PART ONE

REPORT OF THE SEMINAR

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 the United Nations Millennium Declaration[2], also known as the Millennium Development Goals (MDGs).

In response to this request, the Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat organized a Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals held at United Nations Headquarters in New York from 17 to 19 November 2004. The regional commissions, agencies, funds, programmes and offices of the United Nations system as well as experts had been invited to contribute papers focusing on those Millennium Development Goals most relevant to their respective organizations or areas of expertise. Representatives within the United Nations system involved in the implementation of measures to achieve the MDGs attended the Seminar. Background papers were prepared by invited experts and representatives of agencies, funds, programmes and the regional commissions of the United Nations system. The Seminar provided a forum for the open discussion of the relevance of population aspects, especially as reflected in the ICPD Programme of Action and in the key actions for its further implementation[3], for the achievement of the MDGs. The Seminar was chaired by Mr. Joseph Chamie, Director of the Population Division, and Prof. Richard Bilsborrow served as rapporteur.

This report summarizes the presentations and discussion that took place during the Seminar in terms first of general conclusions and then of the eight MDGs. In each section, the main conclusions regarding the correspondence between the ICPD Programme of Action and the relevant MDG are presented. These conclusions are then followed by a brief summary of the remarks of the discussion leader or leaders and by a summary of the most salient points in the subsequent discussion.

General Conclusions

The major conclusion of the Seminar is that implementing the Programme of Action of the International Conference on Population and Development (ICPD) and the key actions for its further implementation will indeed contribute to the achievement of the MDGs, as well as to the attainment of other development goals.

The overriding aim of both the Millennium Development Goals (MDGs) and the ICPD Programme of Action is to improve human welfare and promote sustainable development. This common aim has led to considerable compatibility and coherence between the goals and objectives of the ICPD Programme of Action and the Millennium Development Goals (MDGs) and their associated targets. Indeed, some goals are almost identical in the two documents as, for instance, those pertaining to child mortality, maternal health and access to education. For some goals, the measures recommended in ICPD provide a more comprehensive, explicit and detailed set of guidelines than those implied by the MDGs, as in the case of the promotion of gender equality and the empowerment of women. In addition, considerable

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[1] See *Report of the International Conference on Population and Development*, Cairo, 5-13 September 1994 (United Nations publication, Sales No. 95.XIII.18).
[2] See General Assembly resolution 55/2.
[3] See General Assembly resolution S-21/2; and Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 3 (A/S-21/5/Rev.1).

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 actions for its further implementation provide a holistic approach to all population aspects relevant for development and include a comprehensive set of measures to achieve the objectives identified. However, priorities are not set among the measures recommended mainly because different sets of measures are appropriate for different contexts, with some measures applying mainly to the least developed countries, others applicable to the rest of the developing countries and yet others to developed countries.

Moreover, reaching the overall goals and objectives set by ICPD or included in the MDGs does not ensure that improvements are shared equitably by all segments of the population. To ensure equity, implementation of the measures recommended has to take account of existing inequalities so that special attention is given to the more vulnerable and underserved population groups, including the poor in rural and urban areas, the aged and indigenous populations. The ICPD Programme of Action recognizes this need and makes it explicit in more instances than the MDGs.

Poverty and Hunger (MDG 1)

Main conclusions

Sustained economic growth is a necessary condition to reduce poverty and hunger, particularly in the least developed countries. In other less developed countries, where income levels are higher, policies to improve income distribution would also make a key contribution to reducing poverty and hunger.

Recent evidence has shown that the so-called "demographic dividend", resulting from the growth of the proportion of the population of working age relative to that of children as a result of sustained fertility decline, contributes significantly to economic growth and poverty reduction in a context where governance facilitates employment creation.

In countries where the transition to low fertility is just starting, as in most of the least developed countries, implementation of the ICPD Programme of Action may lead to a reduction of unwanted fertility, speeding up the demographic transition and giving rise later to the potentially beneficial demographic dividend.

Important synergies that may facilitate the achievement of a reduction of poverty and hunger are expected from the achievement of MDG goals 2 to 4 pertaining to education, child health and mortality, and gender equality. Achievement of the goals regarding the improvement of educational attainment and child health would increase human capital which would in turn raise labour productivity, thus helping to reduce poverty and hunger. In addition, because the educational attainment of mothers has considerable impact on the wellbeing of children, since more educated mothers tend to have healthier and better nourished children, improvements in the education of women would contribute to the improvement of the health status and survival chances of future generations.

