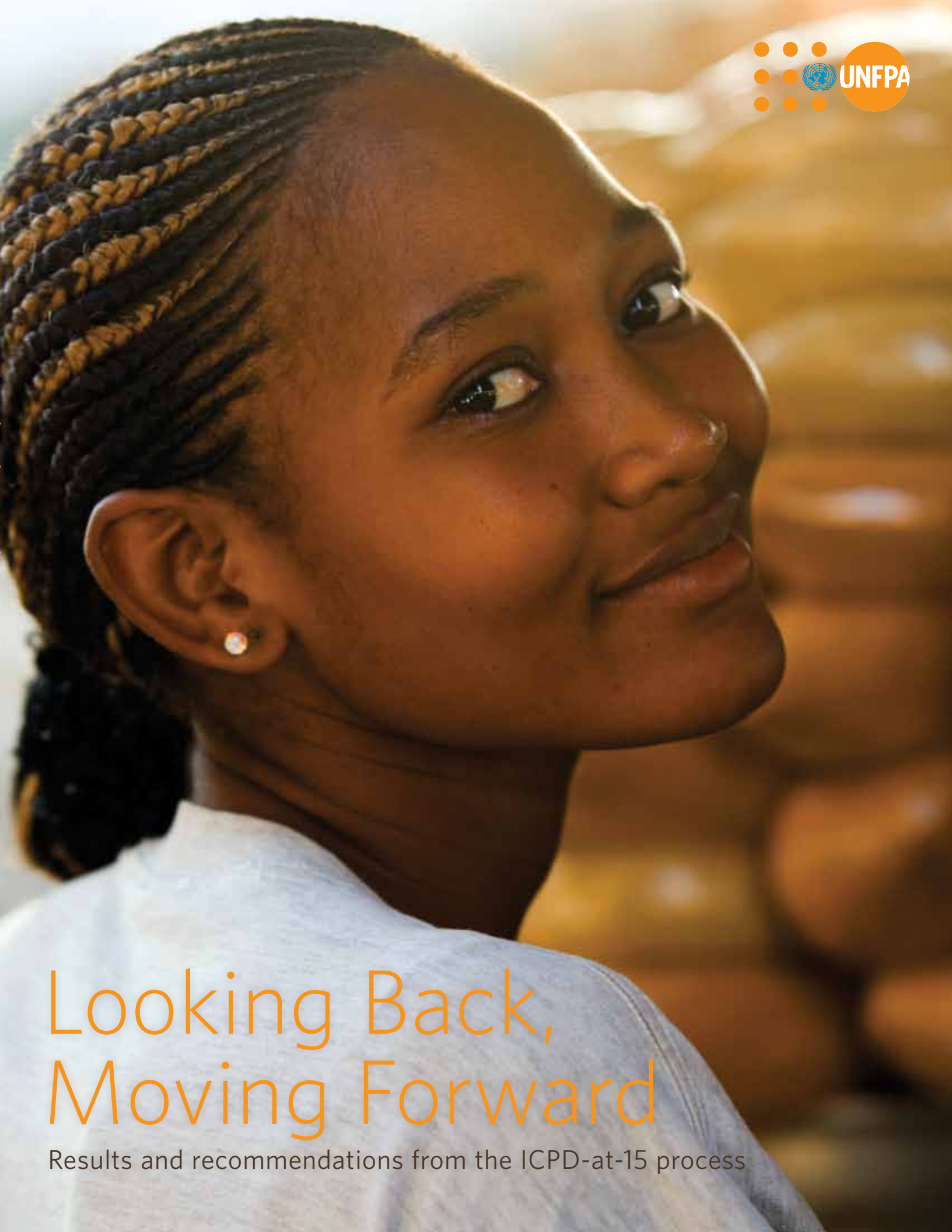

Looking Back, Moving Forward

Results and recommendations from the ICPD-at-15 process

December 2010

Publication available at: http://www.unfpa.org/public/op/preview/home/publications/pid/7043

Front cover photo by Arne Hoel / World Bank

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Preface

After more than a decade and a half, the Programme of Action of the International Conference on Population and Development (ICPD) remains a visionary, holistic and pragmatic blueprint for countries seeking to address many of the challenges they face. This was just one of the conclusions of the ICPD-at-15 review, which is described on the following pages. The review found that progress in implementing this blueprint has been multilayered and varied, ranging from actions to strengthen relevant legal and policy instruments to providing services to underserved groups, to empowering women and promoting zero tolerance for gender-based violence, to furthering understanding of the dynamic links between population and the environment, including climate change. Still, progress has been insufficient and uneven. The universal and timeless agenda of the ICPD has not affected the lives of all people equally, and an unprecedented level of solidarity and international cooperation is needed to achieve the shared objectives of the ICPD and the Millennium Development Goals by 2015.

This report provides insights into the ICPD-at-15 process and results. It is a valuable reference source in assessing progress and can contribute to the discourse on development and rights, including the MDGs and other consensus international agreements. My hope is that it will also call attention to the urgent tasks ahead, guide future interventions, and inspire a policy environment that enables the ICPD vision to fully unfold.

Thoraya A. Obaid
Executive Director

Executive Summary

Fifteen years after the adoption of the Programme of Action at the 1994 International Conference on Population and Development (ICPD) in Cairo, Egypt, the third five-year review was held of progress in its implementation. Within a 20-year time frame, the Programme of Action addresses a broad range of issues that underpin sustainable development. It defines (and recommends action on) sexual and reproductive health and reproductive rights, including, among other elements, maternal health, adolescent sexual and reproductive health, and the prevention and treatment of HIV/AIDS. Gender equality and the empowerment of women are at the centre of the Programme of Action and remain guiding principles throughout the document. Education and the family are also addressed in detail. The ICPD Programme of Action is rooted in respect for human rights and the attendant need to address violence against women and harmful practices. It also includes recommendations on population and the environment, including climate change and migration, and goes beyond usual development discussions by addressing issues of humanitarian assistance. Emphasis is placed on implementation, with recommendations also made on costing and resource mobilization. Technology, research and development are also included. In addition, national action and international cooperation are discussed, as is the importance of partnerships, including with non-governmental organizations (NGOs).

While no large-scale international meeting was held as part of the ICPD-at-15 process, a wide range of recommendations and calls to action resulted from the global, regional and other meetings organized in 2009 on the occasion of the fifteenth anniversary of the ICPD. Documentation—including regional and country reports and background papers—was also prepared and published. All of these materials contributed to the review of the implementation of the Programme of Action, and clearly demonstrated the continued validity of the ICPD vision 15 years after the conference. The review also reconfirmed the ICPD's importance to the achievement of the Millennium Development Goals (MDGs), particularly goal 5 on maternal health and both of its targets—5.A on reducing maternal mortality and 5.B on universal access to reproductive health by 2015.

LOOKING BACK

This report reviews the key ICPD-at-15 activities that were organized in 2009 to assess progress and to define gaps that will require further action over the next five years. It also notes the changes that have taken place, including health sector reform and the 'gender agenda', which have influenced the way in which the ICPD Programme of Action is now being implemented. Sexual and reproductive health, for example, is now more firmly embedded in health systems and is directly affected by health systems reform. Adolescent sexual and reproductive health is now seen by governments more as part of health per se, and the need to integrate youth concerns within national development is recognized. Furthermore, it is acknowledged that gender empowerment, while increasing the number of girls in school and women in decision-making positions, is also necessary to effectively address women's health, particularly their sexual and reproductive health, as well as gender-based violence. Finally, while new strategies have been developed to improve the production, analysis, dissemination and use of population data, much more remains to be done in this area and also in terms of research.

The ongoing financial and economic crisis affected the ICPD-at-15 review itself and contributed to the decision to avoid an expensive global review process. Rather, the focus was largely on developments at the country and regional levels. The financial crisis also affected, and will continue to affect, implementation at the national level due to limitations on both the budgets of developing countries and on the funds that donor countries will make available for official development assistance. The ICPD Programme of Action is also closely linked to current concerns about climate change; these concerns are reflected in recommendations made on issues such as population growth, distribution and migration. New challenges include the decline in fertility, sometimes below replacement level, in some countries.

MOVING FORWARD

Most important, however, is the guidance that the review provides on the way forward to 2014 and beyond for the achievement of the goals of the ICPD Programme of Action. The review validates moves to strengthen action at the country and regional levels. At the same time, it shows that all regions have their own countries in crisis that require greater attention and could benefit from strong South-South cooperation. To use their limited resources more effectively, countries have repositioned the mechanisms for implementing the ICPD Programme of Action so that they are more closely aligned with implementation of related Millennium Development Goals. This suggests that more could be done to recast the recommendations of the ICPD Programme of Action to add content and meaning, as appropriate, to the MDGs.

Among the gaps that the 15-year review has identified as requiring urgent attention are those related to investment in maternal health and in sexual and reproductive health and reproductive rights. Another concern is developing and putting in place the necessary infrastructure and human resources for the implementation of the ICPD Programme of Action. Data collection and research also warrant greater attention, as does the need to integrate population dynamics into policy development and programme implementation for the achievement of the MDGs. In addition, further policy adjustment should be made to address the vulnerabilities caused by population ageing, migration and the interdependence of population and the environment.

THE FINAL STRETCH

With less than four years to go before the target date for implementation of the ICPD Programme of Action, and less than five years before the MDGs are to be achieved, the ICPD-at-15 review is an important milestone. One of the most urgent challenges now is for governments and relevant international bodies, including UNFPA, to apply the recommendations from this review process and to make the necessary shifts to accomplish these objectives.

This report targets experts, policy makers, programme managers and others involved in the implementation of ICPD. It is not designed as an advocacy tool, but is aimed at adding content and meaning to the work of those advancing the ICPD vision on a daily basis.

The ICPD: A Watershed

> *"The Programme [of Action] is critical to achieving the Millennium Development Goals. It is especially important for goal number five: to cut maternal mortality and achieve universal access to reproductive health. Progress on reaching that target has been slower than on any other. Maternal health is linked directly to a country's health system. When we improve maternal health, all people will benefit. To fully carry out the Cairo Programme of Action means providing women with reproductive health services, including family planning. It means backing poverty-eradication initiatives. And it means preventing rape during wartime and ending the culture of impunity...."*
>
> *United Nations Secretary-General, Commemoration event on the occasion of the fifteenth anniversary of the ICPD during the 64th session of UN General Assembly, New York, 12 October 2009*[1]

During the first half of the 1990s, a series of landmark United Nations conferences took place on key development issues. These conferences, involving representatives from nearly all UN Member States, resulted in the adoption of a series of programmes or platforms of action aimed at improving the quality of life for all, particularly the poor and those most vulnerable, within a time frame extending to 2015. One of the most comprehensive and far reaching of these is the Programme of Action adopted at the International Conference on Population and Development (ICPD), held in Cairo, Egypt from 5-13 September 1994.

CAIRO AND A NEW PARADIGM

The Cairo conference was a watershed event, representing a paradigmatic shift away from the traditional, macro-demographic perspective. It placed human rights at the centre of population and development policies and addressed a comprehensive range of issues. It also recognized that women's empowerment and the right to sexual and reproductive health are intrinsically linked to population and development.

The ICPD Programme of Action includes specific recommendations to be carried out over 20 years on issues such as access to information and services, quality of care, and the availability of reproductive health commodities. It places reproductive health firmly within primary health care systems and also addresses the unmet need for family planning, social marketing and community-based services, maternal mortality and morbidity, abortion, and sexuality and sexually transmitted infections (STIs), including HIV. Within the broader health framework, recommendations are included on health services and systems, the role of the private sector, and infant and child health and mortality. Another section is devoted to the sexual and reproductive health of adolescents, a major group within the population that had previously been neglected.

Within the framework of sustainable development, the ICPD Programme of Action makes recommendations on concerns such as population and the environment, including climate change. It also provides a comprehensive review of issues related to aspects of migration, such as internal migration, international migration, refugees, asylum-seekers and displaced persons.

Gender equality and the empowerment of women are at the centre of the Programme of Action and remain guiding principles throughout the document. The needs of vulnerable groups such as girls, the elderly, persons with disabilities, and indigenous people are addressed in detail, along with issues such as education and the family—its roles, rights, composition and structure, including in humanitarian settings. The ICPD Programme of Action is, above all, rooted in respect for human rights and the attendant need to address violence against women and harmful practices.

The Programme of Action emphasizes implementation and includes recommendations on costing and resource mobilization. Technology and research and development are also discussed. National action and international cooperation are addressed, together with the importance of partnering with non-governmental organizations (NGOs). Suggestions are also made for follow-up.

The ICPD Programme of Action is, above all, rooted in respect for human rights

FIFTEEN YEARS LATER

The ICPD Programme of Action is an extraordinary document in its scope and breadth. It has underpinned not only a new approach to sexual and reproductive health and reproductive rights, but has also influenced the development of other important agendas, starting with the Beijing Platform for Action. In addition, it gives content and meaning to the implementation of the Millennium Development Goals (MDGs), which were introduced following the Millennium Summit in 2000. In particular, it complements and provides the foundation for the new MDG target 5.B on universal access to reproductive health by 2015, echoing the ICPD goal "to make accessible through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015," as set out in paragraph 7.6 of the ICPD Programme of Action (see Box 1).

BOX 1. THE ICPD AND THE MILLENNIUM DEVELOPMENT GOALS

In the 1994 ICPD Programme of Action, governments agreed to reduce maternal mortality by one half of 1990 levels by the year 2000 and a further one half by 2015.[2] They also agreed on the goal of universal access to reproductive health by 2015.[3]

THE ORIGINAL MDG TARGET ON MATERNAL MORTALITY

Following the Millennium Summit in 2000, eight Millennium Development Goals were introduced and targets identified. The fifth goal, MDG5, is to improve maternal health. Its first target (now known as target 5.A) is to: "Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio." Progress is monitored through two indicators:

Indicator 5.1: Maternal mortality ratio
Indicator 5.2: Proportion of births attended by skilled health personnel.

INTRODUCTION OF A SECOND MDG TARGET ON UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

In 2005, at the World Summit High-Level Plenary, heads of governments committed themselves to:

"Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration ...." [4]

continued

Subsequently, the UN Inter-Agency and Expert Group on MDG Indicators recommended the addition of target 5.B, to "Achieve, by 2015, universal access to reproductive health," together with the following four indicators:

Indicator 5.3: Contraceptive prevalence rate
Indicator 5.4: Adolescent birth rate
Indicator 5.5: Antenatal care coverage (at least one visit and at least four visits)
Indicator 5.6: Unmet need for family planning.[5]

These were subsequently accepted by the UN General Assembly in the Report of the Secretary-General on the Work of the Organization in 2007.[6]

HOW THE PROGRAMME OF ACTION IS REFLECTED IN OTHER MDGS

In addition to MDG5, aspects of reproductive health as outlined in the ICPD Programme of Action are reflected in other of the MDGs. MDG4, for example, seeks to reduce child mortality, and goal 6 focuses on reversing the spread of HIV. The specific targets and indicators are shown below:

Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.
Indicators for gauging progress include the under-five mortality rate and the infant mortality rate.

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.
Indicators are HIV prevalence among populations aged 15-24; condom use at last high-risk sex, and the proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS.

The ICPD Programme of Action also recognizes links to MDG1: Eradicate extreme poverty and hunger, which has the following targets:

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.

MDG2 (Achieve universal primary education) and MDG7 (Ensure environmental sustainability) are also reflected in the broad concept of reproductive health put forth in the ICPD Programme of Action.

While the ICPD Programme of Action was a product of its time, it has also withstood the test of time. It is sufficiently comprehensive that it has been able to address challenging issues that have been evolving over the last 15 years, including sexual and reproductive health, gender, adolescent health, population and migration. The year 2009 marked the fifteenth anniversary of the adoption of the ICPD Programme of Action and was the occasion for the third five-year review of progress on its implementation. During the year, a series of meetings were held at global and regional levels. These meetings, their recommendations and the documentation prepared for them provided the last opportunity for 'course correction' in this final phase of implementation.

While the ICPD Programme of Action was a product of its time, it has also withstood the test of time

DISTILLING THE RESULTS OF THE ICPD-AT-15 PROCESS

The primary objective of this report is to distil the main conclusions and recommendations of the ICPD-at-15 review as reflected in the relevant outcome documents. It highlights recent achievements and successes in implementing the Programme of Action and draws attention to gaps that still exist, based on available documentation. It also addresses changes that have taken place in priorities and focus, and

identifies key areas that need to be addressed to ensure the full implementation of the ICPD within its 20-year time frame.

The report is targeted at experts, policy makers, programme managers and others involved in bringing the Programme of Action to fruition, and provides a context to those involved in implementation, especially at the country and regional levels. It is also intended to assist programme personnel in accelerating progress towards the achievement of the ICPD Programme of Action.

