Talking points for Session VI
Implementing the ICPD PoA and the 2030 Agenda

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A. Each panellist will make a 3-minute presentation providing her/his view on three most important population-related challenges facing the 21st century (no powerpoint).

i) High child dependency burdens in high fertility and rapidly growing populations

*High fertility in Africa has created a high child dependency ratio (currently **80** (0-14 years) per 100 (15-64) compared with **40** for the world. Such high child dependency ratio has far reaching consequences on food security, natural resources, the environment, and ability of governments to provide basic services and jobs.*
We can expect more people movement both within and between countries, as people search for livelihood opportunities. This leads to me to my second challenge:

ii) Internal and International migration

On internal migration, the key driver is urbanization as people flock to cities and urban centres. We must not also forget that there is significant rural-to-rural migration and that women migrate too. According to the 2015-16 rounds of DHS in Ethiopia and Malawi, 34% and 45% of women 15-49 years, respectively are migrants (cf 21%, 43% of men).

People movement will intensify beyond the country borders as people move to more prosperous, more stable countries. Who doesn't want a better life for themselves and their families?
We have ageing societies in other parts of the world and young populations in Africa—it seems to be that African countries should be supported to have policies for managed legal emigration; this should be an area of emphasis.

iii) Not-so-universal access to SRHR.

On the subject of universal sexual and reproductive health and rights, we are leaving behind many people. These include the rural and urban poor, unmarried adolescents, and people with other vulnerabilities (e.g. those with disability). The result will be increase in inequalities as these vulnerable and poor sub-groups end up having poor SRHR outcomes, more unplanned babies, higher infections etc. Good access is always a good starting point. Comprehensive SRHR should be the major emphasis.

B. What population-related policy responses and interventions need to happen to ensure that the goals and targets of the 2030 Agenda will be achieved?

*i) Focus should be on an integrated approach that prioritizes **universal access to family planning** to bring down birth rates, slow population growth, and create a youth (and ultimately labour force) bulge that can enable high fertility countries harness the demographic dividend. **The policies and commitments are there—we just need to make these happen.***

*To optimize the DD countries should investment in quality education and skills development so that the youthful populations are empowered with 21st century skill and economies are reformed to generate mass jobs and other well-paying livelihood opportunities. It is amazing how few of the education and youth policies on the African continent mention harnessing the potential of 21st Century **technology**. **How can African youth compete on the global scene if they cannot read and write properly, and only know how to use Facebook?***

The first Human Capital Index of the World Bank released last month puts virtually all of Africa as being below the global average of 0.57, with only a handful of countries e.g. Algeria, Morocco, Kenya with a index of 0.5 or higher.

ii) ***Universal health coverage.***

We really need to refocus on primary healthcare and begin to decisively deal with the dual burden of communicable and rapid rise of NCDs to bring down costs. The emerging disease epidemics (e.g. Ebola) are capitalising on poor and dysfunctional health systems. Just focusing on curing does not work in any country; and it is pretty expensive.

We need to also put emphasis on accountability by multiple actors (government, employers, health insurance organizations) and a need to track investments to ensure that people benefit from the taxes and the goodwill of donor countries. We need to use the evidence from research so that we can stop doing things that have been shown not to work and to scale up efficacious interventions.

C. In particular, how can we ensure that population-related challenges will be adequately addressed (funding, partnerships, South-South cooperation, capacity building, advocacy, etc.)?

While the international community is critical and has played a vital role in promoting these issues, the efforts cannot be sustained and stepped up if there isn't ***greater ownership of the issues and more local funding****. Evidence has shown that when we talk to African leaders, African leaders can champion these issues and increase their own funding—we need* ***to pay attention to the message and the messenger****, working in partnership with local researchers and knowledge brokers.*

Evidence on the broader economic value of family planning resonates well with policy makers instead of just a population emphasis. We need to do more of that, embrace multidisciplinary efforts that include demographers, development economists, political scientists, public health experts and other behaviour scientists.

