BUILDING ON GLOBAL GAINS IN HEALTH, EDUCATION, AND RIGHTS:

The Cairo Consensus

In 1999, national leaders renewed their commitment to a 20-year agreement that recognized a new approach to population and development. The agreement, adopted at the International Conference on Population and Development (ICPD) in 1994, focuses on improving health, educational opportunities, and individual rights, especially for women, as a way to stabilize population growth and promote sustainable development. Since 1994, many countries have formulated new reproductive health policies, tested new ways to provide health services, and promoted the advancement of women. The five-year review of the ICPD provided an opportunity to evaluate national efforts and identify actions needed for further implementation of the conference's goals.

The 1994 Cairo Consensus

Held in Cairo, Egypt, the UN-sponsored ICPD remains the largest international population conference to date. At the ICPD, 11,000 representatives from governments, nongovernmental organizations (NGOs), and intergovernmental agencies forged a comprehensive agreement that provided a new vision for future population and development policies. The agreement, detailed in a 20-year Programme of Action (POA), avoids calling for specific population targets but aims instead to stabilize population growth by focusing on human development. The POA calls for investments to improve individuals' health, education, and rights—particularly for women and children (*see Box 1*)—and integrate family planning programs into a broader women's health agenda.

A centerpiece of the program is the provision of comprehensive reproductive health care, which includes family planning, safe pregnancy and delivery services, prevention and treatment of sexually transmitted infections (including HIV), information and counseling on sexuality, and other women's health services. The program also calls for eliminating harmful practices such as female genital cutting and forced prostitution. Though there were considerable ideological and religious differences in Cairo over issues such as definitions of reproductive health, adolescent reproductive rights and responsibilities, and abortion, all but a few nations fully endorsed the POA.

The emphasis on women's health and human rights was driven in part by the active participation of more than 1,200 NGOs in Cairo, particularly women's groups. Previous international population meetings involved a small number of NGOs in a limited capacity (for example, the 1984 Mexico City Conference involved only 139 NGOs as observers). A wide range of grassroots

Box 1

ICPD Goals for 2015

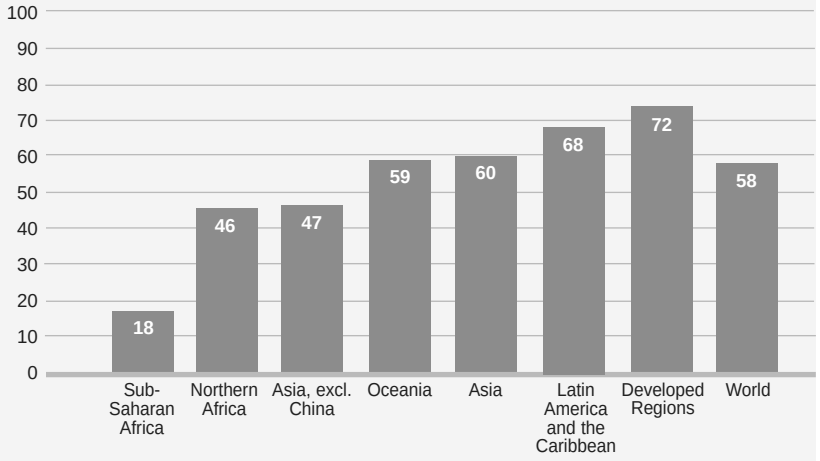
- Provide universal access to a full range of safe and reliable family planning methods and related reproductive health services. (*See Figure 1*)
- Reduce infant mortality rates to below 35 infant deaths per 1,000 live births and under-5 mortality rates to below 45 deaths per 1,000 live births. (*See Figure 2*)
- Close the gap in maternal mortality between developing and developed countries. Aim to achieve a maternal mortality rate below 60 deaths per 100,000 live births.
- Increase life expectancy at birth to more than 75 years. In countries with the highest mortality, aim to increase life expectancy at birth to more than 70 years.
- Achieve universal access to and completion of primary education; ensure the widest and earliest possible access by girls and women to secondary and higher levels of education.

SOURCE: United Nations Population Fund, *Programme of Action of the International Conference on Population and Development* (New York: United Nations Population Fund, 1994): paragraphs 7.16, 8.16, 8.21, 8.5, and 11.8.

