

REVIEW OF THE IMPLEMENTATION OF THE PROGRAMME OF ACTION OF
THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

FULFILLING THE ICPD PROMISE

PROGRESS, GAPS AND WORKING AT SCALE



This is a reprint of the Report of the Secretary-General, Monitoring of population programs, focusing on the review and appraisal of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development, as prepared by the Technical Division of UNFPA, for the Fifty-second session of the Commission on Population and Development, 2019. The present reprint includes supplementary Tables and Figures provided by UNFPA.

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FOREWORD

"Since 1994, maternal death has declined by around 40 per cent. Rates of child marriage and female genital mutilation have fallen. Primary school is accessible to most children in the world, and human life expectancy has increased by seven years since 1994. Yet the successes we have seen are not sufficient. Millions of people are still waiting for the promise of the International Conference on Population and Development: the more than 10 million girls who will be married under the age of 18 in 2019, the nearly 4 million girls who will undergo female genital mutilation this year, the 60 per cent of young people in Africa who will not access secondary school, the more than 200 million women and adolescent girls waiting for modern contraception."

Dr. Natalia Kanem
Executive Director, UNFPA

The International Conference on Population and Development (ICPD) in 1994 represents a landmark in the history of population and development issues, as the Programme of Action adopted at the end of the Conference exhibited an exceptional consensus among 179 governments that people's rights should be at the heart of development. Although the Conference recognized that the implementation of the Programme of Action was the sovereign right of each country, consistent with its national laws and development priorities, it affirmed sexual and reproductive health as a fundamental human right and emphasized that empowering women and girls is key to ensuring the well-being of individuals, families, nations and our world.

This acknowledgment that people's rights, choices and well-being are the path to sustainable development was a paradigm shift in global thinking on population and development issues. It heralded the way from a focus on reaching specific demographic targets to a focus on the needs, aspirations and rights of individual women and men. The Programme of Action asserted that everyone counts, that the true focus of development policy must be the improvement of individual lives and the measure of progress should be the extent to which we address inequalities.

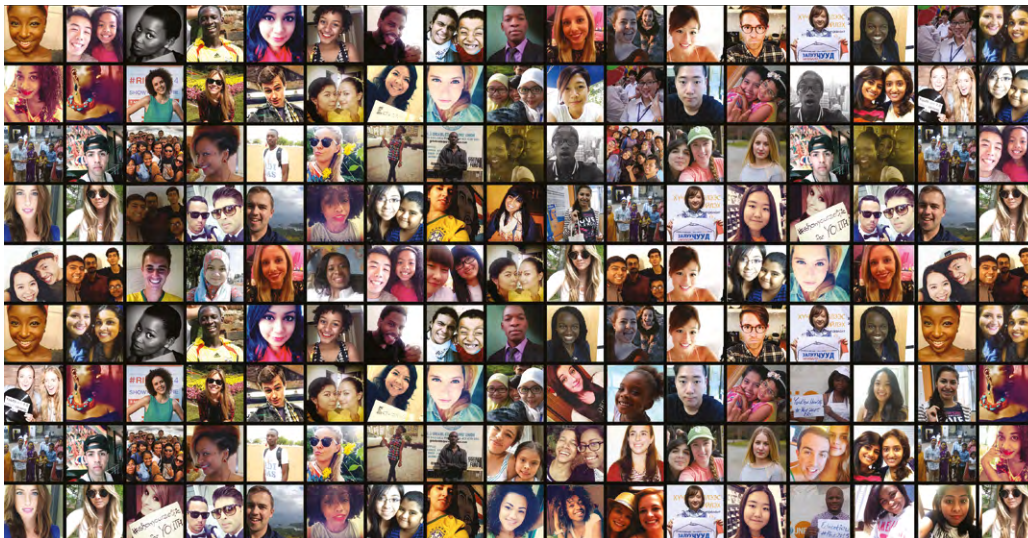
The scope of the Programme of Action provided a foundation for the Sustainable Development Goals. Since its adoption, the world has seen significant improvements in poverty reduction—with an estimated one billion people moving out of extreme poverty—, substantially improved health systems and increases in life expectancy, and significant investments in access to primary education for both boys and girls. In addition, girls and adolescents today are less likely to experience harmful practices such as child marriage and female genital mutilation.

