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General debate

Monitoring of population programmes, focusing on review and appraisal of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development

Report of the Secretary-General **

Summary
The Programme of Action (POA) of the International Conference on Population and Development, adopted in 1994 by 179 Governments, represented a paradigm shift for population and development in recognizing that people’s rights, choices, and well-being are the path to sustainable development. Twenty-five years of evidence and practice continue to support this consensus, as well as the critical importance of considering prevailing population dynamics in the development policies of a given country.

The scope of the 1994 POA emphasized sexual and reproductive health and reproductive rights, and promoted a vision of integrated development that foreshadowed the 2030 Agenda. Its principles underpin today’s Sustainable Development Goals (SDG), including the need for non-discrimination and universality in both opportunities and outcomes; the centrality of health, education and women’s empowerment to sustainable development; and the collective need to assure environmental sustainability. The 2030 Agenda’s emphasis on leaving no one behind builds on the recognition that people live with multiple, simultaneous and compound inequalities, many of which are mutually reinforcing.

This report, marking 25 years since the ICPD in Cairo, celebrates progress and identifies shortfalls in the implementation of the POA since 1994. It draws on the 2018 regional reviews of ICPD, which recognized the relevance and contribution of the ICPD Agenda to advancing sustainable development in all regions. It highlights

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** The present report was submitted after the deadline in order to include the most recent information.
key areas of synergy between the fulfilment of the ICPD and achievement of SDG targets, and offers recommendations for delivering the promise of ICPD to all, to accelerate the fulfilment of Agenda 2030.

I. Introduction

1. In 1994, when delegates convened at the International Conference on Population and Development (ICPD) in Cairo, concerns over population growth had underpinned development aid for more than two decades. Global population had grown from 3.7 billion in 1970 to 5.3 billion in 1990, and leaders feared that population growth would outpace development. Family planning was a priority of development, and adoption of modern contraception worldwide had increased from 36 percent in 1970 to 55 percent in 1994.

2. Yet civil society, particularly the women’s health movement, brought to ICPD widespread concerns over the quality of care within family planning programmes, particularly in a context of high maternal and infant mortality, untreated reproductive morbidities, and social and legal norms that remained highly discriminatory to women. The resulting Programme of Action, adopted by 179 Governments, represented a paradigm shift for population and development, moving from a focus on reaching population targets to a focus on needs, aspirations and reproductive rights of women and men. Delegates affirmed that demand for smaller families was widespread and increasing, but adoption of family planning was highest where services were of high quality, and provided within a context of women’s social and economic empowerment, reproductive health, and better infant and child health.

3. Within two years, the first Guidelines on the Medical Eligibility for Contraceptive Use were published, improving quality standards; family planning was increasingly embedded within maternal and child health programmes; and global population institutions increased attention to reproductive health and rights. Subsequent evidence from diverse countries confirmed that women’s education and empowerment improved their own and their family’s health, and increased the adoption of family planning.

4. The scope of the 1994 POA extended beyond reproductive health and rights, promoting a vision of integrated development that foreshadowed Agenda 2030. It emphasized principles that underpin today’s Sustainable Development Goals (SDGs), including the need for non-discrimination and universality in both opportunities and outcomes (SDG 1,10); the centrality of health, education, gender equality and women’s empowerment to sustainable development (SDG 3,4,5); and the collective

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1 Concerns ranged from contraceptive trials that failed to seek adequate approvals; lack of information, clinical screening or counsel; limited access to implant removals; and national programmes characterized by curtailed choice of contraceptive methods.
3 Hereafter referred to as the ICPD Programme of Action
need to assure environmental sustainability (SDG 7,12,13). These principles also underpin the Sendai Agreement, and the New Urban Agenda, among other recent development paradigms.

5. The ICPD also stressed the importance of aligning development with human rights, as aggregate achievements are made possible through the expansion of individual human freedoms, choices and capabilities. It emphasised the importance of each country aligning development targets with their prevailing population dynamics, including age distribution(s), population momentum, patterns of human mobility, and the geographic clustering of people. Such guidance remains essential to the achievement of Agenda 2030.

6. The past 25 years of programming and research have found the premises of ICPD to be sound, particularly that women and couples choose smaller families where children have a better chance to survive and thrive, where widespread access to education and economic development offer hope for the future, and where gender equality is realized. More women and couples adopt and sustain use of contraception where the quality of services is high, and where a broad choice of modern methods are provided with counsel and information.

7. ICPD has contributed to development gains worldwide, with a decline of those living in extreme poverty from 1.7 billion in 1996 to approximately 736 million in 2015, fewer preventable deaths among women and children, greater access to primary education, and approximately seven additional years of life expectancy at birth.

8. The world today is demographically and economically more diverse than in 1994. National and regional differences in population dynamics are particularly striking. Among the youngest countries, fertility rates are high, and more than half of all population growth between now and 2050 will occur in just nine countries where many women cannot realize their ideal family size. The realization of a demographic dividend in these countries would require far better access to health and family planning, but also major investments in the empowerment of women and girls, coverage and quality of education, skills development and decent work. It also demands that young people are enabled to become agents of peace, co-creating the secure societies that are needed for all persons to thrive and advance development.  

