XV. THE ICPD AND MDGS: CLOSE LINKAGES

United Nations Population Fund (UNFPA)

A. INTRODUCTION

A global consensus emerged at the Millennium Summit, where 189 world leaders adopted the Millennium Declaration that set out a number of interconnected goals to create an environment conducive to development. The MDGs were not conceived of as a comprehensive end in themselves, but rather as a tool or framework for achieving lasting sustainable development and poverty eradication. Similarly, at the ICPD conference, 179 countries agreed that population and development are inextricably linked, and that empowering women and meeting people's needs for education and health, including reproductive health, are necessary for both individual advancement and balanced development. The Conference adopted a 20-year Programme of Action, which focused on individuals' needs and rights, rather than on achieving demographic targets. Advancing gender equality, eliminating violence against women and ensuring women's ability to control their own fertility were acknowledged as corner stones of population and development policies.

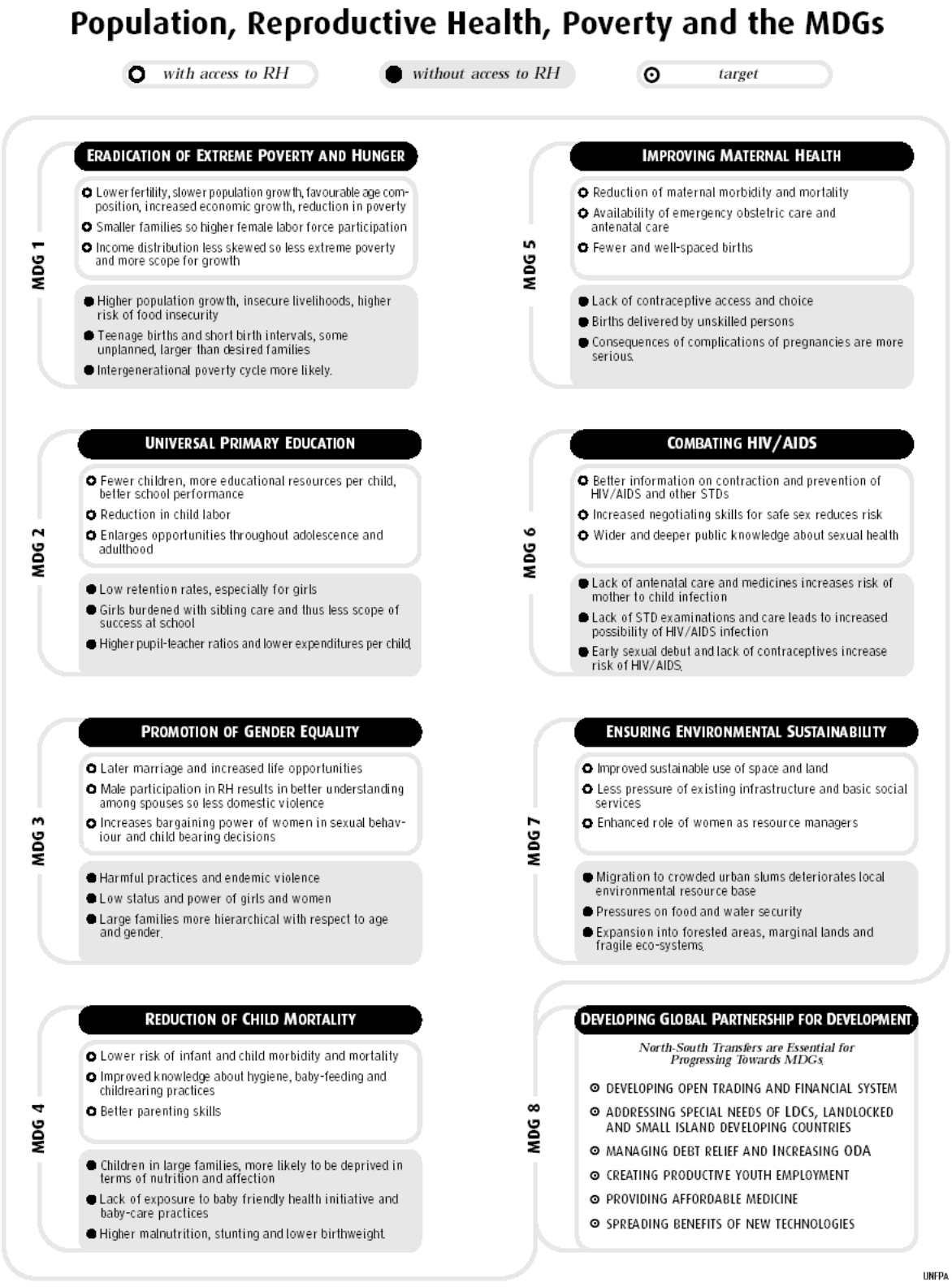
While the MDGs do not contain any specific goal or target on reproductive health, they do contain specific targets related to components of reproductive health, including maternal health, HIV/AIDS and gender equality. Many of the goals contained in the ICPD Programme of Action (United Nations, 1995) and the ICPD+5 Key Actions (United Nations, 1999) parallel those of the MDGs (figure XV.1). The ICPD Programme of Action's focus on population-and development-related efforts, such as increasing access to reproductive health services, promoting gender equality, and nurturing a better understanding of the linkages between population dynamics, development and poverty, is a prerequisite to the achievement of the larger development goals of the MDGs, such as eradicating poverty and hunger. Both the ICPD Programme of Action and MDGs set targets for providing universal primary education, promoting gender equality and empowering women, reducing child mortality, improving maternal health and combating HIV/AIDS and other diseases. The ICPD Programme of Action is aligned with the MDGs' focus on ensuring environmental sustainability by recognizing the linkages between the environment and internal and international migration, population growth rates, and resource consumption.

