

IV. ICPD AND MDGs: HOW ARE THEY LINKED?

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A. INTRODUCTION

The International Conference on Population and Development, held in Cairo in 1994, approved a Programme of Action (PoA) by consensus by 179 countries to improve the quality of life for all people across the world. Spelled out in its objectives are that (a) there is universal access to education, especially closing the gender gap in primary and secondary school education; (b) universal access to primary health care; (c) universal access to a full range of comprehensive reproductive health care services, including family planning; (d) reductions in infant, child and maternal mortality; and (e) increased life expectancy. The ICPD PoA laid down the framework for population issues to be factored into all development strategies, and to eliminate gender-based violence and harmful traditional practices, especially female genital mutilation. In 1999, the United Nations General Assembly convened a special session (known as ICPD+5) at which governments not only affirmed their renewed and sustained commitment to the principles, goals and objectives of the Programme of Action, but they recommended a set of key actions for the further implementation of the ICPD PoA.

At the Millennium Summit in 2000, the world community was beckoned to commit itself to meeting eight goals, of which five demonstrate a clear overlap with both the ICPD PoA and ICPD+5 document, namely, (a) goal 2: achieve universal primary education; (b) goal 3: promote gender equality and empower women; (c) goal 4: reduce child mortality; (d) goal 5: improve maternal health; and (e) goal 6: combat HIV/AIDS, malaria and other diseases. Although not similar in scope and function, two other MDGs are also closely linked to the ICPD and ICPD+5 goals and recommendations since they, too, as this paper will show, are concerned with population and development issues: (a) goal 1: eradicate extreme poverty and hunger; and (b) goal 7: ensure environmental sustainability, while the last of the Millennium Development Goals (MDGs) (goal 8: develop a global partnership for development) is also reflected in the ICPD PoA, as both declarations recognize the importance of partnerships in achieving development goals.

The PoA recognizes widespread poverty as the remaining major challenge to development efforts and urges governments to fully integrate population concerns into “all aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development.” Consistent with the framework and priorities set forth in Agenda 21, the PoA recommends several actions, including measures aimed at fostering sustainable resource use and preventing environmental degradation and eradicating poverty, with special attention directed at the rural poor and those living within or on the edge of fragile ecosystems.

B. THE LINK BETWEEN ICPD AND POVERTY

Evidence from the Asian and Pacific region shows that the implementation of the ICPD and ICPD+5 recommendations continues to be important, as they are essential to the achievement of the MDGs. The countries in the ESCAP region have made significant progress in implementing the ICPD and ICPD+5 recommendations. The UNFPA field enquiry revealed that 40 out of 44 countries have taken one or more measure to integrate population issues into their development strategies by way of enacting

laws on population issues. Other ways of implementing the ICPD PoA is to modify existing population policies, as demonstrated in the Lao People's Democratic Republic, Mongolia and Sri Lanka, while other countries such as Maldives and Nepal have established institutional mechanisms to reach the same goal (United Nations, 2004). Nonetheless, many countries have linked population control with reducing poverty as each has a mutual effect on the other. Countries that have incorporated population issues into their Poverty Reduction Strategy Papers (PRSPs) are Armenia, Azerbaijan, Bangladesh and Indonesia (United Nations, 2004). Interestingly, countries that have reported high levels of poverty tend not to have factored into their poverty reduction strategies population issues such as access to reproductive and sexual health services, which demonstrate the significance of incorporating population issues in development strategies. These countries are Lao People's Democratic Republic, Nepal, Pakistan and the Philippines (United Nations, 2004).

While studies have shown that investing in human resources development and the creation of jobs are inevitable for reducing poverty, these efforts should also come hand in hand with the elimination of existing inequalities and barriers to women's participation in the development process (United Nations, 2004). In many countries, achieving women's empowerment is synonymous to ensuring their rights to primary healthcare. Here, the provision of primary healthcare should involve increasing women's access to reproductive healthcare such as family planning counselling, health-care information, education and services for prenatal, postnatal and delivery care, prevention and appropriate treatment of infertility, prevention of abortion and the management of the consequences of abortion, and the treatment of sexually transmitted diseases and other reproductive health conditions. Improving women's access to primary healthcare also assumes the increase in the decision-making powers they may hold in the family, which has the effect of leading the household out of poverty.

