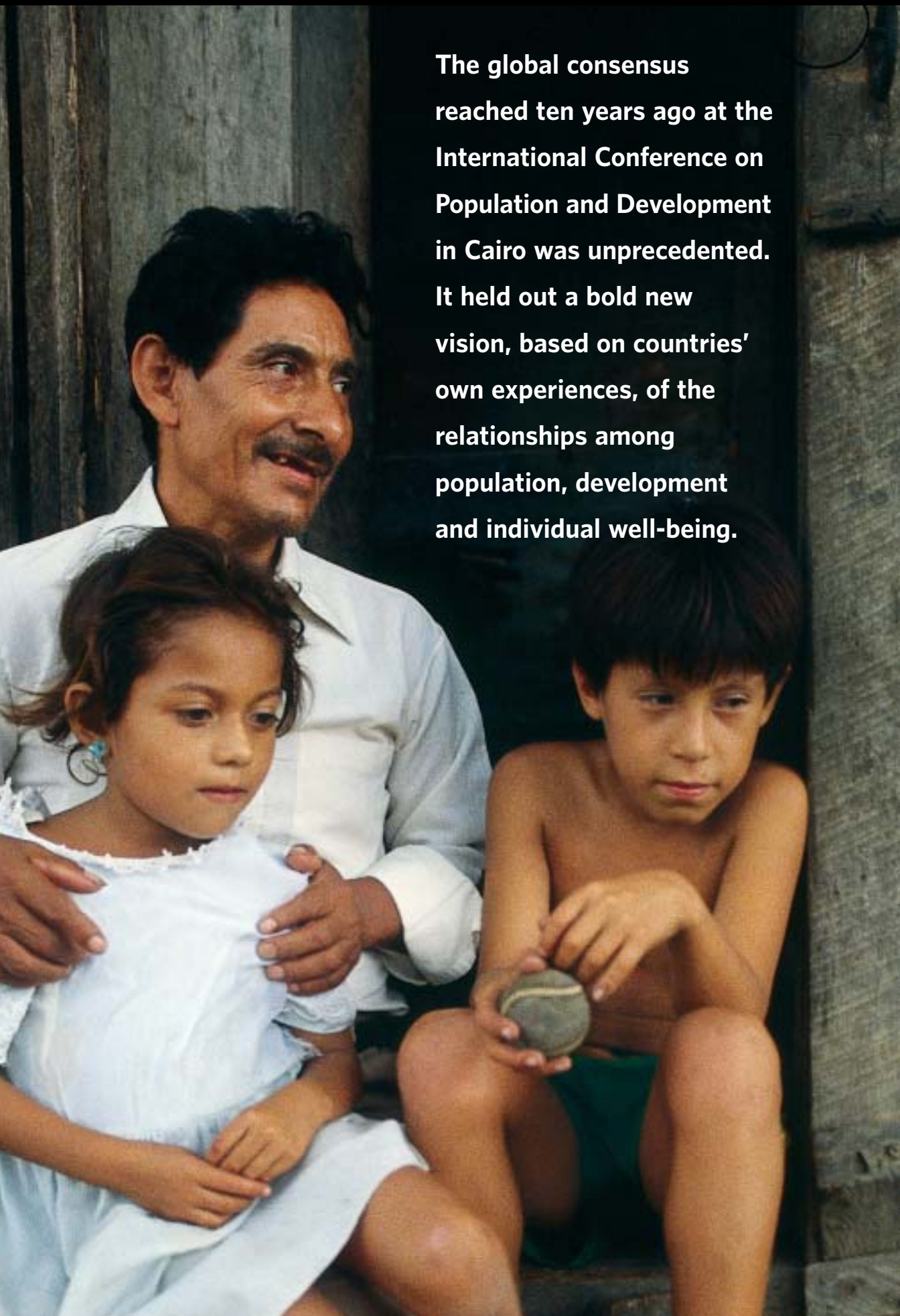


National
Progress in
Implementing
the ICPD
Programme
of Action
1994-2004

Investing in People

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INVESTING IN PEOPLE

National Progress in Implementing the ICPD Programme of Action 1994-2004

A SUMMARY REPORT

THE PROMISE

The global consensus reached ten years ago at the International Conference on Population and Development (ICPD) in Cairo was unprecedented. It held out a bold new vision, based on countries' own experiences, of the relationships among population, development and individual well-being. Population is a deeply sensitive matter, touching at the same time individuals' most intimate decisions and concerns, and countries' sovereign power to determine their own policies and paths to development. The achievement of the ICPD was to address such sensitive issues and arrive at a consensus on action.

The ICPD Programme of Action (ICPD PoA) set out a series of priority issues, including among others, population and development, gender equality and equity, reproductive health and rights and adolescents and youth. It described the actions needed in response, with agreed goals and a 20-year timeframe for achieving them, and identified the bodies responsible for action. The promise of the ICPD was to reconcile the imperatives of national development with cultural values and human rights. Implementing it means that countries themselves have taken ownership of population and development, on their own terms.

The tenth anniversary of the ICPD in 2004 offered an occasion for countries to look back at the work done and look forward to the challenges ahead in fully implementing the ICPD PoA. In celebration of ICPD at Ten, activities have taken place at various levels. Concurrent with the UNFPA Global Survey, numerous regional reviews were conducted and many countries undertook national assessments.¹ All reviews indicate the strength of countries' commitment to the Programme of Action: they have made it their own.



BACKGROUND

The two weeks of the ICPD in September 1994 were the culmination of two years of preparation. At regional and sectoral meetings, the most experienced people in their fields carefully worked through the issues. Countries brought a wealth of knowledge to the discussions, based on decades of work on population and development. The result was the ICPD Programme of Action.