B. POPULATION AND POVERTY REDUCTION

In trying to understand better the role of ICPD Programme of Action in attaining the MDGs, it is important to bear in mind that population and poverty linkages are complex and multi-faceted because they operate at the individual, household, community, and national levels. Population dynamics therefore need to be seen in the context of changing age distributions, population movements and densities to assess the dynamics of demographic change on poverty, inequality, and economic growth. The impacts go beyond the walls of the household, as the forces behind population dynamics—enabling of reproductive health care, women's empowerment, and empowerment through knowledge—also work to reduce gender disparities and improve overall well-being within the household.

Looking at each of the MDGs in turn, it is possible to look into the linkages between population, reproductive health, and poverty in some more depth.

Figure XV.1.


Population, Reproductive Health, Poverty and the MDGs
with access to RH
without access to RH
target
MDG 1
ERADICATION OF EXTREME POVERTY AND HUNGER
Lower fertility, slower population growth, favourable age composition, increased economic growth, reduction in poverty
Smaller families so higher female labor force participation
Income distribution less skewed so less extreme poverty and more scope for growth
Higher population growth, insecure livelihoods, higher risk of food insecurity
Teenage births and short birth intervals, some unplanned, larger than desired families
Intergenerational poverty cycle more likely.
MDG 2
UNIVERSAL PRIMARY EDUCATION
Fewer children, more educational resources per child, better school performance
Reduction in child labor
Enlarges opportunities throughout adolescence and adulthood
Low retention rates, especially for girls
Girls burdened with sibling care and thus less scope of success at school
Higher pupil-teacher ratios and lower expenditures per child
MDG 3
PROMOTION OF GENDER EQUALITY
Later marriage and increased life opportunities
Male participation in RH results in better understanding among spouses so less domestic violence
Increases bargaining power of women in sexual behaviour and child bearing decisions
Harmful practices and endemic violence
Low status and power of girls and women
Large families more hierarchical with respect to age and gender.
MDG 4
REDUCTION OF CHILD MORTALITY
Lower risk of infant and child morbidity and mortality
Improved knowledge about hygiene, baby-feeding and childrearing practices
Better parenting skills
Children in large families, more likely to be deprived in terms of nutrition and affection
Lack of exposure to baby friendly health initiative and baby-care practices
Higher malnutrition, stunting and lower birthweight
MDG 5
IMPROVING MATERNAL HEALTH
Reduction of maternal morbidity and mortality
Availability of emergency obstetric care and antenatal care
Fewer and well-spaced births
Lack of contraceptive access and choice
Births delivered by unskilled persons
Consequences of complications of pregnancies are more serious.
MDG 6
COMBATING HIV/AIDS
Better information on contraction and prevention of HIV/AIDS and other STDs
Increased negotiating skills for safe sex reduces risk
Wider and deeper public knowledge about sexual health
Lack of antenatal care and medicines increases risk of mother to child infection
Lack of STD examinations and care leads to increased possibility of HIV/AIDS infection
Early sexual debut and lack of contraceptives increase risk of HIV/AIDS.
MDG 7
ENSURING ENVIRONMENTAL SUSTAINABILITY
Improved sustainable use of space and land
Less pressure of existing infrastructure and basic social services
Enhanced role of women as resource managers
Migration to crowded urban slums deteriorates local environmental resource base
Pressures on food and water security
Expansion into forested areas, marginal lands and fragile eco-systems.
MDG 8
DEVELOPING GLOBAL PARTNERSHIP FOR DEVELOPMENT
North-South Transfers are Essential for Progressing Towards MDGs.
DEVELOPING OPEN TRADING AND FINANCIAL SYSTEM
ADDRESSING SPECIAL NEEDS OF LDCS, LANDLOCKED AND SMALL ISLAND DEVELOPING COUNTRIES
MANAGING DEBT RELIEF AND INCREASING ODA
CREATING PRODUCTIVE YOUTH EMPLOYMENT
PROVIDING AFFORDABLE MEDICINE
SPREADING BENEFITS OF NEW TECHNOLOGIES
UNFPA