These development gains have not, however, reached everyone and significant gaps and inequalities remain.

Greater efforts are needed to tackle today's challenges and ensure that the promises of Cairo are fulfilled. Today, the world faces new challenges and opportunities related to rise in inequality, changing population dynamics and age structures, rapid urbanization and migration, and climate change. More than in 1994, national demographics are presently more diverse, as wealthy countries of Europe, Asia and the Americas face rapid population ageing, while Africa and some countries in Asia prepare for the largest cohort of young people the world has ever seen, and the 49 poorest countries, particularly in sub-Saharan Africa, continue to face premature mortality and high fertility.

The present report celebrates the progress made and highlights the gaps in the achievement of the Cairo vision. It stresses key areas of synergy and provides recommendations aimed at addressing the gaps, the fulfillment of which requires greater innovation, better leadership, and more investment in the capabilities and creativity of the world's young people. International cooperation and universal solidarity are also crucial in order to leave no one behind.

Benoit Kalasa
Director, Technical Division, UNFPA



SUMMARY

The Programme of Action of the International Conference on Population and Development, adopted in 1994 by 179 governments, represented a paradigm shift for population and development in the recognition that people's rights, choices and well-being are the path to sustainable development. Twenty-five years of evidence and practice continue to support this consensus and to affirm the critical importance of considering prevailing population dynamics in the development policies of a given country.

The scope of the ICPD Programme of Action emphasized sexual and reproductive health and reproductive rights and promoted a vision of integrated development that foreshadowed the 2030 Agenda for Sustainable Development. Its principles underpin the Sustainable Development Goals, including the need for non-discrimination and universality in both opportunities and outcomes; the centrality of health, education and women's empowerment to sustainable development; and the collective need to ensure environmental sustainability. The emphasis in the 2030 Agenda on leaving no one behind builds on the recognition that people live with multiple, simultaneous and compound inequalities, many of which are mutually reinforcing.

The present report, marking 25 years since the Conference held in Cairo, celebrates progress and identifies shortfalls in the implementation of the Programme of Action since 1994. It draws on the 2018 regional reviews of the Conference, which recognized the relevance and contribution of the ICPD agenda to advancing sustainable development in all regions. It highlights key areas of synergy between the fulfilment of the Programme of Action and the achievement of the targets of the Sustainable Development Goals and offers recommendations for delivering the promise of the Conference to all in order to accelerate progress towards the 2030 Agenda.

INTRODUCTION

When delegates convened at the International Conference on Population and Development in Cairo, concerns over population growth had underpinned development aid for more than two decades. The global population had grown from 3.7 billion in 1970 to 5.3 billion in 1990, and leaders feared that population growth would outpace development. Family planning was a priority of development, and the adoption of modern contraception worldwide had increased from 36 per cent in 1970 to 55 per cent in 1994.

Civil society, in particular the women's health movement, brought to the Conference widespread concerns over the quality of care within family planning programmes¹, in particular in the context of high maternal and infant mortality², untreated reproductive morbidities³, and social and legal norms that remained highly discriminatory to women. The resulting Programme of Action⁴, adopted by 179 Governments, represented a paradigm shift for population and development, moving from a focus on reaching population targets to a focus on the needs, aspirations and reproductive rights of women and men. Delegates affirmed that demand for smaller families was widespread and increasing, but the adoption of family planning was highest where services were of high quality and provided within a context of women's social and economic empowerment, reproductive health and better infant and child health.

Within two years, the first Guidelines on the Medical Eligibility for Contraceptive Use were published⁵, improving quality standards; family planning was increasingly embedded within maternal and child health programmes⁶; and global population institutions increased attention to reproductive health and rights. Subsequent evidence from diverse countries confirmed

that women's education and empowerment improved their own and their family's health and increased the adoption of family planning⁷.

The scope of the 1994 Programme of Action extended beyond reproductive health and rights, promoting a vision of integrated development that foreshadowed the 2030 Agenda for Sustainable Development. There was an emphasis on principles that underpin the Sustainable Development Goals, including the need for non-discrimination and universality in both opportunities and outcomes (Goals 1 and 10); the centrality of health, education and women's empowerment to sustainable development (Goals 3,4 and 5); and the collective need to assure environmental sustainability (Goals 7,12 and 13). These principles also underpin the Sendai Framework for Disaster Risk Reduction 2015-2030, and the New Urban Agenda, among other recent development paradigms.