9. A rising number of countries face rapid population ageing and negative population growth, driven by longer lifespans, below replacement fertility and in some countries, out-migration of youth. Policy research will be crucial to promote age-friendly societies with affordable health care, social inclusion, lifelong learning, and intergenerational systems of care. Policies to address very low fertility must respect reproductive rights, enabling people to achieve their desired fertility through work-life balance, affordable childcare and housing, and tackling gender imbalances in household labour.

10. Wealth inequalities have worsened, with the top 1 percent of wealth holders increasing their share of global wealth from 46 to 50 percent since the turn of the

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Since the 2008 economic downturn, partial recovery among adults has not been matched among young workers, and women continue to lag behind men in almost every indicator of economic well-being, including mean wages, security of employment, lifetime earnings, and pension coverage.

11. There are large disparities in development outcomes between geographic areas. While urban agglomerations attract companies due to the density of skilled workers, they include pockets of poverty, and rural areas are witnessing a decline in jobs and an exodus of workers. Sustained violence and political instability in select countries and regions undermine possibilities for development, and lead to mass movements.

12. Agenda 2030 recognized such disparities, encouraging governments to disaggregate all SDG indicators by gender, age, race, ethnicity, migratory status, disability, geographic location, and other factors relevant to national context. This allows to recognize who is “furthest behind”, and serve first those with the greatest need. This approach builds on the recognition that people live with multiple, simultaneous and compound inequalities, many of which are mutually reinforcing.

13. This report, marking 25 years since the ICPD in Cairo, celebrates progress and identifies shortfalls in the implementation of the POA since 1994. It draws on the 2018 regional reviews of the ICPD which recognized the relevance and contribution of the ICPD to the achievement of the 2030 Agenda. It highlights key areas of synergy, and offers recommendations for delivering the promise of ICPD to all, as a means of accelerating the fulfilment of Agenda 2030.

II. Dignity and human rights: What have we achieved? (SDG Goals 4,5,8)

A. Gender Equality and Women’s Empowerment

14. ICPD gave particular attention to the centrality of women’s rights. The Beijing Platform of Action, and the Millennium Development Goal 3, reaffirmed this commitment. While progress since 1994 is evident across many indicators of women’s and girls’ empowerment, including equality with boys in primary school enrolments, a 40 percent decline in maternal mortality, lower unmet need for family planning, better tracking of workplace inequalities and time-use, greater recognition of the scale and impact of gender-based violence (GBV), and a rising number of women as political leaders, the need for further progress is reflected in the re-commitment of SDG 5, to achieve gender equality and empower all women and girls.  

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7 SDG 5 addresses women’s lack of economic equality, harmful practices such as FGM and child marriage, gender-based violence, women’s decision-making regarding sex and reproduction, laws and regulations that guarantee sexual and reproductive health for both men and women, the gender imbalance in unpaid household work, the under-representation of women in managerial and political positions, and the relatively low scale of women’s assets, whether in land or mobile technologies.
15. ICPD highlighted women’s discrimination across each of the areas addressed within SDG 5, but in 1994 governments had few indicators for systematic tracking of such inequalities. Within 5 years after Cairo the Demographic Health Surveys (DHS) offered a module to measure women’s power within the household and developed the first standard module for collecting data on violence against women. New standardized measures on time use have exposed the high unpaid burden of women’s domestic lives. New metrics on women’s right to decision-making (SDG 5.6.1) suggest that among 47 countries reporting, only about half (53 percent) of married women are empowered to make decisions on reproductive health and rights, ranging from 40 percent in Central and Western Africa to about 80 percent in Europe and Latin America and the Caribbean.

16. Documenting female genital cutting/mutilation (FGM) has also expanded since ICPD. Within 24 countries where FGM is practiced and data are available, the decline is substantial, from FGM affecting 49 percent of all young girls in 1994 to 31 percent projected for 2019. Legal change has likely contributed to this progress; prior to 1994, only Guinea, France, Sweden and the UK had banned FGM, and both Ghana and Djibouti banned the practice in 1994. Today, nearly all highly affected countries have banned the practice.

Figure

Number of countries that legally ban FGM 1994-now

*in Sudan a law has been implemented in two states: South Kordofan and Gedaref
Source: United Nations Population Fund, 2018

17. Greater acceleration of progress is needed to fulfil SDG 5.3, which calls for the elimination of all harmful practices. Due to population growth in FGM-affected countries the absolute number of girls cut in 2019, 3.9 million, will exceed the 3.6 million cut in 1994. The global decline veils significant heterogeneity between countries, i.e. the rapid decline of FGM in countries such as Burkina Faso, Kenya or Ghana is not evident in Nigeria, Gambia, Guinea or Chad. Elimination of the practice
by 2030 has been highlighted in the Economic Commission for Africa regional review of the Addis Ababa Declaration on Population and Development, and will benefit from lessons learned from successful countries, and greater support for locally-driven efforts to interrogate and shift public opinion.