Figure 1

Contraceptive Use in Selected Regions

Percent of Married Women Using Modern or Traditional Family Planning Methods

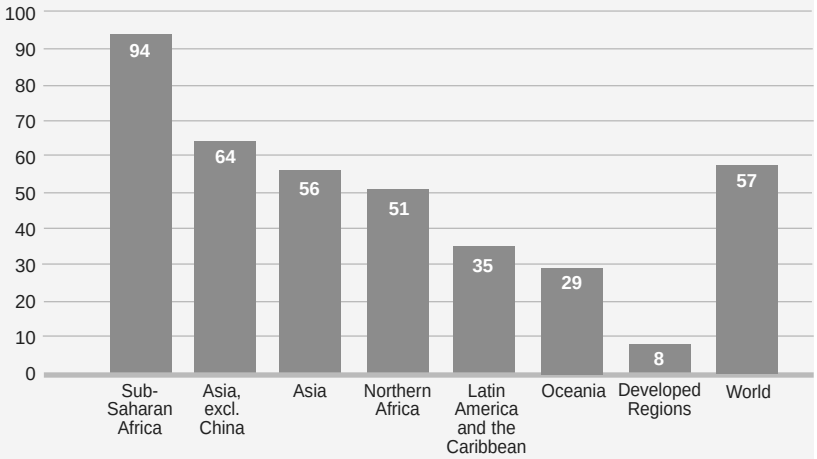


SOURCE: *1999 World Population Data Sheet* (Washington, DC: Population Reference Bureau).

Figure 2

Infant Mortality Rates in Selected Regions

Infant Deaths Under Age 1 per 1,000 Live Births



SOURCE: *1999 World Population Data Sheet* (Washington, DC: Population Reference Bureau).

interests, including women's, religious, environmental, and youth organizations, shaped the new consensus on population policy.

The Five-Year Review: ICPD+5

In 1999, at the quartermark of the 20-year plan, the UN once again convened national leaders to discuss gains and setbacks in population and development policies. In particular, government delegations focused on national efforts to implement the Cairo program. The review, called ICPD+5 or Cairo+5, involved technical meetings; government, NGO, and youth forums; and other working sessions that culminated in a UN General Assembly Special Session (UNGASS) in June 1999. The UNGASS focused on what key future actions are still needed to reach Cairo's goals.

Many of the issues that were contentious at the Cairo conference, such as adolescent sexuality and abortion, continued to generate controversy during ICPD+5. In addition, new controversies emerged over emergency contraception and the role of NGOs in intergovernmental negotiations. As at the ICPD, however, delegations overcame political, cultural, and religious differences and ultimately reached a consensus. The ICPD+5 review ended with the adoption of "Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development." This document includes new benchmarks for 2015 that sharpen the focus of the 1994 goals (*see Box 2*).

Successes in Implementing the Programme of Action

The ICPD+5 review revealed that policy and program initiatives have advanced implementation of the POA worldwide. In Asia, for example, the Indian government dropped the use of national contraceptive targets, signaling a move away from controlling population numbers to focusing on individual reproductive goals.[1] The Philippines also shifted its policy focus from an emphasis on reducing population growth to helping couples achieve their fertility goals. China formally established population studies and sex education classes in primary and middle schools in various provinces to meet the information needs of adolescents.[2]

In Latin America, NGO networks worked toward POA goals by developing a sex-education curriculum in all Colombian schools and participating in councils for women's rights to produce more comprehensive services in Brazil.[3] In Mexico, fifth grade classroom textbooks now cover basic sex education. Additionally, to overcome discrimination against women, countries such as Bolivia and Ecuador have adopted new laws to combat domestic violence.[4]

Reports from Africa indicate greater attention to women's reproductive health through policy development and improved service delivery. Nearly one-third of the 28 African countries where female genital cutting is practiced have legally banned it: Burkina Faso, Central African Republic, Djibouti, Egypt, Ghana, Guinea, Senegal, Tanzania, and Togo.[5] Ethiopia, Nigeria, Uganda, and Zambia trained family planning staff to screen for sexually transmitted infections, thus providing more comprehensive care to clients.[6] In some countries where abortion is legal, such as Burkina Faso and South Africa, governments have taken measures to increase women's access to abortion services.[7] Other countries, such as Morocco, have moved away from a family planning program dominated by a single contraceptive method and placed more emphasis on providing method choices.[8]

"… On a worldwide scale there has been much progress in policy and programme design, in legislative and institutional frameworks, and, to varying degrees, increased partnership and collaboration among governments, United Nations agencies, NGOs and civil society. Still there remain many challenges … We are not expected to complete the task but neither are we at liberty to abstain from it."

—Honorable Billie A. Miller, Deputy Prime Minister, Barbados, UNGASS Address, June 1999.

Obstacles Remaining

The ICPD+5 review also highlighted many obstacles to implementing the Cairo program. Since 1994, the HIV/AIDS pandemic has had more devastating consequences in Africa than predicted earlier and is spreading rapidly in other regions, especially among young people. Other obstacles identified during the review process included: adolescents' restricted or limited access to sex education and reproductive health services; inequalities between men and women that restrict women's access to education and health resources; and limitations in health care infrastructure and manpower.

