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## Commission on Population and Development

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Item 3 (a) of the provisional agenda\*

**General debate: actions for the further implementation of the Programme of Action of the International Conference on Population and Development at the global, regional and national levels**

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

**Report of the Secretary-General\*\***

#### *Summary*

The Programme of Action of the International Conference on Population and Development, adopted in 1994 by 179 Governments, represented a paradigm shift for population and development in the recognition 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 and to affirm the critical importance of considering prevailing population dynamics in the development policies of a given country.

The scope of the Programme of Action emphasized sexual and reproductive health and reproductive rights and promoted a vision of integrated development that foreshadowed the 2030 Agenda for Sustainable Development. Its principles underpin the Sustainable Development Goals, 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 ensure environmental sustainability. The emphasis in the 2030 Agenda on leaving no one behind builds on the recognition that people live with multiple, simultaneous and compound inequalities, many of which are mutually reinforcing.

\* E/CN.9/2019/1.

\*\* The present report was submitted after the deadline in order to include the most recent information available.



The present report, marking 25 years since the Conference held in Cairo, celebrates progress and identifies shortfalls in the implementation of the Programme of Action since 1994. It draws on the 2018 regional reviews of the Conference, which recognized the relevance and contribution of the Conference agenda to advancing sustainable development in all regions. It highlights key areas of synergy between the fulfilment of the Programme of Action and the achievement of the targets of the Sustainable Development Goals and offers recommendations for delivering the promise of the Conference to all in order to accelerate the fulfilment of the 2030 Agenda.

## I. Introduction

1. In 1994, when delegates convened at the International Conference on Population and Development in Cairo, concerns over population growth had underpinned development aid for more than two decades. The 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 the adoption of modern contraception worldwide had increased from 36 per cent in 1970 to 55 per cent in 1994.

2. Civil society, in particular the women's health movement, brought to the Conference widespread concerns over the quality of care within family planning programmes,<sup>1</sup> in particular in the context of high maternal and infant mortality, untreated reproductive morbidities<sup>2</sup> 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 the needs, aspirations and reproductive rights of women and men. Delegates affirmed that demand for smaller families was widespread and increasing, but the 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 medical eligibility criteria for contraceptive use were published,<sup>3</sup> 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 Programme of Action extended beyond reproductive health and rights, promoting a vision of integrated development that foreshadowed the 2030 Agenda for Sustainable Development. There was an emphasis on principles that underpin the Sustainable Development Goals, including the need for non-discrimination and universality in both opportunities and outcomes (Goals 1 and 10), the centrality of health, education, gender equality and women's empowerment to sustainable development (Goals 3, 4 and 5) and the collective need to ensure environmental sustainability (Goals 7, 12 and 13). These principles also underpin the Sendai Framework for Disaster Risk Reduction 2015–2030 and the New Urban Agenda, among other recent development paradigms.

5. The importance of aligning development with human rights was also stressed at the Conference, given that aggregate achievements are made possible through the expansion of individual human freedoms, choices and capabilities. There was an emphasis on the importance of each country aligning development targets with its 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 implementation of the 2030 Agenda.

<sup>1</sup> Concerns ranged from contraceptive trials that failed to seek adequate approvals; lack of information, clinical screenings or counsel; limited access to implant removals; and national programmes characterized by the curtailed choice of contraceptive methods.

<sup>2</sup> R.A. Bang and others, "High prevalence of gynecological diseases in rural Indian women", *The Lancet*, vol. 333, No. 8629, pp. 85–88.

<sup>3</sup> See World Health Organization, *Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use*, 1st ed. (Geneva, 1996).

6. The past 25 years of programming and research have found the premises of the Conference to be sound, in particular with regard to the fact 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 the use of contraception where the quality of services is high and where a broad choice of modern methods is provided with counsel and information.

7. The Conference has contributed to development gains worldwide, with a decline in 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 not only far better access to health and family planning, but also major investment in the empowerment of women and girls, coverage and quality of education, skills development and decent work. It also demands that young people be enabled to become agents of peace, co-creating the secure societies that are needed for all persons to thrive and advance development (see [A/72/761-S/2018/86](#)).

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, the out-migration of young people. 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 per cent of wealth holders having increased their share of global wealth from 46 to 50 per cent since the turn of the millennium.<sup>4</sup> Since the 2008 economic downturn, partial recovery among adults has not been matched among young workers, and women continue to trail 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 owing 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. Such disparities are recognized in the 2030 Agenda, encouraging Governments to disaggregate all Sustainable Development Goal indicators by gender, age, race, ethnicity, migratory status, disability, geographic location and other factors relevant to the national context. This allows for a recognition of who is “furthest behind” and serving first those with the greatest need. This approach builds on the recognition that

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<sup>4</sup> See Credit Suisse, “Global Wealth Report 2017” (Zurich, Switzerland, 2017).

people live with multiple, simultaneous and compound inequalities, many of which are mutually reinforcing.

13. The present report, marking 25 years since the Conference, is a celebration of progress and identifies shortfalls in the implementation of the Programme of Action since 1994. It draws on the 2018 regional reviews of the Conference, which recognized the relevance and contribution of the Conference to the implementation of the 2030 Agenda. It highlights key areas of synergy and offers recommendations for delivering the promise of the Conference to all as a means of accelerating the implementation of the 2030 Agenda.

