

Healthy Expectations

Celebrating Achievements
of the Cairo Consensus
and Highlighting the
Urgency for Action



International Conference on Population and Development in Cairo, 15 years later





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A MESSAGE FROM THORAYA AHMED OBAID, UNFPA EXECUTIVE DIRECTOR.

The 1994 International Conference on Population and Development changed the way the world views issues of population — moving away from a focus on numbers to a focus on human rights and dignity. To commemorate the 15th anniversary, UNFPA is pleased to issue this chartbook in cooperation with the Population Reference Bureau. Pointing to the connections between population, poverty, education, environment and health, it highlights areas that require urgent action and investment.

At the Cairo Conference, 179 governments agreed to work together with partners to achieve universal access to education, especially for girls, to reduce infant, child and maternal mortality and to guarantee reproductive health, including family planning by 2015. Delegates from all regions agreed that every person has the right to sexual and reproductive health and that empowering women is a highly important end in itself that is essential to improving the quality of life of everyone. These goals and principles have been incorporated in the Millennium Development Goals that now provide a unifying framework for international development cooperation.

While a solid legal and policy foundation has been laid in the last 15 years to improve living standards and equity, there remains a large gap between what is written down and people's daily realities. While girls' enrolment in school has risen along with access to family planning and care during pregnancy and childbirth, maternal mortality still represents the world's largest health inequity, with a woman continuing to die each and every minute. Little improvement in this area points to the need for urgent action to strengthen health systems and protect the rights of girls and women.

We hope that you use the facts, figures and messages in this report to promote universal access to reproductive health and education by 2015 and to accelerate progress to end discrimination and extreme poverty.

WHAT IS THE CAIRO CONSENSUS AND WHY DOES IT STILL MATTER?

Fifteen years ago, in 1994, the world's nations forged a visionary plan in Cairo, Egypt, to foster economic development and reduce poverty, with a focus on promoting human rights, empowering women and erasing inequities within societies. The agreement emerging from the 1994 International Conference on Population and Development in Cairo represented a new global consensus to integrate population dynamics fully into development strategies. It provided a 20-year blueprint that required actions and commitments from both rich and poor countries.

Today, the goals of Cairo remain as relevant as ever. Despite progress on many fronts, a billion people still live in abject poverty. Every year, more than half a million women still die of causes related to pregnancy and childbirth, Three million infants die in the first week of life, most of causes related to the mother's health and to pregnancy and delivery.¹ An additional one million infants die in the first month of life. Most deaths to mothers and infants occur among the poor and could have been prevented, often through simple and cost-effective strategies.²

Women in poor countries are almost as likely to die as a result of pregnancy or childbirth in 2009 as in 1990. At a global level, 13 per cent of maternal deaths are due to unsafe abortion, but in parts of sub-Saharan Africa, unsafe abortion is responsible for 30 to 40 per cent of maternal deaths. Preventing unintended pregnancies by meeting the unmet need for contraception among more than 200 million women is an essential strategy for reducing maternal deaths and long-term disabilities related to pregnancy.

UNFPA is taking stock of what has been achieved in the first 15 years of the 20-year Cairo Programme of Action, and the challenges that must be met to realize the promise of Cairo. Investment in providing universal modern contraception and maternal and newborn health services would result in large, measurable improvements in health and well-being — more than paying for itself in terms of lives and resources saved and productivity enhanced.

Achieving Cairo's Promise Requires Action on Several Fronts

Many of the goals put forth in the Cairo Consensus are intertwined: A prime example is that progress to prevent unintended pregnancies also advances goals to reduce poverty, promote women's empowerment and save lives. Conversely, persistent poverty or lack of access to family planning services undermines efforts to improve girls' schooling or women's participation in the paid labour force, both of which would advance the status of women.