The ICPD Programme of Action includes recommendations for action regarding the full array of population issues, not just regarding reproductive health and family planning. In particular, it acknowledges that international migration can have significant positive impacts on development. Since the ICPD was convened in 1994, remittances from international migrants have risen to become the second largest source of foreign exchange for developing countries, following foreign direct investment (FDI).

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-Saharan Africa would likely experience a demographic dividend in the future provided fertility rates fell, a process that had started in some of those countries but not in all. In some countries in Africa, the desired number of children remained high, sometimes higher than actual family size. Whether fertility reductions, when they occurred, and the ensuing demographic dividend would result in high and sustained economic growth in the region would depend on good governance and the types of economic and fiscal policies pursued, particularly with regard to their effects on employment creation.

It was pointed out that most countries in sub-Saharan Africa were caught in a poverty trap, where high desired fertility led to high population growth and a lack of resources to ensure improvements in the health of children or better educational attainment. Desired fertility levels needed to come down. It was noted that the Millennium Project report, produced under Jeffrey Sachs, called for a major increase in funding for development assistance to help Africa overcome this poverty trap, especially by providing funds to improve health and education. Participants acknowledged that the reduction of child mortality might lead to lower fertility but expressed concern about the capacity of countries in sub-Saharan Africa to put rapidly rising levels of development assistance into productive use.

It was noted that, in contrast to the ICPD Programme of Action, the MDGs did not include any mention of reproductive health or access to family planning. Provision of these services was thought to have some advantages over other types of assistance. Food aid, for instance, though useful in helping the starving also distorted markets and had counterproductive effects on food production. Provision of health and family planning services did not cause such distortions. As the key intervention to avert unwanted births, the provision of family planning services was the part of reproductive health most likely to have an effect on the reduction of poverty. There was also a good rationale for investing in improving the health of children both to enhance human capital and its subsequent labour force productivity and to set the foundations for a reduction of the desired number of children.

Some participants said that, although it was thought that at the household level children whose birth was unwanted might receive less education and health care than wanted children and therefore be less productive in later life, the evidence validating this proposition was scant. It had also been posited that a reduction in the number of unwanted births would result in more resources per child and hence improvements in human capital. Yet research based on appropriate longitudinal data examining the implications of an additional unwanted child still needed to be carried out.

It was noted that national development plans, including poverty reduction strategy papers (PRSP's) usually did not take into account demographic variables, including fertility, mortality, internal and international migration or the effects of population displacement caused by conflict. Yet a number of demographic events or behaviours had implication for poverty. For instance, single adolescent women who became pregnant were more likely to drop out of school thus compromising their future earning capacity and being more likely to end in poverty. Maternal mortality and the mortality of parents caused by HIV/AIDS seemed to be exacerbating poverty levels in much of sub-Saharan Africa. In Latin America, the poor had less access to family planning, reproductive health services and education than those better off. Interventions that could facilitate the access of the poor to those services would go a long way to palliate the detrimental effects of poverty. The ICPD Programme of Action gave more attention to such inequitable outcomes and ways to reduce them than the MDGs did.

Although the MDGs established the target for the reduction of poverty in terms of halving the proportion of persons living on $US 1 a day, participants considered that other measures of poverty were

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.

It was important to recognize that absolute poverty was no longer mainly a rural phenomenon. The number of poor living in urban areas was likely increasing and measures to combat poverty should take these changes into account.

Lastly, it was noted that developed countries and a growing number of developing countries, including China, were experiencing below-replacement fertility and were beginning to experience rapid population aging. In those countries, concerns about the implications of sustained low fertility were prompting Governments to adopt policies to raise fertility levels. The fiscal costs associated with an ageing population were likely to rise in the medium-term future, especially in the major donor countries. In China, whose economic growth had been spectacular since at least the late 1980s, the reduction of absolute poverty had also been impressive to the point that it could alone account for the worldwide reduction of poverty called for in the MDG target.

Discussion on hunger

Prof. Benjamin Senauer of the University of Minnesota launched the discussion on the relationship between the ICPD Programme of Action and the target to reduce hunger by half from 1990 to 2015. He noted that the Programme of Action did not mention hunger explicitly but that the 1996 World Food Summit had established the goal of reducing by half the number of persons suffering from hunger, from an estimated 800 million in 1990 to 400 million by 2015. The MDG target, in contrast, was set in terms of cutting by half the proportion of hungry people over the same period. Whereas FAO estimated that, under business as usual, the World Food Summit goal would not be attained, the MDG target might be reached partly because of the expected growth of the world population, which, all other things being equal, would by itself reduce the proportion of persons suffering from hunger.