## **II. Dignity and human rights: what has been achieved (Sustainable Development Goals 4, 5 and 8)**

### **A. Gender equality and women's empowerment**

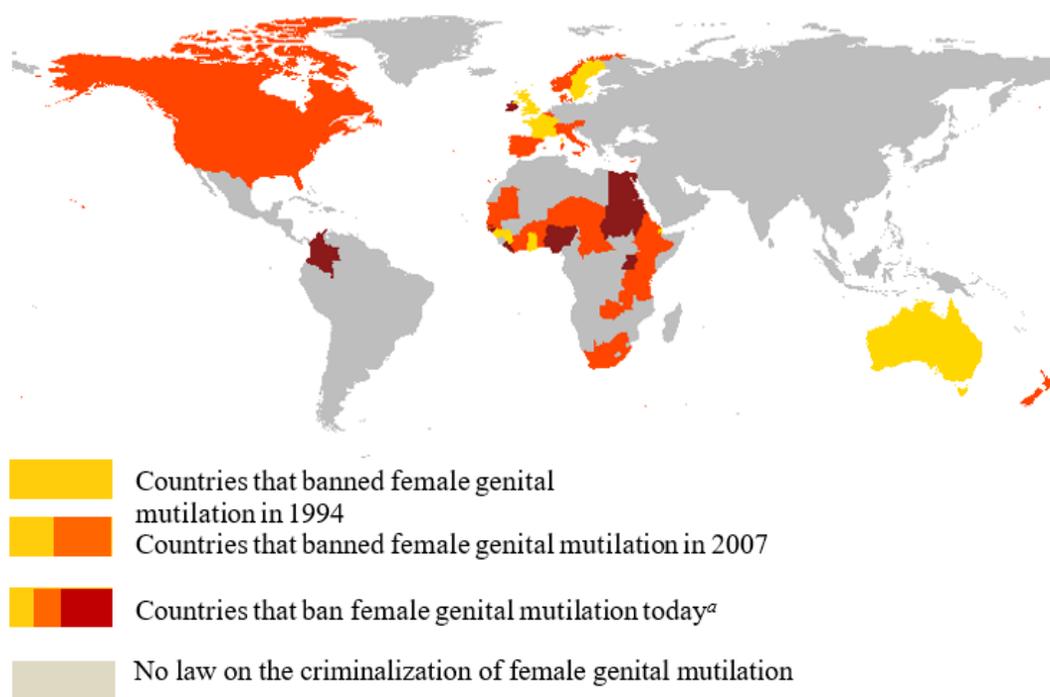
14. Attention was given at the Conference to the centrality of women's rights. That commitment was also reaffirmed in the Beijing Platform of Action and Millennium Development Goal 3. While progress since 1994 has been evident in many indicators of women's and girls' empowerment, including equality with boys in primary school enrolment, a 40 per cent decline in maternal mortality, a 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 and a rising number of women as political leaders, the need for further progress is reflected in the recommitment by Member States of Sustainable Development Goal 5 (achieve gender equality and empower all women and girls).<sup>5</sup>

15. Although the Conference highlighted women's discrimination in each of the areas later addressed in Sustainable Development Goal 5, in 1994, Governments had few indicators for the systematic tracking of such inequalities. Within five years after the Conference, the Demographic Health and Health Surveys offered a module to measure women's power in 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 (indicator 5.6.1 of the Goals) suggest that, among 47 countries reporting, only 53 per cent of married women are empowered to make decisions on reproductive health and rights, ranging from 40 per cent in Central and West Africa to some 80 per cent in Europe and Latin America and the Caribbean.

16. Documenting female genital cutting/mutilation has also expanded since the Conference. Of 24 countries where it is practised and data are available, the decline in its use is substantial, from 49 per cent of all young girls affected by it in 1994 to 31 per cent projected for 2019. Legal change has likely contributed to this progress. Prior to 1994, only France, Guinea, Sweden and the United Kingdom of Great Britain and Northern Ireland had banned female genital mutilation, and both Djibouti and Ghana banned the practice in 1994. Today, nearly all countries in which female genital mutilation is widely practised have banned it (see figure I).

<sup>5</sup> Sustainable Development Goal 5 addresses women's lack of economic equality, harmful practices such as female genital mutilation 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 underrepresentation of women in managerial and political positions and the relatively low scale of women's assets, whether in land or mobile technologies.

Figure I  
**Number of countries that legally ban female genital mutilation, 1994–present**



*Source:* United Nations Population Fund, 2018, based on “Compendium of international and national legal frameworks on female genital mutilation/cutting” (World Bank, 2018) and “Metrics of progress, moments of change” (United Nations Population Fund and United Nations Children’s Fund, 2016).

<sup>a</sup> In the Sudan, a law has been implemented in two states: Southern Kordofan and Gedaref.

17. Accelerated progress is needed to achieve target 5.3 of the Sustainable Development Goals, which calls for the elimination of all harmful practices. Owing to population growth in female genital mutilation-affected countries, the projected absolute number of girls cut in 2019, 3.9 million, will exceed the 3.6 million cut in 1994. The global decline masks significant heterogeneity among countries. For example, the rapid decline in female genital mutilation in countries such as Burkina Faso, Ghana and Kenya is not evident in Chad, the Gambia, Guinea or Nigeria. 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 in Africa beyond 2014 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 female genital mutilation comes from initiatives for collective abandonment, in which an entire community chooses to abandon the practice. Doing so requires that communities be educated about female genital mutilation and discuss, reflect and reach consensus.

19. With regard to child marriage, the percentage of young women between 20 and 24 years of age who were married before age 18 will have also declined, from 34 per cent in 1994 to a projected 25 per cent in 2019, but the absolute number of women at risk of child marriage will have increased from 10 million in 1994 to a projected 10.3 million in 2019 owing 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 at the Conference and in Sustainable Development Goal 3, have declined globally, from 65 births per 1,000 women between 15 and 19 years of age during the period 1990-1995 to 44 births per 1,000 women today. Teenage pregnancies, both inside and outside marriage, however, 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 among and within countries. Consistent across all surveys is the predominance of gender-based violence by intimate partners outside conditions of war or crisis. Young women are at particular risk: as many as 29 per cent of adolescents between 15 and 19 years of age have experienced sexual violence. Girls and young women with disabilities are at even greater risk, experiencing four times more violence than those without disabilities.<sup>6</sup>

22. Gender-based violence is exacerbated during emergencies owing to increased lawlessness and impunity for abusers, and rape is used as a tactic of war. It has been stressed in systematic reviews that training and accountability among soldiers are paramount for prevention. Expanded efforts are needed to ensure access to reproductive health services, including the 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 socioeconomic support.

23. Research suggests that experiencing and witnessing violence is the single biggest driver of men's use of violence against women and against children. Many men, however, continue to grow up experiencing physical violence at home, in school or in their communities.<sup>7</sup> Research on gender-based violence prevention finds significant positive effects by engaging men and boys, including through school-based programmes 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.<sup>8</sup>

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 that they deserve. The global #MeToo movement has claimed public space to amplify the voices of survivors, and new fiscal commitments by donors<sup>9</sup> offer the potential to scale multiple strategies simultaneously.

<sup>6</sup> See United Nations Population Fund, "Young people with disabilities: global study on ending gender-based violence and realizing sexual and reproductive health and rights" (New York, 2018).

<sup>7</sup> See World Health Organization, *Preventing Intimate Partner and Sexual Violence against Women: Taking Action and Generating Evidence*, (Geneva, 2010).

<sup>8</sup> See P. Achyut and others, "Building support for gender equality among young adolescents in school: findings from Mumbai, India" (New Delhi, International Center for Research on Women, 2011).