In 1999, a five-year review (known as ICPD+5) reaffirmed the Programme of Action and adopted a set of *Key Actions* for further implementation of the ICPD PoA. The *Key Actions* included a new set of benchmarks in four areas: education and literacy; reproductive health care and unmet need for contraception, maternal mortality reduction and HIV/AIDS.

A series of international conferences during the 1990s helped integrate the Programme of Action into a broad agenda for social development, culminating in the Millennium Declaration and the Millennium Development Goals (MDGs) adopted in 2000. The first goal is to eradicate extreme poverty and hunger, halving both by 2015; other goals include promoting gender equality and empowering women, combating HIV/AIDS and improving maternal health – main aims of the ICPD Programme of Action.

The MDGs can be achieved only by addressing issues of population and reproductive health. An integrated and coordinated approach will promote both sets of goals. The table included on the opposite page highlights the relationship between the ICPD goals and the MDGs.

THE GLOBAL SURVEY

OVERVIEW

In 2003, UNFPA conducted a Global Survey with the aim of describing countries' progress and constraints in implementing the ICPD PoA, examining emerging issues and lessons learned, and assessing the way forward. This summary publication on the analysis of responses from developing and donor countries is drawn from the comprehensive report of the Global Survey.²

For the Global Survey, one questionnaire was sent to 165 developing countries and countries with economies in transition, and a shorter questionnaire was sent to 22 countries belonging to the Organization for Economic Cooperation and Development's (OECD's) Development Assistance Committee (DAC), referred to in the present report as "donor countries". The response rate of 92 per cent (151 countries) from developing countries and countries with economies in transition was higher than the 1998 Survey response rate of 82 per cent. For donor countries, the response rate for 1998 and 2003 was the same, at 82 per cent (18 countries).

The Global Survey provides an overview, not an assessment or evaluation, of programmatic and policy interventions. Countries reported the most salient changes



Table: ICPD Goals and Millenium Development Goals and Targets

ICPD Goals and Objectives

Millennium Development Goals and Targets

... raise the quality of life through population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in context of sustainable development ... [para. 3.16]

Goal 1: Eradicate extreme poverty and hunger

- Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day
- Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

... countries should further strive to ensure complete access to primary school or equivalent level of education by girls and boys as quickly as possible, and in any case before 2015 [para. 11.6]

Goal 2: Achieve universal primary education

- Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes [Principle 4]

Goal 3: Promote gender equality and empower women

- Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education no later than 2015

By 2015, countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000 [para. 8.16]

Goal 4: Reduce child mortality

- Target 5: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Countries should strive to effect significant reductions in maternal mortality by 2015: reductions by one half of 1990 levels by 2000 and further one half by 2015 ... [para. 8.21]

Goal 5: Improve maternal health

- Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

... by 2005, ensure at least 90 per cent, and by 2010 at least 95 per cent, of 15-24 age group has access to IEC and services to develop life skills required to reduce their vulnerability to HIV infection; that by 2005 prevalence is reduced globally, and by 25 per cent in the most-affected countries [ICPD+5 para. 70]

Goal 6: Combat HIV/AIDS, malaria and other diseases

- Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

... population issues should be integrated into formulation, implementation, monitoring and evaluation of policies and programmes relating to sustainable development [para. 3.5]

Goal 7: Ensure environmental sustainability

- Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
- Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
- Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum-dwellers

... strengthen the partnership between governments, international organizations and the private sector in identifying new areas of cooperation [para. 15.15a]

Goal 8: Develop a global partnership for development

- Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (Includes a commitment to good governance, development and poverty reduction — both nationally and internationally)
- Target 13: Address the special needs of the least-developed countries (Includes: tariff- and quota-free access for least-developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries and cancellation of official bilateral debt; and more generous official development assistance for countries committed to poverty reduction)
- Target 14: Address the special needs of landlocked countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)
- Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
- Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth
- Target 17: In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
- Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications



- key measures, successful strategies, and major actions taken on priority areas of the ICPD PoA. Countries' responses show a depth of commitment over a broad range of population and development issues: despite resource shortfalls and a range of competing development priorities, much progress has been made since 1994 in implementing the various aspects of the ICPD agenda.

Survey responses show that:

- Countries have taken full ownership of the ICPD agenda;
- Countries are adopting an incremental approach, setting priorities for action;
- Countries recognize that policies in different sectors interact, and are making broad, multi-sectoral policy interventions;
- Countries are ensuring continuity by translating the issues of population, gender, HIV/AIDS prevention, adolescents and youth and reproductive health into formal legislation, policies, strategies and programmes;
- Countries are taking ownership of the concepts of reproductive health and reproductive rights;
- Countries are integrating family planning into reproductive health services;
- Countries are moving safe motherhood up the policy agenda, with greater emphasis on attended delivery and referrals in cases of emergency;
- Countries are involving stakeholders in the community and civil society, especially women's groups, in policy-making and programming; and
- Countries are recognising that the attainment of ICPD goals is critical to achieving the MDGs, and that they can benefit from co-ordinating efforts to achieve the two sets of goals.

SURVEY FINDINGS

The Global Survey provides a summary of reported actions taken by countries. As might be expected, it shows wide variation across countries, regions and programme areas. It indicates significant progress, some important gaps and some priorities for future action, both for countries and for the international community.

Population and Development

Although world population is still increasing at over 70 million a year, the *rate* of increase is declining. Between 1994 and 2004, fertility fell in nearly all countries of the world. Yet growth rates remain above 2 per cent per year in 52 countries, among them 31 of the 52 least-developed countries.

The Global Survey reveals that there has been notable progress in integrating population issues into development: in 79 per cent of countries, governments reported adopting multiple measures to this end, compared with 52 per cent in 1994. The same high percentage (79 per cent) reported action to decentralize and integrate population factors into local development plans and local structures.