The importance of aligning development with human rights was also emphasized at the Conference, given that aggregate achievements are made possible through the expansion of individual human freedoms, choices and capabilities. There was an emphasis on the importance of each country aligning development targets with its prevailing population dynamics, including age distribution(s), population momentum, patterns of human mobility, and the geographic clustering of people. Such guidance remains essential to the implementation of the 2030 Agenda.

The past 25 years of programming and research have found the premises of the Conference to be sound, in particular with regard to the fact that women and couples are more likely to choose smaller families where children have a better chance to survive and thrive, where widespread access to education and economic

1 Concerns ranged from contraceptive trials that failed to seek adequate approvals; lack of information, clinical screening or counsel; limited access to implant removals; and national programmes characterized by curtailed choice of contraceptive methods.

2 MMR and IMR in 48 LDCs in 1994, compared to global means.

3 Rani Bang on women in rural India (1992 Lancet); Giza studies on rural Egypt (1993 SFP)

4 hereafter referred to as the ICPD Programme of Action

5 WHO/1996

6 cite Matlab; cite Thailand;

7 cite Sid Schuler; Jennifer Barber

development offer hope for the future, and where gender equality is realized. More women and couples adopt and sustain the use of family planning where the quality of services is high and where a broad choice of modern methods is provided with counsel and information.

The Conference has contributed to development gains worldwide, with a decline of those living in extreme poverty from 1.7 billion in 1996 to approximately 736 million in 2015, fewer preventable deaths among women and children, greater access to primary education, and approximately seven additional years of life expectancy at birth.

The world today is demographically and economically more diverse than in 1994. National and regional differences in population dynamics are particularly striking. While some countries remain young, with high population growth rates, others face rapid population ageing and negative population growth. More than half of all population growth between now and 2050 will occur in just nine countries, where many women cannot limit their family size for lack of empowerment or services. The realization of a demographic dividend in these countries would require not only far better access to health and family planning, but also major investment in the empowerment of women and girls, coverage and quality of education, skills development and decent work. It also demands that young people be enabled to become agents of peace, co-creating the secure societies that are needed for all persons to thrive and advance development. Simultaneously, women living in countries with below replacement fertility curtail wanted fertility due to difficulties balancing work and family life, the unaffordability of children, and gender imbalances in household labour.

A rising number of countries face rapid population ageing and negative population growth, driven by longer lifespans, below replacement fertility and, in some countries, the out-migration of young people. Policy research will be crucial to promote age-friendly societies with affordable health care, social inclusion, lifelong learning and intergenerational systems of care. Policies to address very low fertility must respect reproductive rights, enabling people to achieve their desired fertility through work-life balance, affordable childcare and housing, and

tackling gender imbalances in household labour.

Wealth inequalities have worsened, with the top 1 per cent of wealth holders increasing their share of global wealth from 46 to 50 per cent in the past decade. Since the 2008 economic downturn, partial recovery among adults has not been matched among young workers, and women continue to trail men in almost every indicator of economic well-being, including mean wages, security of employment, lifetime earnings, and pension coverage.

There are large disparities in development outcomes between geographic areas. While urban agglomerations attract companies owing to the density of skilled workers, they include pockets of poverty, and rural areas are witnessing a decline in jobs and an exodus of workers. Sustained violence and political instability in select countries and regions undermine possibilities for development and lead to mass movements of vulnerable people.

The 2030 Agenda recognized such disparities, encouraging governments to disaggregate all Sustainable Development Goals indicators by the structural conditions of people's lives, including their gender, age, race, ethnicity, migratory status, disability, geographic location, and other factors relevant to national context. This allows for a recognition of who is "furthest behind" on any given trajectory and serve first those with the greatest need. This approach builds on the recognition that people live with multiple, simultaneous and compound inequalities, many of which are mutually reinforcing.