<sup>9</sup> See the Spotlight Initiative. Available at [www.un.org/en/spotlight-initiative/index.shtml](http://www.un.org/en/spotlight-initiative/index.shtml).

## B. Education

25. It was recognized at the Conference that education was key to enabling people to claim their rights, make choices for their lives and advance development. Notwithstanding progress in primary education, gross enrolment in secondary education remain seriously low in Africa (43 per cent), Oceania excluding Australia and New Zealand (55 per cent) and in least developed countries overall (45 per cent). Tertiary enrolment is less than 20 per cent among many lower-middle-income countries.

26. Educational attainment among the population at all ages is among the strongest predictors of overall economic growth,<sup>10</sup> and low literacy rates among adults, in particular adult women, suggest few learning opportunities for the millions of adults who missed a childhood education. Addressing these challenges requires investment not only in formal education, but also in lifelong opportunities for vocational training and learning.

27. A revolution in quality standards is needed to ensure preparedness for the economy of the twenty-first century. There is an emphasis in the 2030 Agenda on the quality of education, supported by research that learning outcomes rather than years of schooling have an impact on development.<sup>11</sup> The indicators of Sustainable Development Goal 4 offer quality metrics that should be embraced by all Governments. While high-income countries and some developing ones routinely participate in comparative rankings of school quality through Program for International Student Assessment surveys, all developing countries would benefit from such assessments.

28. With respect to increasing school participation, systematic reviews suggest<sup>12</sup> that cash transfer programmes offer the largest benefits, followed by access to credit for the 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.<sup>13</sup>

## 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 annually in 2019. Rates of vulnerable employment continue 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 per cent of working young people in emerging and developing countries lived below the extreme poverty threshold of \$1.90 a day. Areas with lower unemployment of young people typically have higher rates of working poverty (see figures II and III).

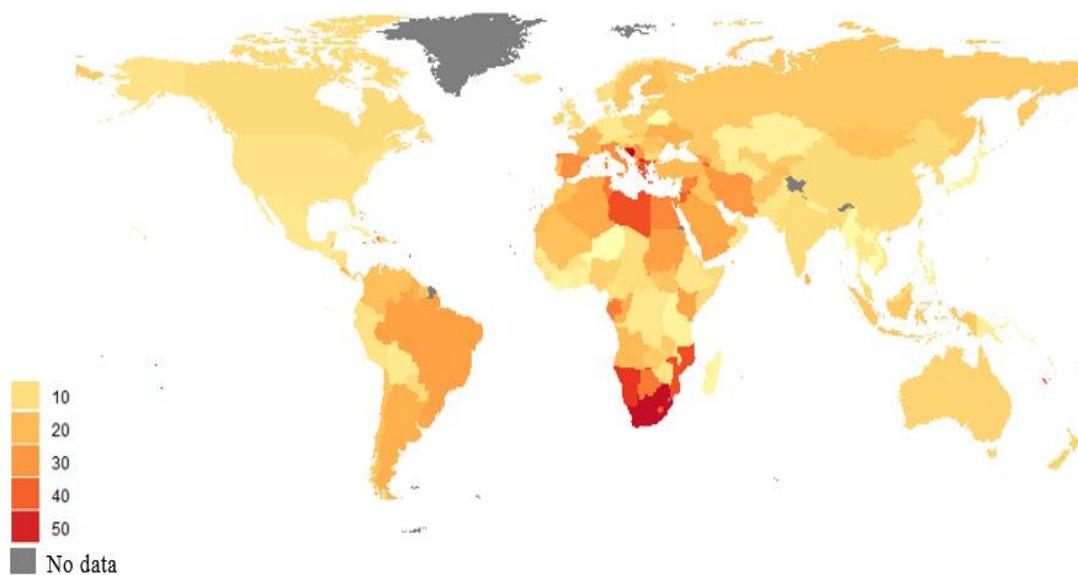
<sup>10</sup> W. Lutz, J. C. Cuaresma and W. Sanderson, "The demography of educational attainment and economic growth", *Science*, vol. 319, No. 5866, pp. 1047–1048.

<sup>11</sup> S. Masino and M. Nino-Zarazu'a, "What works to improve the quality of student learning in developing countries?", *International Journal of Educational Development*, vol. 48, pp. 53–65.

<sup>12</sup> See C. Null and others, "Policies and programs to improve secondary education in developing countries: a review of the evidence" (Mathematica Policy Research, 2017).

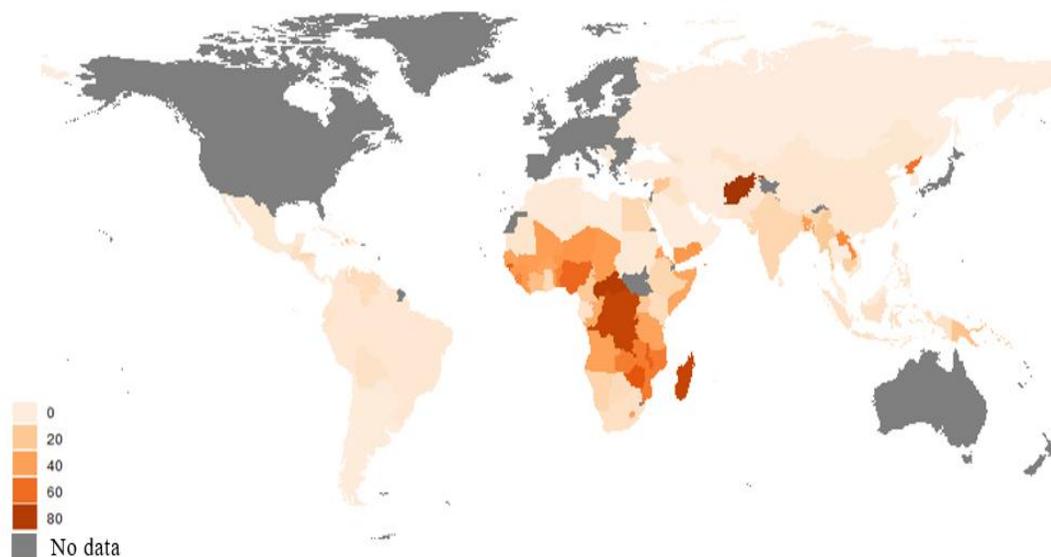
<sup>13</sup> See B. Snilstveit and others, "Interventions for improving learning outcomes and access to education in low- and middle-income countries: a systematic review", *Systematic Review* 24 (London, 3ie International Initiative for Impact Evaluation, 2015).

