

XII. THE RELEVANCE OF THE ICPD PROGRAMME OF ACTION FOR THE ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT GOALS – AND VICE VERSA: SHARED VISIONS AND COMMON GOALS

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A. INTRODUCTION

“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning.”

— United Nations Secretary-General Kofi Annan, 2002

“Reproductive health services are not just desirable in and of themselves – which they certainly are – but are absolutely critical tools for alleviating poverty, and in particular for achieving the Millennium Development Goals, which are the overarching international framework for trying to alleviate the suffering of the poorest people in the world.”

— Jeffrey Sachs, Special Adviser to the Secretary-General on the MDGs, 2002

The Millennium Declaration, adopted by 189 leaders in September 2000, builds upon the outcomes of international conferences throughout the 1990s. The Millennium Declaration process, in fact, clearly recognized the importance of development goals and indicators adopted at previous international conferences, and the Declaration has served to recommit Governments to these long-standing promises. The Millennium Development Goals (MDGs), emanating from the Millennium Declaration, further hold Governments to account by setting time-bound, measurable targets for eradicating extreme poverty in its various dimensions—income poverty, hunger, disease, environmental destruction and exclusion. The Millennium Development Goals bring together many of the goals and targets Governments had previously pledged to achieve, and in so doing, recognize the close relationship between these goals as well as the synergies to be gained by simultaneously working toward their realization.

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The Millennium Declaration specifically²marked a strong recommitment to the International Conference on Population and Development (ICPD) Programme of Action, and builds upon the key outcomes of ICPD. Adopted in 1994, the ICPD Programme of Action sprang from the largest international conference at that time, and set the agenda for population development for the next twenty years. The ICPD Programme of Action goes far beyond what had been seen as “traditional” population issues, and addressed a myriad of key development problems—from eradicating poverty to ensuring environmental sustainability to supporting families—and presented quantified and qualified targets that Governments agreed to achieve. In fact, early critics of the ICPD Programme of Action worried that it addressed too many varied issues and contained too many targets. But much like the Millennium Development Goals, the ICPD Programme of Action addresses a broad spectrum of some of the most pressing development concerns because its supporters believed these issues to be fundamentally interrelated, and unachievable without the others.

The ICPD Programme of Action also viewed population concerns from within a human rights framework—creating a key shift in the population debate at that time. It succeeded in replacing a macroeconomics perspective on population policy and focused instead on a woman’s need to receive appropriate reproductive and sexual health care (within a functioning health system) and to control the timing of her pregnancies. The advancement of the human rights perspective on reproductive health, and with a more focused discussion of gender roles in development, was a major step forward for the population debate at that time. Similarly, the Millennium Development Goals should also be viewed through a human rights prism. The Goals, in fact, reflect many basic human rights—to food, shelter, healthcare and education—enumerated in the Universal Declaration of Human Rights, and go further in setting targets for their progressive realization.

The International Conference on Population and Development was also the first international conference to accept (however provisionally) estimates of resource requirements for a core programme package and to define the relative contributions of donor and developing countries. It explicitly recognized the need for strengthened partnerships on an international, regional and national level. In this same vein, the eighth Millennium Development Goal explicitly calls for strengthened global partnerships in such key areas as aid, trade, debt relief, access to essential medicines and foreign direct investment. The achievement of the Millennium Development Goals, like the ICPD Programme of Action, rests heavily on the realization of such partnerships.

It is in these ways that the Millennium Development Goals build upon the important outcomes of the International Conference on Population and Development, and should be viewed as a strong recommitment to the vision, aspirations and goals of that landmark event. Three of the four quantifiable targets put forth in the ICPD Programme of Action are also included (in close form) in the Millennium Development Goals—reducing maternal mortality, reducing infant and child mortality and ensuring universal access to education. The fourth goal—access to reproductive and sexual health services including family planning—is not included as a goal, but is widely recognized as essential to the achievement of many Millennium Development Goals. The Key Actions for the Further Implementation of the Programme of Action of the ICPD, adopted by the General Assembly at its twenty-first special session in 1999 (ICPD+5), also included a goal for preventing HIV/AIDS, which is also reflected (in close form) in the Millennium Development Goals.