18. Research suggests that some of the greatest success in eliminating FGM comes from initiatives for collective abandonment, in which a whole community chooses to abandon FGM. This requires that communities are educated about FGM, and then discuss, reflect and reach consensus.

19. Regarding child marriage, the percentage of young women age 20-24 who were married before age 18 has also declined from 34 percent in 1994 to 25 percent in 2019, but the absolute number of women at risk of child marriage increased from 10 million in 1994 to 10.3 million in 2019 due to population growth in the most affected countries. Laws stipulating the legal age of marriage to 18 or higher are now implemented in 32 of 54 African countries, but marriage may be delayed, or left unregistered to avoid accountability. Cash transfer programmes have shown mixed success in reducing child marriage.

20. Adolescent birth rates, a focus of concern within the ICPD, and SDG Goal 3, have declined globally, from 65 births per 1000 women age 15-19 in 1990-1995 to 44 births today. Nonetheless, teen pregnancies, both inside and outside of marriage, are not declining among young women in the poorest communities of Latin America and the Caribbean.

21. Estimates show that approximately one-third of women experience some form of violence in their lives, but national data have also revealed wide disparities in rates both between and within countries. Consistent across all surveys is the predominance of GBV by intimate partners outside conditions of war or crisis. Young women are at particular risk; as many as 29 percent of adolescents 15-19 have experienced sexual violence. Girls and young women with disabilities are at even greater risk, experiencing four times more violence than those without disabilities.

22. GBV is exacerbated during emergencies, due to increased lawlessness and impunity for abusers, and rape is used as a tactic of war. Systematic reviews stress that training and accountability among soldiers are paramount for prevention. Expanded efforts are needed to ensure access to reproductive health services, including clinical management of rape, and dignity kits. Comprehensive services and referral systems are needed to facilitate survivors’ access to psychosocial support, case management, safety and security, justice and legal aid, and socio-economic support.

23. Research suggests that experiencing and witnessing violence is the largest single driver of men’s use of violence against women and against children. Yet many men continue to grow up experiencing physical violence at home, in school or their communities. Research on GBV prevention finds significant positive effects by

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8 UNFPA. Young people with disabilities – Global study on ending gender based violence and realizing SRHR. New York: 2018
engaging men and boys, including through school-based programs that combat stereotypes and promote understanding of gender roles, inequality, and pubertal changes. Children in school-based interventions addressing such themes were four times more likely to report gender-equitable attitudes and more than twice as likely to oppose violence.  

24. Other proven strategies for addressing violence against women include both the upstream reform of legislative, judicial and police systems to enforce accountability, and simultaneously improving health and social services for survivors to seek the justice and the services they deserve. The global #MeToo movement has claimed public space to amplify the voices of survivors, and new fiscal commitments by donors offer the potential to scale multiple strategies simultaneously.

B. Education

25. ICPD recognized education as a key enabling people to claim their rights, make choices for their lives, and advance development. Despite progress in primary education, gross enrolments in secondary education remain seriously low in Africa (43 percent), Oceania excluding Australia and New Zealand (55 percent), and in least developed countries overall (45 percent); tertiary enrolments are less than 20 percent across most low and middle income countries (LMIC).

26. Educational attainment among the population at all ages is among the strongest predictors of overall economic growth, and low literacy rates among adults, particularly adult women, suggest few learning opportunities for the millions of adults who missed a childhood education. Addressing these challenges requires investments not only in formal education, but also in lifelong opportunities for vocational training and learning.

27. A revolution in quality standards is needed to assure preparedness for the 21st century economy. Agenda 2030 emphasizes the quality of education, supported by research that learning outcomes rather than years of schooling impact development. SDG4 indicators offer quality metrics that should be embraced by all governments. While high-income countries and some developing countries routinely participate in comparative rankings of school quality through the Program for International Student Assessment (PISA) surveys, all developing countries would benefit from such assessments.

28. For increasing school participation, systematic reviews suggest that cash transfer programmes offer the largest benefits, followed by access to credit for the

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poor, low-cost private schools, and school feeding. To improve learning outcomes, structured pedagogy programmes appear to have some of the greatest impact, including new content materials, and short-term teacher training.15

C. Decent Work

29. The lack of decent and productive work constrains individual and family opportunity. Significant progress achieved in reducing the prevalence of vulnerable employment has stalled since 2012, with the number of people in this category projected to increase by 17 million per year in 2019. Rates of vulnerable employment continues to be higher for women and young people, relative to adult men.

30. The pace of working poverty reduction is also slowing. In 2017, 16.7 percent of working youth in emerging and developing countries lived below the extreme poverty threshold of $1.90 a day. Areas with lower youth unemployment typically have higher rates of working poverty (See Figure).