Figure II  
**Unemployment of young people (between 15 and 24 years of age), 2018**  
 (Percentage of population)



Source: International Labour Organization, ILOSTAT, modelled estimates, 2018.

Figure III  
**Working poverty among young people (between 15 and 24 years of age) living on \$1.90 a day, 2018**  
 (Percentage of population)



Source: International Labour Organization, ILOSTAT, modelled estimates, 2018.

31. It is suggested in systematic reviews<sup>14</sup> that investing in young people through labour market interventions, including skills training and entrepreneurship, may pay off, but with varied effects according to context. In high-income settings in which labour demand is skill-intensive, unemployed or unskilled young people are at a substantial disadvantage,<sup>15</sup> for which interventions cannot easily compensate. In lower-middle-income countries, where formal jobs are scarce, subsidized employment, especially if coupled with investment 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 persons may displace opportunities for young workers. Support is needed to help young and older workers to adapt to a rapidly changing, increasingly digital workplace, foster employability throughout the life course and lower labour detachment.<sup>16</sup>

33. Overall, there have been few gains since 1994 in women's participation in the labour market, in salary differentials for equal work, in lifetime earnings and in professional leadership. High-income countries tend to display the highest levels of gender parity, where the use of legal recourse and a growing body of judicial precedents have advanced pay equity. Key areas for closing the gender gap include education throughout the life 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 the 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 has increased approximately two-fold, to reach 24 per cent 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 investment and broader cultural effects, such as increasing by 25 per cent the likelihood that women spoke in village meetings, more male acceptance of women leaders and higher parental aspirations for girls to attend secondary school.<sup>17</sup>

#### **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, the prevention and treatment of infectious diseases, in particular among

<sup>14</sup> See D. Card, J. Kluge and A. Webe, "What works? A meta analysis of recent active labor market program evaluations", Working Paper 21431 (Cambridge, United States of America, National Bureau of Economic Research, 2015).

<sup>15</sup> See J. Kluge and others, "Interventions to improve the labour market outcomes of youth: a systematic review of training, entrepreneurship promotion, employment services and subsidized employment interventions", *Campbell Systematic Review* 2017:12 (Campbell Collaboration, 2017).

<sup>16</sup> See International Labour Organization, *World Employment and Social Outlook: Trends 2018* (Geneva, 2018).

<sup>17</sup> R. Chattopadhyay and E. Duflo, "Women as policy makers: evidence from a randomized policy experiment in India", *Econometrica* vol. 72, No. 5, pp. 1409–1443; L. Beaman and others, "Female leadership raises aspirations and educational attainment for girls: a policy experiment in India", *Science*, vol. 335, No. 6068, pp. 582–586.

infants and children, gains in maternal survival and the prevention and treatment of 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 men,<sup>18</sup> is especially notable in Eastern Europe and North America and is evident in 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 attributable to sexual and reproductive health since 1994 in all regions except Africa, where it accounts for 23 per cent of all disability-adjusted life years, owing to HIV/AIDS and maternal and newborn conditions. Leading causes of death among young women in Africa include HIV/AIDS, maternal mortality and malaria, in contrast to traffic-related deaths, interpersonal and community violence, self-harm and cancer in other regions.

#### **Increasing access to family planning**

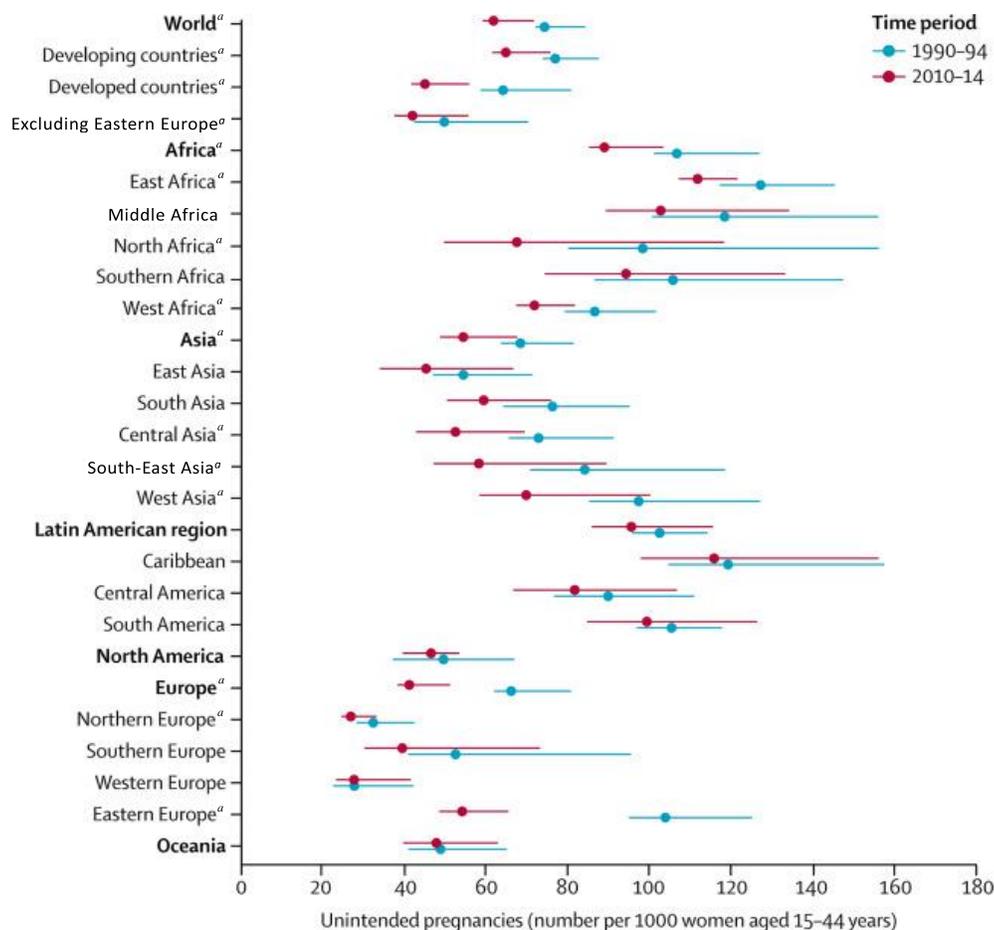
39. Expanding access to modern contraception has progressed widely in much of the world since 1994, but shortfalls remain. The 25 per cent increase in the contraceptive prevalence rate around the world since 1994 masks huge increases in least developed countries, where the very low use of contraception increased by a factor of four. Notwithstanding a decline in the level of unmet need for family planning, from 13.8 per cent in 1994 to 11.5 per cent in 2019, population growth in 69<sup>19</sup> 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 per cent from 1990–1994 to 2010–2014, with the largest declines registered in Asia and Europe, at 20 per cent and 38 per cent, respectively. The highest rates are found in the Caribbean and East Africa, with 116 and 112 per 1,000 women, respectively (see figure IV).