The Millennium Development Goals in many ways move forward many of the aspirations of the ICPD Programme of Action. By setting time-bound and measurable targets for the achievement of some aspects of the ICPD vision—such as ensuring environmental sustainability and eradicating poverty—the Millennium Development Goals further hold Governments to account for realizing the ICPD Programme of Action. But the ICPD Programme of Action also in many ways moves forward the Millennium Development Goals. Most notably, ensuring universal access to reproductive and sexual health – a goal

agreed to by the many signatories of the ICPD Programme of Action—if realized, will help achieve many of the Millennium Development Goals.

Given that the interrelationship between the Millennium Development Goals is widely recognized, along with the synergies to be had in realizing these goals together, this paper will focus on the ICPD Programme of Action goals that were not explicitly included as Millennium Development Goals. Specifically, the impact of universal access to sexual and reproductive health services, including family planning, on each of the Millennium Development Goals will be explored.

B. RELEVANCE OF ICPD PROGRAMME OF ACTION FOR ACHIEVING THE MDGs—AND VICE VERSA

Universal access to reproductive health services is essential for achieving most of the Millennium Development Goals. Improving maternal health, reducing child mortality and combating HIV/AIDS, malaria and other diseases directly depend on access to these services. Less direct, but not less certain, is the relationship between having access to reproductive health services and reducing extreme poverty, promoting gender equality and education opportunity and attaining environmental sustainability.

1. Eradicate extreme poverty and hunger

While eradicating extreme poverty and hunger is not an explicit quantitative and time-bound goal of the ICPD Programme of Action, it is a shared vision, and has been clearly expressed throughout the Declaration.

“All States and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development, in order to decrease the disparities in standards of living and better meet the needs of the majority of people in the world” (Principle 7).

Realizing the ICPD goal of access to reproductive and sexual health services including family planning (not an explicit goal in the MDGs) would help in achieving the first Millennium Development Goal of reducing extreme poverty and hunger by reducing the likelihood of experiencing a “demographically-related poverty trap”.

Demographically-related poverty trap

The relationship between poverty and reproductive health, especially in the least developed countries, has been diagnosed as a demographically related ‘poverty-trap’. High levels of observed fertility in some of the poorest countries, and in poor sub-populations in all countries, are only partly a question of deliberate choice. Poor families often want more children than richer families to ensure that at least some of their children survive in the face of high levels of infant and child mortality. But they are also more likely than their wealthier counterparts to have more children than they claim to want. Such high levels of fertility among the poor have ripple effects at the household and societal levels as well as on macroeconomic planning for Governments—creating a “poverty trap”.

Household level: Ability to control the timing and number of births prevents dilution of resources within the household and competition for scarce resources—such as in health and education—and also increases the opportunity for household savings. Episodes of ill health are an important trigger for depletion of resources and the descent of families into poverty. Similarly, unplanned and higher-than-desired numbers of births operate in the relatively short-term.

Societal level: High fertility contributes to poverty traps by requiring higher public investment in education, healthcare and other social services. The increasing demand for investments to simply maintain existing coverage levels inhibits expansion of coverage and the necessary investments in quality improvements. High fertility, particularly unwanted fertility, also reinforces gender inequality and complicates women's ability to participate in society given their increasingly multiple roles and responsibilities. These effects occur in the near- and mid-term and can be perpetuated.

Macroeconomic planning: Fertility and mortality declines from initial high levels change the age structure of a population. In this shift, a larger proportion of the population is in the working ages, as young-age dependency ratio declines (prior to the increase in the proportion of the older population). This allows the development of the potential for reaping the “demographic bonus”—a one-time only opportunity to accelerate economic and social development. With appropriate investments in health and education and macroeconomic and policy environments consistent with those espoused by the Millennium Declaration, this opportunity can be realized. Many sub-regions of the developing world, assuming continuing expansion of reproductive health access, are projected to reach their peak ratio of working-age to dependent-ages prior to or shortly beyond the time horizon of the MDGs. Sub-Saharan Africa, with a very young population, has farthest to go before it will gain this chance. Expanded access to reproductive health information and services, there as elsewhere, could hasten the arrival of the “bonus”.

Even for populations with the same fertility levels, the timing and pace of fertility contributes to health risks and to population momentum—the continuation of population growth even after couples have only enough children to replace themselves. The decisions of the large cohort of 10-19 year-olds will significantly affect future demographic and health prospects. Delay of first births and more extended birth intervals would reduce population momentum.

