reduction in the most affected countries. In addition, it calls for a 25 per cent reduction of global HIV prevalence among

despite the fact that antiviral drugs were becoming cheaper. Participants also underscored the need to focus on the adolescents of today to ensure that they had the knowledge necessary to protect themselves against the risks of becoming infected and to promote safe patterns of behaviour. Some participants noted

but does no go far enough in describing the interventions that would be necessary or in suggesting that they be focused specifically on slum dwellers.

Discussion

Prof. Mark Montgomery of the State University of New York and the Population Council launched the discussion. He first described trends in urban population growth in the world based on the *2003 Revision*

generally of poor quality. It was therefore important to ensure not only that the poor had access to services but that those services were of good quality.

Participants underscored the role of social networks in promoting the exchange of information on accessibility of services and, perhaps more importantly, on the availability of jobs. Those networks were thought to be particularly important for recently arrived in-migrants since they played an important role in the adaptation of migrants from rural areas to the urban environment.

Participants recalled that an important source of concern for Governments was the contribution of rural-urban migration to urban population growth which was thought to be excessive and a major cause of urban poverty. This concern persisted even though it was known that the major contributor to urban population growth was natural increase (that is, the excess of births over deaths), which accounted for about 60 per cent of urban growth in the 1980s according to the Population Division, DESA.

Participants noted that in cases where urban poverty had fallen markedly it was not always clear why that had occurred. Research was needed to establish if particular policies had contributed to that decline. There was also a need to assess whether the situation of the poor in urban areas was equivalent to that of slum dwellers. With regard to access to adequate maternity care during delivery, a study had shown that higher proportions of poor urban women living in non-poor neighborhoods were attended by trained attendants during childbirth than poor women living in slums. That is, there seemed to be important neighbourhood effects on access to services independent of those effects related to an individual's or household's economic status. Research that further corroborated these findings might yield useful insight into how to provide the poor with the services of dy

open, rule-based, predictable, non-discriminatory trading and financial system (target 12) and noted that the ICPD Programme of Action addressed the topic in four different chapters. She also listed the special needs of the least developed countries (target 13), including tariff and quota free access to the markets of developed countries, debt relief and foreign assistance, aspects that were covered by the ICPD Programme of Action. But she added that the special needs of landlocked countries and small-island developing countries were not as well covered by it. Lastly, the issue of making the debt burden more manageable for the least developed countries was mentioned in chapters 3 and 14 of the Programme of Action.

In the discussion, participants suggested that the spectacular economic growth in China, based mainly in the rapid rise of exports to developed countries, was also increasingly displacing the opportunities for export by other developing countries and would therefore hinder their development. Participants also remarked that the ICPD Programme of Action had a more systematic treatment of key issues than the MDGs did, particularly with regard to the need to improve health and education services in the least developed countries. Nevertheless those countries did face a real quandary about how to spend scarce resources, whether in providing better social services or in productive activities. Some participants noted, however, that expenditures in education and health were also necessary to increase productivity over the long run.

Participants also questioned whether the least developed countries or the landlocked countries would be able to absorb an increase in official development assistance and make sure that it was put to good use. The needs were clearly there but they had to