<sup>18</sup> Men account for 68 per cent of the global burden of drug-use disorders (Institute for Health Metrics and Evaluation, 2017; Global Burden of Disease Collaborative Network, global burden of disease study, 2016, and results tool, available at <http://ghdx.healthdata.org/gbd-results-tool>).

<sup>19</sup> These are Family Planning 2020 focus countries, that is, the 69 poorest countries in the developing world (with a 2010 gross national product per capita annual income of less than \$2,500).

Figure IV  
**Unintended pregnancy rates per 1,000 women between 15 and 44 years of age, by geographical area and time period**



<sup>a</sup> Horizontal lines are 90 per cent uncertainty intervals.

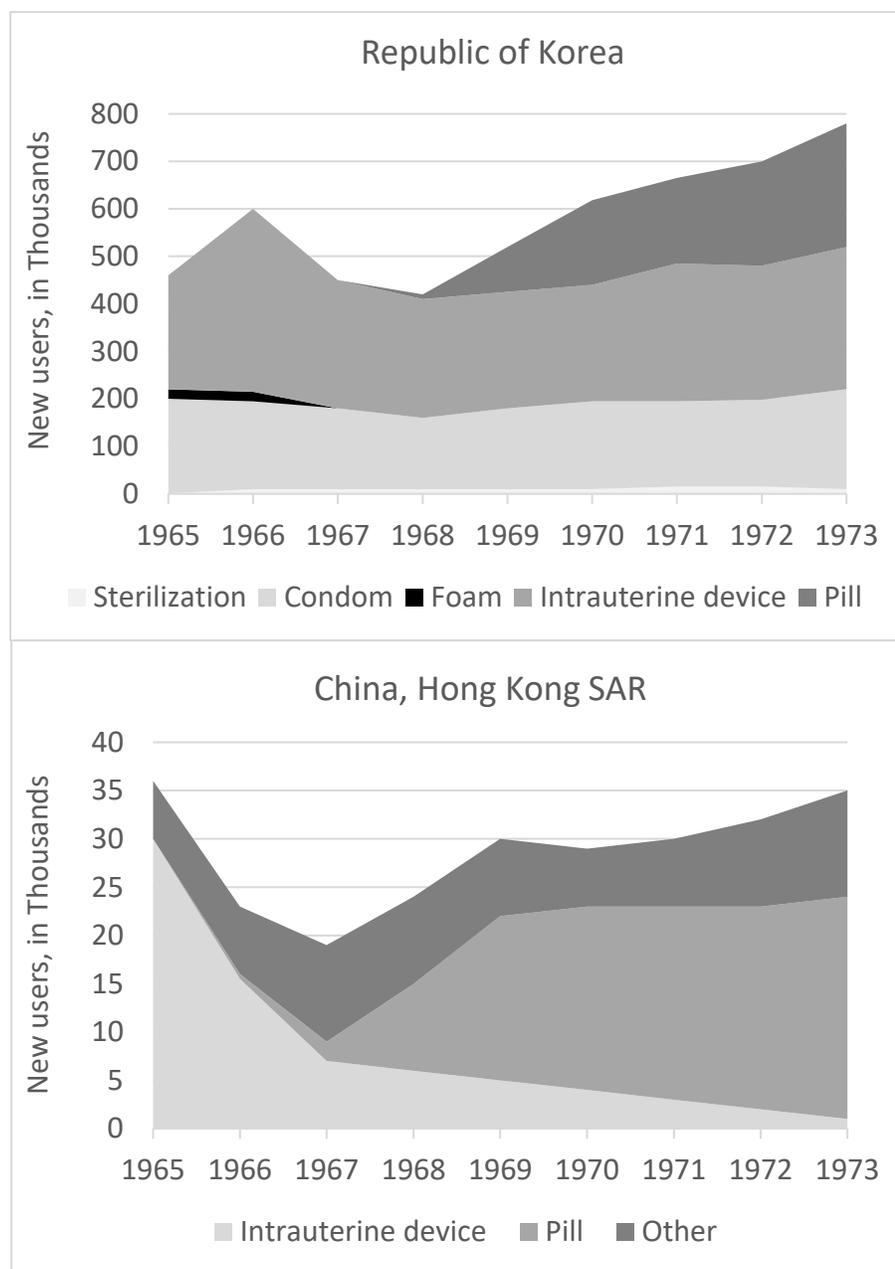
Source: Bearak, J., Popinchalk, A., Alkema, L., and Sedgh, L. (2018). "Global, regional, and subregional trends in unintended pregnancy and its outcomes from 1990 to 2014: estimates from a Bayesian hierarchical model". *Lancet Global Health*, 6:e380-e389.

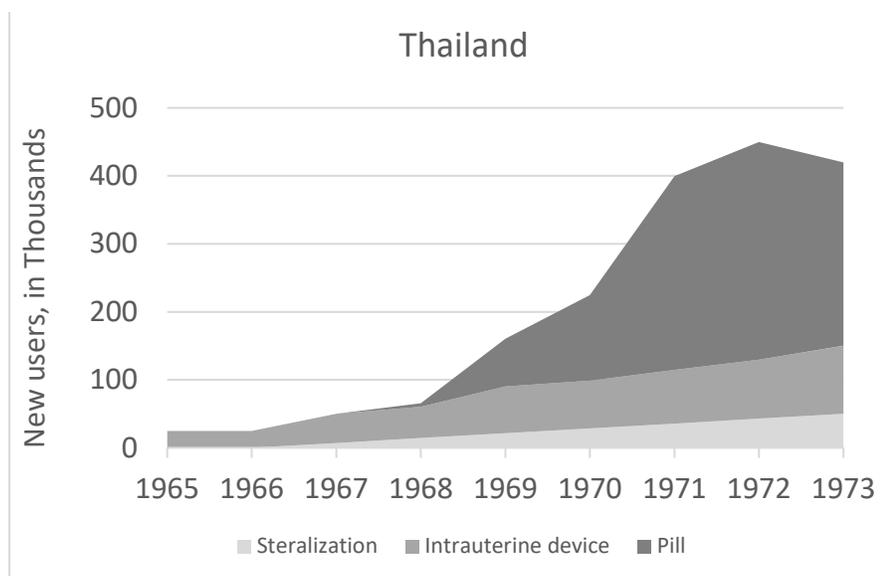
41. Unintended pregnancies potentially lead to abortion. Notwithstanding a decline in the global annual rate of abortions between 2000 and 2015, the absolute number of women resorting to abortion increased from fewer than 20 million to more than 25 million, reflecting static rates of abortion per woman in Africa.

