

Keynote address
by
Dr Nafis Sadik
Commission on Population and Development.
United Nations, New York
7 April 2014

DIGNITY AND HUMAN RIGHTS – ICPD BEYOND 2014.

Thank you for inviting me to speak today. I'm most grateful for the opportunity to share some thoughts about the future of the global consensus on population and development.

The International Conference on Population and Development in 1994 was a landmark in humanity's long struggle against poverty and deprivation, and towards human rights and dignity. The Programme of Action shows conclusively that there need be no conflict between development demands and human rights. It makes the crucial distinction between people as objects, and people as agents: between regarding people as pawns on the policy chessboard, and recognising them as the players, the decision-makers, the drivers of policy; autonomous individuals, intimately concerned with the direction of their own lives. To follow the ICPD development agenda is to respect and promote human rights.

In this approach, ICPD laid the essential groundwork for the Millennium Development Goals, which are similarly human-centred. Following the ICPD agenda attacks the root causes of extreme poverty; among other things it creates the conditions for a full and healthy life, especially for women.

Twenty years on, great challenges remain. Though family size and population growth have fallen overall and continue to fall, world population continues to grow; another billion people by 2030. Feeding 8 billion people in 2030 will require an increase in food production of about 50 per cent, according to the Secretary-

general's High-level Panel.¹ At the same time, the world will need 45 per cent more energy and 30 per cent more fresh water. The latest Report from the Inter-Governmental Panel on Climate Change raises serious questions about how humanity is to meet these needs.

No individual or collective action can avoid the demographic outcome: the parents of the next generation are already born. But that does not mean countries should not act on population. Small differences in fertility and family size have vast effects over time, as the Population Division's projections show. For the least-developed countries, the difference between the medium and low variant projections is 66 million in 2030, but grows to 200 million by 2050. Tomorrow's demographic trends depend on today's policies.

Countries can bend the long-term population curve by following the principles agreed at ICPD, promoting human rights and expanding individual freedom and opportunities. Universal access to sexual and reproductive health care, including voluntary family planning; investing in the education of youth, with a particular focus on girls; ensuring that every child learns the basic facts of sexual and reproductive health, and committing to the empowerment and equality of women can make a big difference. These measures will help improve people's wellbeing; reduce child and maternal mortality; halt the spread of communicable diseases; reduce unintended pregnancies; influence the trend towards gender equality, and contribute to lower fertility and slower population growth.

¹ <http://www.reuters.com/article/2012/01/30/us-un-development-idUSTRE80T10520120130>

In the face of the potentially catastrophic global effects of climate change, it is perhaps hard to see how individual decisions will make much difference. But the ICPD consensus was that this approach is the *only* way to intervene effectively – sustainably – to bend the population curve.

The ICPD principle is that fertility and family size – and therefore population growth – depend on individual decisions, freely made. As women can space and choose the number of children they have, families can invest more in each child – resulting in children with better health and education. As the perceived value of girl children grows, families will invest more in them. This trend has multiplying effects across families, communities and nations. It helps to promote economic development, and combat poverty on a large scale. In the long term, it will help the planet adapt to climate change.

All our experience, and all the related research, shows that sexual and reproductive health programmes are far more likely to be effective when they guarantee respectful treatment, privacy and confidentiality; when they offer accurate and complete information and a choice of appropriate contraceptive methods, and when they are offered together with other sexual and reproductive health services. The *only* meaningful way to address the population-related aspects of the post-2015 agenda is by enlarging individual choices and opportunities, especially for girls and women.

The post-2015 agenda must therefore concern itself over the next 20-30 years with the goal of long-term population change. For example, it is not enough to plan for the needs of the 200 million women who cannot access reproductive health care today; policymakers must look ahead, to the needs of the millions of young women who will enter reproductive age in the coming

decades. Demand for family planning alone will increase 40 per cent by 2030.

Inequality and exclusion

The Millennium Development Goals recognise that poor sexual and reproductive health is one of the markers of poverty. Around 1400 million people live in extreme poverty – that is to say on less than \$1.50 a day – a number largely unchanged for decades. Though the proportion of world population who are extremely poor has been falling steadily, efforts to end poverty have not been sufficient to match population growth. At the same time, the gap between richest and poorest has become a chasm, globally and within countries; not only in money terms but in terms of information and participation. For example, the total GDP of the ten poorest countries is only slightly greater than the net worth of the world's richest *individual*. Inequality on this scale is not only a threat to individual human rights and dignity, but has a destabilising effect on society as a whole. In the long term it is unsustainable.

There has been some good progress, for example in education, where many countries have reached the goal of universal primary education and gender parity in education. The number of women dying as a result of pregnancy and childbirth has fallen by almost half – though the ICPD goal was 75 per cent. Many more women are able to use modern methods of family planning, though the goal of universal access is still far away – partly because there are many more women of reproductive age than there were in the year 2000.

But enormous challenges remain, especially in sub-Saharan Africa and South Asia, with the majority of the least-developed

countries. Poverty and population growth are highest in Africa, but South Asia has the biggest problem in terms of sheer numbers. Extreme inequality is apparent in all aspects of life, between rich and poor, urban and rural, men and women, those with political power and those without. While South Asia has seen some robust economic growth, the social indicators are far less encouraging.