1. The provision of reproductive healthcare

Reproductive healthcare represents a key issue in concerns of population growth. While previous arguments call for reducing poverty in order to improve reproductive health, thereby reducing mortality rates (Cohen, 2003), there is also evidence pointing to the relevance for increasing women's access to primary healthcare in order to alleviate poverty. Improving access to quality of reproductive health including family planning services can contribute not only to the eradication of poverty, but also to improve maternal and child health in a number of important ways. For example, expanding access to and quality of family planning services will reduce the unmet need for contraception, unwanted pregnancies and unsafe abortion, particularly among the poor. In turn this will contribute to further reductions in fertility in areas where it still remains high. There is evidence showing that falling fertility rates are critical in reducing poverty, as this trend frees women from the fetters of household tasks, thus facilitating their engagement in wage work. In this case, when additional income is created through wage work, this process has the effect of spurring rapid economic growth (Jones, 2003). In a nutshell, "the MDGs, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. The attainment of reproductive health and reproductive rights are fundamental for promoting development, fighting poverty and meeting the MDG targets" (UNFPFA, 2004). Hence, it is necessary for greater resources to be channelled into reproductive healthcare in order to increase women's empowerment, which will also have a spillover effect on reducing poverty levels.

While the region has made significant progress in reducing poverty during the past two decades, a significant proportion of people in the ESCAP region lives in extreme poverty. A majority of these people, most of whom are women and children, live in South Asia in countries such as Afghanistan, Cambodia, Indonesia, the Lao People's Democratic Republic, and the Philippines (United Nations, 2004). Women are more vulnerable to slipping into poverty, especially in the case of marriages falling apart

(Jones, 2003). Many are also left with raising children with little or even no support from their former spouses, which further pushes women into poverty.

2. HIV/AIDS

Reducing HIV/AIDS is another target of the ICPD PoA. The ICPD+5 review stressed the point that Governments need to “ensure that prevention of and services for sexually transmitted diseases and HIV/AIDS are an integral component of reproductive and sexual health programmes at the primary health-care level” (United Nations, 2004). HIV/AIDS is an issue of serious concern for the ESCAP region. While Thailand has been able to reverse the spread of HIV/AIDS, in many other countries the potential for its spread is very high. Implications of HIV/AIDS for the economy and society are neither well understood nor appreciated by the leadership in many countries of the ESCAP region. Failure to address this pandemic will have serious implications for the economy as well as society, as it will reduce the length of productive working life and increase the burden on the society to care for those infected. As the majority of those infected are young people and many are breadwinners in their families, the spread of HIV/AIDS can push many of the affected families into poverty. The spread of HIV/AIDS also has implications for older caregivers who have lost their own children to the disease. Not only are they left to provide care to their grandchildren, but also the costs of having to carry out this role may lead many into poverty. Thus, the ICPD and especially the ICPD+5 recommendations to pay special attention the ability of the elderly to care for family members and community victims of HIV/AIDS, cover a vulnerable group to HIV/AIDS effects, which the Millennium Declaration does not address.

3. Improvement of child health

Another core feature of the ICPD is the reduction of infant and child mortality, both of which are closely linked to maternal health. Focusing on maternal health through adequate and quality reproductive care and maternal nutrition programmes ensure the health of the child. In addition, efforts to improve infant and child health also entail the eradication of discrimination against the girl child. In the countries in South Asia, for example, cultural factors play a significant role in the differential treatment accorded to the girl child, thereby increasing the risk of mortality during childhood. If a girl child falls ill, parents are slower to seek medical help than if it was a boy child unless she is found to be in an advanced stage of illness. The girl child is most vulnerable as she is more likely to be brought to a less qualified doctor because of the lower costs that parents need to expend (Victora and others, 2003). Girls are also discriminated against in terms of nutrition. In North-western India, a study found that preferential treatment for boys results in discrepancies of rates in child mortality with the girl child experiencing a 40 per cent higher probability of dying before reaching the fifth birthday than a boy child (Victora and others, 2003). The neglect of the girl child has also been found in Nepal where child mortality among girls is said to be 22 per cent higher than among boys (Luther and others, 1999). Hence, efforts to reduce the mortality rate of the girl child entail the empowerment of women and poverty reduction among them.