Given their current high rates of economic growth, China and India were expected to experience major reductions in the proportions of their population who were chronically undernourished and therefore to be the major reason that the MDG target might be reached at the global level. Senauer noted that, as in the case of poverty reduction, economic growth broadly shared was necessary to reduce hunger. However, he also argued that a number of actions proposed in the ICPD Programme of Action could contribute to reducing hunger, including improvements in education and gender equality, better child health, policies to address HIV/AIDS and urban poverty, and reproductive health as a means of reducing unwanted fertility. He cited a study by Smith and Haddad showing that the factor most related to malnutrition among children in 63 countries was mother's education. More educated women could take better care of children, resulting in better child health and nutrition. He also noted that enhancing the status of women and achieving greater gender equality would likely result in better intra-household distribution of food, preventing the malnutrition of women and girls who lived in societies where males were favoured. He recalled that high disease prevalence among children was both the result of malnutrition and led to further malnutrition. He said that hunger existed both in rural and in urban areas, hence measures to reduce urban poverty would help combat urban chronic malnutrition. He noted that there was no shortage of food worldwide, but combating hunger implied providing people the means of acquiring food. Fair trade was necessary to achieve this, since agricultural subsidies in developed countries distorted world prices and hurt farmers in developing countries, contributing to high rural

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 models to assess the effect of various factors on hunger, Senauer concluded that both increases in agricultural productivity and reductions of family size could have beneficial effects in the reduction of hunger.

The discussion centred on the relevance of population factors versus economic growth per se in reducing hunger, although both were recognized as important. The value of reducing population growth, gender inequality and HIV/AIDS, and of increasing education, employment, and child health for lowering hunger was discussed. It was suggested that ensuring primary education for all girls might not be sufficient to reduce malnutrition among their children because in existing studies both higher educational attainment and lower malnutrition might have been the result of higher incomes rather than of education per se. Although it was thought that better education made an independent contribution to the reduction of child malnutrition, it was argued that a crucial element in improving the nutritional status of both children and women was the power of women within households to control income, especially their own. Note was taken of the potentially devastating effects that the HIV/AIDS epidemic might have in rural settlements by debilitating or reducing the agricultural labour force. It was pointed out that in urban areas, the poor could be less vulnerable to price increases when they had access to some land to grow food in.

Participants underscored that prospects for attaining the reduction of hunger stipulated by target 2 were not good in a number of developing countries. According to FAO estimates, three-quarters of all developing countries were lagging in reducing the proportion of undernourished persons by 50 per cent. In 49 developing countries the levels of hunger had worsened during the 1990s.

It was recognized that, even where overall hunger might decline, certain groups might lag behind, especially the poor in rural and urban areas, the chronically ill or other vulnerable populations. The increasing world-wide role of major international supermarket chains in providing food cheaply was noted: whereas the chains benefited consumers they generally did so at the expense of small rural producers since they preferred to get their products from large local producers rather than from a multitude of small farmers.

Participants mentioned other factors contributing to hunger: low agricultural yields because of lack of access to technology, scarce water resources or irrigation, lack of land associated with high population density and growth, the degradation of farmland because of improper practices and overexploitation, urban bias in government policies, and political instability. The low status of women was also a factor, given their primary role in food production, especially in sub-Saharan Africa. In this regard, providing micro-credit services for women was a useful policy to increase their productivity and reduce their risk of hunger.

Some participants remarked that seasonal hunger was considerably more widespread than chronic malnutrition. In urban areas, the working poor often had to go without food at the end of the month after their wages were exhausted. Access to better paying employment was therefore necessary to avoid such types of deprivation. In rural areas, where assets were few and people often depended on subsistence farming, their situation was very vulnerable. In such circumstances, crises were common and might result in outright famines. The least developed countries, where agricultural sectors were still large, were particularly vulnerable to failures of production often associated with price or environmental changes.

Lastly, it was noted that, especially in middle and high-income countries, the poor were more likely to be obese because of their reliance on cheap food with high carbohydrates and fat content and

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

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[4] The ICPD Programme of Action proposes 90 per cent enrolment by 2005 and 100 per cent by 2015.

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 of Action promotes wider goals than MDG 3, whose only explicit target is to eliminate gender differences between girls and boys in primary and secondary education by 2005 and in all levels of education by 2015.

The elimination of gender differences in education implies more than just achieving equal male and female enrolment ratios for each level of education. It includes reducing differences in the *types* of education pursued by males and females, as the latter tend still to pursue careers which are less remunerative and empowering than those pursued by men. Also, while attaining equal education is important for females, it is not the only policy to empower women. Both the ICPD Programme of Action and 1995 Beijing Platform for Action identify a wide range of actions needed to fully empower women. In particular, measures that enable women to control their reproduction are crucial for them to achieve gender equality.