On integrating population factors into poverty reduction strategies, 57 per cent of countries reported taking multiple measures. This is a notable change from 1994, when only 13 per cent reported action. In this and other areas, the countries most affected gave higher priority to action. While half of all countries reported strong steps on population-environment interactions, 60 per cent of countries with higher levels of poverty and population growth did so. Also, countries with higher levels of population ageing were almost twice as likely to have taken actions to address the special needs of the elderly than those with lower levels.

On internal migration, governments reported plans for: resettlement; economic growth centres; social and economic planning in the context of decentralization; and the rehabilitation of internally displaced persons.

In 2003, 73 per cent of countries reported action on international migration, compared with 18 per cent in 1994. Measures included plans, programmes and strategies on international migrants and/or refugees; laws or legislation on international migrants and migrant workers; migration policy formulation; enforcement of international conventions on refugees, asylum-seekers and migrants; and laws or legislation on human trafficking, especially women and children.

Nearly all countries reported action to strengthen national capacity for collecting and analyzing population data. Actions included strengthening institutional capacities; supporting national data systems and databases; and developing management information systems.

More than half of governments reported mechanisms for monitoring and assessing progress towards the ICPD goals and the MDGs. The 82 countries reporting progress in monitoring ICPD implementation compares well with the 43 countries reporting similar action in the 1998 Survey.

The Survey reveals the need to:

- Intensify advocacy activities targeted at governments and non-governmental organization (NGO) leadership on the linkages between population and poverty;
- Strengthen data collection and analysis for monitoring the living conditions of the poor; for contributing to the formulation of social development policies; and for designing programmes targeted at poverty reduction, especially for vulnerable groups;
- Strengthen capacity, at the national level, for robust analyses of the causes and consequences of emigration and immigration, as well as of internal migration in individual country contexts, with a view to helping countries develop appropriate migration policies. At the international level, studies need to be undertaken on the levels and trends, as well as on the macro- and micro-implications, of international migration;
- Conduct national and sub-national policy studies of changing age structures and of population ageing by incorporating structural and societal changes associated with ageing into the formulation of social development policies; and



- Further promote and strengthen protection of, and respect for, human rights, individual dignity and ethical values, with sensitivity to cultural differences, in the implementation of the ICPD agenda.

Gender Equality, Equity and Empowerment of Women

The Global Survey posed a number of questions on gender-related issues. Responses cover five specific areas: protecting the rights of girls and women; women's empowerment; gender-based violence; gender-based disparities in education, and men's support for women's rights and empowerment.

At the global level, almost all of responding countries reported that they had adopted measures to protect the rights of girls and women. The most common



measure was legislation on the rights of girls and women, followed by ratification of United Nations conventions and the implementation of the ICPD PoA. Over 40 per cent of countries reported policies to remove gender discrimination, and close to a third provided constitutional protection to girls and women.

A great majority of countries reported measures to empower women, including

increasing their participation in governance; providing economic opportunities; providing education and training; adopting legislation for their empowerment; and increasing the participation of women in the political process.

The ICPD PoA recognized gender-based violence (GBV) as a major human rights issue, and most countries reported action to address GBV. Two-thirds of countries reported adopting laws and legislation, while 16 per cent reported enforcement of laws and legislation, indicating a need for further action on enforcement. Countries reported that they have provided support services for victims; undertaken information, education and communication (IEC) campaigns; established national commissions; trained service providers and government officials; and established institutional mechanisms for GBV monitoring and reporting.

Nearly all countries reported measures to improve girls' access to education. The most common measures were: making schooling free; making primary education compulsory; increasing public spending for education; providing incentives to poor families to send girls to school; promoting awareness; adopting legislation; and incorporating gender issues into school curricula.



The ICPD PoA states that changes in both men's and women's knowledge, attitudes and behaviour are necessary for achieving a harmonious partnership of men and women. Eighty-two per cent of responding countries reported measures to instil in boys attitudes respectful of women and girls. More than half these countries mentioned the development, review and revision of textbooks and curricula to incorporate gender equality concerns; about a third reported developing IEC campaigns on gender equality; a quarter advocated positive attitudes on gender equality in organizations; and 15 per cent developed reproductive health education plans and programmes for young people, including young boys.

Seventy per cent of countries reported taking measures to promote male support for women's rights and empowerment. Measures included IEC campaigns and plans to encourage male involvement in women's reproductive health.

While countries' actions on gender equality, equity and empowerment are encouraging, their impact is still modest, given the level of action in relation to the extent and pervasiveness of gender issues.

The Survey reveals the need to:

- Strengthen national capacity in the areas of gender and human rights by fostering dialogues and forging productive partnerships between, among others, civil society, women's groups, governmental structures and other coordination machineries for women's affairs, religious organizations, local power structures and donors;
- Develop strategies to reduce and eliminate GBV, including: building capacity at national and sub-national levels for collecting and analyzing GBV data; undertaking evidence-based advocacy and media campaigns; and devising strategies for prevention of GBV, especially in conflict and post-conflict situations;
- Undertake conceptual and methodological work related to incorporating gender perspectives and gender equality into development policies and programmes by defining gender mainstreaming in non-technical terms and promoting its understanding among policy makers and planners;
- Strengthen activities to eliminate the trafficking in young women, girls and boys, as well as strengthen existing facilities, especially in trafficking-prone areas, to enable such facilities to provide information, counselling and referral services to victims and potential victims through both in-house and outreach programmes; and
- Advocate and ensure women's participation in local, municipal and national decision-making bodies, including those involved in reproductive health.