42. While the quality of family planning services has improved through wider access to counselling and information, shortfalls remain. The roll-out of implant insertions still outpaces training on removals, and too many national programmes continue to rely on only 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 V). India, however, 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**

(Thousands)





Source: Republished with permission of John Wiley and Sons Inc, from R. Freedman and B. Berelson, "The record of family planning programs", *Studies in Family Planning*, vol. 7, No. 1, pp. 1–40.

43. New and innovative contraceptive methods anticipated in 1994 have not materialized, with investment affected 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 are in various stages of development but not offered widely. New diagnostic services and apps offer self-care opportunities within sexual and reproductive health. Women in wealthy countries can undertake a test of current "follicular reserve" and men can gain access to apps and smartphone attachments for testing sperm quality.

#### Sexually transmitted infections

44. While the diagnosis and treatment of sexually transmitted infections are widely available in high-income countries, the recommendations that emerged from the Conference to achieve universal access have not been accomplished. A staggering 376 million new infections of chlamydia, gonorrhoea, trichomoniasis or syphilis are estimated to occur annually among persons between 15 and 49 years of age.<sup>20</sup> The incidence is highest in Africa and the Americas for both men and women. The most prevalent viral sexually transmitted infections 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 per cent 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 per cent 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 per cent of these deaths still occur in sub-Saharan Africa. A continuing and major focus on HIV prevention is needed, in particular for women between 15 and 24 years of age who represent 19 per cent of all new infections worldwide. Successful strategies include widespread access to

<sup>20</sup> E. L. Korenromp and others, "Global burden of maternal and congenital syphilis and associated adverse birth outcomes: estimates for 2016 and progress since 2012", *PLoS One* (forthcoming).

condoms; comprehensive sexuality education, coupled with demand creation for safe sexual practices; and the integration of HIV counselling and testing into sexual and reproductive health services so that HIV risk can inform the screening and treatment of other sexually transmitted infections, contraception, partner screening and referral for antiretroviral therapy.

### **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 sexually transmitted infections, unplanned pregnancy, unsafe abortion and mental health, and demonstrate the need to support young people in establishing healthy lifestyle habits. There are few specific targets of the Sustainable Development Goals dedicated to the health of adolescents, although their well-being is critical for development.

47. Evidence of what works to deliver health services for adolescents is increasing, including for sexual and reproductive health care, but operational guidelines remain 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.

48. It is suggested in systematic reviews that the integration of health care into other non-health interventions for young people 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 with programmes that promote life skills, access to information and communications technology, school counselling or recreation have improved outcomes.

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

### **Improvement in maternal and newborn health care**

50. Since the Conference, improvements in clinical care and coverage of antenatal, delivery and postnatal care have progressed, with a corresponding 40 per cent decline in preventable maternal death. Persistently high rates of maternal mortality and morbidity are now concentrated in the least developed countries of West Africa and South Asia. Ending preventable maternal deaths by 2030 is among the health-related Sustainable Development Goals (target 3.1).

51. Improvements in clinical standards include an increase in the recommended antenatal care contacts from four to eight. Quality of care, however, remains a challenge, with only 54 per cent of women in developing countries receiving elements of care known to reduce delivery complications.

52. Quality evidence-based care at birth can avert up to 40 per cent of maternal and neonatal death. Coverage in skilled birth attendance has been notable, while emergency obstetric and newborn care or postnatal care have seen less progress. Skilled birth attendance increased from 67.2 per cent in 2010 to 79.4 per cent in 2017, with coverage in sub-Saharan Africa still at 57.8 per cent. Around the world,

indigenous women and adolescent girls experience significantly worse maternal health outcomes. For example, Maasai women in Kenya are twice as likely to have no antenatal care and San women in Namibia are 10 times more likely to give birth without skilled birth attendants.

53. Access to emergency obstetric and newborn care continues to show major shortfalls, given the 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 emergency obstetric and newborn care<sup>21</sup> estimated that only 45 per cent of the global need for it is met. This ranged from 99 per cent in high-income countries to 32 per cent in middle-income countries and only 21 per cent 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 perinatal and postnatal care have contributed to the slower progress in reducing neonatal deaths and stillbirths since 1990, relative to child mortality, with only 50 per cent of women having access to postnatal care within two days of birth. Babies are worse off than their mothers: in 70 lower-middle-income countries with data from the period 2010–2015,<sup>22</sup> postnatal coverage for newborns (28 per cent) significantly trailed that of mothers (58 per cent). 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, 1 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, given that 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 populations dispersed throughout rural and hard-to-reach areas.

### **Reproductive cancers in an ageing world**

55. Reproductive cancers warrant greater attention, especially in lower-middle-income countries. Worldwide, 2.7 million women are diagnosed annually with gynaecological and breast cancers, and more than 1 million die.<sup>23</sup> More than 90 per cent of cervical and a substantial proportion of vaginal, vulvar and penile cancers are caused by the human papillomavirus, which, in turn, is contracted by 1 in 10 sexually active women and men during their lifetime.<sup>24</sup>

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 with rates in high-income countries (18 per 100,000). These outcomes are preventable, given that screening and treatment protocols are well established and could be taken to scale. In addition, use of the human papillomavirus vaccine by 80 per cent of men and women could eradicate human papillomavirus-associated cancers.<sup>24</sup>

### **Comprehensive, integrated sexual and reproductive health care**

<sup>21</sup> H. Holmer and others, “The global met need for emergency obstetric care: a systematic review”, *BJOG*;122, pp. 183–1899. Includes data from 62 studies in 51 countries.

<sup>22</sup> World Health Organization, *World Health Statistics 2016: Monitoring Health for the SDGs*, annex A (Geneva, 2016).

<sup>23</sup> J. Ferlay and others, “Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012”, *International Journal of Cancer*, vol. 136, No. 5, pp. 359–386.