The present report, marking 25 years since the International Conference on Population and Development held in Cairo, celebrates progress and identifies shortfalls in the implementation of the Programme of Action since 1994. It draws on the 2018 regional reviews of the ICPD Programme of Action, which recognized the relevance and contribution of the Conference to the implementation of the 2030 Agenda. It highlights key areas of synergy between the fulfilment of the Conference and the achievement of the targets of the Sustainable Development Goals and offers recommendations for delivering the promise of the Conference to all, as a means of accelerating the implementation of the 2030 Agenda.



DIGNITY AND HUMAN RIGHTS: WHAT HAS BEEN ACHIEVED?

Sustainable Development Goals 4, 5 and 8

PROGRAMME OF ACTION, PARA. 3.11

"Gains recorded in recent years in such indicators as life expectancy and national product, while significant and encouraging, do not, unfortunately, fully reflect the realities of life of hundreds of millions of men, women, adolescents and children. Despite decades of development efforts, both the gap between rich and poor nations and the inequalities within nations have widened.

Serious economic, social, gender and other inequities persist and hamper efforts to improve the quality of life for hundreds of millions of people. The number of people living in poverty stands at approximately 1 billion and continues to mount."


PROGRAMME OF ACTION, PARA. 3.16

"The objective is to raise the quality of life for all people through appropriate population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in the context of sustainable development and sustainable patterns of consumption and production, human resource development and the guarantee of all human rights, including the right to development as a universal and inalienable right and integral part of fundamental human rights."

1.1 GENDER EQUALITY AND WOMEN'S EMPOWERMENT

Towards fulfilling individual human rights, the Conference gave particular attention to the centrality of women's rights. The Beijing Platform of Action and the Millennium Development Goal 3 reaffirmed this commitment. While progress since 1994 is evident across many indicators of women's empowerment, including equality between boys and girls in primary school enrolments, a 40 per cent decline in maternal mortality, a lower unmet need for family planning, better tracking of workplace inequalities and time use, greater recognition of the scale and impact of gender-based violence (GBV), and a rising number of women as political leaders, the need for further progress is reflected in the recommitment by Member States to Goal 5 of the Sustainable Development Goals (achieve gender equality and empower all women and girls.)

Although the Conference highlighted women's discrimination across each of the areas later addressed in Sustainable Development Goal 5, in 1994, governments had few indicators for the systematic tracking of such inequalities. Within five years after the Conference, the

Goal 5 of the Sustainable Development Goals addressed women's lack of economic equality, harmful practices such as female genital mutilation and child marriage, gender-based violence, women's decision-making regarding sex and reproduction, laws and regulations that guarantee sexual and reproductive health for both men and women, the gender imbalance in unpaid household work, the under-representation of women in managerial and political positions, and the relatively low scale of women's assets, whether in land or mobile technologies. 

Demographic and Health Surveys (DHS) offered a module to measure women's power within the household and developed the first standard module for collecting data on violence against women. New standardized measures on time use have exposed the high unpaid burden of women's domestic lives. New metrics on women's right to decision-making (SDG indicator 5.6.1) suggest that, among 47 countries reporting, only about half (53 per cent) of married women are empowered to make decisions on reproductive health and rights. Among those empowered, numbers range from 40 per cent among



The need for further progress is reflected in the recommitment by Member States to Goal 5 of the Sustainable Development Goals: Achieve gender equality and empower all women and girls.)

WOMEN'S EMPOWERMENT

Despite progress, some sectors show mixed gains:

- Estimates show that approximately one third of women still experience some form of **violence** in their lives, predominantly by **intimate partners**.
- There have been few gains since 1994 in women's participation in the **labour market**, in salary differentials for equal work, lifetime earnings or professional leadership.
- Over the past 20 years, the number of **women Members of Parliament** has nearly doubled, yet had only reached 24 per cent worldwide by 2018.



women in Central and Western Africa to about 80 per cent in Europe and Latin America and the Caribbean. These new metrics will be crucial for tracking future progress and the understanding of factors that enable women's larger freedom.