Figure II
Youth Unemployment (per cent of population 15-24 years), 2018

Source: ILO, ILOSTAT, 2018

Research
Figure III

Working Poverty among young people (per cent of population 15-24 years living on $1.9/day), 2018

Working poverty among young people,
Age 15-24, in percent

Source: ILO, ILOSTAT, 2018

31. Systematic reviews\textsuperscript{16} suggest that investing in youth through labour market interventions, including skills training and entrepreneurship, may pay off, but with varied effects across different contexts. In high-income settings where labour demand is skill intensive, unemployed or unskilled youth are at a substantial disadvantage\textsuperscript{17}, for which interventions cannot easily compensate. In low and middle-income countries, where formal jobs are scarce, subsidized employment, especially if coupled with investments in skills and entrepreneurship promotion, can improve long-term employment and earnings.

32. Expectations about working life are undergoing dramatic changes, with heightened anxiety that automation will replace human labour. As healthy life expectancy increases and governments extend or eliminate mandatory retirement to reduce pressure on pension schemes, there are fears that older people may displace opportunities for young workers. Support is needed to help young and older workers adapt to a rapidly changing, increasingly digital workplace, to foster employability across the life course, and lower labour detachment.\textsuperscript{18}

33. Overall, there have been few gains since 1994 in women’s participation in the labour market, in salary differentials for equal work, lifetime earnings, or professional leadership. High-income countries tend to display the highest levels of gender parity, where use of legal recourse and a growing body of judicial precedent has advanced pay equity. Key areas for closing the gender gap include education across the life


\textsuperscript{17} Kluve, J et al. (2017). “Interventions to improve the labour market outcomes of youth: a systematic review of training, entrepreneurship promotion, employment services and subsidized employment interventions.” 3ie Systematic Review 37. London: International Initiative for Impact Evaluation (3ie)

course, financial and digital inclusion for women, legal protection and greater gender balance in unpaid work.

34. Unpaid domestic work, including childcare and eldercare, continues to fall disproportionately on women, even as they work equal hours outside the home. Over the past 25 years, time-use research has exposed widespread gender imbalances in household labour, contributing to both delays and avoidance of fertility.

35. Shared political power is crucial to social and economic equality. Over the past 20 years, the number of women members of parliament (MP) has increased approximately two-fold, to reach 24 percent worldwide in 2018. A growing number of countries have quotas for women in national and local governments. Research from India on the impact of local council quotas for women found a positive impact on public service investments, and broader cultural effects, such as increasing by 25 percent the likelihood that women spoke in village meetings, more male acceptance of women leaders, and higher parental aspirations for girls to attend secondary school.19

D. Gains in Health, including Sexual and Reproductive Health

36. Average life expectancy has increased by approximately seven years to 72 since 1994, and continues to rise. This is a remarkable achievement, reflecting better nutrition; prevention and treatment of infectious diseases, particularly among infants and children; gains in maternal survival; and progress against heart disease and cancer. Healthy life expectancy has seen even greater gains, from a world average of 56 years in 1994 to 68 years in 2016.

37. Life expectancy trends among today’s adults may not be experienced by younger cohorts if recent trends in eating habits, obesity, and inactivity are not addressed, and modern adolescence is emerging as a period of behavioural risks for self-harm and substance abuse. The current burden of substance abuse, especially among men20, is especially notable in Eastern Europe and North America and is evident across a diverse range of countries.

38. Overall, health trends show a sustained global rise in the relative burden of non-communicable diseases, including mental health, and co-morbidities among older persons. These trends correspond with a decline in the relative burden of disability-adjusted life-years (DALYs) attributable to SRH since 1994 in all regions except Africa, where it captures 23 percent of all DALY’s, due to HIV/AIDS, and maternal and newborn conditions. Leading causes of death among young women in Africa include HIV, maternal mortality and malaria, in contrast to traffic-related deaths, interpersonal and community violence, self-harm and cancer in other regions.


20 Males account for approximately 68% of global burden of drug-use disorders (IHME, 2016).
Increasing Access to Family Planning

39. Expanding access to modern contraception has progressed widely in much of the world since 1994, but shortfalls remain. The 25 percent increase in contraceptive prevalence rate (CPR) across the world since 1994 masks huge increases in least developed countries, where very low use of contraception increased by a factor of four. Despite a decline in the level of unmet need for family planning from 13.8 percent in 1994 to 11.5 percent in 2019, population growth in 69 countries with “high priority” needs for family planning, has resulted in a rise in the absolute number of women with unmet need in these countries from 132 million in 1994 to 143 million in 2019.

40. Unintended pregnancies offer another lens for evaluating access to family planning. Unintended pregnancies declined 16 percent from 1990-1994 to 2010-2014, with the largest declines in Asia and Europe, at 20 percent and 38 percent, respectively. Highest rates are found in the Caribbean and East Africa, with 116 and 112 per 1,000 women respectively (See Figure).

Figure IV
Unintended pregnancy rates per 1000 women aged 15–44 years, by geographical area and time period

*Horizontal lines are 90% uncertainty intervals.

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21 FP2020 focus countries: 69 poorest counties in the developing world (with 2010 GNP per-capita annual income < US$2,500)
41. Unintended pregnancies potentially lead to abortion. Despite a decline in the global annual rate of abortions between 2000 and 2015, the absolute number of women resorting to abortion increased from under 20 million to over 25 million, reflecting static rates of abortion per woman in Africa.