- *MDG 1: Eradicate extreme poverty and hunger*

The ICPD Programme of Action and ICPD+5 benchmarks aim for universal access to voluntary reproductive health services, including family planning. Access to these services will give their users fundamental choices that will change the repetitive cycle of poverty, inequality, and slow economic growth. With access to family planning, women and men can decide if, when and how many children they want. There is a wide and growing body of evidence in all developing regions showing that larger households have a much higher incidence of poverty. This is largely due to the increased dependency burden, where more family members must divide a given level of income and consumption. The close association between trends in fertility and poverty is shown in figure XV.2 below. Over time, this poverty is likely to be transmitted intergenerationally, as fewer resources are available to invest in children's, especially girls', education. Lowering fertility at the household level to levels desired by families can therefore have a large impact on poverty and hunger. Inequality in access to reproductive health services is reflected by the fact that it is the poorest households who have the least access to family planning and reproductive health facilities, as highlighted in figure XV.3 below. Finally, these dynamics of population and poverty are magnified at the macro level, as the age structure of the entire economy shifts to working-age adults when fertility falls. It is this "demographic window" that provides an opportunity for countries to take advantage of increases in labour inputs, saving, and capital accumulation per capita that fuel investment and growth.

Figure XV.2. Poverty and fertility

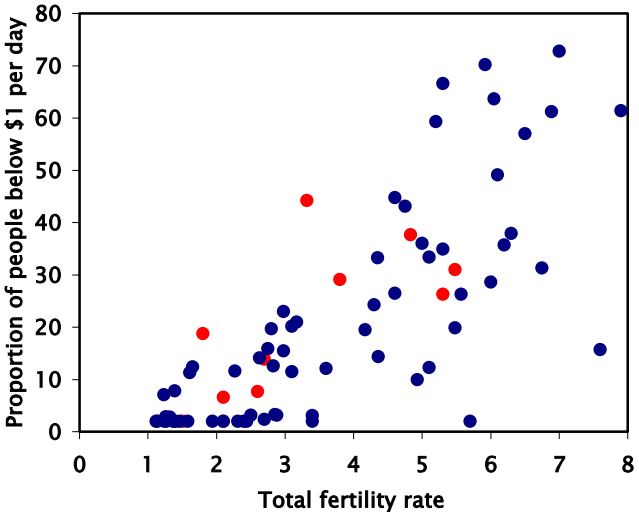
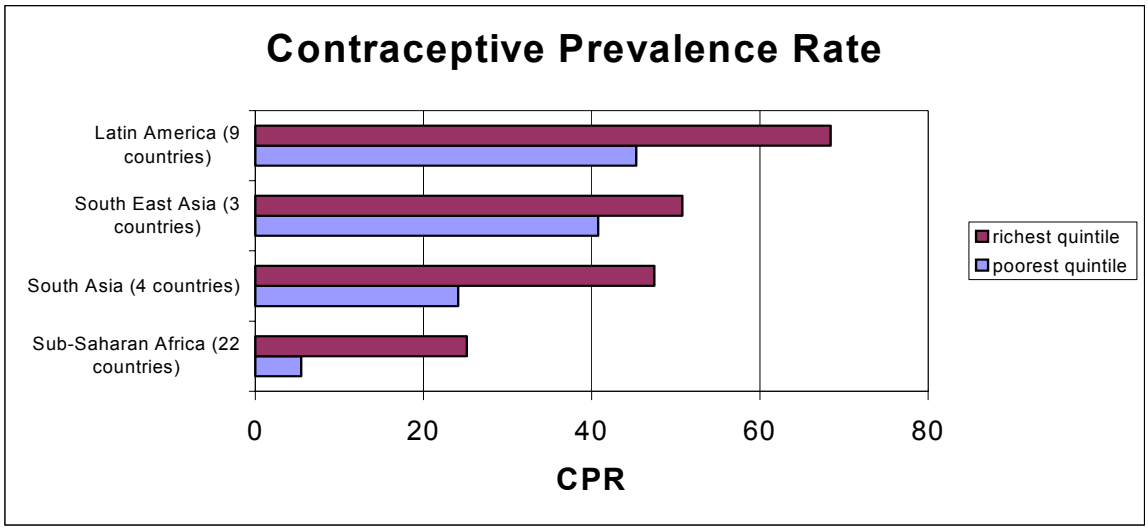