The report is organized as follows: This chapter introduces the ICPD and provides the overall context for the report. Chapter 2 outlines the review process leading up to and including 2009. Chapter 3 concentrates on progress and highlights notable achievements and successes identified during the ICPD-at-15 review process, from which lessons can be gleaned. Chapter 4 sums up the overall recommendations of the ICPD-at-15 review and their impact on future implementation of the Programme of Action. Chapter 5 identifies emerging issues, offers fresh interpretations, and highlights new priorities. The final chapter, Chapter 6, summarizes accomplishments and shortcomings that will inform us as we embark on the last stretch of the road leading to the vision of the ICPD realized.

The Mechanics of Follow-up: The ICPD Review Process

Chapter 16 of the ICPD Programme of Action is devoted to conference follow-up, emphasizing that key actions must take place primarily at the national level. It recommends that all countries "establish appropriate national follow-up, accountability and monitoring mechanisms" in partnership with NGOs, community groups, the media, academia and with the support of parliamentarians.[7] The United Nations General Assembly is given responsibility for organizing a regular review process.[8]

While progress on the Programme of Action is focused on the national level, the regional level is also important, particularly in reinforcing follow-up mechanisms and encouraging South-South cooperation. Meetings have been organized by the UN regional commissions, in accordance with their mandates, at which regional plans of action and other recommendations have been agreed upon. Both UNFPA (the United Nations Population Fund) and the Population Division of the United Nations Department of Economic and Social Affairs have played important roles in the review process, and each review—in 1999, 2004 and 2009—has had its own focus and recommendations.

FIVE, 10 AND 15 YEARS AFTER CAIRO

At the time of the first review, in 1999, an interregional two-day forum was held in The Hague, The Netherlands, preceded by an NGO Forum and by a Youth Forum. A Parliamentary Forum was also held. Prior to the meetings, a field inquiry was carried out to assess progress that had been made in implementing the Programme of Action at the country level.[9] Later that year, the 21st Special Session of the UN General Assembly was held, at which the *Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development* were adopted.[10] These Key Actions, as they became known, focused particularly on certain areas of the Programme of Action, expanding the recommendation on what should be done to achieve its implementation within the 20-year time frame.

Progress was next reviewed in 2004 through country-level activities and a series of regional gatherings, technical meetings and a commemorative session of the General Assembly. An NGO Global Roundtable was held in London, and a meeting of parliamentarians was also convened. The principal focus, however, was a global inquiry on in-country progress. The results of the inquiry were published by UNFPA in a report titled *Investing in People: National Progress in Implementing the ICPD Programme of Action.*[11]

In 2009, the third five-year review of progress was carried out under the leadership of UNFPA, during which a commemorative event at the General Assembly and a series of meetings were held at global and regional levels. Though less visible to the global community, many country-level activities were also undertaken to review progress and discuss challenges. Recommendations, based on national and regional reviews, were made at these meetings for the actions now required for implementation of the ICPD Programme of Action by 2015.

ICPD AT 15: THE 2009 REVIEW

MEETINGS AT THE GLOBAL LEVEL

At the global level, the United Nations General Assembly commemoration of the fifteenth anniversary of the ICPD was held on 12 October 2009, at which countries reaffirmed their commitment. Earlier in the year, in March/April, the

Commission on Population and Development reviewed the implementation of the ICPD Programme of Action as part of its work, which had a significant impact on the main resolution adopted at the end of the meeting.[12] The Commission also reviewed resource flows, during which time UNFPA introduced new cost estimates for the Programme of Action.

Parliamentarians met at the International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action in Addis Ababa, Ethiopia, at which they agreed on a *Call to Action*.[13] A High-Level Meeting on Maternal Health—MDG 5, organized by the Netherlands and UNFPA, also took place in Addis Ababa.[14] With support from UNFPA and the Government of Germany, the Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development—Invest in Health, Rights and the Future was held in Berlin at which the *Berlin Call to Action* was adopted and the *Strategic Options for NGOs: Cairo, Berlin and Beyond* were developed.[15] An International Youth Sexual and Reproductive Rights Symposium was held immediately before the NGO Forum in Berlin, following which a *Youth Statement* was issued.[16] A Youth Forum was also held in connection with the Fifth Asia and Pacific Conference on Reproductive Health in Beijing,[17] and special attention was given to youth in other regional meetings, including those for Eastern Europe and Central Asia. Other meetings were organized, such as the International Forum on ICPD at 15: Progress and Prospects, which was convened in Kampala, Uganda by Partners in Population and Development.[18] The international conferences of the International Union for the Scientific Study of Population and the International Federation of Gynecology and Obstetrics also included special events or sessions for the fifteenth anniversary. All these meetings and conferences provided opportunities for a wide variety of actors and partners to share their experiences and concerns and to discuss priorities for moving forward.

TECHNICAL MEETINGS

UNFPA organized two expert group meetings during 2009. The first, in collaboration with the International Institute for Environment and Development, addressed population dynamics and climate change;[19] the second concentrated on reducing inequalities and ensuring universal access to family planning.[20] In addition, an International Conference on Family Planning: Research and Best Practices was held in Uganda late in 2009, organized by the Bill and Melinda Gates Institute for Population and Reproductive Health, the Johns Hopkins Bloomberg School of Public Health and Makarere University School of Public Health.[21]

REGIONAL INPUTS, PROCESSES AND RECOMMENDATIONS

During the year, regional meetings were organized by the UN regional commissions in collaboration with UNFPA. The achievements to date and constraints identified show both commonalities and significant differences among the regions, which have implications for priorities and need to be addressed. These were included in the reports that formed the basis for recommendations adopted at the regional meetings.

In Africa, a ministerial meeting, preceded by an expert group meeting, was held in Addis Ababa at which the *Recommendations and Way Forward, ICPD at 15 Africa Meeting*[22] as well as the *Ministerial Commitment* document of the *Fifteen-Year Review of the Implementation of the ICPD PoA [Programme of Action]in Africa: ICPD at 15 (1994-2009)*[23] were adopted.

The Arab States held a regional meeting of the National Population Commissions in Doha, Qatar, and produced the *Doha Declaration*.[24]

In Asia and the Pacific, an ICPD-at-15 expert group meeting was held in February 2009.[25] This was followed by a High-Level Forum on Population and Development: Fifteen Years after Cairo, in Bangkok, Thailand in September 2009, at which the *Asia and Pacific Declaration on Population and Development: Fifteen Years after Cairo* was adopted.[26] A subregional workshop for the Pacific also took place later in the year in Suva, Fiji. In addition, the Fifth Asia and Pacific Conference on Reproductive Health: Working for Universal Reproductive Health and Rights: Building on the ICPD Programme of Action and the MDGs, was held in Beijing, China, leading to the *Beijing Call to Action*.[27]

Two meetings were held in Istanbul, Turkey for the Europe and Central Asia region: a High-Level Meeting on Maternal Health and the ICPD/15 Regional Forum, both of which adopted calls to action—the *Statement of Commitment and Key Actions to Achieve MDG5 by 2015 in Eastern Europe and Central Asia*[28] and the *Conclusions of the ICPD at 15 Regional Forum and Key Strategies to Further Accelerate the Implementation of the ICPD Programme of Action in Europe and Central Asia.*[29]

In Latin American and the Caribbean, a subregional seminar was held in Antigua and Barbuda, at which the following statement was issued: *Conclusions of the Caribbean Subregional Meeting to Assess the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD) 15 Years after its Adoption*.[30] A Latin American regional seminar was held in Santiago, Chile, which adopted the *Conclusions and Recommendations on the Evaluation and Implementation in Latin America of the Programme of Action of the International Conference on Population and Development*.[31]

ADDITIONAL UNFPA CONTRIBUTIONS TO THE REVIEW

During 2009, several publications were produced that further contributed to the review process. *Healthy Expectations: Celebrating Achievements of the Cairo Consensus and Highlighting the Urgency for Action*, produced by UNFPA and the Population Reference Bureau, commemorates the first 15 years of the ICPD Programme of Action and calls attention to areas where accelerated action is needed to meet commitments made in 1994. It also examines the links between the many areas of action outlined in the Programme of Action and some of the associated costs.[32] *Adding it Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, produced by the Guttmacher Institute and UNFPA, builds on previous work to provide up-to-date estimates of the costs and benefits of family planning coupled with maternal and newborn health services.[33] *Revised Cost Estimates for the Implementation of the Programme of Action of the International Conference on Population and Development: A Methodological Report*, produced by UNFPA's Technical Division, presents the methodologies used to produce updated and improved global estimates of the resource requirements to achieve the general objectives in the ICPD Programme of Action and the MDGs, related to the four components of the costed package.[34]

Creating a New Consensus on Population: The Politics of Reproductive Health, Reproductive Rights and Women's Empowerment, by Jyoti Shankar Singh, is a definitive account of how the international community has addressed issues such as population, reproductive health and rights, and women's empowerment. The book is an excellent reference source on the ICPD.[35] Following an expert group meeting on Population Dynamics and Climate Change, a report by the same name was published by UNFPA and the International Institute for Environment and Development.[36] A special section is included in the July 2010 issue of *Studies in Family Planning* on 'Reducing Inequities in Access to Family Planning and Reproductive Health Services'.[37]

Reports of the regional meetings have been published and are available on the Internet (see Annex 1, entitled ICPD-at-15 Events and Related Documents). In addition, some countries undertook assessments of progress in implementing the Programme of Action; a number of them have been published and can be downloaded from the Internet (a search engine can find a link to any available information through a search for 'UNFPA' and the name of a particular country).

In 2009, as part of its ICPD-at-15 communications strategy, UNFPA introduced its first social media platform, *Conversations for a Better World*. Its purpose is to raise awareness of global issues, specifically reproductive health, gender and population issues; connect them to the broader development agenda, including climate change and poverty reduction; and seek solutions.[38] The blog aims to "get people talking about how we can co-create a better world," with a new topic discussed each week.

WHY ICPD AT 15 WAS DIFFERENT

The ICPD-at-15 process was more decentralized than previous reviews and focused on country and regional implementation. No global survey was carried out in 2009 and no common template was developed to assess progress. Intergovernmental meetings were organized at the regional level, but not at the global level, except for the event at the General Assembly; the aim was to spotlight attention on practical implementation, with the goal of generating concrete recommendations.

By 2009, a financial and economic crisis that started in the developed countries of the North was being felt in many parts of the world. The economic downturn had and continues to have a major impact on the economies of both developed and developing countries and their social development policies and programmes, including those related to reproductive health. In addition, the global agenda had changed, first and foremost because of the financial crisis and to issues related to climate change, but also with regard to low fertility in some regions, population ageing, problems of 'vulnerable states',[39] and those states and individuals affected by emergencies. Reviewing the implementation of the ICPD Programme of Action against this backdrop clearly influenced the discussions. The financial and economic crisis also affected the ICPD-at-15 review process itself, since there was little inclination to spend a lot of money and divert attention away from implementation.

The ICPD-at-15 process was more decentralized than previous reviews and focused on country and regional implementation

SEPARATE MEETINGS, COMMON THEMES

The meetings that were held and that brought together various constituencies—ranging from ministers and other government representatives to parliamentarians, NGOs, youth and experts at the international and regional levels—shared common themes. Together they turned the process into a comprehensive review. The meetings also assessed the implementation of plans of action adopted in some regions, such as the Fifth Asian and the Pacific Conference Plan of Action on Population and Poverty and the *Dakar/Ngor Declaration* of the Third African Population Conference.

These meetings examined the full spectrum of issues included in the Cairo agenda. They reviewed progress to date, celebrated achievements and considered best practices and lessons learned. They also provided an opportunity to identify gaps still to be addressed and to make recommendations for future action, which were then included in various calls to action, recommendations and reports, which are reviewed in the following chapters.

What We've Learned: Achievements and Successes

> *"... In almost all countries ...new institutions have been built, older ones restructured, human and institutional capacities have been strengthened, and databases established for policy formulation and programme management, including monitoring and evaluation."*
>
> *African Regional Review Report*[40]

> *"... Reviews done by [the Economic and Social Commission of Asia and the Pacific, UNFPA, the International Planned Parenthood Federation, the Asia-Pacific Resource and Research Centre for Women (ARROW)] and other organizations had shown that countries in the region had all embraced and adopted the ICPD Programme of Action and the MDGs and had taken measures to meet the common goal of universal access to reproductive health by 2015."*
>
> *Dr. Raj Karim,*[41]
> *Former Regional Director, International Planned Parenthood Federation, East, South-East Asia and Oceania*

Although no global survey was undertaken of progress on the ICPD Programme of Action between 2004 and 2009, the various regional and national-level meetings and reports show that significant strides have been made, though data are not strictly comparable (see Box 2). This chapter highlights some of these achievements and successes, as described in the global and regional ICPD-at-15 review documents. It is not a comprehensive review of progress, nor does it present the significant challenges that remain, which are discussed in subsequent chapters. Rather, it provides concrete examples of what specific countries and regions have accomplished, which will hopefully serve as inspiration for others and from which lessons can be drawn.

BOX 2. A WEALTH OF DATA, THOUGH NOT NECESSARILY COMPARABLE

Numerous reports were compiled at the country and regional levels for the 15-year review of the ICPD in 2009, which focused especially on progress made over the previous five years. The methodology for collecting the substance of these reports varied greatly. They contain a wealth of information and analysis; however, they do not necessarily provide information that is comparable from one country to another or among regions.

The Africa region, for example, used a comprehensive questionnaire to which 43 out of 53 countries responded. The reports that were received from 13 countries in the Arab States region included analyses of achievements and progress towards the MDGs as they relate to the ICPD Programme of Action.[42] Progress was assessed in the Asia and Pacific region through country reports prepared for the regional forum, and the Eastern Europe and Central Asia region carried out a desk review. Countries in Latin American and the Caribbean responded to a series of questions that were used by the Latin American and Caribbean Region Demographic Centre as one of the sources for the report entitled *Latin America: Advances and Challenges in the Implementation of the Cairo Programme of Action, with an Emphasis on the 2004-2009 Period.*[43] The reports prepared at the national level were even more diverse, both in their scope and methodology.

This wealth of documentation provided not only examples of progress and achievements over the previous five years, but also the background information necessary for discussions that led to calls to action at the regional meetings.

PROMOTING FAMILY PLANNING

The ICPD-at-15 review process showed that, globally, modern contraceptive use has increased from about 47 per cent of women of reproductive age in 1990 to 56 per cent in 2007. Variations are found, however, from one region to another. The unmet need for family planning declined slightly from 17 per cent in 1990 to 15 per cent in 2005, although in some countries more than 40 per cent of women have a desire to delay or avoid pregnancy, but are not currently using contraception.

Many countries in Asia and the Pacific have developed policies on sexual and reproductive health, including family planning, and levels of contraceptive use in Asia have risen for a variety of reasons. These include a wider range of contraceptive choices for individuals and couples, discontinuation of incentives, an increase in women's education and a desire for smaller families. In some countries, such as the Philippines, resources are specifically allocated for reproductive health and family planning in national and local budgets; in others, such as in Fiji, specific budgets have been allocated for reproductive health commodities. Progress has also been made in promoting a legal environment that is conducive to family planning. In most, if not all, countries in the Pacific, a husband's signature is no longer required for a married woman to receive contraceptives.

In most, if not all, countries in the Pacific, a husband's signature is no longer required for a married woman to receive contraceptives

In Latin America, a Global Assurance of Reproductive Health Supplies Programme has been introduced that seeks to ensure better planning for and sustained availability of reproductive health commodities. Other initiatives have been undertaken in the region to increase their availability, by providing them free of charge to low-income groups in Chile, for example, and by centralizing procurement in Brazil. In Uruguay, the provision of a wide range of contraceptive methods has been included in the national budget. In Caribbean countries, family planning services are now widely available and emergency contraception is provided by all family planning associations. That said, only two Latin American countries, Ecuador and Nicaragua, are likely to approach the target of eliminating the unmet need for family planning by 2015 (target 5.B; MDG indicator 5.6).

In the Arab States, use of modern contraceptives has increased in Mashreq, Maghreb and Gulf Cooperation Council countries. In Oman, for example, services to provide contraceptive options to couples who wish to space pregnancies

and regulate a wife's fertility have been included as part of the country's maternal and child health-care programme.

In Africa, the overall contraceptive prevalence rate for modern methods reached about 20 per cent in 2007, with large variations within and among countries. Some countries, such as Madagascar, Sao Tome and Principe, and the Seychelles, have indicated that they are likely to achieve MDG target 5.B (universal access to reproductive health). Services, free of charge, have been expanded in others, including Burundi and the Comoros. The Poverty Eradication Action Plan of Uganda and Nigeria's poverty reduction strategy paper (PRSP) include family planning among their reproductive health priorities. Two thirds of women in Namibia are using modern methods of family planning, although nearly all women (98 per cent) in that country reported knowledge of contraceptive methods, according to the 2006-2007 Demographic and Health Survey (DHS). A number of countries have adopted reproductive health commodity security plans. In Lesotho, as in some other countries, community-based distributors have been trained to deliver family planning services. However, even where contraceptive prevalence has increased, unmet need often remains high, since demand tends to increase faster than programmes expand.