Reproductive Rights and Reproductive Health

Countries have embraced the idea and the practice of reproductive health, moving to make reproductive rights a reality, to empower women in their reproductive health choices and to encourage male involvement in reproductive health and family planning. Countries are broadening programmes to reach more people in need of services; integrating family planning with pre- and post-natal care, childbirth



services, sexually transmitted infections (STIs) and HIV/AIDS prevention, cervical and breast cancer screening, and referral for treatment where appropriate.

The ICPD PoA articulated the right to reproductive health as part of a broad framework of human rights. The Global Survey shows significant progress since 1994, with 90 per cent of countries adjusting policies, laws or institutions to promote reproductive rights. This is a major step in implementation.

Some countries have national institutions, including national commissions, to monitor the implementation of human rights. Others have human rights ombudsmen and many rely on the monitoring procedures of international human rights treaties. Many countries recognize that they should include reproductive rights in reports to the Committees of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Convention on the Rights of the

Measures Taken by Countries to Increase Access to Quality Reproductive Health Services

This map does not reflect a position by UNFPA on the legal status of any country or territory or the delimitation of any frontiers. The final status of Jammu and Kashmir has not yet been agreed upon by India and Pakistan.

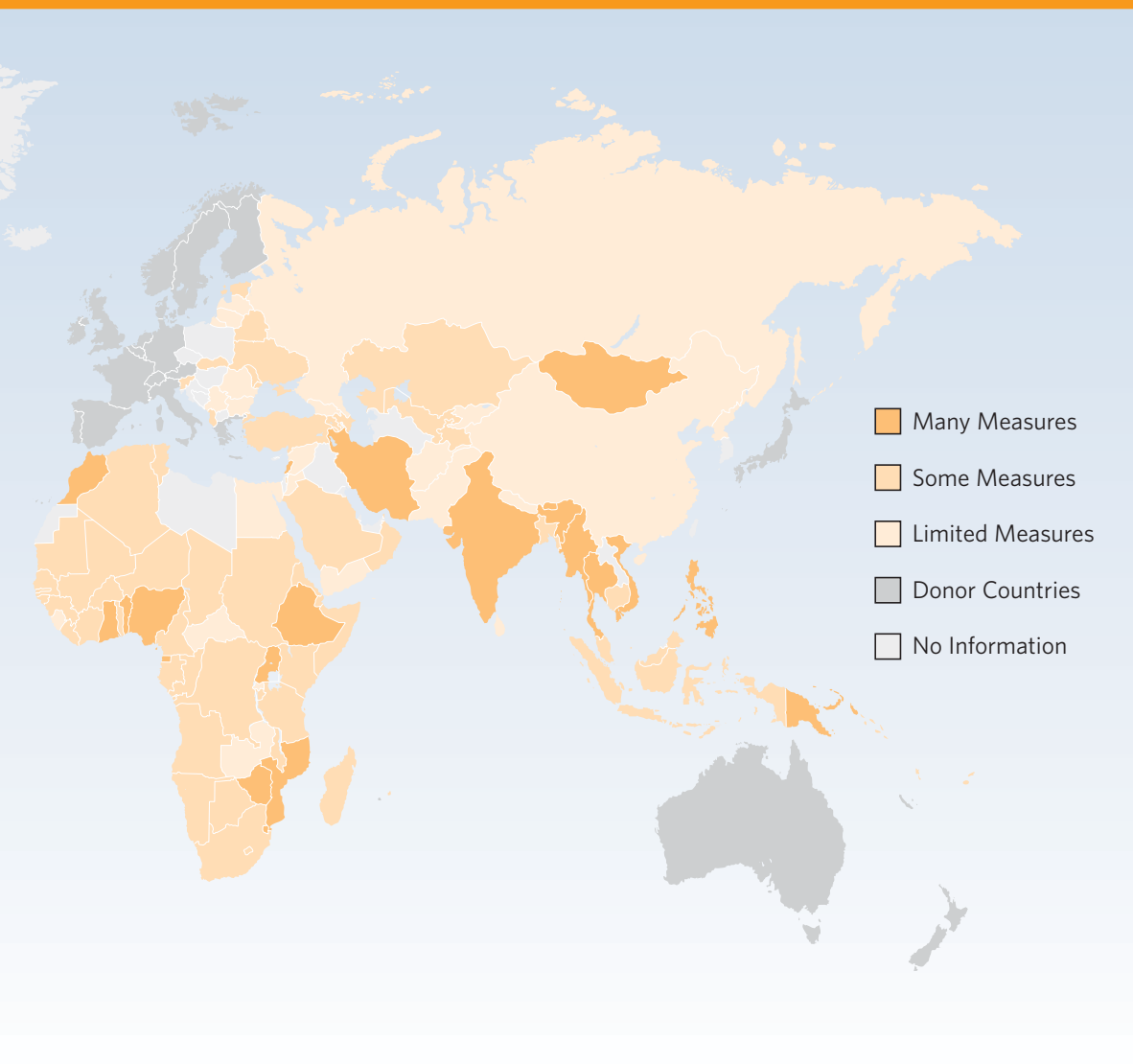




Child (CRC). Survey responses show that governments recognize the importance of including reproductive rights in their human rights monitoring procedures.

There has also been considerable progress in integrating reproductive health into primary health care services: over 90 per cent of countries reported such measures, and 60 per cent of these countries indicated that they had undertaken them after the ICPD. Most countries include reproductive health as part of the health-sector reform package. Of 120 countries implementing health-sector reform, 88 per cent reported including aspects of reproductive health as part of the package.

As the map below illustrates, almost all countries reported measures to increase access to high-quality reproductive health services, 77 per cent of them reporting multiple measures. Countries emphasized the need to correct shortages of trained staff, particularly in midwifery and essential obstetric care. A number of countries





have introduced protocols for standardizing quality service delivery, and many countries have worked to upgrade their reproductive health facilities.