Figure XV.3. Contraceptive prevalence rate by income quintile



- *MDG 2: Achieve universal primary education*

While primary enrolment rates are rising around the world, there are vulnerable groups of children, girls in particular and the poor in general, who still need to benefit from primary education. The role of population factors in educational attainment cannot be overlooked. As noted above, family size and household poverty interact lowering resources available to invest in children's education and requiring children to work within and outside the household. In these situations, there are high opportunity costs to sending children to school, particularly for girls' education, as girls are often needed for household chores such as fetching water. In a dynamic sense, children's educational outcomes are highly correlated with the educational level of parents, and mothers in particular. Ensuring primary education for girls therefore works to reduce poverty in future generations as well.

- *MDG 3: Promote gender equality and empower women*

The linkages between women's empowerment, reproductive health, and poverty reduction are inseparable. Even more than at primary level, gender parity in secondary education has a massive impact on poverty reduction through lowering fertility levels, decreasing prevalence of HIV/AIDS and other sexually transmitted infections, and even overall economic growth. Secondary education keeps girls in school longer, delaying marriage and childbearing, as illustrated in figure XV.4 below. It also empowers women with both information on reproductive health and rights and greater bargaining power to exercise those rights. Complimenting these dynamics, secondary education increases women's participation in the labour force, which further lowers fertility on one hand and increases overall empowerment on the other.

Figure XV.4. Youth fertility and literacy ratios

Ensuring gender equity and equality and the empowerment of women therefore depends in part on overcoming cultural, social and economic constraints that limit women's access to education, as well as providing universal access to reproductive health services that allow them to control their fertility. Combating violence against women, and removing social and family barriers to women's wider social participation are essential.

- *MDG 4: Reduce child mortality*

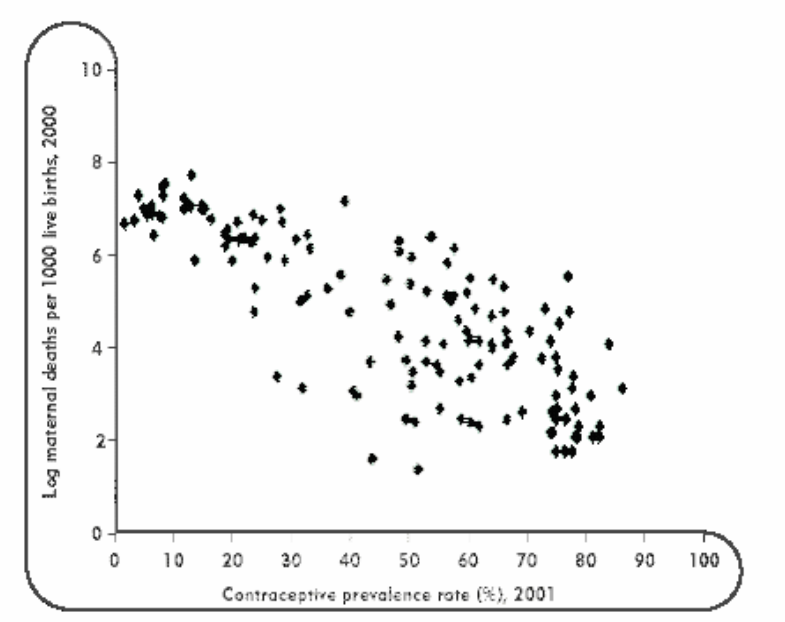
Child mortality, which accounts for some 11 million deaths annually, is highest among families with large numbers of children. Education and access to resources, such as land and credit, empowers women to have smaller families and provide better care for their children. Studies have repeatedly shown the association between mothers' level of education and child health.

Reductions in child mortality require, inter alia, attention to neonatal health including nutrition and immunization as well as avoidance of high-risk pregnancy and attention to the care and well-being of women during pregnancy, delivery, and the post-partum period.

