



state of world population 2004

**The Cairo Consensus at Ten:
Population, Reproductive Health and the Global
Effort to End Poverty**



UNFPA state of world population 2004

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United Nations Population Fund
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1 Introduction

On 13 September 1994 in Cairo, after nine days of intense debate, the International Conference on Population and Development (ICPD) adopted a wide-ranging 20-year action plan that delegates and commentators hailed as opening a “new era in population”.

Underpinned by a commitment to human rights and gender equality, the Cairo agreement called on countries to ensure reproductive health and rights for all as a critical contribution to sustainable development and the fight against poverty, which the ICPD saw as inseparable from addressing population concerns.

“You have crafted a Programme of Action for the next 20 years, which starts from the reality of the world we live in, and shows us a path to a better reality,” Dr. Nafis Sadik, UNFPA Executive Director and Secretary-General of the conference, told delegates at the closing session. “The Programme contains highly specific goals and recommendations in the mutually reinforcing areas of infant and maternal mortality, education, and reproductive health and family planning, but its effect will be far wider-ranging than that. This Programme of Action has the potential to change the world.”

Ten years into the new era, it is time to take stock:

- **The ICPD Programme of Action provides a blueprint for actions** in population and reproductive health that countries agree are **essential to realizing global development goals** including ending extreme poverty and hunger, empowering women, reducing maternal mortality, preserving the environment and stemming the HIV/AIDS pandemic. In recent regional and global meetings and in practice, governments have strongly reaffirmed their commitment, based on experience, to utilize

the Programme of Action as an indispensable strategy for improving people’s well-being and ensuring human rights.

- **Many developing countries have made great strides in putting the ICPD’s recommendations into action**, with a significant impact. Countries are working to integrate population factors with development plans, improve the quality and reach of reproductive health programmes, promote women’s rights, meet the needs of young people and those in emergency situations, and strengthen HIV prevention efforts. Access to family planning continues to grow; 60 per cent of married couples in developing countries now use modern methods of contraception, compared to 10-15 per cent in 1960.
- **Inadequate resources and persistent gaps in serving the poorest populations are impeding progress**, however, in meeting ongoing challenges including the continued spread of HIV/AIDS, especially among the young, unmet need for family planning, and high fertility and maternal mortality in the least-developed countries. Donors need to meet the commitments made in Cairo and give due priority to reproductive health in anti-poverty development assistance plans, and programmes must be scaled up and extended to realize the ICPD’s goal of comprehensive reproductive health care for all by 2015.

Putting People at the Centre

As its name implied, the ICPD was based on the premise that population size, growth and distribution are closely linked to prospects for economic and social development, and that actions in one area reinforce actions in the other.

This premise had won increasing acceptance in the two decades since the first World Population Conference in 1974, as population grew rapidly in developing regions and as more and more countries gained experience with family planning programmes. By 1994, most developing countries saw a need to address population concerns in order to promote economic growth and improve people's well-being.

A NEW APPROACH. But the Cairo conference radically changed the international community's approach to the interlinked challenges of population and development, putting human beings and human rights, rather than population numbers and growth rates, at the centre of the equation.

At the heart of this paradigm shift was the move away from a perception of population as essentially a macro-economic variable for planning and policy, to a rights-based approach in which the well-being of individuals is key. The ICPD Programme of Action called for policies and programmes to take an integrated approach—linking population action to human development, women's empowerment, gender equality, and the needs and rights of individuals, including young people.

The ICPD Programme of Action recognized that

their life cycle, and urged countries to strive for universal access to comprehensive reproductive health services by 2015 (see Chapter 6).

INDIVIDUAL CHOICE PROMOTES PROSPERITY. The ICPD consensus recognized that enabling couples and individuals to freely determine the number, timing and spacing of their children would speed progress towards smaller families and slower population growth, contributing to economic growth and reducing poverty, at both the household and macro levels.

Conversely, it understood that not addressing needs and major gaps in reproductive health services would help perpetuate high fertility, high maternal mortality and rapid population growth, undermining poverty reduction prospects (see Chapter 2).

WOMEN'S RIGHTS. Empowering women was recognized as an important end in itself, as well as a key to improving the quality of life of everyone. Without the full and equal participation of women, there can be no sustainable human development. The Programme of Action

stressed the importance of reproductive rights to women's autonomy, as a complement to education, economic empowerment and political participation (see Chapter 5).

A WIDE MANDATE

The 1994 Conference was explicitly given a broader mandate on development issues than previous population conferences, reflecting the growing awareness that population, poverty, patterns of production and consumption and the environment are so closely interconnected that none of them can be considered in isolation.

—ICPD Programme of Action, para. 1.5

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