1.1.1 Female Genital Mutilation

Documenting female genital mutilation (FGM) has also expanded since the Conference, with the inclusion of an optional FGM module within the Demographic and Health Surveys and Multiple Indicator Cluster Surveys (MICS). Of the 30 countries where female genital mutilation is routinely practiced and data are available, the decline in its prevalence is substantial, from 49.4 per cent of all young girls affected by it in 1994 to roughly 31.3 per cent projected for 2019 (figure 1). Legal change has likely contributed to this progress. Prior to 1994, only Australia, Belgium, Denmark, Germany, Ghana, Guinea, France, Norway, Philippines, Sweden, Switzerland and the United Kingdom had banned female genital mutilation. Today, nearly all countries in which female genital mutilation is widely practiced have banned it (figure 2).

FIGURE 1: MORE GIRLS ARE AT RISK OF FGM

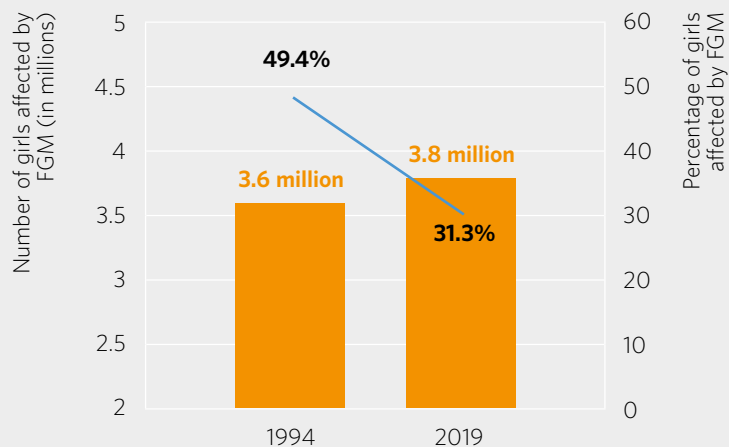
FGM is declining yet the number of girls at risk has increased



Despite a decline in percentage from 49.4% to 31.3%, the number of girls at risk of FGM in 30 highly affected countries is increasing, from 3.6 million to 3.8 million.

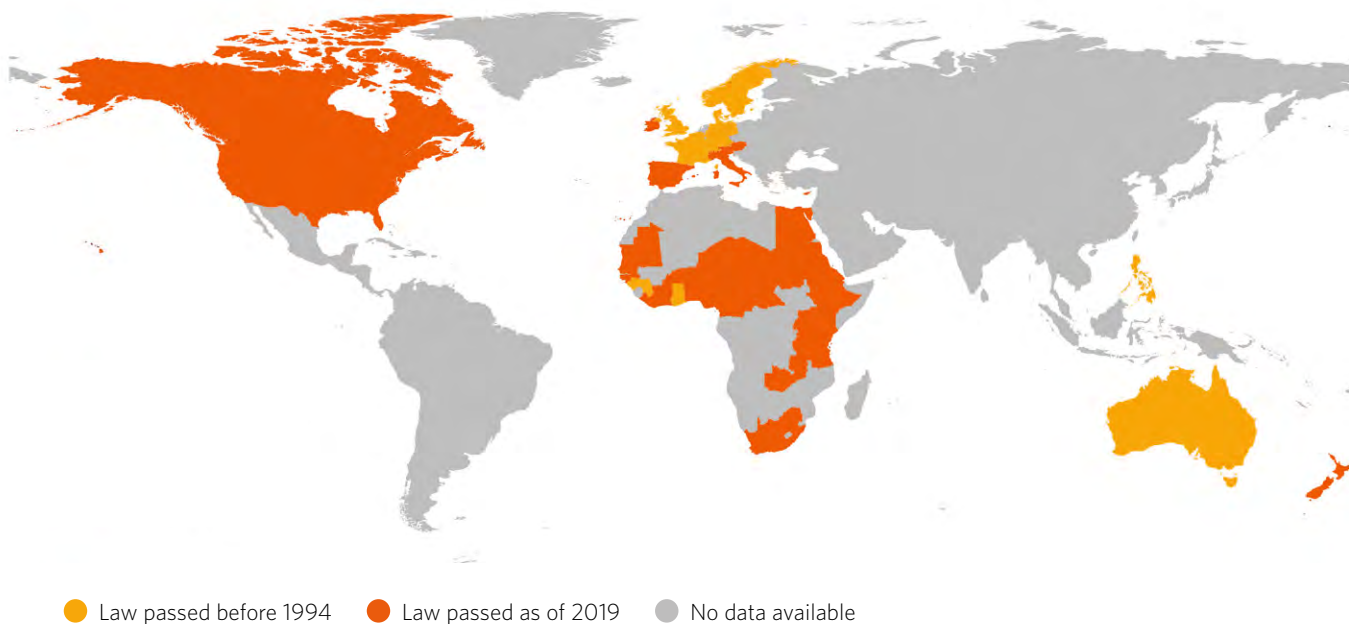
In 30 highly affected countries...