<sup>24</sup> O. G. Chido-Amajuoyi and others, “A call for the introduction of gender-neutral HPV vaccination to national immunisation programmes in Africa”, *The Lancet*, vol. 7, No. 1, pp. E20–E21.

57. Addressing the above shortfalls within a broader commitment to integrated and comprehensive sexual and reproductive health services is a critical means to achieve target 3.8 of the Sustainable Development Goals on universal health coverage. Clinical interventions required to manage and reduce maternal and neonatal death, sexually transmitted infections, HIV and reproductive cancers are well understood but not well funded. Universal access to an integrated, comprehensive package of quality sexual and reproductive health care was recommended at the Conference, 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 sexual and reproductive health 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, interaction between different sexual and reproductive health risks factors and outcomes and the overall integrity of sexual and reproductive health for clients.

58. Twenty-five years after the Conference, the delivery of a comprehensive package of quality sexual and reproductive health care for men and women, at the primary and referral levels, should be a priority within a commitment to universal health coverage. There is increasing evidence that integrating sexual and reproductive health services (e.g., antenatal care and for HIV/syphilis) increases the utilization of services (e.g., condom use, HIV/sexually transmitted infection knowledge and testing), improves quality and improves overall health and behavioural outcomes.<sup>25</sup> There are cost efficiencies to integration, and the contraceptive prevalence rate increases when family planning is included in health insurance packages.<sup>26</sup>

59. Defined initially within the Programme of Action, the comprehensive sexual and reproductive health package has seen small changes over time. The package would include multiple methods of modern contraception; antenatal, delivery and postnatal care, with referral for comprehensive emergency obstetric and newborn care; post-abortion care and safe abortions to the extent allowed by law; screening for and treatment of sexually transmitted infections, including HIV screening and antiretroviral therapy; 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, in particular 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 the Second World War. 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

<sup>25</sup> S. Mournier-Jack, S. H. Mayhew and N. Mays, “Integrated care: learning between high-income, and low- and middle-income country health systems”, *Health Policy and Planning*, vol. 32 (suppl. 4), pp. iv6–iv12.

<sup>26</sup> See R. Ross, T. Fagan and A. Dutta, *Is Health Insurance Coverage Associated with Improved Family Planning Access? A Review of Household Survey Data from Seven FP2020 Countries* (Washington, D.C., Palladium, Health Policy Plus, 2018).

steady, at approximately 3 per cent since 1994, with the recent increase reaching 3.4 per cent.

61. It was affirmed at the Conference that migrants and persons living in emergency humanitarian situations were rights holders facing specific challenges such as sexual, physical and psychological abuse, violence, human trafficking and contemporary forms of slavery, which must be collectively addressed by the international community. They face challenges in gaining access to health care, safe housing and work opportunities, which are more acute for women and girls.

62. The experiences of those serving those in humanitarian settings, in transit and at destination highlight key lessons. First, migrants and the displaced often lack documentation, undermining their access to services, including protection services, and securing new forms of documentation should be a priority. Second, security can change rapidly through theft, violence or unplanned detachment. Accessible, language-friendly and safe spaces within transit locations provide a critical resource. Third, peer-led, interpersonal and mass media campaigns result in a higher uptake of sexual and reproductive health services. Fourth, mobile women and girls, specifically, are at risk of violence, including sexual violence, and protection services must include care and counselling for rape and trauma. Fifth, including migrants in universal health coverage saves not only lives, but also overall health costs by avoiding costly complications caused by the postponement of care. Lastly, social services, be they skills training or subsidized employment 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 Global Compact for Safe, Orderly and Regular Migration outlines a common understanding and unity of purpose to ensure that 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 to 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 the drivers of migration demands a commitment to the mutually reinforcing goals of both the Conference and the 2030 Agenda to ensure 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 review of the Conference by the Economic Commission for Latin America and the Caribbean highlighted the mass movements of people escaping lawlessness, violence and economic collapse. War remains the dominant cause of those forcibly displaced, with 57 per cent of all current refugees fleeing war in Afghanistan, South Sudan and the Sudan. 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 investment 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 not be postponed but delivered under conditions of chronic fragility. This “new normal” obliges 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. The Conference 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. While the impact will accelerate even with concerted action to reduce emissions, levels of commitment undertaken to date by the 197 signatories to the Paris Agreement on climate change address barely one third of that needed to limit global warming to less than 2 degrees Celsius (to pre-industrial levels). After a three-year plateau, global emissions have risen in the past two years, by 1.7 per cent and 2.5 per cent, respectively.<sup>27</sup>

68. The Intergovernmental Panel on Climate Change projects wide-ranging consequences of a warming of just 1.5 degrees Celsius, including extreme heat and drought, flooding, wildfires and the loss of entire coastal areas and associated livelihoods. This threshold was expected by 2040 but may occur by 2030.<sup>28</sup> In short, the world has less time than previously thought to forestall significant warming and prepare for a serious impact.

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.<sup>29</sup> Emissions, however, are not equally distributed among the world's population. High per capita emissions, occurring in the wealthiest countries, correlate with the lowest levels of fertility (see figure VI). At present, approximately 28 per cent of the world's population has an income at which consumption significantly contributes to emissions.<sup>30</sup> Hence, if production and consumption remain carbon intensive, then even a small global population is enough to cause severe climate change.

70. Population policies motivated by concerns for climate change should heed the lesson of the Conference that respect for reproductive rights, advancing women's empowerment and better health and education offer the most effective means to having smaller families and 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 coming 20 years, while major reductions in global emissions are essential.