There is no doubt that countries are improving contraceptive choices, and they are using a wider variety of measures to promote information and access, with more opportunity for individual choice and decision-making: 88 per cent of countries reported key measures to expand contraceptive choice. Countries recognize the need to ensure a steady and secure flow of contraceptives to all who need them: 87 per cent of countries reported one or more steps to improve reproductive health commodity security, a significant increase from the 1998 Survey.

Social, economic and cultural factors still make access to contraceptives difficult for many women; poverty, distance and lack of good information still prevent people, especially in rural areas, from reaching services. While efforts made by countries have resulted in a significant increase in contraceptive use in developing countries over the last ten years, there remains a serious unmet need for family planning, whether for spacing or for prevention of unwanted pregnancy. In 2000, an estimated 123 million women did not have access to safe and effective means of contraception. Many countries still have not fully addressed issues of affordability, accessibility and availability.

Of the estimated 529,000 maternal deaths in 2000, 95 per cent were in sub-Saharan Africa and Asia, 4 per cent in Latin America and the Caribbean, and less than 1 per cent in the more developed regions. Approximately 80 per cent of such deaths are due to obstetric complications. Sadly, there has been no significant decline in the number of maternal deaths over the decade since 1994. Countries are working to reduce maternal deaths by upgrading health-care facilities to provide essential and obstetric care more widely, strengthening prenatal care, training health service providers, providing transportation for women, and motivating communities to use available services: almost all countries responding to the Survey reported specific measures in this regard. Despite these efforts, 40 per cent of women in developing countries still give birth without skilled health personnel in attendance, putting at risk mothers' and infants' lives and health.

Nearly all countries responding to the Survey reported that they had taken key measures to prevent and manage STIs. Measures taken included services for STI prevention, treatment and management; a government-appointed body to oversee efforts; monitoring and surveillance systems; public information campaigns on prevention and treatment; targeted education initiatives for high-risk populations; and social marketing of condoms and STI medication.

The ICPD PoA emphasizes that abortion is in no case to be promoted as a method of family planning. It recognizes unsafe abortion as a public health problem. An estimated 46 million pregnancies end in induced abortion each year, nearly 20 million under unsafe conditions. About 13 per cent of pregnancy-related deaths have been attributed to complications of abortion, some 67,000 deaths each year.



Complications of unsafe abortion also contribute to serious consequences such as infertility and chronic pain.

Survey responses show that 117 countries have taken key measures to prevent and manage complications of unsafe abortion. Some countries emphasized that strengthening their family planning services was a key measure to prevent unsafe abortions. Others reported establishing guidelines, training, or facilities to improve access to post-abortion services, both to manage complications and to prevent repeat unsafe abortion.

Strengthening the voices of clients, especially women, and facilitating stronger partnerships among beneficiaries, providers and local officials, are at the heart of the ICPD agenda. The Survey shows that over 90 per cent of countries reported taking key measures to involve beneficiaries. Some countries assess the needs and opinions of the population by means of public hearings or consumer surveys, or by involving the community and civil society in policy and/or programme formulation. Countries have also established local action groups and some have trained community reproductive health workers to involve beneficiaries.

The Survey reflects the challenges of integrating reproductive health into the primary health care system, especially as countries are simultaneously reforming the entire health sector. Constraints common to all regions include insufficient financing and lack of sustainability; lack of trained health care providers; lack of equipment and facilities; difficulties in accessing services, particularly in remote areas; and poor communications. Countries also cited gender inequalities and difficulties in providing services for men and adolescents as constraints.

The Survey reveals the need to:

- Promote reproductive health as an essential component of poverty-reduction strategies and as critical to reducing high fertility, high and stubborn maternal mortality and morbidity, and the spread of HIV/AIDS and other sexually transmitted infections;
- Make quality reproductive health services even more accessible to the poor by decentralizing services down to the community level and exploring alternative financing schemes;
- Promote further the use of a human rights framework for guiding policies, programme design and service delivery to shape a humane and effective reproductive health and reproductive rights strategy;
- Integrate activities that address GBV into reproductive health programmes;
- Promote high-quality, client-centred services by including education materials, improving counselling and soliciting users' perspectives to enhance the delivery of services; and help increase demand for and utilization of services by raising awareness of reproductive health needs and reproductive rights and improving provider-client interactions and motivation and skills of service providers; and
- Ensure reproductive health commodity security with a commitment of larger



resources, as well as its integration into national resource allocation and budgeting systems.

Adolescent Reproductive Health and Youth

Nearly half the world's population is under the age of 25, the largest youth generation in history, about 20 per cent of whom, 1.2 billion, are between 10 and 19 years of age. Of these, 87 per cent live in developing countries. The reproductive health of young people has emerged as a priority issue in the last decade, and the Global Survey findings demonstrate that countries increasingly recognize its importance. Most countries reported action on this issue since the ICPD, including greater efforts to decrease gender disparities in education, to provide comprehensive health care, including reproductive and sexual health and youth-friendly services, and to increase life-skills education and employment opportunities for young people.

Countries have reported progress since the ICPD, and particularly since ICPD+5, in providing reproductive health information and services for adolescents: 88 per cent of countries reported action to provide information on reproductive health to adolescents; and 90 per cent of countries reported taking action to provide adolescents and youth with access to reproductive health services, including the establishment of youth-friendly services.

Countries are giving increasing attention to formal and non-formal education on population and health issues, as a means of promoting young people's well-being, enhancing gender equality and equity, and encouraging responsible sexual and reproductive health behaviour. The Global Survey shows that 93 per cent of countries have adopted at least one measure on this issue.