- In 1994, 3.6 million girls aged 15 to 19 underwent FGM
- In 2019, 3.8 million girls aged 15 to 19 will have undergone FGM



Source: SDG 2017 Report, UNFPA 2019

Figure 2: Number of countries that legally ban female genital mutilation, 1994–present



In Sudan, a law banning FGM has been enacted in Gedaref, Kassala, Northern, North Kordofan, Red Sea, South Darfour and South Kordofan.

Sources: UNFPA/UNICEF Joint programme on the elimination of FGM, 2019

Compendium of International and legal frameworks on FGM, World Bank, 2018

28 Too Many, London, UK, accessed at: www.28toomany.org, 2019

1.1.2 Child Marriage

The percentage of young women between 20 and 24 years of age who were married before age 18 has declined from 34 per cent in 1994 to 25 per cent in 2019, but the absolute number of girls under 18 who are at risk of child marriage will increase from 10 million in 1994 to a estimated 10.3 million in 2019. The increase is due to population growth in the most affected countries. Legal changes have progressed with laws setting the minimum age of marriage at 18 or higher now being implemented in 32 of 54 African countries. However, registration of marriage can simply be delayed until the bride is over 18, or marriages can be left unregistered to avoid accountability to such regulations. Cash transfer programmes have shown some success in reducing child marriage.

Adolescent birth rates, a focus of concern within the ICPD Programme of Action and in Sustainable Development Goal 3, have declined globally and regionally, from 65 births per 1,000 women between 15 and 19 years of age during the period 1990-1995 to 44 births per 1,000 women in 2019.



Men and boys should be engaged to improve gender equality and empower women and girls.

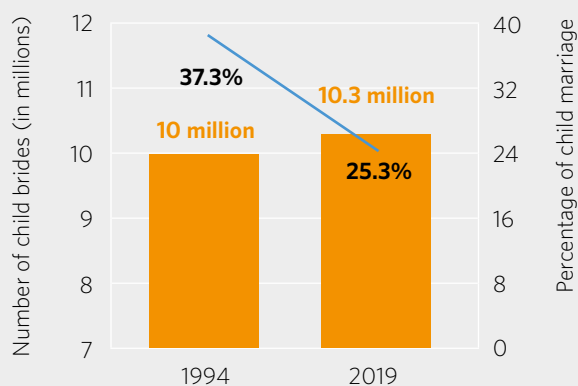
FIGURE 3: MORE GIRLS ARE AT RISK OF CHILD MARRIAGE

In 120 low- and middle-income countries



- 10 million girls were married before the age of 18 in 1994
- 10.3 million girls will marry before the age of 18 in 2019

Despite the percentage decline from 33.7% to 25.3%, child marriage is increasing in absolute numbers



Sources: SDG 2017 report; UNFPA 2018

Improved access to schooling, decline in child marriage, and greater access to contraception have contributed to this decline. However, teen pregnancies, both inside and outside of marriage, remain exceptionally high among young women in the poorest communities of Latin America and the Caribbean. The discordance between aggregate social development in the region, and the persistence of early childbearing among poor teens, illustrates the complexity of achieving gender equality and delivering opportunity to girls in all settings, and warrants closer social analysis.

1.1.3 Gender-Based Violence

With regard to gender-based violence, there was also little systematic data collection on its occurrence in 1994. Major advances have been made in the routine collection of gender-based violence data, both through the Demographic and Health Survey, and dedicated surveys by World Health Organization. Estimates show that approximately one third of women experience some

form of violence in their lives, but national data have also revealed wide disparities in rates both between and within countries. Consistent across all national surveys is the predominance of gender-based violence by intimate partners outside conditions of war or crisis. Young women are at particular risk: as many as 29 per cent of adolescents between 15 and 19 years of age have already experienced sexual violence. Girls and young women with disabilities are at even greater risk, experiencing four times more violence than those without disabilities.