What works?

a) *Captivate and nurture strong local champions within government, Parliament, traditions leaders (e.g. chiefs) and Civil Society Organisations. Empower these with the evidence they need to advocate for prioritization and funding for population and reproductive health issues.*

b) *Ensuring that population is integrated into medium and long term development strategies and annual work plans and budgets. Need for prioritization analysis and political economy analysis to determine which interventions are likely to succeed and how to address implementation bottlenecks.*

c) *Building local capacity to support policy prioritization and performance management to bridge the policy to impact gaps.*

D. **What are some of the major achievements in implementing the ICPD Programme of Action and what are some of the major challenges in the further implementation of the ICPD Programme of Action?**

Achievements

• *Successfully placing sexual and reproductive health issues within the "health context". Commitments e.g. ICPD, Maputo PoA, AADPD, SDGs. Reproductive health is now part of the broader conception of health. This is evidenced by the almost universal integration of reproductive*

health into primary health care especially regarding education and services for prenatal care, safe delivery, post-natal care and family planning services.

• The success of the integration of RH into primary health care is indicated by declines in maternal and child morbidity and mortality. For example, global maternal mortality ratio is estimated to have fallen from 385 to 216 deaths per 100,000 livebirths.

• The integration ensured that the SRH funding is included into the financial structures of Ministries of Health right from the onset. It is important that within budget frameworks, SRH should have its own budget line so that it is a visible component of the general health services budget.

• Some progress has been made in addressing the SRH needs of adolescents such as avoiding unwanted pregnancies, unsafe abortions and STIs including HIV as well as . However, obstacles remain in access to CSE and services.

• Major success in reducing HIV/AIDS transmission, prevention and mortality. Successful di-stigmatisation. The development of the Global Fund for AIDS was instrumental for mobilizing resources in the fight against HIV/AIDS.

Key Challenges

• Since 1994 donor countries have fallen short of the commitment they made in Cairo to fund the implementation of the PoA. The fact that many developing countries especially in sub-Sahara Africa rely heavily on donor funding for providing reproductive health services therefore means that these shortfalls have affected access and the quality of reproductive services delivered

. • The ICPD PoA framed abortion as a public health issue rather than a moral, cultural or political one. However, many countries still have laws that criminalize abortion.

• Adolescent SRH policies developed from the PoA often perceive adolescents as a homogenous group in spite of the fact that their needs vary by age, gender, and socioeconomic status.

• Progress in promoting gender equality, equity and women's empowerment remains slow.

Finally—data for monitoring progress.

Regional and country averages are useful, but not so meaningful for programme implementation. Sub-national data is required. Investment in systems that an generate data at local scale quickly.

E. Based on your experience with the ICPD Programme of Action, how can we best communicate population-relevant issues and challenges to policy makers and the general public? How can we communicate that demographic factors play an important role in achieving the Sustainable Development Goals?

- *Policymakers – a whole range of them from presidents, government ministers, their advisers, members of parliament, technocrats, programme leaders*
- *What do politicians care about most?*
- *What approaches work best – there isn't one answer; people need to understand their policymakers*
- *Safety in numbers- bottom and top-down approach (e.g. working with network of health ministers)*

Broader development messages are more palatable. E.g. We can talk about DD as a good framework for communicating and give examples on how our dd work has created considerable traction with policy makers across the region. But ultimately people want evidence-based guidance on what to do

and how to get it done - that where we need to put more emphasis as technical people. It's about action

Another point can also be system thinking issue / everyone works in silos but the efforts need integrated approaches and practices / how do we get people to think from system perspectives?

References

1 Leontine Alkema*, Doris Chou*, Daniel Hogan, Sanqian Zhang, Ann-Beth Moller, Alison Gemmill, Doris Ma Fat, Ties Boerma,Marleen Temmerman, Colin Mathers, Lale Say, on behalf of the United Nations Maternal Mortality Estimation Inter-Agency Group collaborators and technical advisory group.