Countries still face the important challenges of providing gender-sensitive and comprehensive health and life-skills education, and enabling teachers to talk openly and comfortably with their students. Some governments are working with religious leaders and involving parents in the development of school curricula, to ensure that materials are appropriate and respond to young people's needs.

The ICPD PoA recommended that young people be actively involved in the planning, implementation and evaluation of population, reproductive health and development activities that have a direct impact on their daily lives, in particular activities concerning reproductive health, including the prevention of early pregnancies, sexual health education and the prevention of HIV/AIDS and other STIs. The Global Survey showed that 78 per cent of countries are taking action to ensure the participation of youth in policy and programme development, on issues such as education, training and employment, to help fulfil and protect the rights of adolescents and youth to health and development.

When asked how the cultural context of the country contributed to the promotion of adolescent reproductive health, 46 per cent of countries responded. When asked how the cultural context constrained the promotion of adolescent reproductive health within the country, 79 per cent of countries responded.



When asked about constraints faced in providing adolescent reproductive health services, many countries highlighted the lack of information made available for youth on reproductive health issues as a major constraint. Countries also reported that open discussion of sexual behaviour and reproductive health issues is considered culturally inappropriate. In addition, it was reported that culture can act as a barrier for youth seeking reproductive health services; traditional practices prevent youth from seeking reproductive health services; and adolescents and youth face religious opposition in seeking reproductive health services.

The Survey reveals the need to:

- Raise the political commitment of governments to design rights-based, comprehensive programmes for adolescents and youth;
- Ensure the full participation of adolescents and youth in the design, implementation and monitoring of programmes addressing their concerns;
- Coordinate IEC campaigns aimed at adolescents and youth with an expansion of services to improve access, particularly for the most disadvantaged;
- Increase investment in human capital development by incorporating youth-focused, high-quality public education, livelihood training and health services (including reproductive health) into national development and investment strategies; and
- Involve parents, communities and cultural leaders in efforts to promote adolescent reproductive health.

HIV/AIDS

In 1994, the ICPD PoA noted the need for HIV/AIDS prevention to counter the epidemic's emerging threat to reproductive health. The *Key Actions* set benchmarks for reducing new infections. By 2003, 40 million people were living with HIV/AIDS; more than five million people became newly infected, half of them young people between the ages of 15 and 25; three million people died from AIDS; and the number of AIDS orphans climbed to 14 million, 11 million of whom live in sub-Saharan Africa.

HIV infections continue to increase, most markedly in sub-Saharan Africa but also in Asia, the Pacific and Eastern Europe. Caribbean countries have the second-highest rate of infection after sub-Saharan Africa, and HIV/AIDS is fully established in Latin America. While Asia, the Pacific and the Arab States currently enjoy comparatively low prevalence rates, the conditions exist for a massive surge in new infections in the next decade.

Women are increasingly becoming infected. In 1997, women between the ages of 15 and 49 accounted for 41 per cent of adults living with HIV/AIDS; in 2003 the rate reached 50 per cent. The trend is even more pronounced in sub-Saharan Africa, where women comprise about 60 per cent of adults living with HIV/AIDS.

HIV/AIDS is one of the biggest challenges to achieving the ICPD goals or the MDGs. The impact of HIV/AIDS goes far beyond the statistics, both in economic



and social terms. In the worst-affected countries, infrastructures are often stressed beyond capacities, past development gains are quickly eroding, and families and communities are being destabilized.

In response to the Global Survey, 74 per cent of countries reported the adoption of a national strategy on HIV/AIDS; 18 per cent indicated having adopted a specific policy on HIV/AIDS; and 16 per cent reported having passed laws or legislation in support of HIV/AIDS prevention efforts.

An increasing number of countries have established a national coordinating body to oversee efforts and have introduced a multi-sectoral approach, involving a wide range of ministries and increasing NGO involvement. A total of 87 per cent of countries reported interventions with high-risk groups, vulnerable groups and others at risk of infection. Among at-risk groups, countries reported targeting sex workers, followed by injecting drug users, long-distance truck drivers, armed service personnel and migrant workers. Among the vulnerable groups targeted were young people (targeted by nearly two-thirds of countries), followed by pregnant women and their spouses, and street children.

Cultural practices can help or hinder HIV/AIDS prevention work. A total of 48 per cent of countries reported on positive aspects of their culture that facilitated HIV/AIDS prevention efforts: that social attitudes promote community involvement; that religious beliefs can reduce risky behaviours; that the culture promotes delay in the onset of sexual activity among young people; and that the extended family helps to care for and support HIV-positive persons.

At the same time, 80 percent of countries reported on social and cultural factors that hold back prevention work: that cultural constraints prevent open discussion and dialogue on HIV issues; that stigma and exclusion make it difficult to reach affected people; that people do not perceive the risk of HIV/AIDS; or that traditional social and cultural practices are a hindrance.

The Survey reveals the need to:

- Incorporate HIV prevention within various sectoral policies and programmes to minimize the adverse impact of HIV/AIDS and promote a coordinated, multi-sectoral response by having one national AIDS coordinating body, one national AIDS strategy and one national monitoring system;
- Develop and strengthen the integration of reproductive health information and services, STI and HIV prevention, treatment and care, and sexual health education;
- Advocate the highest feasible levels of access to an appropriate balance of prevention, treatment, care and support;
- Address the specific needs of women and girls, who suffer a disproportionate negative impact from HIV/AIDS, and ensure that laws, policies and programmes are gender-sensitive and effectively reach women and girls; and



- Break the cycle linking poverty and HIV/AIDS and accelerate progress towards the MDGs by simultaneously taking more aggressive action to address HIV/AIDS in the context of reproductive health and attacking poverty with interventions to assist the most vulnerable.