Discussion

Ms. Karen Mason of the World Bank launched the discussion on gender equality and the empowerment of women. She noted that chapter IV of the ICPD Programme of Action specifically focused on this topic, and that measures related to women's status and rights were addressed in many other chapters as well. Thus, the ICPD Programme of Action stressed the importance of reproductive rights including family planning; access to education; equality in the labour force; political participation; the right to own property; the right to inherit; measures that would facilitate women's ability to combine work and child rearing, and measures to eliminate violence against women. She noted that research carried out at the World Bank had shown that reducing gender inequality by improving the status of women was likely to enhance economic growth and reduce poverty and hunger (MDG 1), help achieve universal primary education (MDG 2), reduce child mortality, maternal mortality and the acquisition of HIV/AIDS by women or their partners, as well as contribute to attain sustainable development and conserve endangered species (MDGs 3 to 7). Mason stressed the importance of enabling women to have control over their reproductive lives so that they could plan their pregnancies to fit with their family and work plans. She suggested that reproductive health was a key element missing among those covered by the MDGs. Although it had been part of the goals adopted by the OECD DAC, it had not been included in the Millennium Declaration.

In the discussion, participants stressed that the target for MDG 3 was too narrow, focusing only on educational attainment, only one of the many factors that had an impact on gender inequality. To be meaningful, MDG 3 should have had targets relating to other dimensions of gender equality.

However, participants noted that the education of women had effects that transcended the improvement of human capital. For women, more education generally resulted in later marriage and tended to lower marital fertility by enabling them to use family planning more effectively. Education also resulted in higher labour force participation, better productivity and higher income. In developing countries, an increasing average educational attainment among women could not only permit an improvement of their status as economic actors but would likely lead to declining fertility which in turn would eventually result in a demographic dividend that could be used to spur development.

Education was also seen as an important means of modifying cultural values that maintained gender inequality. Participants noted that in both China and India, countries that were experiencing rapid economic growth, gender inequality persisted. That is, although improving the status of women might have benefits for economic growth, it was not necessary to achieve it. Furthermore, in both China and India, the persistence of a preference of male children among parents of both sexes indicated that women themselves were willing participants in maintaining a system based on gender inequality. It was in such

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 be closed to them. However, all those changes had not produced as yet real gender equality and the full empowerment of women. Thus, in the countries involved, women still tended to have lower rates of labour force participation than men and to occupy lower status jobs with lower wages than men. Furthermore, they still did not play similar roles as men in civil society or politics.

These observations indicated that the situation of women varied widely from one region to another, one continent to another, and also within countries or between urban and rural areas. Therefore programmes or measures to achieve gender equality needed to be tailored to each cultural and social context. The ICPD Programme of Action, whose goals, objectives and recommendations for action were meant to be relevant to all countries, both developed and developing, provided in this respect a better set of guidelines for the improvement of the status of women than MDG 3.

Participants pointed out that women generally lived in families with men, so that developments that were detrimental to men were also likely to affect women negatively. For instance, the higher mortality to which young and middle-aged men were subject in Eastern European countries resulted in more female-headed households which tended to be poorer. Similarly, the higher mortality of men at older ages resulted in more elderly women living without a partner, a group that was likely to fall into poverty, especially in developing countries where pension systems were weak. Conversely, when poor families managed to remain intact, improvements in women's education and status could improve their earning power and permit families, including the men in them, to escape poverty. That is, the feminization of poverty, to the extent that it existed, was partly related to the vulnerability of men. Yet, more generally, poverty affected families not just women and it therefore involved both the men and women that constituted those families.

Mention was made of another means by which women could contribute to improve the lot of their families: by engaging in labour migration. At the world level, women constituted 49 per cent of all international migrants. Participants indicated that women's participation as migrant workers in their own right had been increasing and, by sending remittances to the families they left behind, female migrant workers were contributing to the economic well being of their families. Most migrant women were not migrant workers, however. Among the latter, it seemed that women were more likely to send remittances than men, thought practices varied widely among different migration streams.

Lastly, participants mentioned the growing body of evidence documenting the extent to which women were subjected to violence within the family and on their views about those practices. The fact that many women accepted the right of husbands or fathers to hit them or punish them for minor infractions was proof that much remained to be done to enhance women's status. In particular, it was necessary to find ways of interrupting the internalization of gender stereotypes and preventing women themselves from participating in the perpetuation of gender inequality.