In the Central Asian republics, use of modern contraceptive methods is generally higher and reliance on traditional methods lower than elsewhere in Eastern Europe and Central Asia. Recent data show that 49 per cent of married women in Kazakhstan use modern contraception; out of an estimated 60 per cent of women who use some form of contraception in Turkmenistan, about 45 per cent use modern methods.

REDUCING MATERNAL MORTALITY AND MORBIDITY

It is widely recognized that MDG target 5.A (to reduce the maternal mortality ratio by three quarters) is unlikely to be achieved by 2015.[44] Nevertheless, maternal mortality is increasingly regarded as a human rights issue and is garnering political support at some of the highest levels of government. Some countries have made solid progress, particularly in improving access to antenatal care (an indicator for target 5.B) and trained attendance at birth. This year, both an external evaluation[45] and updated UN estimates for maternal mortality[46] for around 2008 suggest that progress has been made. The analyses differ in detail at the country level. Still, they both point out that overall progress has been insufficient to reach the target.[47] Most maternal deaths occur in sub-Saharan Africa and in South Asia. And for every woman who dies, 20 others suffer pregnancy-related disabilities; an estimated two million women live with fistula caused by injury during childbirth.

In the Arab States region, maternal mortality declined in some countries. In Egypt, for example, maternal mortality dropped from 174 to 45 women per 100,000 live births between 1990 and 2008; in Jordan it dropped from 150 to 38 women over the same time period. This progress is attributed to increases in deliveries by skilled health personnel, the number of pregnant women who receive at least four antenatal care visits, and in the use of modern contraception. Tunisia, Lebanon and the Syrian Arab Republic also made progress, although major differences persist in different parts of Syria. In Oman, the government is encouraging women to use family planning and free medical and health resources. In that country, according to national reports, maternal mortality declined from 22 to 13.2 women per 100,000 live births from 1996 to 2006, and the fertility rate declined from 6.9 to 3.13 women from 1993 to 2007.

In Africa, countries such as Ethiopia, Gabon, Ghana, Madagascar, Malawi, Senegal and Sierra Leone have implemented programmes to reduce maternal mortality. Much has been achieved in awareness creation: all countries in the region recognize the importance of improving antenatal care within the framework of primary health care, skilled attendance at birth, basic post-natal and newborn care, access to basic and comprehensive emergency obstetric and newborn care, quality family planning services and post-abortion care.

Much of East Asia has reached high levels of coverage by skilled birth attendants, while in South Asia, increasing coverage has been slow. In India, the maternal mortality ratio has declined, although progress is insufficient to meet the MDG target, reinforcing the need for rapid expansion of skilled birth attendance and emergency obstetric care. Guidelines have been developed for medical officers in the normal delivery and management of obstetric complications at primary health-care centres; guidelines have also been drawn up for 'Lady Health Visitors', who provide antenatal care and skilled attendance at birth. The maternal mortality ratio has continued to fall in Sri Lanka—from 47.0 in 2002 to 38.3 in 2006. This is attributed to a variety of factors, including increased access to antenatal care services, referral

to higher levels of care, when required, and the fact that nearly all deliveries are now taking place in health facilities attended by trained midwives or medical doctors.

In Eastern Europe and Central Asia, more than 95 per cent of women receive antenatal care by a trained provider, in many cases a medical doctor, at least once; rates of skilled attendance at birth are very high, with the exception of Tajikistan and Turkey. Nevertheless, maternal deaths are underreported in many countries and maternal mortality ratios remain comparatively high as a result of poor quality care. The region's abortion ratio has dropped from 1,049 per 1,000 live births to 493. Although abortion is legal in all countries of Eastern Europe and Central Asia, it is not always safe, and in some cases is performed by unskilled providers or carried out in unsafe conditions, thereby contributing to maternal mortality and morbidity, including infertility.

In Latin America, a wide range of legislative and other measures have been introduced to reduce maternal mortality rates, which are still unacceptably high. These include the adoption of the 2009-2015 National Strategic Plan for the Reduction of Maternal and Perinatal Mortality in Peru; within that framework, comprehensive health insurance coverage has been strengthened. The 2008-2015 Mother and Child Mortality Strategy in Honduras seeks to reduce maternal as well as infant mortality. The *Arranque Parejo en la Vida* programme in Mexico works to provide quality health information and services for a healthy pregnancy and safe delivery for all Mexican women. In the Dominican Republic, antenatal care coverage exceeds 90 per cent, and two other countries, Brazil and Peru, are also approaching that level. Peru and Haiti saw the largest increases in prenatal care between the end of the 1990s and the recent past—increases which, in Haiti, have been jeopardized by the January 2010 earthquake.

In Latin America, a wide range of legislative and other measures have been introduced to reduce maternal mortality, which is still unacceptably high

Deaths from unsafe abortions are a problem in many countries. Globally, unsafe abortions are responsible for a declining but still significant share of maternal mortality.[48]

PREVENTING HIV

The spread of HIV has become a growing concern in all regions during the past 15 years, with the number of people living with the virus worldwide reaching an estimated 33.4 million. Measures have been put in place and some progress made in preventing transmission and in providing treatment for those already infected at the country level. For example, recent household surveys show significant declines in the number of new infections in the Dominican Republic, the United Republic of Tanzania and among women in Zambia.[49]

Household surveys show significant declines in the number of new HIV infections in the Dominican Republic, the United Republic of Tanzania and among women in Zambia

In Africa, several regional commitments have been put in place, namely, the African Health Strategy,[50] the Maputo Plan of Action for the Operationalization of the Continental Policy Framework for Sexual and Reproductive Health and Rights,[51] and the *Abuja Call for Accelerated Action towards Universal Access to HIV and AIDS, Tuberculosis and Malaria Services in Africa*.[52] African countries have also scaled up efforts to combat the HIV pandemic. Countries such as Lesotho, Malawi, Mauritius, Nigeria and Uganda have taken steps to develop policy, technical guidelines and protocols as well as to reform service delivery mechanisms, with the aim of integrating efforts against HIV into reproductive health programme and services. A big push is under way for evidence-based research for the management of AIDS programmes, and drugs to combat HIV and AIDS have been made affordable and available to people most in need. Innovative health-care financing, including free care, has been instituted in countries such as Kenya and Mauritius and free extension services are provided in countries including Ethiopia.

Out of 27 countries in Latin America and the Caribbean, 17 are likely to reach MDG target 6.A: "Have halted by 2015 and begun to reverse the spread of HIV/AIDS." Three of these countries—the Bahamas, the Dominican Republic and Honduras—have managed to reduce the prevalence of HIV by implementing programmes focused on sex work.[53, 54] A ministerial declaration, *Prevention through Education*, was signed in Mexico City in August 2008 to help curtail HIV and other sexually transmitted infections in Latin America and the Caribbean. In the Caribbean, efforts to scale up HIV prevention have been undertaken and antiretroviral drugs have been made more widely available in all countries at limited or no cost. Advancements have also been made in reducing mother-to-child transmission of HIV and promoting the use of male condoms.

The Arab States region is generally considered 'low risk' for HIV prevalence, although the incidence of HIV is increasing. National HIV/AIDS programmes have been set up, committees established and other measures introduced in parts of the region. In Yemen, for example, a national programme has focal points in 21 governorates; Djibouti has developed a multisectoral strategic framework to guide the coordination of HIV actions; and the Sudan has launched a national project for fighting HIV, with the Government of Southern Sudan forming a National AIDS Council. Tunisia has launched a comprehensive programme for service delivery in prevention, counselling, testing and

condom distribution, and Egypt and Jordan have established anonymous AIDS hotlines. The Syrian Arab Republic has introduced an AIDS education programme for out-of-school youth and Lebanon has prepared a national AIDS plan for 2004-2009.

In Asia and the Pacific, good practices and experience to date have demonstrated that it is both possible and affordable to roll back the epidemic. However, it is important to link programmes with activities to address gender inequalities, stigma and discrimination associated with HIV, and the marginalization of populations most at risk. To do so, several countries have established institutional links between STI management, HIV prevention and reproductive health programmes. Significant progress has also been made in the development of regional initiatives to integrate sexual and reproductive health and STI/HIV prevention through the Asia Pacific Operational Framework for Linking HIV/STI Services with Reproductive, Adolescent, Maternal, Newborn and Child Health Services.

In Asia and the Pacific, good practices and experience to date have demonstrated that it is both possible and affordable to roll back the HIV epidemic

In Eastern Europe and Central Asia, national HIV prevention strategies are being implemented. Such strategies include condom distribution to populations at higher risk and needle-exchange programmes for injecting drug users, along with educational materials targeted to schools and provided through peer education and social marketing programmes. In the Ukraine, for example, a national programme for voluntary counselling and testing of all pregnant women has been implemented in antenatal clinics. The goal is to provide free HIV testing in the routine package of antenatal tests, as well as pre- and post-test counselling with informed consent. A referral system has been established for women who test positive for the virus.

ACHIEVING GENDER EQUALITY

> *"... Political participation of women in Latin America and the Caribbean has grown, and the fact that three countries in the region, such as Argentina, Chile and Jamaica, have recently been governed by women is an outstanding achievement that speaks of their capacity to contribute to the democratic transformation of societies that grants them visibility and contributes to symbolic and cultural change and empowerment."*
>
> *Latin America: Advances and Challenges in the Implementation of the Cairo Programme of Action, with an Emphasis on the 2004-2009 Period*

Noticeable progress has been made in recent years towards women's empowerment. Measures have been taken to ensure that the necessary legal policies and frameworks are in place to move towards gender equality. And major advances in terms of women's participation in decision-making bodies are also being made. Furthermore, gender-based violence and violence against women are receiving greater attention as a result of major campaigns, such as *UNITE to End Violence against Women*, launched in 2008 by the UN Secretary-General.

Among notable examples of progress in Africa: The African Union adopted a gender policy as a framework for promoting women's empowerment, especially in Member States,[55] along with other legal frameworks and policies, including the *Solemn Declaration on Women's Rights*[56] and the *Protocol on Human and Peoples' Rights and the Rights of Women*,[57] which aims to guide national governments in developing related policies and programmes. Moreover, most countries in Africa have put legislative measures in place, including the National Civil Society Law (2007) in the Sudan. A steady increase can be seen in women's political participation and representation in most African countries. Rwanda leads the world in the share of women members of parliament: 57 per cent. The

first democratically elected female head of state in Africa was inaugurated in Liberia in 2006, and female parliamentary representation exceeds 30 per cent in Mozambique, Namibia, South Africa and several other African countries.

Rwanda leads the world in the share of women members of parliament—57 per cent—and the first democratically elected female head of state in Africa was inaugurated in Liberia in 2006

In the Arab States, some improvements can be seen in girls' education and female literacy. For example, the rapid progress towards universal primary education that has occurred in some parts of the region is accompanied by progress in advancing girls to secondary and tertiary education. In Egypt, for example, girls have overtaken boys at some levels of education, although gender gaps persist in literacy and enrolment. Women's education in the Syrian Arab Republic has improved to the extent that the ratio of girls to boys increased at all levels of education in 2007. That year, there were 91 girls for every 100 boys in primary school and 109 girls for every 100 boys in secondary school, up from 84.7 and 77 per cent, respectively, in 1990. Girls' education in that country has also led to a decline in teenage fertility.

In Asia, the Indian Eleventh Five-Year Plan for development acknowledges gender as a theme that cuts across sectors and the importance of women's agency. It proposes a five-pronged agenda for gender equity, which includes economic, social and political empowerment. A Gender Reform Action Plan has been introduced in Pakistan at the national and provincial level to make planning and budgetary processes more gender-sensitive. Countries such as Mongolia, Malaysia, the Philippines and Thailand have higher ratios of girls to boys in school at the secondary level.

ELIMINATING GENDER-BASED VIOLENCE

Gender-based violence persists worldwide despite policies of 'zero tolerance' in many countries. Latin America has introduced a third generation of laws against gender-based violence in the past five years. Brazil's Maria da Panha Law, for example, is one of the most advanced in the world. The law provides a variety of legal protections, including special courts, preventive detentions for severe threats, increased penalties for perpetrators, and positive actions to assist women, including vulnerable domestic workers, and to educate the population.[58]

Latin America has introduced a third generation of laws against gender-based violence; Brazil's is one of the most advanced in the world

In all Caribbean countries, criminal sanctions are in place for sex offences, including rape, indecent assault, trafficking and the abduction of women. The legal frameworks, moreover, provide civil and penal measures for cases of

assault, including gender-based violence, to ensure speedy action when injunctions and protection orders are issued. Asian countries, including Mongolia and Thailand, have also introduced policies and programmes to address gender-based violence where trafficking is a major concern. In Eastern Europe and Central Asia, Romania is one of the few countries that have a stand-alone law on domestic violence, which took effect in 2003 and covers physical, psychological and sexual violence. Ukraine's Law on the Prevention of Domestic Violence (2001) covers violence against women, including rape, but excludes marital rape. Bulgaria passed a law on Protection against Domestic Violence (2005), and Georgia now has a law on the Elimination of Domestic Violence, Protection and Support for survivors (2006).

Measures have also been taken to protect girls. In Africa, for example, the Democratic Republic of the Congo, Gabon, Ghana, Madagascar, Nigeria, Senegal, Sierra Leone and the United Republic of Tanzania reported a range of actions, including the ratification of various international conventions and the enactment of national legal frameworks. Specifically, Nigeria passed the Child Rights Act (2003) and the United Republic of Tanzania revised its labour law to prohibit employment of children under 14 years of age. To discourage early marriage, Sierra Leone passed the Marriage Act (2008), which increased the minimum legal age for marriage to 18 years.

MEETING THE NEEDS OF ADOLESCENTS AND YOUNG PEOPLE

In many developing countries, 30 per cent to 49 per cent of the population are under the age of 15. Issues related to adolescents and youth have therefore become increasingly important, with policies and programmes being developed to address their involvement in society, along with their specific sexual and reproductive health needs.

The ICPD-at-15 process showed that significant progress has been made in developing and implementing policies and programmes aimed at the social and economic empowerment of young people in several countries in Africa. In Mozambique, Uganda and the United Republic of Tanzania, for example, special provisions have been introduced for youth participation at subregional and national levels. In Ethiopia, in addition to the formulation of the National Youth Policy in 2004, youth issues have been mainstreamed into the Plan for Accelerated and Sustained Development to End Poverty (PASDEP) for 2006-2010. Meanwhile, Benin, Lesotho and Senegal have carried out projects aimed at promoting youth employment as a strategy for poverty reduction and to create an enabling environment for promoting employment and enterprise among young people.

All countries in the Africa region have developed strategies for addressing adolescent sexual and reproductive health, with programmes for in- and out-of-school youth in countries such as the Democratic Republic of the Congo, Gabon, Ghana, Lesotho, Mauritius, Nigeria, Senegal, Uganda and the United Republic of Tanzania. Uganda's programme has led to a reduction in teenage pregnancies; in Ghana it has yielded an increase in adolescent contraceptive use; and in conflict-affected and post-conflict countries such as the Democratic Republic of the Congo, the programmes have facilitated the rehabilitation and reintegration of child and youth ex-combatants into society. HIV prevention programmes, specifically targeted at girls and boys, have been introduced in Benin, Namibia, South Africa, Uganda and the United Republic of Tanzania.

In Asia and the Pacific, meeting the sexual and reproductive health needs of adolescents and young people remains a challenge, and increasing the availability of youth-friendly information and services has largely been limited to plans and policies. Nevertheless, efforts are being made in some countries, including Thailand, to scale up youth-friendly services. Significant progress is also being made to incorporate the reproductive health and rights of young people into key policies and strategies in other countries, such as Cambodia. The Reproductive Health Initiative for Youth in Asia (RHIYA), a collaborative project of the European Union and UNFPA, has been carried out in seven Asian countries (Bangladesh, Cambodia, the Lao People's Democratic Republic, Nepal, Pakistan, Sri Lanka and Viet Nam) and involves numerous national NGOs. The initiative has piloted innovative approaches for reaching adolescents of varied backgrounds with information, counselling and services related to reproductive and sexual health.

In Eastern Europe generally, adolescent birth rates fell between 2000 and 2007, most noticeably in Armenia, Georgia, Republic of Moldova and Turkey, although other countries still have rates above 30 per 1,000 women aged 15-19. In Belarus and Ukraine, abortions in this age group have declined significantly. Family life education has been made more available in the region along with peer and life

skills education. In Turkmenistan, for example, life skills courses are now mandatory in all grades of secondary school and have been included in Uzbekistan's curriculum.

In Eastern Europe generally, adolescent birth rates fell between 2000 and 2007, most noticeably in Armenia, Georgia, Republic of Moldova and Turkey

In Latin America, it is now recognized that, in addition to services tailored to the needs of adolescents and developed in consultation with them, sexual education should be included in formal as well as informal education. Much remains to be done, though concrete measures have been undertaken in countries such as Argentina, where a national law to that effect was adopted in October 2006. In Colombia, an Education Programme for Sexuality and Citizenship-Building has been under way since 2008; one of its aims is to generate teaching practices that foster an understanding of sexual and reproductive rights. In Costa Rica, a National Youth Survey has been carried out to measure the relevance of several institutional programmes, projects and services for young people. And in Chile, a new health policy focuses on improving the health of young people, empowering adolescents and youth, and training teams of health-care personnel to work with young people. A series of activities has been carried out in Haiti, including the creation of 17 youth-friendly health centres that have reached over a million young women and men. The continuity of this effort is uncertain following the devastating earthquake in that country.