Reducing hunger

Achieving the ICPD goal of ensuring universal access to reproductive and sexual health services would help to reduce hunger by allowing women to choose the timing and spacing of their births. Evidence suggests that well spaced births help to improve both maternal and child nutritional and health outcomes. Closely spaced births affect the mother's energy levels, weight and body mass index, which impacts foetal nutrition and growth. It has also been associated with pre-term delivery and shorter periods of breastfeeding, which lead to low birth weight and poor nutritional outcomes for the newborn. Finally, closely spaced births place may increase sibling rivalry and place added pressure on limited resources, including those used for purchasing food, healthcare and schooling—again leading to poor nutritional and health outcomes for infants and children. Recent research has suggested that 3 to 5 years may be the optimal interval for spacing births, but more research is needed to confirm these findings (Setty-Venugopal and Upadhyay, 2004).

2. Universal primary education

Consistent with second Millennium Development Goal, the ICPD Programme of Action also calls for universal access to primary education by 2015. The ICPD Programme of Action also goes further with a more ambitious call to support post-primary education opportunities for girls and to ensure the “widest and earliest possible access” to higher levels of education including secondary, vocational and technical education.

“Beyond the achievement of the goal of universal primary education in all countries by the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education

and technical training, bearing in mind the need to improve the quality and relevance of that education” (para. 4.18).

Although overall access to primary education has risen substantially over the last decade in many developing countries, there are still stark inequalities in attendance between rich and poor children within countries. Such gaps are quite large in several West African countries, such as Benin and Senegal. A recent study of 35 countries in West and Central Africa as well as in South Asia showed that in 10 countries half or more of students aged 15-19 from poor households never completed first grade (Filmer and Pritchett, 1999). The disparities between boys’ and girls’ primary school attendance is also stark in some regions, most notably in South Asia and Sub-Saharan Africa.

Realizing the ICPD Programme of Action goal of ensuring universal access to reproductive and sexual health services, including family planning, would help to achieve the second Millennium Development Goal. As discussed below (in section 3), having access to family planning and reproductive health services makes it less likely for girls to drop out of school due to pregnancy, or to be pulled out to help family members care for their many children (including unplanned). Additionally, with fewer children, less competition exists for limited resources including money for school or uniform fees.

3. Promote gender equality and empower women

Consistent with the third Millennium Development Goal, the ICPD Programme of Action also calls for the elimination of gender disparity in primary education, and a strengthening of post-primary education for girls. The ICPD Programme of Action and the second and third Millennium Development Goals fit “hand in glove” with their calls to eliminate gender disparity in education, to provide universal access to primary education, and to ensure the widest and earliest possible access to secondary education for girls.

The gender gap in education has been narrowing over the past decade, but is still wide at higher levels of education. Women in South Asia have only half as many years of schooling as men, and their enrolment in secondary education is only two-thirds of the male rate. In Sub-Saharan Africa, school attendance for girls aged 12-13 is 80 per cent of that for their male counterparts, but drops to 50 per cent for schoolchildren aged 18-19 (Mensch, Bruce and Greene, 1998).

Realizing the ICPD Programme of Action goal of ensuring universal access to reproductive and sexual health services, including family planning, would help to achieve the third Millennium Development Goal of eliminating gender disparities in education. If enrolment rates remain the same and mortality and fertility rates decline as expected, there will still be a gender gap in educational attainment in 2030.¹ But, as noted above, effective access to sexual and reproductive health services may also help to improve the gender balance in secondary education by making it less likely that girls will drop out of school due to pregnancy, or be pulled out to help family members care for their many children. Additionally, fewer children means less competition between siblings for limited resources, including investments in education.

Finally, women’s empowerment cannot be achieved without women having control over the timing and spacing of their pregnancies. While such control is a goal in its own right, high fertility levels and the inability of women to plan their pregnancies also limits a woman’s ability to participate in other essential activities including income-generating opportunities, political and social participation and education.