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 implementation regarding reproductive health care and the spacing of births; the promotion of breast-feeding; improvements in child nutrition and health care; the prevention and treatment of childhood diseases, particularly through vaccination and oral rehydration therapy; the provision of safe drinking water, and the promotion of environmental sanitation, all contribute to lowering child mortality and thus to the attainment of MDG 4.

Other measures relevant to the reduction of child mortality included in the ICPD Programme of Action are the reduction of poverty; the increase of educational attainment, especially among women; the improvement of maternal health; the promotion of the empowerment and equality of women, and the reduction of the spread of HIV/AIDS. These measures are consistent with MDGs 1, 2, 3, 5 and 6, illustrating the considerable synergies existing between these mutually reinforcing goals and the actions recommended by ICDP and related to each of those goals.

Discussion

Prof. Kenneth Hill of Johns Hopkins University launched the discussion by first describing and comparing the goals related to the reduction of child mortality in the ICPD Programme of Action and in MDG 4. He then described the various preventive measures and the treatments that were known to reduce child mortality, which were generally well covered in either the ICPD Programme of Action or the key actions for its further implementation. They included: the prevention of pregnancy among very young women; the promotion of longer birth intervals (two years or more); the administration of a tetanus vaccine to women during pregnancy; the availability of trained birth attendants during delivery; the promotion of breastfeeding; the promotion of child vaccination; the use of antibiotics to prevent or cure pneumonia and of oral rehydration therapy to treat diarrhoea; nutritional supplementation with vitamin A and zinc; access to postnatal health care, and the enhancement of child nutrition.

Prof. Hill noted that mortality under age 5 had declined substantially during the 1980s in many countries but that its decline had been disappointing during most of the 1990s. Using data for 16 countries with DHS surveys nearly ten years apart (in the 1980s and the 1990s), he assessed the changes in various factors known to have an effect on child mortality decline to try and determine why the decline had stalled. All 16 countries had experienced declines in the proportion of births after short intervals which were known to increase the risk of death of the next birth. Yet, the proportion of births to women under age 18 had not changed much. In 12 countries, the proportion of births delivered by a trained attendant had increased but in 2 it had declined slightly. In 14 countries, the proportion of mothers receiving tetanus vaccines had risen but it had dropped slightly in 2; there had also been an increase in the use of oral dehydration therapy. Lastly, in most countries the proportion of children who were exclusively breastfed for six months had fallen slightly, while the proportion of children receiving measles vaccines remained above 60 per cent but showed no major increase except in Brazil and in three African countries. Vaccinations levels had fallen in Colombia and Peru. A recent review of the causes of the stalling decline of child mortality during the 1990s had concluded that a further reduction of 64 per cent could have been achieved had all the important measures listed in the previous paragraph been fully implemented in low-

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 HIV did not show a significant increase in maternal mortality caused by the epidemic, though there had been more reported cases of sepsis in recent years that appeared to stem from the depressed immune systems of women affected by HIV.

Participants concluded that implementation of the recommendations in the ICPD Programme of Action regarding expanded availability and use of antenatal care, skilled assistance at delivery, emergency obstetric care and avoidance of early adolescent pregnancies, especially if targeted to the poor, could ensure that MDG 5 would be met.

Combat HIV/AIDS (MDG 6) [5]

Main conclusions

The ICDP emphasizes the need to develop policies for the prevention and treatment of HIV/AIDS, particularly in chapters VII (C) and VIII (D) but also elsewhere. Its implementation would therefore contribute directly to achieving MDG 6 which aims to halt or begin to reverse the spread of HIV by 2015. Although the ICPD Programme of Action does not include quantitative targets regarding the HIV/AIDS epidemic, the key actions for its further implementation do, calling for a reduction at the

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[5] There was no discussion of the other aspects of MDG 6 since no paper was received on the reduction of malaria or tuberculosis.

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 those aged 15-24 by 2010. Reducing the prevalence of HIV/AIDS would also contribute to the achievement of other MDG goals, including the reduction of poverty (MDG 1), the reduction of child mortality (MDG 4) and the reduction of maternal mortality (MDG 5).

Discussion

Ms. Aurorita Mendoza of UNAIDS launched the discussion on MDG 6. She began by noting that 39 million people were currently living with HIV, 25 million in sub-Saharan Africa, where life expectancy was declining in more than 10 countries. In a few countries, even population size was expected to decline in the future because of the impact of the HIV/AIDS epidemic. Whereas at the start of the epidemic women were not as highly affected as men, women currently accounted for about half of all persons infected in the world and the spread of the disease was occurring mainly through heterosexual contact. Ms. Mendoza underscored that the key actions for the further implementation of the ICPD Programme of Action pioneered the establishment of quantitative targets for the control of the HIV/AIDS epidemic. Essentially, the target set there was the same adopted by UNGASS and was then reflected in the MDGs.