ADDRESSING MIGRATION

Issues related to migration are of concern to countries worldwide, ranging from the protection of human rights to the role of remittances in national economies. For many developing countries, the loss of skilled workers, particularly highly trained health-care professionals, has resulted in serious 'brain drain'. This situation is now being addressed with the introduction of the *World Health Organization's Global Code of Practice on the International Recruitment of Health Personnel*, adopted by the World Health Assembly in 2010.[59] Internal migration is both an opportunity and a concern in many developing countries as the flight from rural to urban areas contributes to increasing urbanization.

The ICPD-at-15 review process showed that, in Asia and the Pacific, substantial progress has been made in many countries in introducing or strengthening policies aimed at regularizing labour migration. These include the establishment of the Ministry of Expatriate Welfare and Overseas Employment in Bangladesh in 2001 and the establishment of the National Agency for Placement and Protection of Indonesian Overseas Workers in 2006. The Government of the Philippines, a country that is heavily involved in international labour migration, has focused its efforts primarily on ensuring the protection, welfare and human dignity of migrant workers, for which several policy and programme initiatives have been put in place. Some Pacific islands, most of which have net outward migration, have open access to New Zealand and some island citizens can move without restriction. The volume of remittances has also increased rapidly throughout the region.

Substantial progress has been made in many Asian and Pacific countries in introducing or strengthening policies aimed at regularizing labour migration

In Africa, 16 out of 40 countries have ratified the *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families*,[60] and 11 of these countries are already implementing the convention. Out of 40 responding countries, 19 have ratified and 14 are implementing the *United Nations Convention against Transnational Organized Crime*[61] and its supplementary protocols. In addition, several African countries have adopted measures to address international migration concerns, including the promotion of return migration of skilled workers.

In the Caribbean, several countries have taken steps to include migration in development planning and have made efforts towards the formulation of policies to manage its impact.

In Eastern Europe and Central Asia, economics currently drives migration flows, which are both large by international standards and unique in that the region is both a major receiver and sender of migrants, as well as a point of transit. For many countries in the region, remittances are the second most important source of external financing after foreign direct investment; for the poorest countries, they are the largest source of outside income. Migrants' funds, for example, represent over 20 per cent of gross domestic product (GDP) in the Republic of Moldova and in Bosnia and Herzegovina, and 10 per cent in Albania, Armenia and Tajikistan.[62]

Remittances are also recognized as 'a necessity, not a concession' in El Salvador in Latin America, where migrants remit 10 per cent of what they earn in the United States, contributing up to 18 per cent of the country's GDP.[63]

In the Arab States region, priorities revolve around establishing communication between migrants and their home communities and creating an enabling environment and incentives for voluntary return.

Internal migration, which accelerates and exacerbates urbanization, provides opportunities for development, but with challenges for both sending and receiving communities. Since cities are major engines for economic growth, better planning and service provision are needed to mitigate negative aspects of internal migration and maximize benefits. In Latin America, internal migration is recognized as the main factor underlying demographic growth in urban areas. In many African countries, internal migration is an important factor in increasing urbanization. In South Africa, however, though flight from rural areas is a strong driver of urbanization, the major source of urban population growth is natural population increases. The Government of Mozambique has recognized the impact of exodus from the rural economy and has also identified the internal brain drain that it is causing. In Asia, the Government of Mongolia is taking measures to ease the transition of rural-urban migrants, and to ensure that services reach rural populations spread over vast areas to discourage internal migration.

PROTECTING AGEING POPULATIONS

Fifteen years after the ICPD, many countries are experiencing declining fertility and a rapid growth in the proportion of older populations. In Latin America and the Caribbean, this has led to reforms in pension and health systems, social protection regimes, including the provision of long-term care, and the allocation of resources. In response to increasingly ageing populations, some countries in Eastern Europe and Central Asia have undertaken research leading to the adoption of national action plans related to ageing.

China's population of seniors exceeds 100 million persons—the largest group of people aged 60 or over in the world. It recognizes the importance of taking measures to improve urban old-age security systems, to expand old-age insurance coverage and to address the needs of the elderly in rural areas. In India, under the National Old Age Pension Scheme (NOAPS), a monthly old-age stipend is provided to the destitute and those aged 65 and older. The response has been positive from the poor and state governments alike and many states are matching these amounts or extending coverage of the scheme. In addition, the Annapurna scheme provides food security to eligible elderly people who are not covered under NOAPS. The Government of Mongolia has introduced a Law on Social Insurance for men over 60 and women over 55.

With the largest group of people aged 60 or over in the world, China recognizes the importance of taking measures to improve urban old-age security systems

In the Pacific subregion, the extended family is the main provider of care and social security for the elderly, and it is expected to continue that function in the future. In contrast, in Latin America, the state is recognized as responsible for providing for the needs of the elderly, and in the Caribbean, all governments have introduced programmes and interventions for their social protection. Countries in the Arab States region also recognize the importance of addressing the needs of seniors and are promoting relevant research.

The examples cited in this chapter are evidence that strides have been made towards realizing the vision of the ICPD. Progress has, however, been uneven, and much work remains. The next chapter highlights some of the key recommendations emanating from the ICPD-at-15 process to accelerate progress and reduce gaps in implementing the Programme of Action.

Correcting Course: Recommendations for Action

This chapter focuses on recommendations resulting from the ICPD-at-15 review process, which seek to accelerate implementation of the Programme of Action and increase the impact of resulting policies and programmes.[64] Some of the recommendations clearly showed a change of course or emphasis, reflecting changes that have occurred at the global level. And with less than five years to go, this is a final opportunity to fine-tune global, regional and national implementation processes.

In addition to issues discussed in the previous chapter, others have been identified that will affect implementation and have been included to varying degrees in the ICPD-at-15 processes and outcomes. They include the role of various partners. In addition, new areas of concern have emerged or become more prominent in the years since the Cairo conference. Among these are disaster preparedness and humanitarian response, along with climate change, which are discussed below.

SEXUAL AND REPRODUCTIVE HEALTH

The 15-year review of the ICPD Programme of Action clearly showed that actions to support sexual and reproductive health are no longer being implemented in isolation, but are now firmly embedded within health systems. As such, they benefit from measures taken by countries to strengthen health systems overall. Conversely, they are constrained where health systems are weak or inadequate, particularly in crisis and post-conflict countries. At the same time, it is apparent that sexual and reproductive health is being addressed within the MDG framework, particularly in efforts to support MDG target 5.B (universal access to reproductive health by 2015).

REAFFIRMING THE CONCEPT

The ICPD Programme of Action clearly defines sexual and reproductive health and sets goals for its achievement by 2014. These goals have underpinned the provision of information and services over the past 15 years.

During the review, the concept of sexual and reproductive health as outlined in the Programme of Action was reaffirmed in all regions. But while progress has been made, concern was expressed at the inequities that still exist in access to services; the lack of integration of sexual and reproductive health services with HIV/AIDS services; and the lack of resources to ensure that services are adequate. Across regions, the need for quality health services, which are available, accessible and acceptable, was reaffirmed. Urgent action was therefore recommended to provide universal access to comprehensive, integrated, gender-sensitive and quality sexual and reproductive health services through strengthened health systems. In addition, it was noted that community support should be mobilized, including to forge stronger links between sexual and reproductive health and HIV prevention, and that services should be improved to make them more equitable, culturally sensitive and socially acceptable. It was also widely acknowledged that challenges to reproductive health and the rights of women and adolescents posed by local customs, beliefs and practices should be addressed. A further challenge facing countries in providing services is the need to protect achievements already gained and to avoid any backsliding in terms of access, availability, quality and cultural relevance.

REPOSITIONING FAMILY PLANNING AS A KEY COMPONENT OF SEXUAL AND REPRODUCTIVE HEALTH

Repositioning family planning as an essential element of reproductive health is a priority task across regions, especially in populations with persistently high fertility rates.[65] This point was emphasized at a technical meeting on Reducing Inequalities: Ensuring Universal Access to Family Planning as a key component of sexual and reproductive health, held in New York City in 2009. Although contraceptive prevalence has increased, according to the ICPD-at-15 review, unmet need for family planning remains high, particularly among disadvantaged populations, and is hindering the achievement of related reproductive health goals. Calls have been issued to address the causes of unmet need for family planning in Africa, in Asia and the Pacific and in other regions. The role of the private sector in providing services to hard-to-reach communities was highlighted in Africa and in Europe and Central Asia.

Although essential in preventing unwanted pregnancies, there was little mention in the review process of emergency contraception. Family planning associations in the Caribbean reported that it is being provided; emergency contraception was also addressed in the *Addis Call to Urgent Action for Maternal Health* at the 2009 High-Level Meeting on Maternal Health in Ethiopia. Similarly, only limited references were found to the promotion of condom use as an aspect of safer sex, with the exception of Africa and the Caribbean, where the HIV epidemic has been a major concern during the period under review.

Although contraceptive prevalence has increased, unmet need for family planning remains high, particularly among disadvantaged populations

REPRODUCTIVE HEALTH COMMODITY SECURITY

During the 15 years since the adoption of the ICPD Programme of Action, increasing attention has been paid to reproductive health commodity security (that is, ensuring regular and affordable availability of a range of effective and accepted supplies for family planning and reproductive health). Countries in Asia and the Pacific as well as in Africa recognized the importance of adequate investment in this area and of ensuring the availability of essential drugs, commodities and supplies. Countries in Eastern Europe and Central Asia stressed the importance of strengthening funding mechanisms in light of inadequate access to such commodities. And Latin America focused on increasing funding for essential supplies, such as contraceptives. At the High-Level Meeting on Maternal Health, governments were called upon to increase budgets for reproductive health supplies in the *Addis Call to Urgent Action for Maternal Health.* Similarly, the *Kampala Declaration* includes extensive recommendations for the provision of reproductive health commodities.

SEXUAL AND REPRODUCTIVE HEALTH IN THE CONTEXT OF PRIMARY HEALTH CARE

The ICPD Programme of Action recommends that reproductive health care be provided through the primary health-care system,[66] and that governments should work to increase the accessibility, availability, acceptability and affordability of health-care services and facilities for all people in accordance with national commitments to provide access to basic health care for all.[67] After 1994, there was a move away from a primary health-care approach, although it is once again being encouraged. In the ICPD-at-15 review, it was specifically recommended that health systems should support integration of reproductive health in primary health care and the continuum of care and ensure that services are expanded to reach poor and vulnerable populations, including those caught up in a humanitarian emergency.

Recently, calls by government leaders have grown stronger in demanding that greater emphasis be placed on strengthening health systems. This was reflected in the ICPD-at-15 outcome recommendations, calls to action and reports, together with motions to improve and maintain health systems infrastructure and health management information systems and ensure sustained investment in these areas. Decentralization and privatization were also addressed in the ICPD-at-15 outcomes, especially to safeguard access to quality services for poor and marginalized groups. In addition, recommendations called for the introduction of evidence-based standards and protocols, where they are not already in place. It was noted that health systems should be gender- and culturally sensitive and community-oriented, and that transparency and accountability are key.

Calls by government leaders have grown stronger in demanding that greater emphasis be placed on strengthening health systems

FINANCIAL REQUIREMENTS AND THE BENEFITS OF INVESTING IN SEXUAL AND REPRODUCTIVE HEALTH

> *"At the Cairo conference an estimate was was made and agreement was reached on the financial flows which, at that time, were considered necessary for implementing the Programme of Action. But with the passing of time, those estimates are no longer accurate, and the financial agreements have only been partially fulfilled. Current needs are much higher than those calculated in 1994. The lack of sufficient funds continues to be a significant obstacle to the full compliance with the goals that arose out of the Cairo Conference and the Millennium Summit."*
>
> *Latin American and Caribbean Regional seminar on Progress Made and Key Actions for the Implementation of the Cairo Programme of Action 15 Years after its Adoption*[68]

New cost estimates

The ICPD Programme of Action includes an estimate of the resources required to implement a basic package of interventions comprising family planning, pregnancy and delivery care, prevention of sexually transmitted infections (including HIV), and basic population and reproductive health data and policy analysis. For 15 years, the estimate of $20.5 billion per year in 2010, increasing to $21.7 billion in 2015, was retained without review or change. On the occasion of ICPD at 15, and in light of new circumstances, UNFPA held a technical consultation that resulted in a re-estimation of costs. Among the factors influencing this decision was the fact that overall costs have risen; additional programme elements recommended in the Programme of Action needed to be added to the total; health system and programme support investments were not explicitly identified in the original estimates; only a portion of the resources needed for responding to the AIDS pandemic had been initially included; and data and research requirements needed to be revised to address expanded health system and demographic data needs. These new estimates were presented to and accepted by the Commission on Population and Development in April 2009 within its annual report on resource flows for population and development.[69]

The methodology for deriving the new estimates is explained in a UNFPA report entitled *Revised Cost Estimates for the Implementation of the Programme of Action of the ICPD: A Methodological Report*. The projected annual costs for an expanded package of services are $64.7 billion in 2010, rising to $69.8 billion in 2015. The primary reason costs have risen is related to the use of updated estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) for a full set of interventions related to HIV prevention, treatment, care and support ($32.5 and $36.2 billion, in 2010 and 2015, respectively). In addition, a more detailed analysis of service delivery needs for family planning and maternal health increased the costs of these components. Health-system programme costs were added to direct service delivery requirements, including salary increases to encourage the retention and performance of trained health-care providers. Delivery services were revised to include resource allocations for emergency obstetric care (basic and comprehensive), including interventions above the primary health-care facility (to which the 1993 estimates were restricted). The revised estimates for reproductive health also include additional estimates for services not included in the original estimates: services addressing reproductive tract cancers and services for persons in emergency situations. The population data, policy and research requirements were analysed in more detail, including requirements for the 2010 census round, improvement of vital registration systems and a regular programme of household surveys.

The revised estimates highlight the continued shortfall in funding from domestic and international sources, 15 years after Cairo. This shortfall exists despite the progress that has

been made in investing in reproductive health, as described in the following section.

The financial and other benefits of meeting unmet need

Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health was produced collaboratively by the Guttmacher Institute and UNFPA. The publication updates and expands upon a 2003 analysis of the costs and benefits of investing in family planning. Furthermore, it presents the current costs and the gains that could be realized by immediately satisfying all unmet need for contraceptives and, at the same time, reaching a significantly higher level of coverage of maternal and newborn health services. It also documents the gains that have already been made through current levels of coverage.

At present, 215 million women globally have an unmet need for modern contraceptives (that is, women who want to space or limit births but are not using any method of family planning or using a traditional method that is less effective than modern contraceptives). Meeting this unmet need and expanding coverage of maternal and newborn health services is estimated to require a doubling of funding from all sources combined. However, successful scaling up of these services could, in combination, reduce maternal mortality by 70 per cent and reduce infant and child mortality by over 40 per cent. Furthermore, reaching these heightened coverage levels together could realize considerable cost savings and improve effectiveness over expanding maternal and newborn health interventions alone.

Scaling up services could reduce maternal mortality by 70 per cent and infant and child mortality by over 40 per cent, with considerable cost savings

STRENGTHENING HUMAN RESOURCES FOR SEXUAL AND REPRODUCTIVE HEALTH DELIVERY

A major problem facing governments in all regions seeking to provide quality health services, including those related to sexual and reproductive health services, is the shortage of skilled health workers, especially in rural and remote areas. Despite calls for skilled providers in the ICPD Programme of Action and Key Actions, the need to upgrade skills continues to be a key concern, which was reflected at regional and other 15-year review meetings.

Specific recommendations were made in this regard during the ICPD-at-15 review, including a call for skilled health workforces, particularly at the primary-care level, together with strengthened referral and response systems and evidence-based monitoring and evaluation systems. It was also noted that such workforces should deliver quality, integrated services, including those required for emergency obstetric care, the treatment of sexually transmitted infections, and family planning. Among the other recommendations: strengthening partnerships between skilled birth attendants and traditional birth attendants; providing training, as required, for reproductive health providers in HIV/AIDS prevention and care in order to scale up access to counselling, testing and post-test services; and increasing and sustaining the capacity of providers to deliver client-focused services, with an emphasis on culturally sensitive delivery methods and eliminating stigma and discrimination. Retention of skilled health-care providers was a major concern in various regions. It was also noted that policies and programmes should be introduced to address the 'brain drain' of skilled health workers so that achievement of the ICPD Programme of Action and the health-related MDGs is not undermined.