In these countries, and the poorer parts of all countries, gender inequality affects all women everywhere, in the home, at work, in public and in private. Most of the poorest women have little or no education. They have no access to modern contraception, ante-natal care or skilled care in childbirth, nor to follow-up care to protect their sexual and reproductive health. Up to half of girls in the least-developed countries are married while they are still children; they suffer the terrible consequences of pregnancy and childbirth too early in life. They live as their mothers and grandmothers did – short lives of hard work and poor health. They are subject to random violence inside and outside the home, and appalling reprisals if they attempt to change their lives. They have no choice over the timing and spacing of their pregnancies, though childbirth is a constant threat.

Safe abortion

Unsafe abortion now kills an estimated 47,000 women every year, and injures millions more. Abortion remains heavily restricted by law in many countries; even where it is broadly legal, it is often without strong support, including from some service providers, and access is often limited. This is a prescription for unsafe abortion, with all its attendant risks. Unsafe abortion is a daily threat to women's lives, and to human rights and dignity on a large scale. At ICPD, countries agreed to address it as a public health problem; the problem has only grown since then.

However, awareness and concern have also grown, largely driven by women themselves, acting on their own behalf. I believe that the conditions exist today for a renewed, extensive and enlightened discussion about reducing unsafe abortion by changing its legal status. Compared with 20 or even 15 years ago, countries pay much more attention to maternal health. Contraception to prevent unwanted pregnancy is a matter of routine health care for many women, and over a hundred million more would adopt family planning now, if they could.

There is radical and continuing change in the conditions of family and personal life. Women themselves are in a stronger position to speak up: compared with 20 years ago they wield more economic and political power in many countries, and they are very clear that reproductive health is a prime concern.

Abortion remains a highly sensitive matter, and that is quite understandable. But we must also understand that in some cases abortion cannot be avoided. Contraception is neither universal nor perfect, and human beings are fallible; complications of pregnancy can make abortion necessary; an increase in the incidence of gender-based violence, and especially rape, increases the need for intervention. Girls' education in sexual and reproductive health is still deficient. Even when they marry, they often do not know how to protect themselves from unwanted pregnancy and its consequences.

These are all hard facts, and they are hard for any policymaker or public health professional to confront. But countries must confront them, just as women confront them every day. Countries must do whatever is possible, for women in an impossible situation.

Respect for women – cultural values – leadership

The ICPD Programme of Action reflected the understanding that for all women, good health – especially good sexual and reproductive health – is the foundation for everything else: for their decisions on fertility, which influence all their other choices in life; for their self-respect; for their education; for their economic prospects; for their claim to be treated as equal human beings. It is an essential building block for sustainable, peaceful, just societies – in fact for any society built on the universal principles of human rights.

I have worked for my whole career to make it possible for women to take their rightful part – an equal part – in the family, the community, and society at large. I speak as a scientist, a doctor and a public health specialist. And I can tell you that from the start of my career until today, I have found that the biggest single obstacle to better public health is not money or technology: it is entrenched prejudice and discrimination against women and girls.

I hear people cite what they call “cultural values” in defence of neglectful and abusive practices. My question is “How can any cultural value worth the name possibly defend female genital mutilation; or ignore sexual assault in the home and violence outside it; or justify child marriage; or deny any girl, married or not, the maternity care that would save her life? How can anyone condemn girls and women to lives of ignorance and poverty, when education and health care would open up vistas of opportunity for them and their children?” These are not cultural values: these are the means by which one group keeps another in subjection. We should call prejudice and discrimination by their proper names, and proclaim as we did at ICPD, that they have no place in a society truly based on human rights and dignity.

These people are a small minority. I would call them extremists – but there are plenty of men in leadership positions who are not themselves extremists, but who in effect support prejudice and discrimination by not fighting against it. They have plenty of work to keep them busy, so they avoid the difficult cause of women’s empowerment and gender equality. They pay lip service, but they don’t really work at it. For them, it is easier to go along in the old way.

On the other hand, there are plenty of men who truly believe that women are their equals, and that girls deserve the same benefits of health care, education and opportunities in life that boys and men have. Such men are to be found at all levels, from local health workers to presidents and prime ministers. They are to be found in mosques and madrassas, churches and temples. We need their voices, and more important, we need their practical support for human rights and dignity. On the way to women’s empowerment and gender equality, countries must find a way to empower these men.

What I am saying today is that men in leadership positions must give a lead to other men. They must speak out on sensitive subjects like abortion; on so-called honour killing; on girls’ education; on women’s right to make their own decisions about reproductive health. They must set an example in their own lives. They must put policies in place, and funding to support them. They must take up the cause of gender equality, in the interests of both halves of humanity.

Conclusion

I would submit that there is no greater threat to human rights and dignity today than the current pattern of development – in my own and many other countries – which exploits resources without limit; which seeks no balance between population, development and climate change; which simply assumes that current patterns of economic development and social advantages will continue for ever, and that the benefits will somehow trickle down to the less fortunate. It hasn't worked yet, and I don't think it ever will. As ICPD agreed, we have to invest in human rights and dignity directly, over the long term, for the large bulk of the people; and especially for the poorest and most deprived, many of whom are women and their children. It is the last great hope for humanity.