Ms. Mendoza noted that HIV/AIDS had very serious implications for health costs, drawing off public resources from other development activities and depleting household incomes, thus impairing the achievement of other MDGs, including poverty reduction (MDG 1), reduction of child mortality (MDG 4) and reduction of maternal mortality (MDG 5). Despite the creation of a Global Fund to Fight AIDS, contributions had been lagging and resources to fight the epidemic were woefully inadequate. Much needed to be done to provide treatment to those living with the disease and, more importantly, to promote prevention. Especially important in this regard was the likely impact of measures taken to achieve other development goals, such as gender equality (MDG 3), since the increasing prevalence of HIV infection among women was partly the result of women's subordination to men both in society at large and within marriage. Hence, several of the measures contained in the ICPD Programme of Action and the key actions for its further implementation aimed at empowering women, fostering greater gender equality and preventing any form of violence against women were important also in the fight against the spread of the HIV.

Ms. Mendoza also noted that the ICPD Programme of Action and the key actions contained several important recommendations to stop or slow down the spread of HIV but the treatment of the issue was largely confined to the chapter on reproductive health. At the country level as well, activities related to the treatment or prevention of the HIV infection were confined to the ministry of health. Yet, to be effective, programmes to combat the spread of HIV should involve several other sectors, including education, agriculture and labour. In particular, sexual education for adolescents, a key intervention to provide young people with the information they needed to protect themselves, was not being pursued in many countries.

In part because of the slow response by Governments to the threats posed by HIV/AIDS, it seemed that the MDG 6 target regarding the reduction of HIV prevalence would not be met in many countries. A few, however, were making progress, including the United Republic of Tanzania (by implementing sex education programmes and making condoms easily available), Thailand (via a campaign focused mainly on sex workers), and Senegal (through early intervention and sustained prevention).

During the discussion participants emphasized the need to focus on prevention and not just on treatment, since the former was likely to be far more cost effective and sustainable over the long run

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 that although programmes aimed at providing treatment could elicit more testing among the population that might be infected and might therefore lead to a change of behaviour among those who could transmit the disease, it was also possible that the availability of treatment would lead others to continue to take risks since the disease would no longer be regarded as necessarily fatal.

Participants remarked that special attention had to be given to the prevention of the disease among women, especially among the young. However, it was recognized that, to the extent that young women were being infected by older men, the latter also needed to be given information and incentives to adopt safe behaviours. In this regard, promoting the use of condoms, providing counseling in clinics treating sexually transmitted infections (STIs) and providing family planning services to HIV-positive women were useful interventions. All these measures were among those recommended in the ICPD Programme of Action.

Participants stressed the importance of combating the spread of HIV/AIDS for the reduction of poverty and hunger. According to FAO, HIV/AIDS was a key population issue related to food security because the disease was depleting the agricultural labour force in some developing countries and would likely result in greater hunger and food insecurity. HIV/AIDS was also expected to affect the labour force in general. Aware of its detrimental effects, the private sector in several affected countries was taking measures to assist employees in living with the disease or preventing infection. Reinforcing the engagement of the private sector in this respect was very important.

Ensure Environmental Sustainability (MDG 7)

Main conclusions (target 11)

Given the increasing urbanization of developing countries, it is important to take account of urban-rural differences in designing interventions to facilitate the achievement of the MDGs. Thus, poverty can no longer be considered as mainly a rural phenomenon. Increasingly the poor are concentrated in urban places. Target 11 of MDG 7 focuses on achieving a significant improvement in the lives of 100 million slum dwellers, that is, the visible poor in the urban environment, by 2015. The ICPD Programme of Action includes a chapter devoted to population distribution (chapter IX) but it does not mention slums in that chapter. Nevertheless, the Programme of Action acknowledges implicitly that slum dwellers are part of the poor or underserved populations, as in para. 3.19, which mentions the importance of meeting the needs of that group for "information, education, jobs, skill development and reproductive health services". In addition, the Programme of Action calls on Governments "to respond to the needs of all citizens, including urban squatters, for personal safety, basic infrastructure and services, to eliminate the health and social problems" in urban agglomerations (para. 9.14) and "to improve the plight of the urban poor […] by facilitating their access to employment, credit, production, marketing opportunities, basic education, health services, vocational training and transportation" (para. 9.15).