THE MDGS, SEXUAL AND REPRODUCTIVE HEALTH AND REPRODUCTIVE RIGHTS

> *"With five years left to implement the ICPD Programme of Action and achieve the MDGs, which are integrally linked, we call on local, national and international decision-makers to join with non-governmental organizations (NGOs) to establish and implement concrete, practical, and fully funded actions for ensuring sexual and reproductive health and rights."*
>
> NGO Berlin Call to Action

One of the most significant factors influencing policies globally in the 15 years since Cairo has been the introduction of the MDGs and the subsequent inclusion of MDG target 5.B on universal access to reproductive health. It is clear from the recommendations, calls to action and other outcome documents for the 15-year review that governments and other key actors are working towards the implementation of the ICPD Programme of Action in the context of the MDGs, using a holistic approach. The *Doha Declaration*, for example, refers to implementation of the ICPD Programme of Action "in harmony" with the MDGs, while the Africa region recognizes that the "ICPD goals are still valid, and all the countries in Africa are making efforts to achieve them, especially within the context of achieving the MDGs and national poverty reduction strategies." Commitment to achieving MDG5 is strong, as is the recognition that target 5.A (reducing maternal mortality) cannot be reached without target 5.B (universal access to reproductive health). Indeed, as stated in the recommendations from the regional Latin America meeting: "The MDGs will not be met if the target of universal access to reproductive health is not met by 2015."[70]

MATERNAL MORTALITY AND MORBIDITY

Complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age. Half a million women, 99 per cent of whom live in developing countries, die each year from pregnancy-related causes.[71] The ICPD Programme of Action includes among its objectives "a rapid and substantial reduction in maternal morbidity and mortality," combined with a "reduction of disparities between developing and developed countries and within countries."[72]

While large differences in the rates of maternal mortality and morbidity both among countries and within various parts of a single country constitute one of the greatest health inequities today, some countries have made progress in reducing maternal deaths. In ICPD-at-15 outcomes, governments, NGOs and others recognized that achievement of MDG target 5.B is a prerequisite for the achievement of target 5.A, together with the provision of skilled birth attendants and access to emergency obstetric care. In addition, it was noted that mechanisms should be strengthened to reduce financial and other barriers to enable poor women, including rural women, to access quality maternal health services, which should be available, accessible and affordable.

The high levels of maternal mortality due to unsafe abortion were recognized in particular in the 15-year review process in Latin American and the Caribbean and in Eastern

Europe and Central Asia. In line with the ICPD itself and the ICPD+5 review, the ICPD-at-15 outcomes called on governments to address unsafe abortion and provide access to post-abortion care, and to ensure that abortion is safe and accessible in countries where it is not against the law. The *NGO Berlin Call to Action* asks governments to address the consequences of unsafe abortion as a public health and human rights issue.

HIV AND OTHER SEXUALLY TRANSMITTED INFECTIONS

While the full dimensions of the AIDS pandemic were unknown at the time of the ICPD, relevant recommendations were included in the section on sexually transmitted infections and the prevention of HIV in the Programme of Action. Further recommendations were included in the ICPD+5 Key Actions. The year after the Millennium Summit, MDG6 was introduced, with its focus on combating HIV/AIDS, malaria and other major diseases.

The ICPD-at-15 recommendations and calls to action focused predominantly on HIV and AIDS, with fewer specific references to other sexually transmitted infections, with the exception of recommendations coming from Asia and the Pacific. The incidence of STIs is unacceptably high in many developing countries, and this is of particular concern since STIs predispose individuals to HIV infection, and because STIs can have a major impact on the health of pregnant women and their babies. Recognition of the role of the human papilloma virus (HPV) in a significant proportion of cervical cancers and the recent development of an HPV vaccine is a case in point. It was noted that greater emphasis should therefore be placed on STIs per se and also as part of sexual and reproductive health services.

The incidence of sexually transmitted infections is unacceptably high in many developing countries

General support was found in the ICPD-at-15 review for universal access to HIV prevention along with treatment, care and support for individuals living with HIV. The Africa region, for example, called for regional mechanisms for HIV prevention, which drew attention to the need for tailored approaches as well as the necessity to go beyond national borders. Full integration of reproductive health, including family planning and programmes related to HIV, was recommended in the ICPD-at-15 outcomes in Africa, Asia and the Pacific, and Eastern Europe and Central Asia, together with stronger links between sexual and reproductive health in general and programmes to combat HIV and AIDS.

ICPD-at-15 outcomes also noted that governments should address the gender dimensions of HIV and related reproductive health problems and that actions should be taken for the empowerment of women in order to reduce HIV prevalence. Prevention of mother-to-child transmission was also emphasized, with progress in that area noted in the Caribbean subregion. It was also recommended that special attention be paid to young people in general, since they are particularly affected by HIV, along with women, in regions such as Africa, Latin America and Eastern Europe. Stigma and discrimination remain widespread, especially in the Caribbean and in Asia and the Pacific. A rights-based approach was recommended, which would also encourage access to and use of sexual and reproductive health information and services.

Also promoted in the review process were protocols and legislation to ensure access to and use of sexual and reproductive health information and services as well as HIV prevention, treatment and care services. Governments were called upon to strengthen institutional and human capacity for the expanded delivery of related services by providing training for health workers to scale up access to counselling, testing and post-test services. Only limited references are found to the promotion of condom use as an aspect of safer sex, except in Africa and the Caribbean, where the HIV epidemic was a major concern during the period under review.

In general, the ICPD-at-15 review process recommended that evidence-driven and operational research on sexual and reproductive health and HIV be promoted and epidemiological surveillance supported. In addition, it was noted that data collection should be improved, including data on sexual behaviour and HIV prevention practices, particularly as they relate to young people.

GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN

GENDER EQUALITY

The ICPD Programme of Action addresses a broad range of gender issues, including those related to sexual and reproductive health and reproductive rights. It acknowledges that the empowerment of women and the improvement of their political, social, economic and health status are important ends in themselves and are essential for achieving sustainable development.

> *"Investing in the health and rights of women and girls is smart economics for families, communities and nations, especially during the financial crisis."*
>
> *High-Level Meeting on Maternal Health, Addis Ababa, Ethiopia, 2009*[73]

The recommendations and calls to action resulting from the 15-year review endorsed and built upon those in the ICPD Programme of Action. The review recognized that while countries have improved their gender machineries, deeply rooted structural gender inequity and harmful socio-cultural norms and practices persist. The ICPD-at-15 review called for the adoption or strengthening of necessary legislation in conformity with *CEDAW*. Calls were also made for the use of gender-responsive budgeting and financing.

Recognizing that improvements have been made in political participation, legislation was also called for, together with mechanisms to enable countries to move towards gender parity. Building the capacity of women and providing them with opportunities to work are prerequisites for their greater access to employment. It was noted in the ICPD-at-15 process that income-generating and management skills of women could be improved, 'protection mechanisms' made available and increased participation in their economic development facilitated.

In the Arab States region, it was recognized that women should be empowered "to benefit from equal opportunities in occupational mobility, especially at management, executive and political levels, and to address legal and cultural challenges."[74] Reducing inequities between women and men in areas such as pay and employment has become a priority for the Latin America and the Caribbean region, according to the review, which also drew attention to the burden placed on women as primary carers of children. More than half of all households in parts of the Caribbean are headed by single women, making them more vulnerable to poverty.

The ICPD-at-15 process clearly made the links between gender equality and women's health, particularly women's sexual and reproductive health. Harmful social and cultural norms and practices are seen as obstacles to gender equality, with specific references to the avoidance of practices such as early marriage and son preference.

The ICPD-at-15 process clearly made the links between gender equality and women's health, particularly women's sexual and reproductive health

Specific recommendations were also made with regard to women's sexual and reproductive health, including calls for strengthening accountability mechanisms. The persistent inequities in addressing maternal mortality, unwanted pregnancy and high rates of abortion, which are exacerbated by social, cultural, educational and economic conditions, were recognized. Gender roles and norms play a significant role in sustaining the high rates of abortion seen in some countries in Eastern Europe. Africa, in particular, called for measures to address the gender inequities of AIDS.

INVOLVEMENT OF MEN AND BOYS IN PROMOTING GENDER EQUALITY

The ICPD Programme of Action makes specific recommendations regarding men's crucial role in bringing about gender equality, achieving harmonious partnerships with women, and becoming fully involved in responsible parenting and family life.

While recommendations were included in the ICPD-at-15 review on the role of men, they did not add significantly to those set out in the Programme of Action. The Africa region recommendations showed that very little progress has been made in 'male involvement' in fostering gender equality. In contrast, the Eastern Europe region referred to documented and promising practices for engaging men and boys, which could be brought to scale and replicated in other areas of the region. At the same time, the Caribbean subregion expressed concern about the underachievement of boys in education, which is related to the role of men as parents and role models in public and private spheres.

GENDER-BASED VIOLENCE, HARMFUL PRACTICES, ABUSE AND TRAFFICKING

The ICPD Programme of Action addresses the elimination of violence against women,[75] and countries are called on to take "full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and children."[76] It also urges governments to prohibit harmful practices, including female genital mutilation/cutting, wherever they exist, and to support the efforts of NGOs and community organizations and religious institutions to eliminate such practices.[77] Furthermore, the Key Actions reiterate the need for 'zero tolerance' of harmful and discriminatory practices, including sex selection, female genital mutilation/cutting, rape, incest, trafficking, sexual violence and exploitation.[78] Other intergovernmental processes outside of the ICPD framework have raised attention to the vulnerability and rights of women in conflict situations.[79]

The pervasiveness and high levels of gender-based violence were reflected in the ICPD-at-15 recommendations and calls to action, as was the need for adequate policies, financial resources, monitoring mechanisms and procedures to prevent and combat violence against women. The principle of 'zero tolerance' was re-emphasized, together with the implementation of policies to eliminate violence, trafficking and exploitation. Trafficking for labour and sexual exploitation, particularly of young people, was recognized as a major concern.

The pervasiveness and high levels of gender-based violence were reflected in the recommendations and calls to action

ICPD-at-15 recommendations emphasized the implementation of an institutional approach through policies, laws and programmes and monitoring systems in conformity with the Beijing Platform for Action and *CEDAW*: National action plans should be developed and implemented, together with programmes for technical and financial capacity-building. There were also calls for an increased evidence base, better data collection and further research into the causes of gender-based violence, as well as on the effectiveness of measures to prevent and address violence. Non-governmental organizations, religious leaders and faith-based groups were asked to work with governments in addressing gender-based violence.

Despite the emphasis on harmful practices in the ICPD Programme of Action, there were few references to them in the ICPD-at-15 review. This may be because countries have included the issue in the broader framework of gender-based violence or human rights. This could be an area for future exploration.

ADOLESCENTS, YOUNG PEOPLE AND OTHER VULNERABLE GROUPS

ADOLESCENTS AND YOUNG PEOPLE

The ICPD Programme of Action draws attention to those countries with very large shares of their populations under the age of 15, due to declining child mortality and high fertility levels.[80] The importance of addressing the sexual and reproductive health needs of adolescents and their right to

receive such information and services is addressed, and the ICPD Programme of Action makes far-reaching recommendations that have led to the provision over the last 15 years to increased availability of youth-friendly services and sexuality/family life education both in and out of school.

> *"...There continues to be a disconnect between the age of marriage and the age of consent in many countries which inhibits access to sexual and reproductive health services and commodities by young people. There is a general recognition that young people are engaged in sexual activity at an early age and there is a need to protect them against early unplanned pregnancy and HIV infection. This should be addressed in the context of social protection and young people's access to education, employment and participation."*
>
> *Caribbean Subregional Meeting to Assess the Implementation of the Programme of Action of the ICPD 15 Years after its Adoption*[81]

By 2009, children born in 1994 were already adolescents and comprised the largest-ever generation of young people. The ICPD-at-15 recommendations and calls to action took a broader approach with respect to this important age group. The focus now is on creating space and empowering young people to participate in policy and programme formulation in the context of national development processes ~~so~~ they can become drivers of change. This is a major step forward from 15 years ago. The Arab States, for example, recommended that support be provided and national capacities enhanced to ensure that young people have the knowledge and skills to expand their choices in economic and political participation. Both the Arab States and Asia and Pacific regions proposed that issues and policies involving youth should be integrated into national development strategies and policies. In addition, the Arab States recommended the development and execution of related surveys and comparative indicators. The ministerial commitment document for the Africa region[82] recommended that more countries should ratify the *African Youth Charter*[83] and implement its Plan of Action; increase investments; and allocate adequate resources for the review, development and implementation of appropriate policies and strategies that are conducive to protecting and empowering youth.

The Arab States recommended that support be provided and national capacities enhanced to ensure that young people have the knowledge and skills to expand their choices in economic and political participation

Youth unemployment and need for quality secondary and tertiary education were recognized in the ICPD-at-15 review as concerns that need to be addressed. In the Africa region, youth unemployment was seen as a threat to peace-building efforts in countries such as Burundi, the Central African Republic, the Comoros and Liberia, and it was recommended that programmes to address it are explored as a priority. Efforts were also proposed to improve the livelihoods of young people in the region in both rural and urban development. The allocation of adequate resources for education and life skills development in addition to adequate employment opportunities were recommended in Eastern Europe and Central Asia.

The *Addis Call to Urgent Action for Maternal Health*, which resulted from the High-Level Meeting on Maternal Health, called for the provision of comprehensive sexual and reproductive health, education, information, services and supplies, including female and male condoms as well as emergency contraception, with full involvement of young people. This was echoed in regional calls to action. Better sexuality/family life education in schools was encouraged as well as comprehensive, youth-friendly sexual and reproductive health services that are widely available and are confidential, non-judgemental, accessible and based on recognition and respect for diversity. The review stressed that much remains to be done in this area and that lack of sexuality/family life

education, together with a paucity of information and services, contribute to the high levels of adolescent pregnancy in some regions, particularly among adolescents under the age of 15, who are not reflected in surveys and whose pregnancies often result from abuse, violence or coercion. The importance of addressing second pregnancies among adolescents was acknowledged, along with the rights of pregnant girls and adolescent mothers to remain in school.

The ICPD-at-15 review also suggested that special measures be taken to build upon and strengthen action to reach young people who are either geographically isolated or otherwise excluded. The particular needs of young people in areas of conflict or difficult circumstances were generally recognized, including those of children living and working on the street and those involved in trafficking, transactional sex, exploitation and violence, as well as those who may be abusing alcohol or drugs.

VULNERABLE GROUPS

Children, especially girls

In Africa, in particular, recommendations were made for policies, laws and programmes to improve the access of girls to education and to increase their enrolment at all levels of schooling. It was noted that girls should be supported in developing marketable skills and efforts made to ensure their retention in school, including secondary and post-secondary levels. The importance of immunization programmes to improve the health of children and their mothers was also emphasized. While laws have been enacted in many countries to establish a minimum age for marriage, the need for greater enforcement was noted. This is an important ongoing concern that has gained additional traction in recent years. The sensitivities concerning intergovernmental decisions regarding age at marriage have precluded deep discussion. The *Convention on the Rights of the Child* and the *Universal Declaration of Human Rights* offer relevant guidance.

Persons with disabilities

The Caribbean subregion, in particular, made specific recommendations with regard to persons with disabilities, recognizing that they comprise a significant proportion of the population. It was recommended that investment should be promoted that encourages the self-reliance of disabled persons and enables them to live with dignity. Recognition of the rights of persons with disabilities, including their sexual and reproductive health rights, has been further acknowledged outside the ICPD-at-15 process, though is consistent with it.

LEGISLATION AND RIGHTS

The ICPD affirms the application of universally recognized human rights, within the context of full respect for different religious and ethical values and cultural backgrounds.[84]

Fifteen years after the adoption of the ICPD Programme of Action, the recommendations and calls to action issued in 2009 reflected an increased emphasis on the institutionalization of national laws and protocols that protect human rights in a wide range of areas, including minimum age at marriage, sexual and reproductive health, the elderly, and violence against women. The recommendations from Latin America clearly stated that the region "has moved forward in

> *"All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."*
>
> *ICPD Programme of Action, Principle 8*

> *"[Reproductive rights] embrace certain human rights that are already recognized in national laws, international human rights documents, and other consensus documents."*
>
> *ICPD Key Actions, paragraph 3*

recognizing reproductive rights as an integral part of human rights" and that human rights have been fully integrated into many of the recommendations for the region. Furthermore, it was noted that countries should not only take account of the ICPD Programme of Action, but also "the recommendations of the bodies charged with monitoring treaty and human rights compliance."[85]

With respect to human rights, the ICPD-at-15 recommendations and calls to action focused particularly on the necessary mechanisms and procedures for their achievement. Emphasis is placed on ensuring the full realization of reproductive rights in Asia and the Pacific and the use of a rights-based approach in encouraging access to and use of sexual and reproductive health information and services in Africa. Reference was also made to the special needs of specific groups, such as migrants, refugees, displaced persons, young people and those subjected to gender-based violence. In addition, *CEDAW* was cited in connection with the promotion of gender equality.

NATIONAL DEVELOPMENT, POPULATION AND MIGRATION

NATIONAL DEVELOPMENT

A main focus of the ICPD Programme of Action is sustainable development, one of the cornerstones for poverty eradication. While the world is far different than it was 15 years ago, the same underlying concerns are as important today as they were in 1994. Many issues of relevance related to national development were addressed in the ICPD-at-15 review, and recommendations were made for future action. The Latin America region, for one, has made significant progress in improving living conditions and, up until 2008, had experienced an important cycle of economic expansion, during which poverty was reduced, although levels remain unacceptably high.