- *MDG 5: Improve maternal health*

Reducing maternal mortality depends on many factors, including the availability of contraception, skilled attendance and availability of emergency obstetric care. The role of high fertility, particularly where childbearing begins early and is thinly spaced, plays a major role in maternal mortality, as outlined in figure XV.5. Adolescents and young people, including females often lack decision-making power and access to reproductive health information, counselling and services when required. Universal access to reproductive health care—including family planning; care in pregnancy, during and after childbirth; and emergency obstetric care—would reduce unwanted pregnancy, unsafe abortion and maternal death, saving women's lives and the lives of their children. In addition to these issues of health care supply, addressing women's empowerment will enable women to address the social conditions that endanger their health and lives.

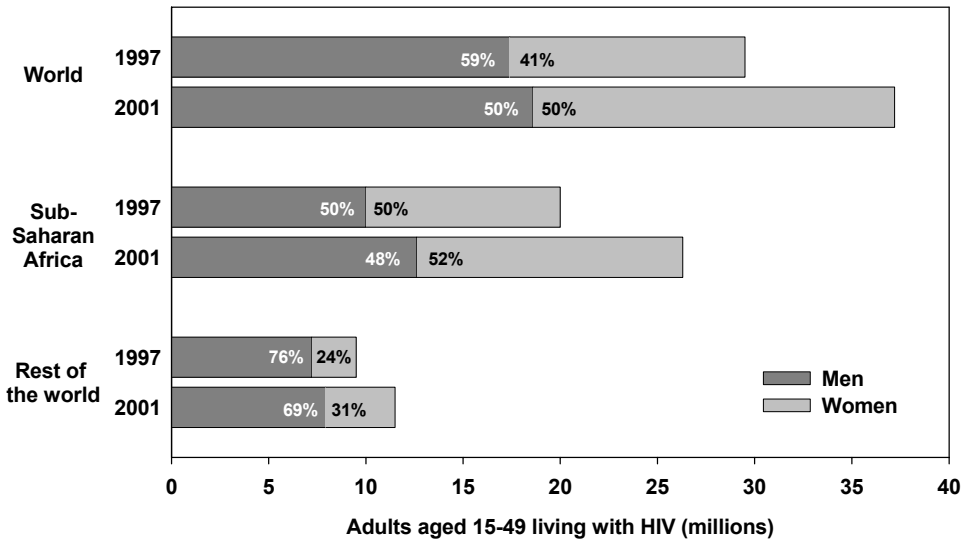
Figure XV.5. Maternal mortality and contraceptive prevalence rates



- *MDG 6: Combat HIV/AIDS, malaria, and other diseases*

The HIV/AIDS pandemic has hit most low-income countries where knowledge about, and access to, reproductive health information and services is lowest. Universal access to reproductive health care is critically important in the fight against HIV/AIDS. The ICPD notes that better information on HIV/ AIDS can prevent transmission of HIV and other sexually transmitted infections. Half of new HIV infections are among young people.

Figure XV.6. Feminization of HIV/AIDS



As shown in figure XV.6 above, there is increasing evidence that as the pandemic spreads, it disproportionately hits women. In sub-Saharan Africa, more women then men are infected, reflecting wide disparities in power relations and education that limit women's ability to negotiate condom use. Addressing the spread of HIV/AIDS is therefore very closely linked with achieving the overall ICPD Programme of Action.

- *MDG 7: Ensure environmental sustainability*

The complex relationship between population, poverty, and the environment has received substantial attention over recent years, especially in the context of the simultaneous occurrence of population growth and environmental degeneration. Problems of environmental degradation and resource depletion are often exacerbated by, demographic factors, especially when these are combined with poverty.

Continued growth of populations and economies threatens food and water security, forest resources and biodiversity, and increases pressure on limited natural resources. Without the realization of the goals of the ICPD Programme of Action, especially universal access to quality reproductive health services, stabilization of global population and more sustainable patterns of production and consumption will remain elusive.

C. CONCLUSION

It is therefore evident that the ICPD Programme of Action and the MDGs are inextricably linked, both in terms of overall poverty dynamics and also in terms of the individual goals. The Cairo goal of universal access to quality reproductive health services by 2015 was not spelt out as one of the MDGs, but, as outlined above, it is fundamental to reducing poverty, child and maternal mortality, the spread of HIV/AIDS, gender and environmental degradation. Much more needs to be done to ensure synergy between the MDGs and the goals of ICPD, but encouraging progress has been made. It is therefore critical that efforts are redoubled to ensure that reproductive health and other ICPD goals remain high on the list of development priorities.

United Nations (1995). Programme of Action of the United Nations International Conference on Population and Development, in *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994.* Sales No. E.95.XIII.18,, chap. I, resolution 1, annex.

_____ (1999). Key Actions for the Further Implementation of the ICPD, adopted by the General Assembly in its resolution S-21/2 on 2 July.