Gender-based violence is exacerbated during emergencies, due to increased lawlessness and impunity for abusers.

Gender-based violence is exacerbated during emergencies, due to increased lawlessness and impunity for abusers. Women's bodies become battlegrounds, with rape used as a tactic of war to humiliate, dominate or disrupt social ties. It has been stressed in systematic reviews that training and accountability among soldiers are paramount for prevention, but these approaches are undercut by the widespread informality of many military groups. Expanded efforts are needed to ensure access to reproductive health services, including the clinical management of rape and dignity kits. Comprehensive services and referral systems are needed to facilitate survivors' access to psychosocial support, case management, safety and security, justice and legal aid and socioeconomic support.

Research in the past 25 years suggests that experiencing and witnessing violence is the largest single driver of men's use of violence against women and against

WHAT WORKS?



- Inclusion of grassroots movements to ensure success is achieved through discussion and consensus
- Implementation of school-based programmes combatting stereotypes and promoting understanding of gender roles and inequality
- Reform of legislative, judicial and policy systems to enforce accountability
- Shared political power to increase acceptance of women leaders and higher aspirations for girls

children. Many men, however, continue to grow up experiencing physical violence at home, in school or their communities. Research on gender-based violence prevention finds significant positive effects by engaging men and boys, including through school-based programmes that combat stereotypes and promote understanding of gender roles, inequality and pubertal changes. Children in school-based interventions addressing such themes were four times more likely to report gender-equitable attitudes and more than twice as likely to oppose violence.⁸ National commitments to implement these strategies are still few and far between, and intervention research is still concentrated in high-income countries.

Other proven strategies for addressing violence against women include both the upstream reform of legislative, judicial and police systems to enforce accountability, and simultaneously improving health and social services for survivors to seek the justice and the services they deserve. The global #MeToo movement has claimed public space to amplify the voices of survivors, and new fiscal commitments by donors⁹ offer the potential to scale multiple strategies simultaneously.

8 Achyut et al. 2011

9 The Spotlight Programme

1.2 EDUCATION

The International Conference on Population and Development recognized education as a key to enabling people to claim their rights, make choices for their lives and advance development. Despite progress in access to primary education, gross enrolment in secondary education remain seriously low in Africa (43 per cent), Oceania excluding Australia and New Zealand (55 per cent), -figure4- and in least developed countries overall (45 per cent); tertiary enrolment is less than 20 per cent among many lower-middle income countries.

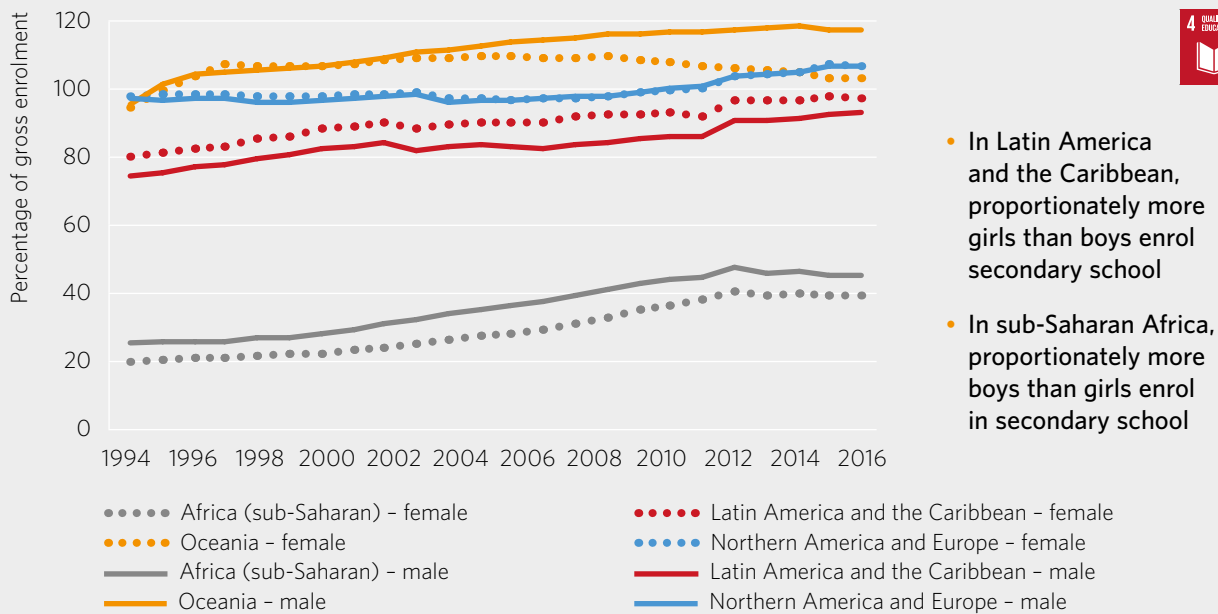
The UN has identified 10 targets and 11 indicators for **Goal 4: Quality Education** that offer useful metrics for governments as they implement the Sustainable Development Goals.