4. Reduce child mortality

Consistent with the fourth Millennium Development Goal, the ICPD Programme of Action puts forth the explicit goal of reducing child mortality. Specifically, the ICPD Programme of Action states:

“...Countries should strive to reduce their infant and under-five mortality rates by one-third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of the country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 live births and an under-five mortality rate below 60 deaths per 1,000 live births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 deaths per 1,000 live births. Countries that achieve these levels earlier should strive to lower them further” (para. 8.16)

Realizing the ICPD goal of ensuring universal access to reproductive and sexual health services, including family planning, would help to achieve the fourth Millennium Development Goal of reducing child mortality by delaying first pregnancy and improving the spacing of pregnancies, since early pregnancies and close spacing place the child as well as the mother at risk of poorer health outcomes. High fertility as well as mistimed or unwanted pregnancies also increases the likelihood of child morbidity and mortality. Family planning is needed to ensure that women have their desired number and timing of pregnancies, with their first pregnancy delayed until they are physically mature.

5. Improve maternal health

Consistent with the fifth Millennium Development Goal, the ICPD Programme of Action puts forth the explicit goal of improving maternal health by reducing the maternal mortality ratio. Specifically, the ICPD Programme of Action states:

“Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of maternal mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed” (para 8.21).

Realizing the ICPD goal of ensuring universal access to reproductive and sexual health services, including family planning, is essential to achieving the fifth Millennium Development Goal by increasing women’s access to health care during pregnancy, labour and after childbirth as well as increasing access to emergency obstetric services for complicated pregnancies. Reproductive and sexual healthcare, made available within a functioning health system, is critical for achieving the fifth Millennium Development Goal. Further, women giving birth earlier in life or having closely spaced births are at higher risk of experiencing complications, making access to family planning services essential.

6. Combat HIV/AIDS, malaria and other diseases

While not an explicit and time bound goal of the ICPD Programme of Action, the ICPD+5 Key Actions for the Further Implementation of the Programme of Action of the ICPD adopted by the General Assembly in 1999 (A/RES/S-21/2) put forth the prevention target for HIV/AIDS as follows:

“Governments, with assistance from UNAIDS and donors, should, by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15-24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. Services should include access to preventive methods such as female and male condoms, voluntary testing, counselling and follow-up. Governments should use, as a benchmark indicator, HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced globally by 25 per cent” (para. 70).

The fifth Millennium Development Goal furthers this aspiration by setting as a goal the combating of HIV/AIDS and other major diseases, and specifically calls on countries, by 2015, to have halted and begun to reverse the spread of this disease. In setting the strategy for achieving this goal, the Millennium Project Task Force is similarly calling for scaling up of prevention programmes, as outlined in the ICPD+5 target. But it goes further in specifying a need for a broad spectrum of prevention, treatment and care for HIV-infected individuals. It also explicitly calls for reversing the spread of other diseases, including malaria, which has an especially adverse impact on pregnant women and their children.

Realizing the ICPD goal of ensuring universal access to reproductive and sexual health services, including family planning, is essential for combating HIV/AIDS, as access to effective contraception (specifically condoms) would help stem HIV infection rates. Also, given that women in developing countries have some of the highest rates of new infections, ensuring sexual and reproductive health and rights for women—and involving men in reproductive health—would help counter the power dynamics that produce this trend.

7. Ensure environmental sustainability

While ensuring environmental sustainability is not a time-bound and measurable goal of the ICPD Programme of Action, it is a shared vision that is expressed throughout the Declaration:

“To achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate policies, including population-related policies, in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs” (Principle 6).

Realizing the ICPD goal of ensuring universal access to reproductive and sexual health services, including family planning, would help to achieve the seventh Millennium Development Goal—although the relationship between population and the environment is complex. This relationship hinges on other factors including affluence, consumption, technology as well as social concerns including gender roles and governance structures at all levels. While the vast bulk of consumption occurs in rich countries, incomes are growing rapidly in many countries. Measures are urgently needed to curb wasteful consumption, energy use and pollution, as well as measures to slow population growth—including family planning programmes.

Improving the lives of slum dwellers also means ensuring their access to reproductive and sexual health services within a functioning health system. Within many cities, stark intra-urban inequities exist in health outcomes, with the poorest experiencing disproportionately worse outcomes than their richer counterparts. Some urban poor face disadvantages in health outcomes rivalling those of rural dwellers (National Academy of Sciences, 2003).