In most developing countries, where urban dwellers have better access to education and health services than rural inhabitants, rural-urban migration is a means of improving the migrants' access to these and other services. However, persons living in slums, whether as long-term urban residents or as in-migrants, often have no better access to health and educational services than rural residents. To achieve target 11 therefore, programmes aimed specifically at improving the living conditions of slum dwellers are necessary. The Programme of Action provides some guidance on the types of improvements required

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* of *World Population Prospects*, a publication of the Population Division, DESA. According to those data, in 2007, half of the world's population would be urban and, consequently, from then on the majority of people on earth would live in urban areas. Furthermore, over the coming decades, virtually all the expected population growth would be concentrated in the urban areas of developing countries. Yet, Prof. Montgomery remarked that in many countries, the major blueprint for addressing poverty, namely, the Poverty Reduction Strategy Papers (PRSPs) did not take into account urbanization and its impacts in setting appropriate strategies.

Prof. Montgomery noted that current estimates of the number of slum dwellers ranged from 870 million to 934 million. Hence the goal of improving the lives of 100 million was modest. Furthermore, implicit in that goal was the assumption that slum dwellers were also poor. That was not necessarily the case. However, it was undeniable that when poor families were concentrated in poor neighbourhoods, their disadvantages became more accentuated. Most research on the concentration of poverty within cities and its detrimental effects referred to developed countries. Yet slum dwellers accounted for just 6 per cent of the urban population in developed countries but they accounted for 40 per cent of that in developing countries.

Using data gathered by the Demographic and Health Surveys, Prof. Montgomery compared the situation of poor urban residents in developing countries to that of rural populations and found that, according to a number of health indicators, the situation of both populations was comparable. That is, the poor in urban slums were often no better off than rural populations in terms of unmet need for family planning, knowledge that condoms could avert HIV infection, access to skilled attendants during childbirth, and risks of infant and child mortality.

Prof. Montgomery noted that since 1994, when the Programme of Action was adopted, the trend towards decentralization had accelerated and, consequently, both policy formulation related to city planning and administration as well as its implementation depended mostly on local authorities. It was therefore important to provide those authorities with concrete guidance on measures to improve the living conditions of slum dwellers as well as to suggest a variety of measures appropriate at different levels of Government. To ensure that Target 11 would be reached, such measures should deal explicitly with the needs of slum dwellers.

In the discussion, mention was made of Habitat's expectation that the number of slum dwellers would increase by 600 million by 2015, making the goal of improving the lives of 100 million slum dwellers by that date very modest indeed and virtually certain to be attained. Participants commented on the wide range of problems facing populations of slum areas including lack of land tenure and housing security; crime and street gangs that resulted in personal insecurity; drugs, prostitution and an expanding HIV/AIDS epidemic in certain regions. These problems were exacerbated by poverty and difficulties in having access to services of good quality. In this regard, participants stressed that slum populations either lacked access to services or did not avail themselves of existing services. Although services were available to the urban population at large, slum dwellers generally were not adequately served by them. In the Dominican Republic for instance, although a high proportion of urban women gave birth with the assistance of a trained birth attendant, the equivalent proportion among poor urban residents was low. Participants argued that poor urban dwellers underutilized services because those available to them were

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 quality they needed.

Main conclusions (target 9)

MDG 7, target 9 states the need to integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. Both the ICDP Programme of Action and MDG 7 (target 9) are consistent in their emphasis of the attainment of sustainable development, that is, development which raises incomes without compromising the ability of future generations to meet their own needs. In addition, both stress the goal of conserving natural resources. The ICPD Programme of Action addresses these issues mainly in chapter III, section C, where it acknowledges that "meeting the basic human needs of growing populations is dependent on a healthy environment" (para. 3.24) and recognizes that "demographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development" (para. 3.25). The Programme of Action then goes on to support the objectives and actions agreed upon in Agenda 21 and recommends that Governments "implement policies to address the ecological implications of inevitable future increases in population numbers and changes in concentration and distribution, particularly in ecologically vulnerable areas and urban agglomerations" (para. 3.29(e)). This recommendation in conjunction with the call for the integration of "demographic factors into environmental impact assessments and other planning and decision-making processes aimed at achieving sustainable development" (para. 3.29(a)) is fully consistent with target 9 and underscore the importance of population aspects in the pursuit of sustainable development.