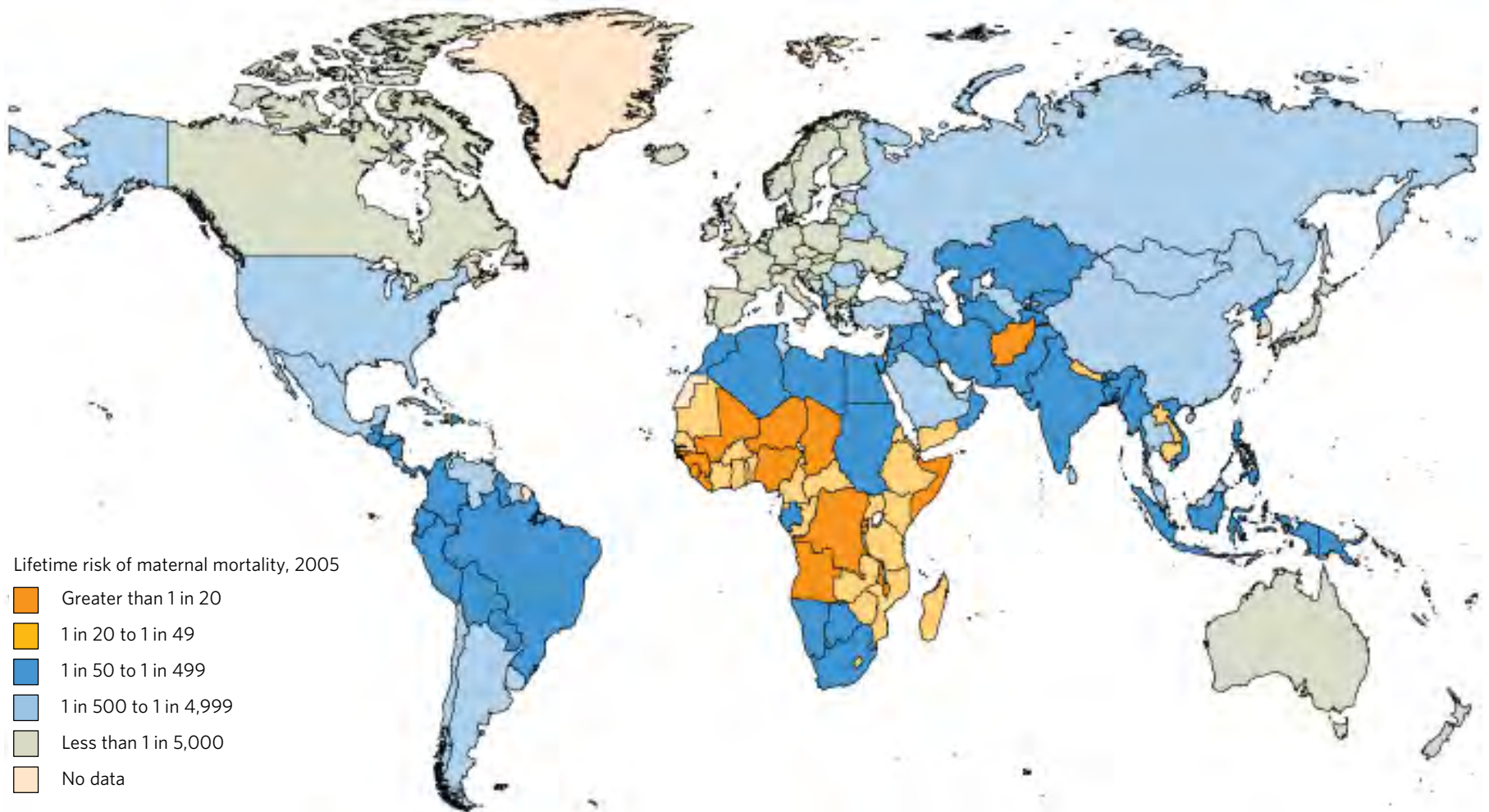
We highlight the urgency for action to attain the broader goals of Cairo, saving millions of lives by:

- Reducing poverty and inequity
- Providing universal access to family planning
- Ensuring safe pregnancy and childbirth
- Empowering women and constructively engaging men
- Keeping children, especially girls, in school longer
- Investing in young people
- Protecting the environment
- Demonstrating political leadership
- Upholding financial commitments

In 2005, the lifetime risk of death from maternal causes was 1 in 22 for women in sub-Saharan Africa, compared with less than 1 in 6,000 for women in more developed countries. For each woman who dies, 20 additional women suffer pregnancy-related disabilities; two million women now live with obstetric fistula caused by injury during childbirth,

a condition leading to loss of bladder or bowel control and often to severe health consequences and social ostracism.

Most maternal deaths occur to women who live in sub-Saharan Africa and South Asia. The number of maternal deaths in sub-Saharan Africa has increased as the number of women in the childbearing ages has grown.



Source: PRB analysis of estimates from the United Nations Population Fund (UNFPA), World Health Organization (WHO), UNICEF and World Bank.

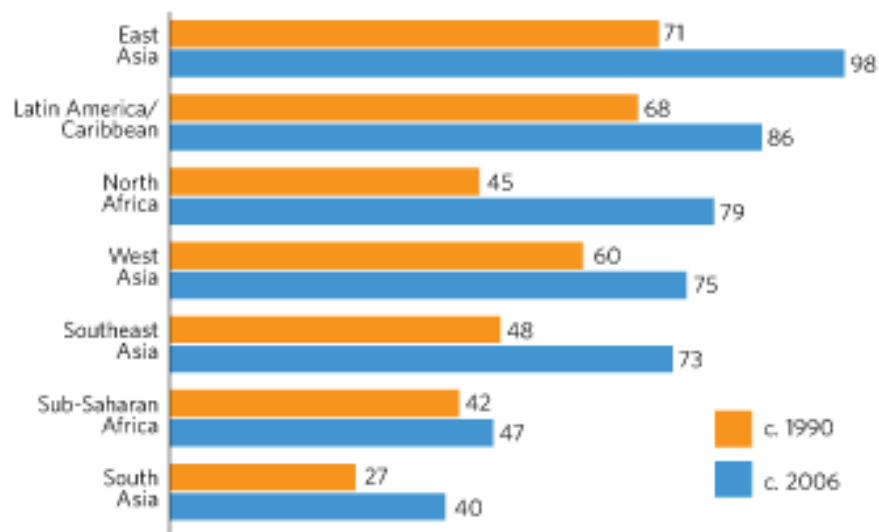
The challenge of reducing maternal deaths can be met through securing:

- Comprehensive family planning — counselling, services, supplies
- Safe abortion services (where abortion is legal)*
- Skilled birth attendance
- Emergency obstetric care
- Prenatal and postnatal care

Family planning alone can reduce maternal mortality by 25 to 40 per cent.

Although progress in reducing maternal deaths has stalled, more births are now attended by skilled health personnel. But this is less likely in countries where women give birth at home. There are hopeful signs: In East Asia, nearly every birth is now assisted by skilled health personnel.

Percentage of infants delivered with assistance from skilled health personnel.



Source: United Nations. 2008. *Millennium Development Goals Report 2008*.

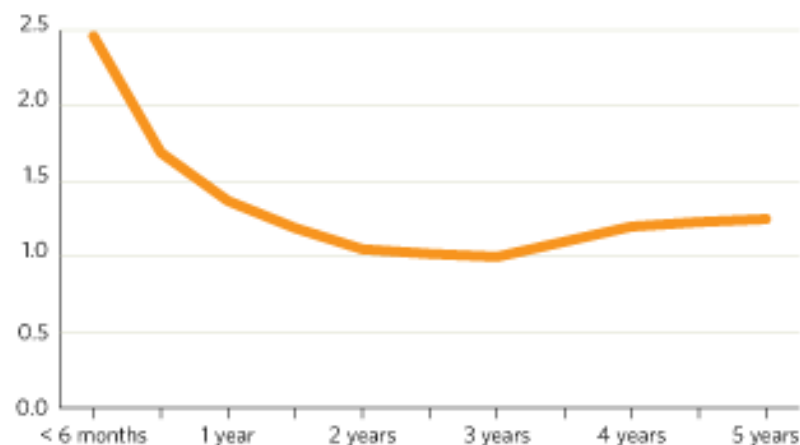
In addition, the challenge of reducing child deaths can be met through securing:

- Adequate medical and nursing intervention at the time of birth
- Improved nutrition of the mother
- Availability of safe water and hand-washing³
- Access to child and maternal health services
- Availability of antibiotics, vaccines and essential medicines

Simple and cost-effective strategies such as cleaning, drying and warming the newborn, skin-to-skin contact with the mother and exclusive breastfeeding for the first six months can save the lives of millions of infants.⁴

Child spacing saves lives. When a woman becomes pregnant less than six months after a previous birth, her baby is 2.5 times more likely to die in the first month of life than a child conceived three years after the previous birth.

Relative risk of dying in first month of life by birth interval.

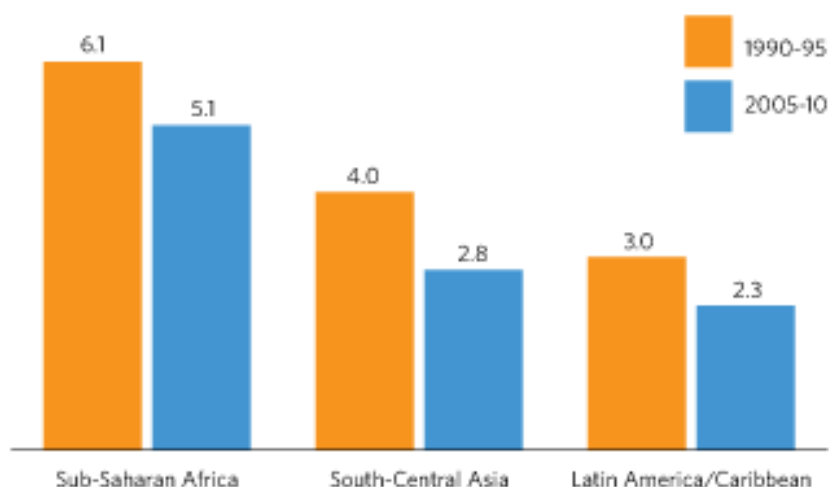


Source: Rutstein, S. 2000. "Effect of birth-spacing on mortality and health".

*At the International Conference on Population and Development, governments agreed that abortion should not be promoted as a method of family planning, unsafe abortion should be dealt with as a major public health concern, and family planning services should be expanded and improved to prevent unwanted pregnancies and reduce recourse to abortion.

More women and couples are choosing to plan their families, space their pregnancies and limit the number of their children. The average number of children born per woman has declined in every major region since the early 1990s. A general decline in fertility — possible with increased access to modern contraceptives — shows that couples want fewer children. Among other factors, desire for smaller families reflects increases in women’s education and labour force participation, improvements in child survival and changing social expectations.