8. Develop a global partnership for development

The International Conference on Population and Development was the first international conference to accept (however provisionally) estimates of resource requirements for a core package of policies and interventions. It further defined relative contributions to be made by developing countries (2/3 of the total) and donor countries (1/3 of the total), and it explicitly outlined the global, regional and national partnerships required to achieve the goals of the ICPD Programme of Action.

The inclusion of the eighth Millennium Development Goal should be warmly welcomed by all parties working toward the realization of the ICPD Programme of Action. This Goal reaffirms the need for strengthened partnerships, especially between rich and poor countries, to achieve international development targets. Global partnerships developed to help achieve the Millennium Development Goals—such as improved policies for aid, trade, debt relief, access to essential medicines and foreign direct investment—if realized, will no doubt help to achieve many of the goals and aspirations of the ICPD Programme of Action as well. Indeed, many of the shared goals—such as improving child and maternal health, ensuring universal access to primary education, combating HIV/AIDS and empowering women—may not be met without strengthened international partnerships, including higher donor investment in technical and financial resources.

C. ACHIEVING THE GOALS OF THE ICPD PROGRAMME OF ACTION AND THE MILLENNIUM DEVELOPMENT GOALS: MOVING FORWARD TOGETHER

As outlined in this paper, there are many areas in which the ICPD Programme of Action and the Millennium Development Goals overlap and reinforce one another. In some cases, the Millennium Development Goals move forward the aspirations of the ICPD Programme of Action and its related documents—such as in setting time-bound and measurable targets to combat, rather than simply prevent, HIV/AIDS. In other areas, the ICPD Programme of Action moves forward the goals and aspirations of the Millennium Development Goals. The empowerment of women, the third Millennium Development Goal, will not be realized without ensuring universal access to reproductive and sexual health services—an explicit goal of the ICPD Programme of Action. It is with this understanding that coordinated efforts are required to ensure that both the Millennium Development Goals and those of the ICPD Programme of Action are realized. Indeed, it will be difficult to achieve one without the other.

To this end, the Millennium Project appointed a Senior Policy Advisor for Sexual and Reproductive Health in early 2004 to ensure that these issues were adequately incorporated into its planning and strategy documents. The Millennium Project's synthesis report, entitled "Investing in Development: A Practical Plan to Achieve the Millennium Development Goals", contains many strong messages and recommendations relevant to sexual and reproductive health. "Investing in Development" also draws upon the recommendations of its Task Forces, many of which have strong recommendations related to population, family planning and sexual and reproductive health in their strategies for achieving the Millennium Development Goals (as applicable). For example, the Task Force on Child Health and Maternal Health have recommended the following additional target for monitoring Goal 5 (improve maternal health)—modeled on the target endorsed by the global community during the ICPD and ICPD+5

conferences, with the additional modification to ensure that, as with the other maternal and child health targets, priority is given to the critical issue of equity.

Recommended Sexual and Reproductive Health Target:

Universal access to reproductive health services by 2015 through the primary health care system, ensuring the same rate of progress or faster amongst the poor and other marginalized groups

The Task Force on Child Health and Maternal Health has also recommended the following sexual and reproductive health indicators for monitoring various MDGs—with the intention of measuring the *systematic impact on women’s ability to bring into effect their stated fertility preferences and to have safe, voluntary and healthy sexual and reproductive lives and parenthood*. Note that these sexual and reproductive health indicators should be used *together* to measure progress toward this recommendation. Similarly, the Task Force on Gender Equality and Education has echoed the recommendations for the following indicators to monitor Goal 3.

Recommended Sexual and Reproductive Health Indicators:

Contraceptive prevalence rate (currently Goal 6, with recommended allocation to Goal 5)

HIV prevalence among 15-24 year old women (Goal 6)

Proportion of births attended by skilled birth attendants (Goal 5)

Proportion of demand for family planning satisfied (Goals 3 and 5)

Adolescent fertility rate (Goals 3 and 5)

Availability of emergency obstetric care (Goal 5)

These reports were presented to the United Nations Secretary-General on 17 January 2005 and can be downloaded at <http://www.unmillenniumproject.org>.

NOTE

¹ These assumptions also incorporate the assumption that fertility differentials by education will decrease over time, which is consistent with the pattern observed in fertility in many countries.

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