42. Quality of family planning services has improved through wider access to counselling and information, yet shortfalls remain. The roll-out of implant insertions still outpaces training on removals, and too many national programmes continue to rely on one or two modern methods. The importance of offering multiple modern methods to meet the diverse needs of women has been well demonstrated, showing clear gains in overall users with each additional method (See Figure). Yet, India continues to rely heavily on female sterilization to meet family planning needs, and several family planning programmes in West Africa offer a limited choice of methods.

Figure V
Impact of adding new contraceptive methods on the number of users, selected countries, 1965-1973
43. New and innovative contraceptive methods anticipated in 1994 have not materialized, with investments impacted by perceived low prospects for market share. Hopes for new contraceptive methods for men, technologies to accurately forewarn a woman of the fertile period, or methods that co-prevent pregnancy and sexually transmitted infections (STIs) are in various stages of development, but not offered widely. New diagnostic services and apps offer self-care opportunities within SRH. Women in wealthy countries can undertake a test of current “follicular reserve”, and men can access apps and smartphone attachments for testing sperm quality.

Sexually Transmitted Infections

44. Disparities in diagnosis and treatment of STIs are widely available to those in high-income countries, but ICPD recommendations to expand access has failed. A staggering 376 million new infections of chlamydia, gonorrhoea, trichomoniasis or syphilis are estimated to occur annually among persons 15-49 years.\(^{22}\) The incidence is highest in Africa and the Americas for both men and women. The most prevalent viral STIs are genital herpes simplex, affecting an estimated 500 million persons worldwide. While preventing syphilis transmission from mother to child is a relatively easy and effective intervention, only 66 percent of pregnant women are screened during antenatal consultations worldwide.

45. While the annual number of new HIV infections worldwide decreased from 3.4 million in 1996 to 1.8 million in 2017, 66 percent of all new infections are still occurring in sub-Saharan Africa. Global AIDS-related deaths decreased from a peak of 1.9 million in 2004 to 940,000 in 2017, but 70 percent of these deaths still occur in sub-Saharan Africa. A continuing and major focus on HIV prevention is needed, particularly for women 15-24 years who represent 19 percent of all new infections worldwide. Successful strategies include: widespread access to condoms; comprehensive sexuality education (CSE) coupled with demand creation for safe sexual practices; and integration of HIV counselling and testing within SRH services, so that HIV risk can inform screening and treatment of other STIs, contraception, partner screening, and referral for ART.

Adolescent Sexual and Reproductive Health

46. The risk of HIV infection among young women is but one of many health risks affecting young people, which include other STIs, unplanned pregnancy, unsafe abortion, mental health, and establishing healthy lifestyle habits. The SDGs dedicate few specific targets to the health of adolescents, although their well-being is critical for development.

Evidence of what works to deliver health services for adolescents is increasing, including for SRH care, but operational guidelines are still insufficiently evidence-based. One major development in the past 25 years has been the recognition that adolescence represents a unique period, and adolescent health programmes should not be subsumed under those for children or adults.

Systematic reviews suggest that the integration of health care within other non-health youth interventions are more successful than stand-alone health services. This reflects the need for avenues of access to those who might otherwise not pursue health care. Models combining health care within programmes that promote life skills, IT access, school counselling, or recreation, have improved outcomes.

Future initiatives should recognize that young people increasingly pursue SRH information online. Such pursuits expose them to pornography, misinformation, and risks of entrapment or trafficking. Ideally, CSE provides the highest standard of information and skills for young people to take charge of their health and well-being. CSE impact is maximized when linked with referrals to adolescent-friendly health services and when attention to gender equality and human rights is addressed. CSE programmes including gender power relations were five times more effective in reducing rates of STIs and unintended pregnancy than those not addressing gender.

**Improvement in Maternal and Newborn Health Care**

Since ICPD improvements in clinical care and coverage of antenatal, delivery and postnatal care have progressed, with a corresponding 40 percent decline of preventable maternal death. Persistently high rates of maternal mortality (MMR) and morbidity are now largely concentrated in the least developed countries of West Africa and South Asia. Ending preventable maternal deaths by 2030 is among the health SDGs (SDG 3.1).

Improvements in clinical standards include an increase in the recommended antenatal care (ANC) contacts from four to eight, but quality of care remains a challenge, with only 54 percent of women in developing countries receiving elements of care known to reduce delivery complications.

Quality evidence-based care at birth can avert up to 40 percent of maternal and neonatal death. Coverage in skilled birth attendance (SBA) has been notable, while emergency obstetric and newborn care (EmONC) or post-natal care have seen less progress. SBA increased from 67.2 percent in 2010 to 79.4 percent in 2017, with coverage in sub-Saharan Africa still at 57.8 percent. Across the globe, indigenous women and adolescent girls experience significantly worse maternal health outcomes, for example, Maasai women in Kenya are twice as likely to have no ANC, and San women in Namibia are ten times more likely to give birth without SBA.