While the world is far different than it was 15 years ago, the same underlying concerns are as important today as they were in 1994

In Africa, ICPD-at-15 recommendations included support for strategies to address widespread poverty, especially in rural areas and among marginalized groups and for increasing "investment in the social sectors, especially health and [improving] agricultural and industrial productivity to enhance the competitiveness of African economies and to further reduce poverty."[86] The development of appropriate and cost-effective technologies to improve agricultural and industrial productivity was also encouraged.

POPULATION, DEVELOPMENT AND URBANIZATION

The ICPD Programme of Action views issues related to population as an integral aspect of development:[87] Population movements both within and between countries, the rapid growth of cities and unbalanced regional distributions of populations are seen as increasingly important challenges.[88] Furthermore, efforts aimed at slowing down population growth, reducing poverty, achieving economic progress, improving environmental protection, and reducing unsustainable consumption and production patterns are mutually reinforcing.[89] The Programme of Action also spells out the impact on development, particularly in terms of health, education and employment, of increasingly large populations of young people.[90]

With the exception of Eastern Europe, population growth in most UNFPA programme countries continues to be an important concern, which was reflected in the ICPD-at-15 recommendations and calls to action. The interrelationship between population and development was emphasized, recognizing that a conducive economic, political, social and cultural environment is a prerequisite for progress.

In this regard, the Arab States region urged the development and strengthening of national population institutions and commissions and the introduction of plans and programmes to improve their capacity. Investments in health and education were emphasized in Asia and the Pacific, to enhance the links between population dynamics and sustainable development, leading to higher productivity, more savings and faster economic growth. Given the importance of ensuring the balance between population and available resources and the need to address urbanization, the Africa region recommended that attention be paid to urban planning and the expansion of social and economic services and infrastructure in urban centres, including satellite towns. Moreover, it was also recommended that population distribution, urbanization and internal migration issues be integrated into policies and

programmes for poverty reduction and development in both rural and urban areas.

Although compliance of national systems for population statistics with international standards has improved, the strengthening of analytical, research and institutional capacities and policy-relevant data collection efforts were recommended, particularly in Eastern Europe and Central Asia.

For Latin America, rapid urbanization has spurred social protection and poverty-reduction policies, leading to improvements in well-being. Problems have, however, been identified, including the exclusion and segregation of disadvantaged groups, particularly in the areas of housing, infrastructure, services and employment. In the English- and Dutch-speaking Caribbean, population growth has dropped to around replacement levels and life expectancy is relatively high. Although widespread poverty is not an issue, pockets of deprivation are found in some countries.

DEMOGRAPHIC TRANSITION

The ICPD Programme of Action recognizes the need to ensure sustained economic growth in the context of sustainable development to meet the pressures of anticipated population growth and to facilitate the demographic transition in countries where an imbalance exists between demographic rates and social, economic and environmental goals.[91] Moreover, both countries that have and have not completed their demographic transition are urged to take steps to do so within the context of their social and economic development.

The ICPD-at-15 recommendations and calls to action recognized the importance of seizing opportunities afforded by the demographic transition, while recognizing the human rights of those directly affected and not undermining the rights of other populations. Countries and governments were encouraged to invest in education and create employment opportunities for young people in both urban and rural areas, in order to capitalize on the demographic dividend.

MIGRATION

Migration is comprehensively addressed in the ICPD Programme of Action. Issues related to the movement of peoples, including migrants within and between countries, displaced persons, refugees and asylum seekers, are discussed in detail and the recommendations have guided much of the work carried out over the past 15 years.

Migration was discussed at the Arab States regional conference in Doha, and recommendations on the subject were issued from the Asia and Pacific, Africa, and Eastern Europe and Central Asia ICPD-at-15 regional meetings. The topic was also included in the recommendations from the Latin American and Caribbean region, while noting that the Caribbean population is among the most mobile in the world and serious concerns exist about the impact of 'brain drain' in the subregion.

In their ICPD-at-15 review, governments in Asia and the Pacific recognized that cross-border and international migration has contributed to economic growth and that remittances have had a significant and positive impact in countries from which migrants originate. They also noted that certain constraints remain, however, such as migrants' lack of access to basic social and health services in receiving countries; their increased risk of contracting HIV; and the risk of exploitation and abuse, particularly among women. Exodus from a country can also result in the loss of skills and capacities, possibly leading to critical labour shortages, for example of health workers. Undocumented migrants were also cited as a major concern. In areas of Eastern Europe, such as the Caucuses, human trafficking follows similar routes as the flow of migration. It was acknowledged that both the positive contributions of voluntary migration and the risks of trafficking, forced migration and other forms of displacement need to be understood and addressed. Heightened volumes of movement bring both benefits and challenges.

The ICPD-at-15 review process highlighted that policies for better management of migration be formulated. In addition, it was noted that labour mobility should be facilitated in accordance with the needs of both sending and receiving countries and that undocumented migration, human trafficking and forced migration addressed, with the requisite links made between migrants and their home countries.

The *Doha Declaration* recommended that policies and strategies be put in place to limit internal migration, especially of young people, from rural to urban areas. Concern about migrating youth is echoed in the recommendations for Eastern Europe and Central Asia, which recognized that "young people's mobility is particularly significant and poses both

benefits and vulnerabilities."[92] Coupled with the feminization of ageing, migration can contribute to the isolation of older people, especially women, in some areas of Eastern Europe.

The Doha Declaration recommended that policies and strategies be put in place to limit internal migration, especially of young people, from rural to urban areas

Among other common themes found in the ICPD-at-15 review was the need for research on creating an enabling environment to reduce and mitigate the impact of migration and on incentives for voluntary return. In addition, it was recommended that qualitative and quantitative data collection be undertaken and monitoring and evaluation indicators developed. Institutions working on migration research should be strengthened, and ratification was encouraged, among countries that have not already done so, of the *Convention on the Protection of the Rights of All Migrant Workers and Members of their Families*, which came into force in 2003.

AGEING

The ICPD Programme of Action recognizes that, with the decline in fertility and mortality levels, the age structure of most societies is changing, with major increases in the proportion and number of older persons, including a growing number of those who are very elderly.

Recommendations made in the ICPD-at-15 review process in Asia and the Pacific stressed the need to develop evidence-based policies, plans and programmes to address the impact of ageing on economic growth and poverty reduction and to ensure that the requisite social protection plans are in place. In Latin America, it was recognized that young people should have an opportunity for employment, which will enable them to save for old age. Moreover, protection of the human rights of the elderly was highlighted. The ICPD-at-15 call to action for the Africa region drew attention to the need to support the elderly who are affected by HIV or AIDS, particularly those who have assumed care responsibilities for their orphaned grandchildren. In the Arab States, in addition to calling on governments to develop necessary policies, strategies and programmes, requests were made to relevant institutions and governments to conduct assessment studies and research on the living conditions of the elderly.

The disproportionate number of older women was also highlighted in Asia and the Pacific and in parts of Eastern Europe and Central Asia. In these regions, the feminization of ageing is particularly apparent, fuelled by urbanization, migration and high rates of male mortality. The ICPD-at-15 review called for intensified efforts to better understand the implications of ageing, including the feminization of ageing, and to ensure that social protection plans are in place to address the needs of the elderly, particularly older women. In addition, it was recognized that the capacity of caregivers should also be strengthened and research undertaken into the living conditions of seniors.

In Asia and the Pacific and in parts of Eastern Europe and Central Asia, the feminization of ageing is particularly apparent

DISASTER PREPAREDNESS AND HUMANITARIAN RESPONSE

In addressing concerns related to conflict situations and natural disasters, the ICPD Programme of Action focuses more on the displacement of individuals and its consequences than the needs of individuals in such a situation. During the past

15 years, governments of developing and donor countries, NGOs, other civil society actors and international bodies have found themselves increasingly drawn into assistance to refugees and other internally displaced persons coping with conflict or environmental or other crises, and have taken on multiple roles. Like many other actors, UNFPA is increasingly responding to crisis situations and is ensuring that sexual and reproductive health needs are met. This can include the provision of reproductive health kits, hygiene kits, safe delivery kits and mobile service units.

The recommendations made on disaster preparedness during the ICPD-at-15 review focused on programme planning and responses to emergencies, including the provision of reproductive health information and services for refugees and internally displaced persons. Assistance in such conditions has become a growing burden on nation states, NGOs and international aid agencies over the last 15 years. In the Africa region, many countries have been affected by war and internal conflicts.

The ICPD-at-15 review called for greater efforts to address issues related to resettlement and reintegration along with disaster preparedness, including the provision of reproductive health information. It noted that these should be mainstreamed into programme planning and response to emergencies. Incorporating reproductive health into the formulation and implementation of preparedness plans, and ensuring that they are carried out in a gender-sensitive manner, was also included in the recommendations for the Asia and Pacific region.

PARTNERSHIPS

A common theme in the outcomes of the ICPD-at-15 process is the strengthening of partnerships involving governments, NGOs, civil society, parliamentarians, the private sector and academia. Recommendations included enhancing networking coordination, ensuring multisectoral linkages and working closely with community partners. To achieve this, it is suggested that lessons be identified and good practices shared, particularly through South-South cooperation. Latin America's recommendation also specified that a "strategy be defined for the upcoming five-year period, led by the countries and based on mechanisms that will enable cooperation and enhance the impact of the actions they take."[93]

NON-GOVERNMENTAL ORGANIZATIONS AND CIVIL SOCIETY

Chapter 15 of the ICPD Programme of Action is devoted to NGOs. It recognizes the need for an effective partnership between government and NGOs and the comparative advantage that NGOs have due to their ability to be flexible and to innovate.[94] Their particular contributions in areas such as mobilizing public opinion, as well as in providing technical expertise—from policy dialogue to grass-roots implementation—are also recognized.

Fifteen years on, ICPD recommendations and calls to action reaffirmed and promoted the role that NGOs and other civil society actors can play in implementing programmes. Such organizations, it was noted, can have a particular advantage in seeking to create demand for sexual and reproductive health services, encouraging access to and use of services, and working with hard-to-reach groups, such as youth, migrants and minorities, or those at high risk. Strengthening partnerships and networks with women's organizations, faith-based groups, traditional leaders, youth groups and professional associations, including health professional associations, was also recognized.

Consistent with ICPD recommendations, NGOs and other civil society actors are now perceived by governments as being more integrated into the process for achieving both the ICPD Programme of Action and the MDGs, rather than as independent implementers, as evidenced by their inclusion in calls to action. The emphasis is on 'partnership', with the specific recognition that they are able to reach populations that governments cannot easily access. The *Berlin Call to Action* prompts decision-makers to join with NGOs "to establish and implement concrete, practical and fully funded actions for ensuring sexual and reproductive health and rights."[95]

PARLIAMENTARIANS

Over the past 15 years, the important role of parliamentarians in the implementation of the ICPD Programme of Action has been recognized. Several international and regional meetings were held at which specific recommendations have been made to enhance their participation and involvement. The most recent was the International Parliamentarians' Conference on the Implementation of the ICPD (known as the IPCI), held in Addis Ababa, Ethiopia in October 2009.

Parliamentarians are perceived by governments, NGOs and civil society as key partners, and recommendations were made during the ICPD-at-15 review to strengthen links to them, including in the *Addis Call to Urgent Action*.[96] The call aims to foster dialogue and mobilize constituents, and to encourage discussions with young people on reproductive and sexual health. Furthermore, parliamentarians recommended that they hold parliamentary hearings to "increase awareness of benefits [of] and barriers to utilization of sexual and reproductive health services."[97]

In the same meeting, parliamentarians also stressed the importance of strengthening parliamentary capacity for oversight and budget analysis. This is aimed at increasing accountability by ensuring that national governments provide improved and specific accounting for budgetary allocations in both recipient and donor countries. Parliamentarians also called for increased budget allocations on the part of both donor and recipient countries: "at least 10 per cent of national budgets and development assistance budgets for population assistance, and [to] ensure the target of 0.7 per cent of GNP for official development assistance is met."[98]

THE PRIVATE SECTOR

Both the ICPD Programme of Action and the ICPD+5 Key Actions focus on the contribution of the private sector to health services in general and reproductive health services in particular.[99] Governments, moreover, are prompted to include the private sector in promoting effective interventions and to support services and eliminate policies that unnecessarily restrict or prevent the greater involvement of the private sector.[100]

The role of the private sector in providing family planning information and services and in creating demand was recognized by governments in ICPD-at-15 recommendations and calls to action, as was its role in strengthening health systems in general. In turn, the private sector was urged to share its expertise in areas such as management, marketing, logistics and research to improve maternal health, family planning and HIV services and to promote the health and rights of women. Parliamentarians, furthermore, recognized that the private sector is an important partner for leveraging human and financial resources for the achievement of the ICPD Programme of Action, MDG5 and related MDGs. Their particular role in mobilizing resources for reproductive health and family planning commodities was also acknowledged.

RESEARCH AND DATA COLLECTION

Research and data collection are addressed in the ICPD Programme of Action. They were also included in the ICPD-at-15 review and their importance in the implementation and monitoring of the ICPD Programme of Action and also the MDGs was recognized. General recommendations were made for promoting and strengthening both research and data collection, especially in areas related to youth, violence against women, and migration.

RESEARCH

The ICPD Programme of Action and the Key Actions focus on the research required for reproductive health. But they also look at research for health and at population and development within a broader research agenda. In particular, they call for research on sexuality and gender roles, especially as related to abuse, discrimination and violence against women;[101] microbicides and vaccines[102] development for HIV prevention; fertility regulation for men; and determinants and consequences of induced abortion.[103]

The importance of research was recognized particularly in the ICPD-at-15 recommendations and calls to action of the Arab, Eastern Europe and Central Asia and the Africa regions. There, emphasis was placed on the need for evidence-based operational research, which should be used to drive programme design. Countries, moreover, were asked to strengthen their research capacity through increased support and funding and to put available research to good use at the national and regional levels. It was noted that collaboration should be encouraged among researchers, especially for the research agendas for the ICPD Programme of Action and the MDGs.

Research into sexual and reproductive health and rights was called for, including in the areas of family planning and maternal health. The needs of vulnerable populations and young people were also highlighted. In Africa in particular, the importance of AIDS research was noted. Emphasis was also placed on expanding research into gender-based violence and methods to empower women to protect themselves from HIV. Two other areas for which further research is required are population dynamics and international migration.

DATA COLLECTION

The ICPD Programme of Action reiterates the importance of ensuring that data are "valid, reliable, timely, culturally

relevant and internationally comparable."[104] It calls for the disaggregation of data, including by gender and comparability, and the development of "comprehensive and reliable qualitative as well as quantitative databases."[105] The Key Actions emphasize the need for regular censuses and surveys to improve vital registration systems.

The ICPD-at-15 recommendations and calls to action showed that the shortage of accurate statistics is a problem and that strengthening data collection remains a priority. The 2010 round of censuses offer an excellent opportunity to correct that situation. Data, moreover, should be disaggregated, including by sex, age and wealth status, and in line with the MDG indicators. It was noted that qualitative and quantitative data, especially on migration, youth and violence against women, can be improved in all regions. In addition, there were calls for the development of information systems and the strengthening of databases, including those containing disaggregated socio-demographic and economic data for the formulation, monitoring and evaluation of development programmes. The promotion of "policy-relevant data collection efforts" and for strengthening the "capacities of statistical systems" were also recognized. In addition, there were calls for greater use of national censuses of population and housing for development planning and for integrating them into overall development programmes.

The ICPD-at-15 recommendations and calls to action showed that strengthening data collection remains a priority

In Africa, in particular, attention was drawn to the importance of developing and strengthening national central statistical offices and also the national registration of births, deaths and marriages, recognizing their administrative, statistical and legal significance. At the same time, the importance of regional databases to facilitate comparative studies across countries was recognized.

Where We're Headed: New Issues, Interpretations, Priorities[106]

With less than five years to go, much remains to be done if the ICPD Programme of Action is to be achieved by its target date. The global environment in which it is now being implemented is vastly different from that of 1994, 1999 or even 2004. Fine-tuning is therefore necessary to adapt the Programme of Action to the current environment. This chapter focuses specifically on areas that may require additional attention. It looks at changes in emphasis on implementation, trends affecting future implementation, areas requiring further examination, and new areas of focus. These will all require review and possible action if implementation of the ICPD Programme of Action is to achieve maximum impact and relevance.

Fine-tuning is necessary to adapt the implementation of the Programme of Action to the current environment

SHIFTS IN EMPHASIS

In 1994, governments adopted a comprehensive framework in the Programme of Action on Population and Development that covered a broad spectrum of issues, ranging from population growth and migration to reproductive and maternal health and gender empowerment to education and the family, within a rights-based approach. Five years later, in 1999, the Key Actions made additional specific recommendations within the same framework.