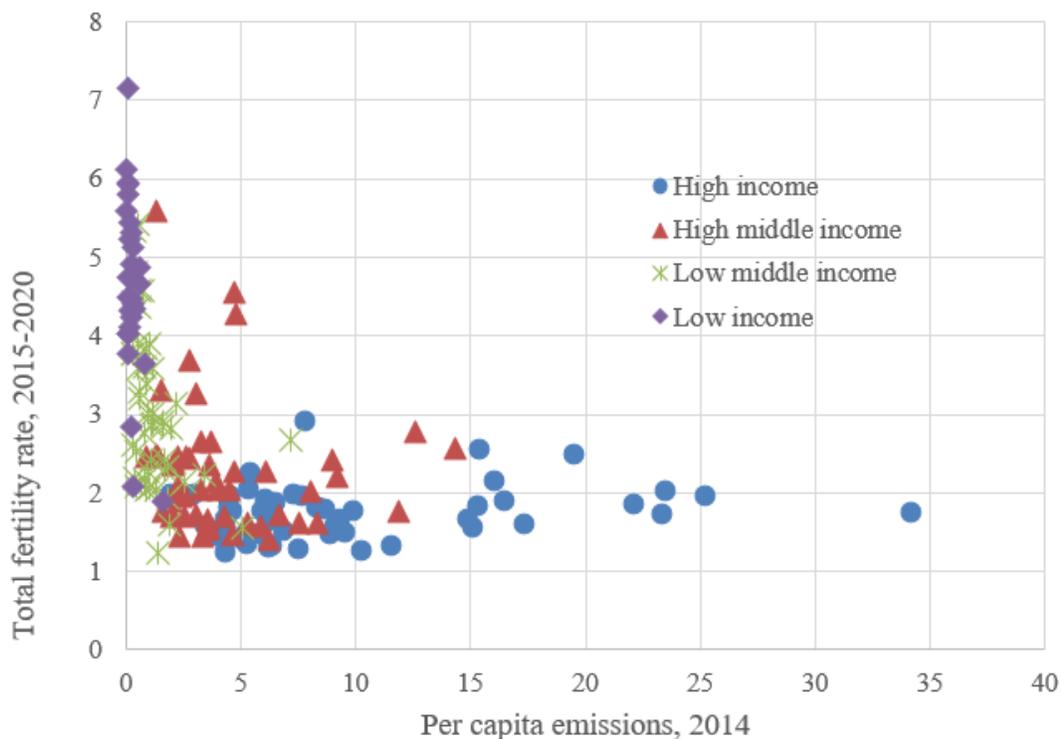
<sup>27</sup> C. Le Quéré and others, "Global Carbon Budget 2018", *Earth System Science Data*, vol. 10 (2018), pp. 2141–2194.

<sup>28</sup> See Y. Xu, V. Ramanathan and D. G. Victor, "Global warming will happen faster than we think", *Nature*, 5 December 2018.

<sup>29</sup> B. C. O'Neill and others, "Global demographic trends and future carbon emissions", *Proceedings of the National Academy of Sciences of the United States of America*, vol. 107, No. 41, pp. 17521–17526; G. Casey and O. Galor, "Is faster economic growth compatible with reductions in carbon emissions? The role of diminished population growth", *Environmental Research Letters*, vol. 12, No. 1, p. 014003.

<sup>30</sup> The income threshold for contributing to emissions is estimated to be \$10 per day.

Figure VI  
Fertility and per capita emissions



Source: United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects: The 2017 Revision. Key Findings and Advance Tables*, Working Paper ESA/P/WP/248; World Bank Open Data.

## V. Left behind or pushed behind? Advancing human rights

71. It was underscored at the Conference 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, in order to achieve the full vision of the Conference, social norms, laws and policies must fully uphold human rights. The most crucial reforms are those that promote gender equality and eliminate violence and discrimination. In 2018, the world celebrated the seventieth anniversary of the Universal Declaration of Human Rights, reaffirming the chance to build stronger commitments and protect hard-won achievements.

72. While most countries have 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 had reported declining performance with regard to discrimination, the right to life and security, due process, freedom of expression and religion, the right to association and labour rights.<sup>31</sup> In many cases, the erosion of human rights has been associated with increasing authoritarian and populist regimes, with little pushback from the international community.

73. International human rights mechanisms have increasingly been asserting and advancing critical components of the Conference in their standard-setting, monitoring

<sup>31</sup> World Justice Project, *Rule of Law Index 2017–2018* (Washington, D.C., 2018).

and review work. A major contribution for advancing State-driven human rights accountability is the universal periodic review, initiated in 2006. It offers a novel mechanism of voluntary peer review among countries that has proved to be effective in reviewing human rights among Member States and advancing universality of coverage and equal treatment. By reviewing all human rights cases, the universal periodic review provides a single human rights accountability mechanism and, accordingly, protects reproductive rights. Two cycles of reviews between 2008 and 2017 highlighted that one quarter of all universal periodic review recommendations pertained to sexual and reproductive health rights and gender equality, and almost 90 per cent of Member States have taken action on at least half of the accepted recommendations on sexual and reproductive health rights.

74. There is an emphasis both at the Conference and in the 2030 Agenda on 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 censuses, civil registration and surveys, not only warrant modernization, but also should be complemented by innovative efforts to capitalize on satellite imagery, especially when registration or conventional data-gathering is compromised. While ensuring 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 the International Conference on Population and Development to the 2030 Agenda for Sustainable Development**

75. Many of the sectoral and substantive synergies between the Conference and 2030 Agenda have been outlined above. Twenty-five years of progress towards many targets of the Sustainable Development Goals has been made under the auspices of national implementation of the Programme of Action, as detailed extensively in the national and regional reports generated for the regional Conference reviews in 2018.

76. Both the Conference and the 2030 Agendas are greater than the sum of their individual, sectoral objectives and action. Both are aimed at 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 are intended 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 principle of the Conference and of the Rio Declaration on Environment and Development from 1992. People have, at times, been considered a threat to sustainable development, that is, to the efficient functioning of cities, to the maintenance of the environment and to economic growth, and their human rights, in particular their reproductive rights, were consequentially subjugated. Today, policy discussions on climate change, migration and food security again characterize population as a threat.

78. At its core, the Programme of Action is about recognizing that people's rights, their choices and their well-being are the path to sustainable development. Twenty-

five years of evidence and practice continue to support this consensus and to affirm the critical importance of aligning development policies to the prevailing population trends within a given country. Attention to the population and development principles affirmed in the Programme of Action will accelerate progress towards specific targets of the Sustainable Development Goals and strengthen the vision and normative values that underpin the holistic implementation 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 that all persons should have the means to achieve their desired fertility through universal access to sexual and reproductive health care and policies that promote gender equality, 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 the primary and referral levels, in the context of advancing the 2030 Agenda target of universal health coverage, ensuring 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 female genital mutilation and forced or child marriage, and ensure accountability to legislation.**

**82. Member States are encouraged to adopt proven interventions to accelerate education and skills development for all; enhance the coverage and quality of secondary education, modern workplace training and online training; and provide adults of all ages with a chance to recover lost education and acquire twenty-first century job skills. Governments are encouraged to participate in global learning performance programmes and redress gender disparities at 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 the 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 the social interaction of diverse communities, promote greater social cohesion and reduce xenophobia and discrimination.**

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

**87. Member States are encouraged to urgently address global emissions and 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.**

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