Access to EmONC continues to show major shortfalls, given low availability of referral centres, poor quality, and challenges in women’s decision-making power and access to timely transport. A recent global analysis of the “Met Need for EmOC”

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estimated that only 45 percent of the global need for EmONC is met. This ranged from 99 percent within high income countries, to 32 percent in middle income countries, and only 21 percent in low income countries. This amounts to an estimated 11.4 million cases of untreated complications, and 951 million women without access.

54. Deficiencies in peri- and post-natal care contribute to the slower progress in reducing neonatal deaths and stillbirths since 1990, relative to child mortality, with only 50 percent of women accessing post-natal care within two days of birth. Babies are worse off than their mothers; across 70 LMICs with data from 2010-2015, postnatal coverage for newborns (28 percent) lagged far behind that of mothers (58 percent). The impact of poor postnatal coverage on infant death cannot be overstated: among 2.6 million babies who died within the first month in 2016, one million died within the first day, and the second million within the next six days. The “last mile” in universal prevention of maternal and neonatal death may be the most challenging, as deaths are now clustered within countries with extremely fragile health systems, high rates of poverty, low literacy, a low status of women, limited access to modern transport, and with populations dispersed across rural and hard-to-reach areas.

Reproductive Cancers in an Ageing World

55. Reproductive cancers warrant greater attention, especially in LMICs. Worldwide, 2.7 million women are diagnosed every year with gynaecological and breast cancers, and more than one million die. More than 90 percent of cervical and a substantial proportion of vaginal, vulvar and penile cancers are caused by the Human Papillomavirus (HPV), which in turn is contracted by one of ten sexually active women and men during their lifetime.

56. While cancer mortality rates are decreasing in most regions, this is not the case for breast or prostate cancer in sub-Saharan Africa, where the age-adjusted mortality rates are stagnant or increasing. Particularly alarming are mortality rates for prostate cancer in sub-Saharan Africa (40 per 100,000), and in Latin America and the Caribbean (28 per 100,000), compared to rates in high-income countries (18 per 100,000). These outcomes are preventable, as screening and treatment protocols are well established, and could be taken to scale. In addition, use of the HPV vaccine by 80 percent of men and women could eradicate HPV-associated cancers.

Comprehensive, Integrated SRH Care

57. Addressing the above shortfalls within a broader commitment to integrated and comprehensive SRH services is a critical means to advance SDG target 3.8 on

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27 Ibid.
universal health care (UHC). Clinical interventions required to manage and reduce maternal and neonatal death, STIs, HIV, and reproductive cancers, are well understood but not well-funded. Universal access to an integrated, comprehensive package of quality SRH care was recommended at ICPD, but delivery in its entirety has proven elusive. Research, advocacy and funding over the past 25 years have yielded many improvements in care and access, but they reflect a fragmentation of investment, with select components of SRH care accelerated at different times, by different actors, and in different countries. These efforts do not capitalize on the advantages of clustering relevant clinical specialities for health workers, interactions between different SRH risks factors and outcomes, and the overall integrity of SRH for clients.

58. Twenty-five years after Cairo the delivery of a comprehensive package of quality SRH care for men and women, at primary and referral level, should be a priority within commitment to UHC. There is increasing evidence that integrating SRH services (e.g., ANC and HIV/Syphilis) increases utilization of services (e.g., condom use, HIV/STI knowledge and testing), improves quality, and improves overall health and behavioural outcomes. There are cost efficiencies to integration, and CPR increases when family planning is included among health insurance packages.

59. Defined initially within the 1994 Programme of Action, the comprehensive SRH package has seen small changes over time. The package would include: multiple methods of modern contraception; antenatal, delivery and post-natal care, with referral for comprehensive EmONC; post-abortion care, and safe abortions to the extent allowed by law; STI screening and treatment, including HIV screening and ART; infertility diagnostics and assisted reproduction; reproductive cancer screening and treatment; treatment for gender-based violence; and comprehensive sexuality education. Complementary and satellite services outside the health system may be required to expand access, particularly for young people.

III. Human Mobility, Displacement and Humanitarian Crises

60. The world is experiencing an unprecedented number of people living in humanitarian conditions, including 32 million women and girls of reproductive age. Similarly, the number of displaced persons has increased dramatically in recent years, reaching an estimated 68.5 million in 2018, far exceeding the 47 million displaced in 1994, and representing the largest number since WWII. While the number of international migrants is higher, at 258 million in 2017, the percentage of the global population classified as international migrants has remained relatively steady at ~3 percent since 1994, with the recent increase touching 3.4 percent.

61. ICPD affirmed that migrants and persons living in emergency humanitarian situations are rights holders, facing particular challenges such as sexual, physical and psychological abuse, violence, human trafficking and contemporary forms of slavery,

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which must be collectively addressed by the international community. They face challenges in accessing health, safe housing, and work opportunities, which are more acute for women and girls.