Advocacy, Education and Behaviour Change Communication

Countries have used a number of strategies to create an enabling environment for people to make responsible, healthy and voluntary choices about their sexual and



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reproductive health. Ninety-two per cent of countries reported having undertaken one or more successful advocacy strategy, behaviour change communication (BCC) campaign or other measures to promote responsible and healthy behaviours, especially among groups at higher risk for HIV/AIDS and other STIs. These strategies often involved education efforts such as peer education on reproductive health issues and the introduction of health education in school curricula.

When asked to describe a successful ICPD-related advocacy strategy, countries most commonly reported lobbying for legislative changes and new laws related to the Programme of Action, the establishment of local advocacy bodies, and the development of national and regional advocacy strategies.

Programmes convey messages through electronic and print media, as well as concerts, street plays, dramas and local seminars. A third of countries mentioned training national and local media practitioners on reproductive health issues. Most countries had set up hotlines on reproductive health issues or phone-in radio and television talk shows. Many countries also created web sites on reproductive health-related topics. Village computer centres, reported by 14 per cent of countries, have helped young people and others to access information on reproductive and sexual health matters, including HIV/AIDS.

The most commonly reported constraints in influencing attitude and behaviour change were: limited financial resources; social and cultural attitudes; lack of political will; lack of human resources; lack of monitoring and evaluation mechanisms; lack of coordination between agencies; and lack of equipment and training.

The Survey reveals the need to:

- Ensure that the social and cultural environment is taken into account in the formulation and implementation of BCC strategies to maximize their positive



reception and effectiveness, and to facilitate the application of a rights-based approach to gender issues and reproductive health; and

- Enhance coordination and linkages between IEC/BCC programmes and service delivery in reproductive health to increase effectiveness and address unmet needs and underserved populations.

Partnerships

In the last two decades, the contributions of NGOs and the private sector to population and reproductive health programmes have gained increasing recognition in many countries. Most countries responding to the Global Survey reported increased partnerships among government, civil society, United Nations System partners and the private sector: 95 per cent reported at least one successful effort to strengthen partnerships since the ICPD. This marks a notable increase from the 1998 Survey, in which 43 per cent of countries reported similar action.

Partnership efforts that involved policy and programmatic measures included: development of population and reproductive health plans and strategies; capacity-building and training programmes in population and reproductive health issues; and the establishment of parliamentary caucuses. The development of laws and legislation on reproductive rights and reproductive health, population policy-making, and collaboration on the production of population research and census data were also cited by a number of countries. The most common coordinating mechanisms for partnership efforts mentioned by countries were: partnerships between national population commissions and NGOs; national forums for NGOs; and partnerships between local governments and community-level NGOs. Many countries also reported on innovative South-South partnership efforts.

Partnerships with civil society cover all sectors and a spectrum of activities, including the special needs of the elderly and internal and international migrants; protecting the rights of girls and women; monitoring human rights; increasing access to quality reproductive health information, services and commodities; reducing maternal morbidity and mortality; preventing HIV/AIDS; and monitoring country-level progress in implementing the ICPD goals and the MDGs. Countries also reported partnerships with NGOs in public information and outreach campaigns, and in commodity security.

Governments also reported increased collaboration with the private sector. Globally, 75 per cent of countries reported that they have taken actions to involve the private sector in population and reproductive health issues. This is a marked increase from 1998, when 8 per cent of countries responding had involved the private sector. Partnership efforts covered such areas as reproductive health commodity security, service delivery, social marketing of contraceptives, and the promotion of sexual and reproductive health and reproductive rights for young people, women and other groups.



The most commonly reported private sector efforts were: provision of contraceptives and reproductive health services; private sector sponsorship of social marketing campaigns and outreach programmes; private sector sponsorship of IEC and advocacy activities on reproductive health issues; and private sector representation in government coordination bodies for population and reproductive health issues. A number of countries also reported private sector provision of financial assistance for reproductive health activities.

The Survey reveals the need to:

- Encourage the evolution of these partnerships from a consultative and advisory nature to a more genuine sharing of power and authority in the design, planning and implementation of policies and programmes;
- Reaffirm commitment to even more comprehensive and inclusive partnerships with civil society and, particularly, the private sector;
- Create partnerships that include multi-sectoral approaches and a broader range of partners, as well as cover a larger number of policy and programmatic areas of population, gender and reproductive health issues; and
- Strengthen further cooperation and collaboration among the United Nations System partners, at both country and other levels, to ensure that ICPD goals and issues are well integrated into efforts to attain the MDGs.

Resources

In reference to domestic and international funding for population and reproductive health activities, more than 80 per cent of countries reported that available resources did not meet their countries' reproductive health needs. They also indicated that their absorptive capacities were often inadequate to maximize the impact of available resources. Despite these trends, 82 per cent of developing countries and those with economies in transition reported taking some action to increase domestic resources for population and reproductive health programmes. The actions reported included strengthening partnership efforts and implementing cost recovery and cost sharing strategies.

Partnerships between developing countries and donor nations in providing resources for implementation of the Cairo agenda are critical to its success. Better collaboration and partnerships between donor and developing countries will help both partners and would increase resources and capacities for full implementation of the ICPD PoA.

While some recent trends in international population and reproductive health assistance are encouraging, the current financial commitments are unlikely to meet the funding goals set at ICPD for both donor and developing countries. Current levels of resources are inadequate to make the Cairo vision a reality.

The Survey reveals the need to:

- Protect funding for population and reproductive health in the face of a number of new and competing priorities, as well as in the context of international funding modalities; and



- Ensure that the Official Development Assistance (ODA) target of 0.7 per cent of gross national product (GNP) is met and that appropriate resources are allocated to population and reproductive health in the new funding and/or programming frameworks such as MDGs, sector-wide approaches, and poverty reduction strategy papers.