To date, the financial commitments made by governments in 1994 have not been met, particularly among donor nations. Developing countries as a whole have contributed most of their agreed-upon share of two-thirds of the estimated US$17 billion per year needed to achieve the POA—despite economic downturns in many of these countries. Developed countries, including the United States, still have not furnished the one-

Box 2

New Benchmarks for 2015

ICPD+5 set new benchmarks to measure implementation of the ICPD's goals, including:

- Achieve universal access to primary education by 2015. Increase primary school enrollments for both sexes to at least 90 percent before 2010; and reduce by one-half the 1990 illiteracy rate for women and girls by 2005.
- Ensure all health care facilities provide, directly or through referral, the widest range of safe and effective family planning methods; obstetric care; prevention and management of reproductive tract infections and sexually transmitted infections; and barrier methods to prevent infection.
- Close the gap between contraceptive use and the proportion of individuals who express a desire to space or limit their families, without the use of targets or quotas.
- In countries where maternal mortality is high, ensure that at least 60 percent of all births are assisted by skilled attendants.
- Provide HIV prevention services to young men and women ages 15 to 24. These services should include female and male condoms, voluntary testing, counseling, and follow-up.

SOURCE: United Nations General Assembly, *Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development* (New York: United Nations Population Fund, 1999): paragraphs 34, 53, 58, 64, and 70. This document also establishes interim benchmarks in each area for 2005 and 2010; the document can be accessed online at: www.unfpa.org/icpd.

third they pledged.[9] The Netherlands, Denmark, and Norway are the only developed countries that have reached the levels of funding promised in Cairo.[10] The ICPD+5 review revealed the need for greater advocacy and awareness-raising efforts in all countries to secure additional resources.

Working Toward 2015

At the end of the century that has seen the largest increase in human numbers, national leaders confirmed that population policies must look beyond the numbers and aim to improve quality of life. Despite the unanticipated challenges posed by the HIV/AIDS pandemic and the global financial crisis, leaders have renewed their commitment to the 1994 ICPD goals. Now, with more than half the world's population under the age of 25, additional pressure on scarce resources will create further obstacles. As this group of young people enters their childbearing years, the total number of births will increase, as will the need for health services and education. Building on the gains made to date will require political commitment, increased resources, and local activism in each country.

References

[1] Leela Visaria and Pravin Visaria, *Reproductive Health in Policy & Practice: India* (Washington, DC: Population Reference Bureau, 1999).
[2] *Report of the NGO Forum on ICPD+5* (The Hague: World Population Fund, 1999): 12.
[3] Ibid.: 30.
[4] Mia MacDonald, *Meeting the Cairo Challenge: A Summary Report* (New York: Family Care International, 1999): 9.
[5] Ibid.: 9.
[6] *Report of the NGO Forum on ICPD+5*: 11.
[7] Center for Reproductive Law and Policy, *Abortion Laws in the Post-Cairo World: Changes and Recommendations for Action* (New York: The Center for Reproductive Law and Policy, 1999): 3-4.
[8] Radouane Belouali and Najib Guedira, *Reproductive Health in Policy & Practice: Morocco* (Washington, DC: Population Reference Bureau, 1999).
[9] Shanti R. Conly and Shyami de Silva, *Paying Their Fair Share: Donor Countries and International Population Assistance* (Washington, DC: Population Action International, 1998): v.
[10] Ibid.: vi.

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For Further Reading

Ashford, Lori S. "New Perspectives on Population: Lessons from Cairo." *Population Bulletin* 50, no. 1. Washington, DC: Population Reference Bureau, 1995.

Conley, Shanti R. and Shyami de Silva. *Paying Their Fair Share: Donor Countries and International Population Assistance*. Washington, DC: Population Action International, 1998.

ICPD+5 NGO Forum. "Final Report of the NGO Forum on ICPD+5" and "Report of the Youth Forum ICPD+5." Accessed online at: www.ngoforum.org.

International Planned Parenthood Federation. "Cairo Consensus Reaffirmed and Future Directions Mapped Out." Accessed online at: www.ippf.org/cairo.

Population Reference Bureau and the Population Council. *A Guide to Research Findings on the Cairo Consensus* (Washington, DC: Population Reference Bureau, 1999).

United Nations Population Fund. "ICPD+5." Accessed online at: www.unfpa.org/icpd.

United States Agency for International Development. "From Commitment to Action: Meeting the Challenge of ICPD." Accessed online at: www.info.usaid.gov/pop_health/pop/popicpd.pdf.

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