62. Experience serving those in humanitarian settings, in transit and at destination highlights key lessons: 1) Migrants and the displaced often lack documentation, undermining their access to services, including protection services; securing new forms of documentation should be a priority. 2) Security can change rapidly, through theft, violence, or unplanned detachment; accessible, language-friendly, safe spaces within transit locations provide a critical resource. 3) Peer-led, interpersonal and mass media campaigns result in higher uptake of SRH services. 4) Mobile women and girls are particularly at risk of violence, including sexual violence, and protection services must include care and counselling for rape and trauma. 5) Including migrants within UHC not only saves lives, but saves overall health costs by avoiding costly complications caused by postponement of care. 6) Social services whether skills training, livelihoods or other opportunities, should be provided for mobile and native populations alike, regardless of status, as a means to both promote integration and reduce discrimination.

63. The 2018 Global Compact on Safe, Orderly and Regular Migration outlines a common understanding and unity of purpose to assure migration “works for all”, including efforts to mitigate adverse drivers that compel people to leave their country, reduce risks in transit, and enable migrants to contribute and enrich communities in destination countries. It underscores the need for strategies that provide identity documentation, and increase access to health care, opportunities for safe work and housing, and protection against discrimination and xenophobia.

64. Indeed, job-seeking young adults are highly represented among both internal and international migrants, and addressing drivers of migration demands a commitment to the mutually reinforcing goals of both ICPD and Agenda 2030, to assure that people can thrive at home.

65. While international migration may be driven by inequalities in wages or educational opportunities between origin and destination countries, it is also a response to conflict, violence, gender inequality, and the breakdown of civil institutions. The ECLAC review of ICPD highlighted the mass movements of people escaping lawlessness, violence and economic collapse. War remains the dominant cause of those forcibly displaced, with 57 percent of all current refugees fleeing war in Syria, South Sudan, or Afghanistan. Pursuing peace and providing protection for forcibly displaced populations, regardless of their documentation status, is critical.

66. The continuum from humanitarian crisis to eventual development encourages investments delivered within conditions of crisis to anticipate future rebuilding, and a transition to sustainable development programmes. The extent to which select regions are currently enduring sustained political and humanitarian crises demands that development is not postponed, but delivered under conditions of chronic fragility. This “new normal” taxes development actors to invest in safe spaces, advance health and learning without traditional infrastructure, and create hope in an ongoing context of crises.
IV. Population and Climate Change

67. ICPD anticipated the current crisis of unsustainable patterns of production and consumption. The impact of climate change has arrived, driven by the one degree of global warming above pre-industrial levels already observed. Impacts will accelerate even with concerted action to reduce emissions, yet levels of commitment undertaken to date by the 197 signatories to the Paris climate agreement address barely a third of that needed to limit global warming to <2 degrees C (3.6 degrees F)\(^{30}\). After a three-year plateau, global emissions have risen for the past two years, by 1.7 percent and 2.5 percent, respectively.\(^{31}\)

68. The Intergovernmental Panel on Climate Change (IPCC) projects wide-ranging consequences of warming just 1.5 degrees, including extreme heat and drought, flooding, wildfires, and loss of entire coastal areas, and associated livelihoods. This threshold was expected by 2040, but may occur by 2030\(^{32}\). In short, the world has less time than previously thought to forestall significant warming, and prepare for serious impacts.

69. A common proposal for climate change is to expand investment in family planning to slow population growth. In the long term, slower population growth will likely reduce emissions, even as consumption and production rise among the poorest populations\(^{33}\). Yet emissions are not equally distributed across the world’s population. High per capita emissions, occurring in the wealthiest countries, correlate with the lowest levels of fertility (see Figure). Presently, approximately 28% of the world’s population has an income at which consumption significantly contributes to emissions\(^{34}\). Hence, if production and consumption remain carbon intensive, even a small global population is sufficient to cause severe climate change.

70. Population policies motivated by concerns for climate change should heed the lesson of ICPD that respect for reproductive rights, advancing women’s empowerment, and better health and education offer the most effective means to smaller families, and they also help people to develop the knowledge and skills to address climate change. Irrespective of population growth, patterns of consumption and emissions must be urgently addressed. Even with rapid downturns in fertility, population trajectories will not change substantially in the next 20 years, while major reductions in global emissions are essential.

\(^{30}\) relative to preindustrial levels.
\(^{31}\) Global Carbon Budget 2018
\(^{32}\) Xu, Ramanathan and Victor, Nature 564, 6 December 2018, 30-32
\(^{34}\) The income threshold for contributing to emissions is estimated as $10 per day.
V. **Left behind or pushed behind? Advancing Human Rights**

71. ICPD underscored that the protection and fulfilment of human rights are both the means of development, and the measure of its achievement. It is increasingly clear that to achieve the full vision of ICPD, social norms, laws and policies must fully uphold human rights. The most crucial reforms are those that promote gender equality, eliminate violence and discrimination. Last year the world celebrated the 70th Anniversary of the Universal Declaration of Human Rights, reaffirming the chance to build stronger commitments and protect hard-won achievements.

72. While a majority of countries has ratified the major human rights treaties, human rights continue to be under attack worldwide and accountability for action is not systematic. An analysis of change in human rights performance in 113 countries between 2016 and 2018 revealed that 71 countries reported declining performance with regards to discrimination, right to life and security, due process, freedom of expression and religion, right to association and labour rights.\(^{35}\) In many cases, erosion of human rights has been associated with increasing authoritarian and populist regimes, with little pushback from the international community.