Discussion

Prof. Richard Bilsborrow of the University of North Carolina at Chapel Hill discussed briefly the relevance of the Programme of Action for the attainment of target 9, a topic for which there was no background paper. He noted that, whereas the overall goal of attaining sustainable development was similar in the Programme of Action and in target 9, the latter aimed also at reversing the loss of

environmental resources, without indicating what was meant by those resources. The ICPD Programme of Action was more explicit in calling for the modification of "unsustainable patterns of consumption and production […] and sustainable management of natural resources" (para 3.29(d)). In terms of natural resources, neither ICPD nor target 9 mentioned any specific natural resource—e.g., tropical forests, coral reefs, fresh water, agricultural land, polar regions, the air itself, all undergoing serious environmental damage—much less did they mention that it was being depleted or degraded. The Programme of Action did not set any quantitative goal or time frame for addressing existing depletion or degradation problems and the policy guidance it provided was of a general nature. In this regard, the Programme of Action deferred to Agenda 21 and to the other outcome documents of the Rio Conference.

Develop a Global Partnership for Development (MDG 8)

Main conclusions (targets 12 to 15)[6]

Targets 12 to 15 relate to: the further development of an open, rule-based, predictable, non-discriminatory trading and financial system (target 12); addressing the special needs of the least developed countries (target 13); addressing the special needs of landlocked countries and small island developing countries (target 14); and dealing comprehensively with the debt problems of developing countries (target 15). Although targets 12 and 15 are not directly related to population issues, they are nevertheless alluded to in the Programme of Action, particularly with respect to rural development when it recommends that "Governments should […] seek to reduce restrictions on international trade in agricultural products" (para. 9.7) and with respect to the attainment of sustained economic growth when it mentions the relevance of the Uruguay Round of multilateral trade negotiations that has since been completed (para. 3.10). It also calls on the international community to support developing countries and countries in transition "by promoting an open, equitable, secure, non-discriminatory and predictable international trading system, by promoting foreign direct investment; by reducing the debt burden […]" (para. 3.22). With regard to the least developed countries, the landlocked countries and the small island developing countries, the Programme of Actions recommendations for action are generally applicable to countries in those categories and in several instances the Programme of Action puts particular emphasis on the least developed countries. Therefore, the Programme of Action implementation would certainly be consistent with the targets being considered here.

Discussion

Ms. Marquise David of UNCTAD launched the discussion on MDG 8, focusing in particular on targets 12 to 15. She emphasized mainly the plight of the least developed countries remarking that their populations were still growing very fast because their fertility remained high. Consequently, the population of the least developed countries was still very young. In addition, a high proportion of the population of the least developed countries lived in extreme poverty, with about half living on less than $US 1 a day and 80 per cent living on less that $US 2 a day. Because many of the least developed countries had limited productive capacity, they were dependent on official development assistance. Both the ICPD Programme of Action and MDG 8 recommended increases in such assistance. There had been a shift over time in development assistance from the economic to the social sectors, which was unfortunate because the least developed countries needed to create jobs and build the necessary infrastructure to promote economic growth. In addition, assistance to agricultural development had virtually disappeared with particularly detrimental consequences for the poorest in low-income countries, a group that needed to increase its agricultural productivity. Ms. David underscored the importance of developing further an

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[6] MDG targets 16 and 17 on work for youth and drugs were not discussed.

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 be addressed by improving both the quality and the quantity of official development assistance.

Main conclusions (target 18)

Target 18 of MDG 8 refers to the need to make available the benefits of new technologies, especially those related to information and communication. While this target does not specifically mention the need for better data and research, it implies that need among others. In the ICPD Programme of Action, chapter XII is devoted to technology, research and development. It includes a comprehensive set of recommendations for action, particularly in the area of research and data collection which could be considered to provide specificity to target 18 in the area of population.

Discussion

In the discussion, participants underscored the importance of carrying out population, agricultural and other types of national censuses as well as specialized national and sub-national surveys on specific topics to provide the data base necessary for the policy-relevant research that was required. Also crucial was an improvement of civil registration statistics and other types of administrative statistics including service statistics from health facilities. There was agreement that these data should be made widely and easily available, particularly through the internet. In particular, government officials needed access to national data in disaggregated form, and the United Nations and other international agencies required data at the national level to serve as the basis for comparative studies. In addition, researchers should be encouraged to undertake studies on topics related to the MDGs and to share the results with policy-makers and international agencies.

It was stressed that better data and research were needed to make possible the monitoring and evaluation of progress made in attaining the MDGs as well as other aspects of development and to provide policy-relevant feedback to Governments. Such data were also needed to make population and other projections necessary to assess the likely long- term impact of current developments.