4. The feminization of migration

Migration is another important issue of concern for the ESCAP region. The Plan of Action on Population and Poverty adopted at the Fifth Asian and Pacific Population Conference recognized that international labour migration in the ESCAP region was increasing as a result of globalization and widening disparity between countries in economy and labour supply and demand. As a result of a significant drop in fertility, the proportion of the working age population to the total population in a number of economies in the region is declining at a time when the demand for labour remains high. The resultant labour shortages are increasingly being met by international migration. In the last few decades, migration has been found to be increasing with larger numbers of women crossing national borders to seek out wage work in the more developed countries in the region. The proportion of females among

labour migrants is increasing and exceeds 50 per cent in a number of countries of origin. As such, migration has been closely linked to the empowerment of women since finding wage work in other countries has helped women come out of poverty. Managing migration is, therefore, important in the region's effort to alleviate poverty and improve the status of women.

5. Gender-based violence

The ICPD PoA also has the eradication of gender-based violence as one of its core targets. It recommends that countries “take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and children (United Nations, 1995). In an effort to eliminate violence against women, the regional review of the implementation of the Platform for Action of the Fourth World Conference on Women in the ESCAP region outlined three critical areas of concern: (a) violence occurring in the family; (b) violence occurring within the community, including rape, sexual abuse, sexual harassment in the workplace, trafficking of women and girls, and forced prostitution; and (c) violence perpetrated or condoned by the State, including custodial violence and violation of women's reproductive rights (United Nations, 2004). In addition, many ESCAP countries have ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

In regard to protecting the rights of girls and women among countries in the ESCAP region, 35 countries have adopted measures to achieve this end, while 9 others have only taken limited measures. In terms of measures to address gender-based violence, 26 out of 44 countries have enacted laws or legislation on gender-based violence, while others have also reported providing services for victims suffering from abuse (United Nations, 2004). National efforts to eliminate violence and discriminatory practices against women, through legislative measures, protect women, especially in their efforts to secure financial resources, thereby checking their vulnerability to falling into poverty.

C. CONCLUSION

Although the population aspects of ICPD PoA may not have a direct convergence with the MDGs, it cannot be denied that the implementation of ICPD goals impact on the achievements of the MDGs. In his address to the Fifth Asian and Pacific Population Conference in December 2002, Mr. Kofi Annan, Secretary-General of the United Nations remarked: “The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed” (United Nations, 2004). ESCAP's programme of work continues to focus on population and social integration, health and development, gender and development, poverty reduction and statistics that are closely linked to the MDGs, ICPD PoA, the Beijing Platform for Action, and the Copenhagen Declaration. Specifically, its programmes are directed at improving national capacity through facilitating the exchange of best practices among the countries of Asia and the Pacific. In this respect, the inter-country programmes it manages focus on generating and disseminating knowledge on various population aspects and the ways in which they are linked to the achievement of the MDGs. ESCAP also works toward providing directions for national programmes to be in conformity with the ICPD PoA and, in turn, the MDGs.

Development for many countries in the Asian and Pacific region can only be achieved with partnerships through resource mobilization. This point was emphasized in the ICPD PoA: “to achieve an adequate level of resource mobilization and allocation, at the community, national and international levels, for population programmes and for other related programmes, all of which seek to promote and accelerate social and economic development, improve the quality of life for all, foster equity and full respect for individual rights and, by so doing, contribute to sustainable development” (United Nations, 1995). Donor countries for population activities in the region include Australia, China, Japan, the

Republic of Korea and New Zealand. ESCAP remains at the forefront in advocating for the achievement of the MDGs and works collaboratively with a number of partner agencies including UNDP and the Asian Development Bank.

Given the centrality of achieving the MDGs in its objectives, ESCAP has established an MDG centre in the Office of the Executive Secretary to monitor progress in the achievement of the MDGs. In 2003, the centre published the report *Promoting the Millennium Development Goals in Asia and the Pacific* under the direction of the Executive Secretary. In essence, the report assessed the progress ESCAP countries were making in achieving the MDGs. In addition, it summarized the national policies and priorities for reform and the various partnerships involved in helping countries achieve the MDGs. While it was highlighted that striking achievements were attained in poverty reduction, progress was slower in achieving the other goals (United Nations, 2003). Nonetheless, the report highlighted the value of adopting a regional perspective as it draws out the shared experiences and challenges faced by the various countries with the objective of exchanging best practices to meet the goals. Also noted in the report were the difficulties in establishing detailed cross-country comparisons as a result of a lack of internationally comparable time-series data.

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