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73. International human rights mechanisms have increasingly been asserting and advancing critical components of the ICPD in their standard setting, monitoring, and review work. A major contribution for advancing state-driven human rights accountability is the Universal Periodic Review (UPR), initiated in 2006. The UPR offers a novel mechanism of voluntary peer review between countries that has proven effective in reviewing human rights among Member States, and advancing universality of coverage and equal treatment. By reviewing all human rights cases, it provides a single human rights accountability mechanism, and as such, also protects reproductive rights. Two cycles of reviews between 2008 and 2017 highlight that one quarter of all UPR recommendations pertained to SRHR and gender equality, and almost 90 percent of Member States have taken action on at least half of accepted recommendations on SRHR.

74. ICPD and Agenda 2030 both emphasize the need to vastly improve national statistical systems, including national and subnational population data. Registration systems are a cornerstone of societal inclusion, and legal identity offers a means to protect all people, including refugees or those displaced by crises. Core demographic data systems, including census, civil registration and surveys, not only warrant modernization, but should be complemented by innovative efforts to capitalize on satellite imagery, especially where registration or conventional data-gathering are compromised. While assuring that everyone is counted, there are equally compelling and growing needs to protect personal data, lest information be used to exploit human rights.

VI. Contributions of ICPD to the 2030 Agenda

75. Many of the sectoral and substantive synergies between the ICPD and 2030 Agendas have been outlined above. Twenty-five years of progress towards many SDG targets have been accumulated under the auspices of national ICPD implementation, as detailed extensively within the national and regional reports generated for the regional ICPD reviews in 2018.

76. Both ICPD and the 2030 Agendas are greater than the sum of their individual, sectoral objectives and actions. Both aim for integrated and indivisible sustainable development, built on a powerful normative agenda at the intersection of human rights, human capabilities and collective action to achieve social, economic and environmental sustainability. Both demand to leave no one behind. They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls, and to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment. They emphasize the empowerment of the marginalized and excluded, the importance of people-centred economies, and the positive contribution of migrants.

77. The history of population and development prior to 1994 shows why the focus on people was the first principal of ICPD, and of the Rio Declaration from 1994. People have at times been considered a threat to sustainable development – to the efficient functioning of cities, to the maintenance of the environment, to economic growth – and their human rights, particularly their reproductive rights, were consequentially subjugated. Today, policy discussions on climate change, migration, and food security again characterize population as a threat.
78. The ICPD Programme of Action at its core is about recognizing that people’s rights, their choices, and their well-being are actually the path to sustainable development. Twenty-five years of evidence and practice continue to support this consensus, as well as the critical importance of aligning development policies to the prevailing population trends within a given country. Attention to the population and development principles affirmed within the ICPD Programme of Action will accelerate progress towards specific SDG targets, and strengthen the vision and normative values that underpin the holistic achievement of the 2030 Agenda.

VII. Recommendations

79. Member States are called upon to recognize that the fulfilment of reproductive rights and choices is a cornerstone of sustainable development, and all persons should have the means to achieve their desired fertility through universal access to sexual and reproductive health care, and policies that gender equality, promote work-life balance and support for families.

80. Member States, with support from the international community, are encouraged to deliver a comprehensive package of integrated sexual and reproductive health care at primary and referral levels, in the context of advancing the 2030 Agenda target of universal health coverage, assuring the highest standards for quality of care, including a wide choice of contraceptive methods, and age-appropriate health services for young people.

81. Member States are encouraged to increase support for locally-driven interventions that promote the collective abandonment of harmful practices, including FGM and forced or child marriage, and assure accountability to legislation.

82. Member States are encouraged to adopt proven interventions to accelerate education and skills development for all; enhance coverage and quality of secondary education, modern workplace training, and online training; and provide adults of all ages a chance to recover lost education and acquire 21st century job skills. Governments are encouraged to participate in global learning performance programmes, and redress gender disparities across all levels of education.

83. Member States are encouraged to ensure that education systems include proven curriculum inputs that advance gender equality and reduce gender-based violence by addressing unequal gender stereotypes, promoting non-discrimination, and teaching non-violent means of addressing conflict.

84. Governments are encouraged to advance the political participation and leadership of women at federal and local levels, and to achieve gender equality in all social and economic indicators, including mean wages, security of employment, lifetime earnings, and pension coverage.

85. Member States are called upon to uphold human rights and advance policies that reduce inequalities in opportunities and outcome, promote social interactions of diverse communities, promote greater social cohesion, and reduce xenophobia and discrimination.

86. In the context of implementing the Global Compact on Migration, governments are encouraged to provide safe havens for those living in conditions of persistent
violence and poverty, to increase the opportunities for people to thrive at home, and assure the human rights of migrants and displaced persons, promoting their access to documentation, health and education, protection from violence, and recovery from all forms of trauma.

87. Member States are encouraged to urgently address global emissions, unsustainable patterns of production and consumption, and to promote all measures to reduce the pace of climate change, and ensure the security of the planet.