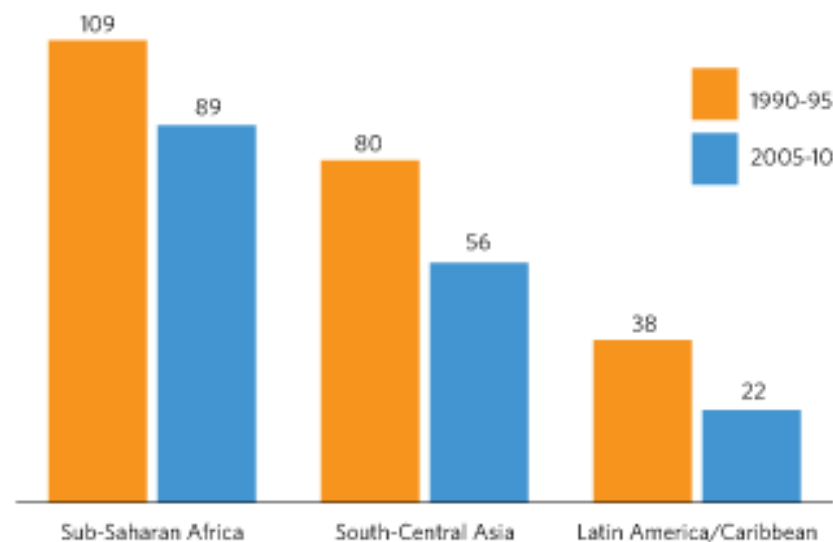
Average number of children per woman.



Source: UN Population Division. *World Population Prospects: The 2008 Revision*.

Infants and children are healthier. Although infant mortality has declined in every region in the past 15 years, it remains very high in sub-Saharan Africa, where nearly 90 of every 1,000 infants die before the age of 1 year. Most infant and child deaths are preventable if mothers have skilled medical care during childbirth and families have access to clean water, proper sanitation, childhood immunizations and adequate nutrition. Many infant deaths can also be prevented if women are able to space births by two or more years.

Deaths under age 1 per 1,000 live births.



Source: UN Population Division. *World Population Prospects: The 2008 Revision*.

REDUCING EXTREME POVERTY IS INTERTWINED WITH ALL OF CAIRO'S GOALS.

Worldwide, the number and percentage of people living in extreme poverty (less than US\$1.25 per day) has declined, but much of this improvement is due to the remarkable economic gains made in China, where the poverty rate fell from 80 per cent in 1980 to 17 per cent in 2005. Poverty reductions in other developing countries were partly or fully offset by continued population growth.

“Persistent widespread poverty and serious social and gender inequities have significant influences on, and in turn are influenced by, demographic factors such as population growth, structure and distribution.”

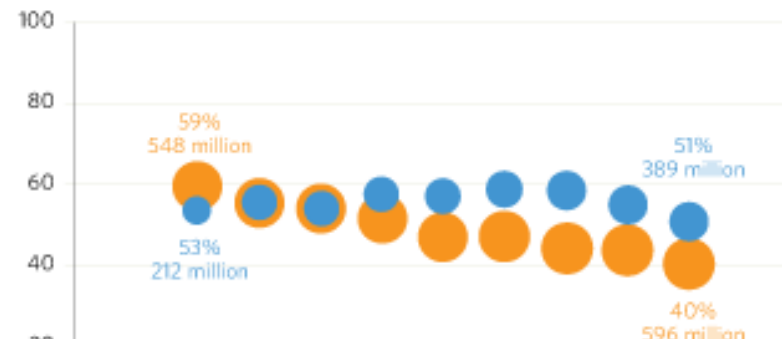
International Conference on Population and Development (ICPD) Programme of Action, Chapter III

Whether poverty is further reduced — or increases — in the future will reflect the combined effect of global economic trends, international aid, government policies, resources and population dynamics. The current financial crisis threatens to undo years of progress.

Poverty is associated with large family sizes, low use of family planning services, low educational attainment and poor nutrition — all factors that work against the goals of Cairo.

Rapid population growth keeps large numbers of people in extreme poverty in South Asia and sub-Saharan Africa. In sub-Saharan Africa, the percentage of people in extreme poverty began to decline around the year 2000, but, because of rapid population growth, the number of people in extreme poverty nearly doubled, from 212 million to 389 million. In South Asia, the percentage in poverty declined more rapidly, from 59 to 40 per cent, but the number increased from 548 million to 596 million.

Percentage of the population living in extreme poverty (less than US\$1.25/day) in sub-Saharan Africa and South Asia. (circle size represents the number of people)



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