In the ICPD-at-15 review, the focus was directed to a smaller number of areas, with the regional reviews looking at topics of specific relevance to them. Generally, the reporting and recommendations concentrated heavily on the following themes: sexual and reproductive health and rights; maternal health; gender empowerment and gender-based violence; adolescents and youth; population growth; and migration. Some areas have increased in importance, such as AIDS and migration, while issues not comprehensively addressed in the ICPD Programme of Action have emerged. These include humanitarian response and climate change.[107]

There are multiple reasons why a re-examination of the Cairo agenda was warranted. A contributing factor could be the institutional mechanisms for operationalization and implementation. At the national level, implementation is located in particular ministries or departments of government—for example, the ministry of health or population, the ministry of planning, or the ministry for women's affairs. The combination of lack of coordination and changes in government and staff since 1994, usually accompanied by a loss of institutional memory, could mean that the focus on implementation has gravitated to certain areas of the ICPD Programme of Action, rather than to others. Consistent monitoring of implementation (of both inputs and outcomes) requires increased attention.

Moreover, multisectoral visions, such as those promulgated by the ICPD Programme of Action, are challenged if they do not have national coordination mechanisms focusing on the broader agenda. In addition, advocates for the implementation of the ICPD Programme of Action, particularly organizations focusing on women's rights and sexual and

reproductive health and reproductive rights, have been highly successful in promoting their particular concerns. Those areas of the Programme of Action that do not have a strong organized lobby or are not as salient, such as those related to population growth, have received less attention. Others, such as education and children's health, are being promoted elsewhere, appropriately, without reference to the ICPD Programme of Action.

Another contextual shift resulted from the introduction of the MDGs following the Millennium Summit in 2000. This has had a number of effects, including the diversion of some attention away from the implementation of the ICPD Programme of Action. The MDGs focus on specific health issues, namely child mortality, maternal health, and HIV/AIDS, malaria and other major diseases (reproductive health was initially excluded). As a result, the last decade has focused on the promotion of a small number of often clinically-focused areas for implementation at the national level, instead of the broader ICPD agenda.

Furthermore, while the MDG targets and indicators for measuring progress are aligned with those of the ICPD Programme of Action, they differ somewhat. And the exclusion of a target for universal access to reproductive health in the initial formulation of the MDGs has also meant that a great deal of advocacy, strategizing and hard work on the part of governments, international bodies, policy makers and NGOs and other civil society actors had to take place to add a new MDG target on reproductive health after the first five-year MDG review.

The ICPD Programme of Action includes certain quantitative goals (that, in fact, are echoed in some of the MDG targets) in areas including maternal mortality, women's education and life expectancy (which are largely sensitive to infant and child mortality). Some benchmark indicators were added to the Key Actions in 1999, but that document has never been accorded the same stature as the Programme of Action.

Where appropriate, it would be helpful to review the ICPD Programme of Action and Key Actions and re-examine them in light of current MDG goals, targets and indicators. Harmonization of the two frameworks for action would simplify work for governments by coordinating reporting requirements and providing a basis to evaluate outcome relationships explicitly. Such a reassessment would also show how the ICPD Programme of Action adds content and meaning to the implementation of the MDGs, particularly MDG5, but also to others. This exercise could be undertaken in the context of the anticipated review process leading up to 2014.

TRENDS AFFECTING FUTURE IMPLEMENTATION

The 15-year review of progress in the implementation of the ICPD Programme of Action offers a snapshot of where we stand with less than five years to go. It provides a useful starting point for any review process leading up to 2014. In addition, new trends have developed that affect implementation of the Programme of Action, and that should be taken into account in moving forward.

REPRODUCTIVE HEALTH WITHIN THE HEALTH SYSTEM CONTEXT

During the past 15 years, increasing emphasis has been placed on health system strengthening and health sector reform. Poverty reduction strategy papers and donor initiatives, including sector-wide approaches (SWAps) and, more recently, direct budget financing have had an impact on the funding of health care, including reproductive health, in developing countries. At the international level, new mechanisms such as the International Health Partnership + and related initiatives have been introduced to facilitate national efforts in strengthening health systems and reducing transaction costs. Examples can be found of 'vertical funding' for issues such as AIDS, which receives earmarked funds through initiatives including the Global Fund to Fight AIDS, Tuberculosis and Malaria. However, health-care services are increasingly being funded through a 'basket' approach, through which donor support is provided by direct budget financing or through a SWAp. This means that reproductive health has to compete with other areas of health for the required, but limited, resources for its programmes. The advantage to such an approach is that reproductive health becomes more firmly embedded in the overall approach to health; a disadvantage is that it can mean that less funding is available, depending on the demands of other programmes in the basket and government priorities for scarce resources. In addition, for a number of years, the priority given to family planning has been lagging, as other pressing issues garnered greater attention. Fortunately, this has now changed, particularly since the introduction of MDG target 5.B. In addition, emphasis on the primary health-care context, of

which reproductive health is an integral part, is increasing. Overall, recent developments—facilitated through the ICPD-at-15 process—have recognized the contribution of reproductive health to comprehensive approaches to improve women's health and have highlighted family planning as a core component of an integrated approach.

Recent developments have recognized the contribution of reproductive health to comprehensive approaches to improve women's health

For the period up to 2015, therefore, efforts should continue to ensure that all aspects of reproductive health are firmly embedded within the strengthening of health systems; that the issue is included in SWAps, where they exist; and that it is a strong component of financial packages put forward for direct budget financing. A further priority is ensuring that specific budget lines for reproductive health are included in health budgets, as recommended by some regions and introduced in some countries. These budget lines should include all aspects of reproductive health, which should again be promoted within a primary health-care context as part of a package of essential medical interventions. Other areas should be explored for integration into health systems, such as the identification and reporting of, and response to, gender-based violence. Recent efforts have been directed to improving coordination in support of the full continuum of care ~~fr~~om pre-pregnancy, antenatal care, delivery services and neonatal health. Increased policy coherence and simplification of processes (including coordination of donors and agencies and harmonization of reporting and accountability) in support of national plans is a prime concern of international donors as well. Such developments could advance reproductive health in general, and family planning in particular, by ensuring that important synergies are fostered. For example, increased coverage of antenatal services could provide an opportunity

to offer advice on nutrition and the benefits of birth spacing, including family planning counselling. Post-partum services provide another opportunity as their use expands.

THE HIV EPIDEMIC

Concern about the global spread of HIV has become increasingly important since the ICPD Programme of Action was adopted. While it was viewed as a major issue in 1994, the full magnitude of its impact on world populations was not realized at that time. It was during the first review in 1999 that the severity of the pandemic became more evident, as reflected in the ICPD+5 Key Actions and following declarations of the Millennium Summit and the UN General Assembly Special Session on HIV/AIDS. The spread of HIV was addressed in the MDGs (MDG6), in recognition of its devastating effects.

One result of the AIDS epidemic has been diminished funding for sexual and reproductive health, which requires further attention. This funding crisis has been exacerbated by the delinking of HIV from sexual and reproductive health, both in policy and institutional approaches. At the same time, more people with AIDS are surviving longer due to the increased availability of antiretroviral drugs. But new infections are growing at a far faster pace than the number of people receiving treatment. This demands greater focus on prevention, including in those countries where prevalence remains high. It is also necessary to continue to target those groups at greatest risk of infection, such as women and young people, and particularly young women.

Much more needs to be done to integrate services, particularly those for pregnant women, to prevent mother-to-child-transmission of HIV and provide access to paediatric treatment, which will contribute to the achievement of MDG4 (to reduce child mortality) as well as MDG5 (to improve maternal health). Reducing the spread of the virus from mother to child is an important link between instrumentalities dealing with sexual and reproductive health and rights and the HIV pandemic. The sexual and reproductive health 'constituency' should therefore explore further the relationship of sexual and reproductive health to HIV, together with other aspects of MDG6, within the context of different regions and forms of transmission. In Southern Africa, for example, transmission is predominantly heterosexual. In Eastern Europe, it was initially concentrated among injecting drug users.

It can be said that cooperation between sexual and reproductive health and HIV/AIDS communities has been difficult in the past. But progressive support in policy statements and the creation of funding streams for health-system strengthening make addressing synergies an important area for increased action, using lessons that have been learned and that continue to be demonstrated in prevention, treatment and mitigation. The inclusion of approaches that seek to strengthen health systems in proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria signals a route to progress. However, overall funding limitations could fuel competition rather than collaboration.

ADOLESCENTS AND YOUNG PEOPLE

As discussed in earlier chapters, the ICPD-at-15 review reflected a deep understanding of the importance of responding to the wide range of needs of adolescents. High levels of adolescent pregnancy and HIV infection are among the areas of major concern that still need to be addressed, and calls are strong for reaching out to more youth with better sexuality/family life education as well as youth-friendly information and services. While recommendations have been made on education, information and services, there has been no further discussion of, or reference to, the Programme of Action formulation balancing the "rights, duties and responsibilities of parents and in a manner consistent with the evolving capacity of the adolescent." Instead, the need for sensitivity and broad ownership is now focusing on stronger community support (which encompasses not only parents but also senior family members, faith-based organizations, NGOs and others).

High levels of adolescent pregnancy and HIV infection are among the areas of major concern that still need to be addressed

As mentioned earlier, it is widely recognized that young people need to be involved in the decisions that affect their lives and that youth issues need to be integrated into national development strategies and policies. This goes beyond the issues addressed in previous reviews of the ICPD Programme of Action. The focus now, as evidenced by the

calls to action and recommendations of the ICPD-at-15 review, and supported in a recent World Bank report,[108] has been broadened out to include the participation of young people in decision-making processes on issues and concerns that affect their lives, their futures and the world in which they live. Included in the recommendations for the Asia and Pacific region, for example, is a call to "create space for and empower young people to meaningfully participate in various stages and levels of policy and programme formulation in the context of national development processes."[109] If youth are to be fully involved, major changes will be required in the way that governments function and in the education and training that young people receive. As a starting point, the role of ministries for youth may have to be re-examined so that they are linked with a range of sectoral departments and ministries. This is an issue that should be examined as part of the assessment leading up to 2014 and beyond, when even more children will have become teenagers.

During the 15-year-review, space and time were given to young people themselves to ensure that they were included as important partners and not just a target group. As mentioned previously, separate youth meetings, in the Berlin and Beijing NGO meetings, for example, and sessions during regional meetings, such as those in Eastern Europe and Central Asia, were organized. While the Berlin and Beijing meetings focused on sexual and reproductive health and rights for young people, they took an expansive view on education, including sexuality education, and raised issues related to rights in the areas of sex and reproduction. The meetings also tended to adopt a wider perspective, such as the need for research and disaggregated data, and youth participation at all levels of decision-making. Some of these issues were also included in the recommendations from the East Europe and Central Asian meeting at which a *Youth Call to Action* was developed. Calls for expanded participation of youth were part of earlier review processes. But there has been progress in contextualizing sexual and reproductive health within the broader development needs of this population.

GENDER

The ICPD-at-15 review process clearly demonstrated that gender has become a much stronger focus for governments and other key actors, including parliamentarians and NGOs, during the past 15 years, particularly within the MDG framework. The ICPD-at-15 recommendations call for empowerment, predominantly economic and social empowerment, and the adoption (where necessary), and compliance with, laws and policies in conformity with *CEDAW*. The review process also emphasized that women's health issues are an important aspect of the gender agenda, and that sexual and reproductive health is a major contributor to women's empowerment. This understanding should be reflected in the planning processes leading up to 2015 and beyond. Cultural norms and practices that are constraints to gender equality should be addressed, according to the recommendations.

The review process emphasized that sexual and reproductive health is a major contributor to women's empowerment

On issues related to gender-based violence, the ICPD Programme of Action makes recommendations for the elimination of violence against women. However, far more attention is paid in the 15-year review to the need to address gender-based violence more broadly. As mentioned previously, harmful practices, such as female genital mutilation, are rarely mentioned, and need more explicit attention in the future.

HUMAN RIGHTS AND LEGISLATION

The ICPD Programme of Action introduced the concept of reproductive rights. With the exception of Latin America and Eastern Europe and Central Asia regions, reproductive rights per se were not widely referred to in the recent regional recommendations and calls to action. Instead, greater emphasis is placed on a broader human rights framework and the use of a 'rights-based approach'. The need to implement laws and policies that are in line with *CEDAW*, for example, was frequently cited.

Strong emphasis was also placed on the development and strengthening of relevant laws in a variety of areas, ranging from the minimum age at marriage to legislation guaranteeing sexual and reproductive health care in crisis and post-conflict situations. Although it is encouraging to see that moves are being made to ensure a stronger legal framework, questions arise as to enforcement (with respect to the minimum age for marriage, for example). Issues related to enforcement should therefore be addressed in the coming five

years, since putting legislation on statute books alone is not enough to solve the problem.

POPULATION, DEVELOPMENT AND DEMOGRAPHIC ISSUES

The 15-year review emphasized two areas in particular that have a major impact on the future economic and social development of developing countries. The first is a growing concentration of urban settlements of varying sizes and the accompanying concentration of populations in large cities. The second is the rapid increase in older populations, which is affecting all regions, requiring reforms to pensions and health systems, social protection regimes, public institutions and the allocation of resources.

AREAS REQUIRING FURTHER ATTENTION

A number of areas included in or related to the implementation of the ICPD Programme of Action require accelerated action over the next five years.

ENSURING REPRODUCTIVE HEALTH SERVICES FOR THE MOST VULNERABLE

One of the most significant policy changes over the last five years that affects implementation of the ICPD Programme of Action has been the introduction of MDG target 5.B. The ICPD-at-15 review clearly recognized that inequities exist in access to sexual and reproductive health services and stressed the importance of meeting the needs of disadvantaged groups. Specific recommendations for action were developed at the technical meeting on Reducing Inequities: Ensuring Universal Access to Family Planning as a key component of sexual and reproductive health. These include policy recommendations to help reach vulnerable and disadvantaged groups and improve their access to family planning and sexual and reproductive health services. They also focus on addressing inequities and designing programmes and policies to place family planning and reproductive health services where they can be accessed by those who need help most.[110]

Yet more needs to be done to bring about universal access, including better integration and links (as anticipated in the ICPD), instead of disease- and/or intervention-specific vertical programmes that mobilize action through separate agendas and institutional structures for sexual and reproductive health, maternal health, and HIV prevention. In addition, other services were not adequately addressed in the 15-year review, including those related to sexually transmitted infections as well as infertility, which are hardly mentioned. Moreover, scant attention was paid to cancers of reproductive organs, especially cervical cancer, despite the introduction of the HPV vaccine. These areas require greater attention.

MEETING THE UNMET NEED FOR FAMILY PLANNING

Despite the fact that 'meeting unmet need' is one of four indicators for the implementation of MDG target 5.B and a benchmark in the Key Actions, insufficient attention was paid to the issue in the 15-year review. Meeting unmet need will mean ensuring the availability of quality information and services, complemented by continued and increased efforts to create demand, including among those most vulnerable and hardest to reach. As stated in the report of the expert group meeting on Reducing Inequities: Ensuring Universal Access to Family Planning as a key component of sexual and reproductive health:

To make greater progress, reducing the unmet need for family planning through improved coverage and quality of services must be prioritized by governments, United Nations agencies, donors and civil society, within their broader commitments to development and reproductive health and rights. In doing so, careful and focused emphasis must be given to policies and programmes that will reduce inequities in access to services and health outcomes.[111]

SECURING THE AVAILABILITY OF REPRODUCTIVE HEALTH COMMODITIES

At the time of the ICPD, there was little recognition of the importance of a steady and predictable supply of reproductive health commodities. The 15-year review clearly showed that progress has been made in this area, with the main emphasis on the provision and management of contraceptives. Generally, however, the more comprehensive recommendations for strengthening the security and provision of reproductive health commodities are included in the *Addis Call to Urgent Action on Maternal Health*[112] and the *Kampala Declaration*,[113] rather than regional calls to action. Moreover, there was no specific recommendation issued by the expert group meeting on Reducing Inequities: Ensuring Universal Access to Family Planning as a key component of sexual and reproductive health. Comparatively little was said about the importance of condom provision, particularly female condoms, for the prevention of HIV in the regional recommendations or calls to action, although the subject was included in the recommendations of the Commission on Population and Development.

Comparatively little was said about the importance of condom provision, particularly female condoms, for the prevention of HIV in the regional recommendations or calls to action

BUILDING INSTITUTIONAL CAPACITIES AND HUMAN RESOURCES

Among the major impediments faced by health services in many countries are low levels of institutional capacity and the lack of skilled human resources. Strengthening institutional capacity to expand services is called for, together with better infrastructure and health management systems, and the necessary protocols and regulations.

Skilled health workers at all levels are in short supply universally as a result of poor remuneration and low motivation. This, in turn, leads to international migration of skilled health workers, including doctors, for better pay and working conditions. The development and retention of such workers hinges on bolstering their capacity to provide services and on implementing measures that will encourage them to keep their jobs and persuade skilled migrants to return. This is particularly true in the provision of maternal and reproductive health services, which need more skilled providers at all levels.

The quality of service provision will not improve unless the capacities of both institutions and human resources are addressed. This will require a high level of political will to ensure that the necessary financial resources are made available.