Perspectives of Donor Countries

The Survey shows that donor countries have increased their attention to the reproductive health needs of adolescents, young people, migrants and indigenous populations; provided high-quality and comprehensive reproductive health services, and trained health-care providers. Donor countries continue to be concerned with the ageing of their populations and meeting the special needs of older persons; managing migration for employment while reducing illegal immigration and the continuing flows of refugees and asylum-seekers; and reducing the trafficking in human beings across national borders.

Donor countries report that they face many of the same population and reproductive health challenges as their developing-country partners, including among others, ageing, migration, and adolescent reproductive health.

Donors' perceptions are that developing countries have made considerable progress over the last ten years in implementing key PoA areas, including reproductive health and gender concerns. Donor countries report increasing partnership and collaboration between governments and civil society, and growing acceptance that human rights and individual needs, rather than demographic targets, should be at the centre of population policies.

Donor countries have provided resources to assist developing countries in implementing the PoA, but on an insufficient scale. This is a particular point of concern for the least-developed countries, where population size will triple over the next 50 years. Donor countries recognize that PoA implementation depends on providing resources, maintaining partnerships and collaboration, and using international development frameworks and processes to promote the ICPD agenda.

The Survey reveals the need for donor countries to:

- Increase their assistance to developing countries through the transfer of technical advice, programme expertise and resources for population and reproductive health activities;
- Remove barriers to donor harmonization in support of the national priorities of programme countries and facilitate efforts to devise and implement coordinated programme activities; and
- Enhance methods of knowledge sharing and exchanging insights on lessons learned and good practices with their developing country partners.



OPERATIONAL ISSUES – THE WAY FORWARD

The findings of the Global Survey point to operational issues with regard to the need to integrate the ICPD agenda into new perspectives and strengthen programme implementation.

Adjusting the ICPD Agenda to New Perspectives

The results of the Global Survey show that countries accept the MDGs as a unifying framework for action on the social aspects of development, as expressed by the global conferences of the 1990s. The MDGs have helped both individual countries and the international community to pursue a more holistic approach to development policy, dialogue, programming and cooperation. Many of the ICPD goals are also MDGs and the attainment of the former is essential for the achievement of the latter. To forge coherence between the two, the way forward requires developing countries and development partners to:

- Take advantage of national capacity-building efforts to achieve and monitor the MDGs for implementing and monitoring the PoA; and
- Infuse ICPD issues into policy dialogues in such areas as poverty eradication, women's empowerment, social policies, human rights, environmental sustainability, macroeconomic policies, sector-wide approaches, poverty reduction strategy papers, and other development frameworks and programming processes.

Strengthening Programme Implementation

The Global Survey contains important information from countries on constraints faced in fully implementing the ICPD PoA. Nearly all countries mentioned the need for increased capacity development; systems of monitoring and evaluation; and data systems. The Survey reveals the need to:

- Promote capacity-building in countries by assessing needs, identifying results to be achieved, adopting appropriate capacity-development strategies, monitoring progress and encouraging all partners, including governments, international donors, multilateral agencies, and civil society to coordinate their support and actions;
- Strengthen and/or establish an effective monitoring and evaluation mechanism in countries to address constraints in programme implementation and to assess programme success. The same mechanism could be used in tracking the achievement of the ICPD goals, the MDGs and other international development targets; and
- Address urgently and comprehensively the lack of data systems in countries by strengthening or establishing institutions with mandates for data collection, analysis, utilization and dissemination; launching training and other skills-development programmes to improve the quality of human resource



capacities; and enhancing institutional support for equipment, supplies and other materials to enable those institutions to function effectively.

Conclusion

The 2003 Global Survey shows strong progress being made by countries worldwide on many of the issues of the ICPD. It reflects governments' commitment to population-related concerns and demonstrates the importance they attach to the ICPD PoA. Yet in many ways, much more needs to be done. As a result, lives are being lost, future generations are being put at risk and the development prospects of entire nations are being placed in jeopardy.

This Global Survey demonstrates that a solid foundation has been built in the first 10 years of the ICPD for the full implementation of the Cairo agenda. To achieve the goals and objectives of the ICPD PoA, continued efforts and commitments are needed to mobilize sufficient human and financial resources, to strengthen institutional capacities, and to nurture stronger partnerships across sectors and all stakeholders.

In 2005, countries will conduct a five-year review of progress towards the MDGs. Achieving them will affect a billion people around the globe, the poorest people in the poorest countries in the world. It will save lives; it will liberate minds and spirits; it will help to ensure not only survival, but peace, security and prosperity in the 21st century.

The full implementation of the ICPD PoA is essential to the achievement of the MDGs, including the empowerment and equality of women—half the world and more than half of the poorest people in the world. Their reproductive health is key to their empowerment. The right to reproductive health underpins and makes possible the exercise of all other human rights. Commitment to the ICPD vision is a commitment to humanity.

NOTES

¹ A summary of ICPD at Ten activities can be found at <http://www.unfpa.org/icpd>

² *Investing in People: National Progress in Implementing the ICPD Programme of Action*. The report makes reference to other surveys that UNFPA has conducted, including the 1993 Survey (preceding the 1994 ICPD) and the 1998 Survey (preceding the 1999 ICPD+5 Special Session, also referred to as the ICPD+5 review).

NOTES:

The views and opinions expressed in this report are those of the Global Survey Team and do not necessarily reflect those of the United Nations Population Fund (UNFPA), or of the Governments of countries reported on in the Global Survey.

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the United Nations Population Fund (UNFPA) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The term 'country' as used in the text of this report refers, as appropriate, to territories or areas. The designations of 'developed' and 'developing' countries are intended for convenience and do not necessarily express a judgement about the stage reached by a particular country or area in the development process.



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