GOING TO SCALE

During the 15 years since the ICPD, there has been a move away from implementation of small projects to an approach that relies on the scaling up of proven interventions that are targeted to more people and have greater impact. This approach was not explicitly addressed in the ICPD-at-15 recommendations and calls to action, but should be given greater attention in the future. Successful scaling up will require more—and better—knowledge management; it will also require greater application of what works and examples of good practice. Such an approach complements funding trends, which are moving away from pilot projects to solid interventions that have increased impact and improve the health of more people. Areas where scaling up needs more attention include access to health services and sexuality education.

DEVELOPING A BASE OF EVIDENCE

The strong calls for research as a prerequisite for achieving the ICPD Programme of Action during the next five years clearly demonstrate that not enough has been done. More operational research is required, leading to policy and programme recommendations based on solid evidence. Recommendations were also made for quality data from censuses and surveys that are disaggregated, regularly updated and meaningful, along with sectoral and administrative data.

The strong calls for research as a prerequisite for achieving the ICPD Programme of Action clearly demonstrate that not enough has been done

The strengthening of both research and data collection is likely to improve the quality of programme decision-making and management and will contribute to better accountability and monitoring. In addition, capacity-building will be necessary to ensure proper collection, management, use and interpretation of data. Data should also be used to identify and target the most vulnerable groups needing services.

ISSUES INFLUENCING FUTURE ACTION

The following areas have emerged most prominently over the past five years in terms of their impact on the implementation of the ICPD Programme of Action.

THE FINANCIAL CRISIS

Countries recognize that the current financial and economic crisis is affecting and will continue to affect the implementation of the ICPD Programme of Action. It will, undoubtedly, curtail national budgets and national resource allocations

for the social sector in many countries, which in turn will have a detrimental effect on the quality of social services, particularly health and education. As far as donor countries are concerned, the call for achieving the 0.7 per cent target of gross national product for official development assistance remains strong. However, questions remain as to how much of this assistance will be made available for health, particularly sexual and reproductive health.

Given the limited availability of resources for the health sector, which is already under-resourced, it is possible that sexual and reproductive health services could suffer severe cutbacks and that services such as family planning and pre- and post-natal care could suffer disproportionately. It is therefore imperative that strong arguments be made by reproductive health advocates, particularly parliamentarians, other decision-makers and NGOs, to ensure that numerous and multifaceted benefits of reproductive health are understood by those who make the decisions on national budgets (such as finance ministers) and, as appropriate, international development assistance. Arguments might include the fact that each $1 invested in contraceptive services will avoid between $1.4 to $4 in expenditures on maternal and newborn health, and that preventing unwanted pregnancies generates immediate cost-savings for delivery and pre- and post-natal care and for the treatment of unsafe abortion.[114]

Efforts to mobilize partnerships to utilize resources for health more effectively, particularly from donor sources, have proliferated in the past five years. Foundations have defined family planning and reproductive and maternal health strategies, and major donors, including the World Bank, have set new priorities for investment in reproductive health. In Africa and Asia, cases have been made for investment in the full continuum of reproductive, maternal, newborn and child health. To date, service delivery requirements for family planning have been included in cost estimates for regional and national implementation. This includes cost estimates in Africa.[115] However, the full multisectoral vision of the ICPD Programme of Action, including the myriad of activities needed to uphold the rights framework supporting service delivery, has typically not been explicitly recognized. Further efforts will be required to ensure that the benefits that come from giving higher priority to sexual and reproductive health (in areas such as increased survival, lower rates of morbidity, women's equality, poverty reduction and environmental sustainability) are reflected in the scaling up of policies and programmes over the remaining five-year time frame for the ICPD Programme of Action and the MDGs.

CLIMATE CHANGE

Although climate change was included in the ICPD Programme of Action, which followed the breakthrough Earth Summit in Rio de Janeiro in 1992, the topic was not treated with the same urgency as it is today. The expert group meeting on Population Dynamics and Climate Change recognized that improved access to sexual and reproductive health, including family planning, within a rights perspective is essential for individual welfare. It also acknowledged that family planning will accelerate stabilization of population growth. Major achievements in family planning in the past have had a significant impact on population growth rates, and slower population growth in some countries has provided more time to prepare adaptation plans for coping with the impact of climate change. In addition, the meeting noted that family planning should become an integral part of climate change adaptation and, in the long run, mitigation, provided that measures are taken to ensure that it is used to enhance (and not constrain) human rights and reproductive health.[116]

Slower population growth in some countries has brought more time to prepare adaptation plans for coping with the impact of climate change

Climate change was addressed together with natural disasters in at least three of the regions, with strategies and policies promoted for mitigation and adaptation and to deal with the potential impact on health, particularly among women and vulnerable groups. Yet more remains to be done to explore and strengthen links between climate change, population and reproductive health, and to ensure that they are integrated into the general debate on climate change.

GREATER REGIONALIZATION OF THE UN SYSTEM

A major change that has taken place in the implementation of the ICPD Programme of Action in the past 15 years has been greater regionalization in the UN system, particularly

within UNFPA, largely due to the differences in concerns and emphasis from region to region, as the 15-year review demonstrated. The ICPD-at-15 recommendations and calls to action from the regional meetings reflected imbalances in progress and priorities for the various regions, while promoting a more focused approach to the implementation of the ICPD Programme of Action. The HIV epidemic, for example, has affected regions differently, and the measures needed to combat it must be adjusted accordingly.

The specific examples provided in the reports prepared for the ICPD-at-15 review and the recommendations for future action clearly showed the disparities that exist among regions and countries where the most and least progress has been made. Both within regions and countries, progress is slow or even absent among groups that are disadvantaged in terms of social and economic development or because of geography.

COUNTRIES IN CRISIS

The ICPD at 15 also noted that special attention needs to be given to those countries generally considered 'vulnerable states' as a result of conflict, natural disasters or other crises. These states would benefit from the humanitarian responses referred to above, since their systems, particularly their health systems, are often so weak that they need assistance on an ongoing basis, beyond emergency interventions. Possibilities for sharing experiences and lessons could be explored in the years remaining for implementation of the ICPD Programme of Action and MDG5. It is generally recognized that these countries will be among those that will not meet the ICPD goals or the MDG targets. Therefore, greater emphasis could be placed on meeting their needs and 'fast-tracking' assistance to them, paying particular attention to capacity-building. And while humanitarian responses themselves have evolved over the past 15 years, further integration could take place, together with the strengthening of links to organizations working specifically on humanitarian responses.

Special attention should be given to those countries generally considered to be 'vulnerable states' as a result of conflict, natural disasters or other crises

BUILDING ON SUCCESSES

At the same time, it is interesting to note that 15 years after Cairo there are countries that have made great strides in development and are now no longer experiencing the problems that confronted them in 1994. They include some of the largest developing countries, such as China, India, Mexico and South Africa, which now have a seat in the Group of 20 or were negotiating at the United Nations Climate Change Conference in 2009. Their place in the development cooperation framework should be closely examined with regard to the future implementation of the ICPD Programme of Action.

Another success story since 1994 has been increased partnership through South-South cooperation. The Africa Regional Office of Partners for Population and Development, for example, was responsible for organizing a 2008 international forum called ICPD at 15: Progress and Prospects, at which the *Kampala Declaration* was adopted. This type of partnership among developing countries should continue to be promoted for the future implementation of the ICPD Programme of Action. Cross-regional cooperation could also be further explored in developing ways to assist those countries where progress in implementing the ICPD Programme of Action has been slowest.

Summing Up: A Final Perspective

The ICPD-at-15 review provided an opportunity to assess progress on the implementation of the Programme of Action by governments, parliamentarians, NGOs, other members of civil society, UNFPA and other UN bodies. It resulted in a wealth of information, including outcome papers of regional and other meetings, reports on specific issues and background documents and publications. These provided the context for the review itself and signposts for the way forward to 2014 and beyond. Many lessons can be gleaned from the review, along with good practices that can be replicated.

ACCOMPLISHMENTS AND OPPORTUNITIES

The process clearly demonstrated that countries and development partners have a continuing commitment to the ICPD Programme of Action and regard it as a blueprint still relevant today for action at the country level. Advances in implementation have been made on both the policy and programming fronts, and opportunities have been created to realize the vision laid out in Cairo. But progress has been uneven, and much remains to be done. Positive developments include:

POLICY ACHIEVEMENTS AND OPPORTUNITIES

- Adding a second target to MDG5 for universal access to reproductive health by 2015
- Positioning sexual and reproductive health within overall health system policies and programmes
- Sharpening the focus on inequities in development and in programme coverage
- Increasing attention and action towards zero tolerance for violence against women, while recognizing its broad negative impact on individuals and society
- Appreciating the special circumstances of young people in relation to sexual and reproductive health and giving increased attention to their insights in shaping, implementing and responding to development strategies that address their specific needs
- Ratifying and implementing human rights instruments that promote the rights of women and girls and of migrants
- Understanding that climate change discussions need to address both populations that are affected by climate change and those who are primarily responsible for it
- Focusing, where appropriate, on issues affecting urban populations in dialogues at multiple levels
- Stimulating interest in the relationship between reproductive health and poverty
- Recognizing the implications of changing age structures, such as ageing populations, on development prospects and appreciating the value of a life-cycle perspective
- Promoting systemic approaches to achieving multiple goals within a broadened economic and social development context.

PROGRAMME ACHIEVEMENTS AND OPPORTUNITIES

- Increasing contraceptive use overall, while recognizing inequities in access
- Linking sexual and reproductive health to HIV/AIDS
- Integrating the needs of adolescents into policies and programmes and developing strategies to improve their sexual and reproductive health
- Expanding access by pregnant women to antenatal care and skilled attendance at birth, and recognizing the critical need for emergency obstetric care in responding to complications at delivery

- Boosting the participation of women in parliament (while recognizing that some countries are slipping backwards)
- Getting more girls into primary school and redressing gender imbalances at higher levels of education
- Raising the priority of and increasing action towards improved data collection through various means, including censuses, surveys, vital registration and programme information systems; such data are essential for evidence-based monitoring, planning and programme adaptation.

CONTINUING CHALLENGES

While progress has been made, it is also clear that accelerated action is needed in specific areas to advance development overall, giving special attention to women and young people. In the area of sexual and reproductive health, such challenges include:

- Strengthening health systems and ensuring that sexual and reproductive health is adequately addressed
- Scaling up integrated programmatic efforts towards improved sexual and reproductive health
- Training more health-care providers, especially those skilled in sexual and reproductive health and maternal health
- Expanding access to quality services that are culturally appropriate and meet the needs of patients and clients
- Meeting the unmet need for family planning and linking family planning information and services to other entry points in the continuum of care; increasing the demand for family planning in high-fertility settings
- Stressing the importance of prevention, diagnosis and treatment of sexually transmitted infections
- Involving men and boys in improving their own sexual and reproductive health as well as that of women and girls
- Promoting sexuality education or family life education among adolescents
- Addressing further the uneven progress in implementing programmes that seek to prevent adolescent pregnancy, HIV and other sexually transmitted infections.

More generally, greater attention needs to be devoted to:

- Acquiring the necessary financing for implementing the ICPD Programme of Action
- Increasing research and comprehensive, evidence-based data collection
- Improving partnerships among key stakeholders, including governments, policy makers, intergovernmental bodies, parliamentarians, NGOs and other civil society actors
- Ensuring the implementation and enforcement of relevant legislation that extends rights and accountability, including laws that provide social protection and seek to eliminate inequities
- Combating gender-based violence programmatically to effect real change in women's lives
- Focusing on the needs of the elderly, particularly women, as part of population policy
- Addressing concerns related to migration and rapid urbanization.

After more than a decade of effort to realize the goals of the ICPD, important lessons have been learned. The ICPD-at-15 review offers useful guidance as we fine-tune our interventions in a changing environment and accelerate our actions over the next five years in areas requiring a reinvigorated response.

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- Africa region: the commitment document of the *Fifteen-Year Review of the Implementation of the ICPD Programme of Action in Africa: ICPD at 15*
- Asia and the Pacific region: the *Report of the Asia-Pacific High-Level Forum on ICPD at 15: Accelerating Progress towards the ICPD and Millennium Development Goals*
- Latin America and the Caribbean region: the report of the regional seminar, *Progress Made and Key Actions for the Implementation of the Cairo Programme of Action 15 Years After its Adoption and The Conclusions of the Caribbean Subregional Meeting to Assess the Implementation of the Programme of Action of the International Conference on Population and Development (ICPD) 15 Years after its Adoption*
- Arab States region: the *Doha Declaration*
- Eastern Europe and Central Asia region: the *Key Strategic Actions to Further Accelerate the Implementation of the ICPD Programme of Action in Europe and Central Asia and the Statement of Commitment and Key Actions to Achieve the MDGs by 2015 in Eastern Europe and Central Asia.*

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- High-Level Meeting on Maternal Health—MDG5, held in Addis Ababa, which issued the *Addis Ababa Statement of Commitment*
- Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development, held in Berlin, which issued the *Berlin Call to Action*
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ICPD-at-15 Events and Related Documents

Global events	Date & place	Outcomes and other relevant documents
General Assembly Commemoration, 64th Session	12 October 2009, New York	Executive Director's Statement, Secretary- General's Statement, President of the General Assembly's Statement
Commission on Population and Development, 42nd Session	March-April 2009, New York	Reports of the Secretary-General on the contribution of the ICPD Programme of Action to internationally agreed development goals, including the MDGs » World population monitoring and the ICPD E/CN.9/2009/3 » Monitoring of population programmes E/CN.9/2009/4 » Flow of financial resources for implementation of the ICPD Programme of Action E/CN.9/2009/5
High-Level Meeting on Maternal Health—MDG 5	October 2009, Addis Ababa, Ethiopia	Addis Ababa Statement of Commitment
Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development	September 2009, Berlin	The *Berlin Call to Action*, the Strategic Options for NGOs and other relevant documents
International Forum on ICPD at 15: Progress and Prospects	November 2008, Kampala, Uganda	*Kampala Declaration*
International Parliamentarians' Conference on ICPD	October 2009, Addis Ababa, Ethiopia	Addis Ababa Statement of Commitment
Expert meetings		
Conference of the International Union for the Scientific Study of Population	27 September-2 October 2009, Marrakesh, Morocco	***Opening Statements:*** Thoraya Obaid, Executive Director UNFPA; John Cleland, President, International Union for the Scientific Study of Population ***Plenary Session Statements:*** Zeba Sathar, Country Director, Population Council, Pakistan; Ronald Lee, University of California, Berkeley
Population Dynamics and Climate Change	June 2009, London	Papers and presentations
Reducing Inequities: Ensuring Universal Access to Family Planning as a key component of sexual and reproductive health	June-July 2009	Presentations and recommendations

Regional and subregional events		
High-Level Asia and the Pacific Regional Forum on ICPD at 15	September 2009, Bangkok	Country and thematic presentations and the outcome document, Declaration
5th Asia and the Pacific Conference on Reproductive and Sexual Health	October 2009, Beijing	Youth Forum, *Beijing Call to Action*
ICPD at 15 Regional Africa Expert Group Meeting followed by a ministerial meeting	October 2009, Addis Ababa	ICPD at 15 Report, Outcome of Ministerial Meeting
ICPD at 15 Symposium in the Pacific	November 2009, Suva, Fiji	Background materials
Arab States: Regional Meeting of National Population Commissions	May 2009, Doha, Qatar	Regional report, *Doha Declaration*
Eastern Europe and Central Asia High-Level Meeting on Maternal Health and Universal Access to Reproductive Health	November 2009, Istanbul	Regional report
ICPD at 15 Eastern Europe and Central Asia Regional Forum	November 2009, Istanbul	Regional report on MDG5 and meeting outcome
Sub-regional Caribbean Seminar on ICPD at 15	August 2009, Antigua and Barbuda	Report and outcomes
Latin America regional seminar on ICPD at 15	October 2009, Santiago, Chile	Report and outcomes
Latin America and the Caribbean Meeting of Women and Leaders of Regional Networks	August 2009, Panama City, Panama	*Panama Declaration* [Spanish]

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Acknowledgements

This report was prepared under the direction of Stan Bernstein and Linda Demers of UNFPA's Technical Division. It was researched and written by Marianne Haslegrave and edited by Lois Jensen. The editorial team would like to acknowledge the invaluable inputs and comments from UNFPA's Regional Offices, Technical Division, Information and External Relations Division, Programme Division and Office of the Executive Director. Special thanks to Werner Haug, Mona Kaidbey, Laura Laski, Bettina Maas, Nuriye Ortayli, Hassan Yousif, Sylvia Wong, Azza Karam, Monique Clesca, Neil Ford, Richmond Tiemoko and Petrina Lee Poy.

Design, layout and production: Phoenix Design Aid A/S, Denmark. ISO 14001/ISO 9000 certified and approved CO_2 neutral company – www.phoenixdesignaid.dk. Printed on environmentally friendly paper (without chlorine) with vegetable-based inks. The printed matter is recyclable.

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ISBN: 978-0-89714-943-3