Educational attainment among the population at all ages is among of the strongest predictors of overall economic growth¹⁰, and low literacy rates among adults, in particular adult women, suggest few learning

opportunities for the millions of adults who missed a childhood education. Addressing these challenges requires investments not only in primary, secondary and tertiary education, but also in community colleges, Technikons, industrial training and night schools, to give adults of all ages lifelong opportunities for vocational training and learning to recover lost education, and re-tool themselves for the future.

A revolution in quality standards is also needed to ensure preparedness for the economy of the twenty-first century, one that attracts business, anticipates sectoral growth and drives it forward. There is an emphasis in the 2030 Agenda on the quality of education, supported by research that learning outcomes rather than years of schooling have an impact on development.¹¹ The indicators of Sustainable Development Goal 4 offer useful quality metrics that should be embraced by all governments. While high-income countries and some developing ones routinely participate in comparative rankings of school quality through the surveys conducted by the OECD's Programme for International Student Assessment (PISA), which offers a valuable means to track shortfalls and progress, all developing countries would benefit from such assessments.

FIGURE 4: GROSS ENROLMENT IN SECONDARY SCHOOL



Source: UNESCO Institute for Statistics, 2019

¹⁰ Lutz, Cuaresma, Sanderson (2008).

¹¹ Masino and Nino-Zarazúa 2016; Krishnaratne et al. 2013; Hanushek and Woessmann 2008; Barro 2001; Hanushek and Kimko 2000.



The International Conference on Population and Development recognized education as a key to enabling people to claim their rights.

Systematic reviews suggest¹² that to increase school participation, cash transfer programmes offer the largest and most consistent benefits, with a range of effects, followed by access to credit for the poorest segment of the population, low-cost private schools and school feeding. To improve learning outcomes, structured pedagogy programmes appear to have some of the greatest impact, including new content materials for students and teachers, and short-term training for teachers.¹³

Despite the urgency for financing education, 43 out of 148 countries did not meet either of two benchmarks: to spend at least 4 per cent of their gross domestic product (GDP) or at least 15 per cent of their public expenditure on education. Demographic dividends achieved within East Asian countries in the 20th century were enabled by better health and family planning, but also by major investments in the coverage and quality of education, including for women and girls. Comparable investments will be essential to enable demographic dividend(s) in other regions.

WHAT WORKS?

- Investment in formal education, but also in lifelong opportunities for vocational training
- A revolution in equality standards as emphasized in the 2030 Agenda
- To increase participation, provision of cash transfers and access to credit for the poor, low-cost private schools and school feeding



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¹² Krishnaratne *et al.* 2013; Conn 2014; Snilstveit *et al.* 2015; Evans and Popova 2016; Masino and Nino-Zarazu´a 2016; and Null *et al.* 2017.

¹³ Snilstveit *et al.* 2015

1.3 DECENT WORK

The lack of decent and productive work constrains individual and family opportunity and is a primary driver of internal and international migration. Unemployment statistics mask important information on under-employment, vulnerable forms of employment and working poverty. Significant progress achieved in reducing the prevalence of vulnerable employment (own-account workers and contributing family workers) has stalled since 2012, with the number of people in this category projected to increase by 17 million per year in 2018 and 2019. Rates of vulnerable employment continue to be higher for women and young people, relative to adult men.

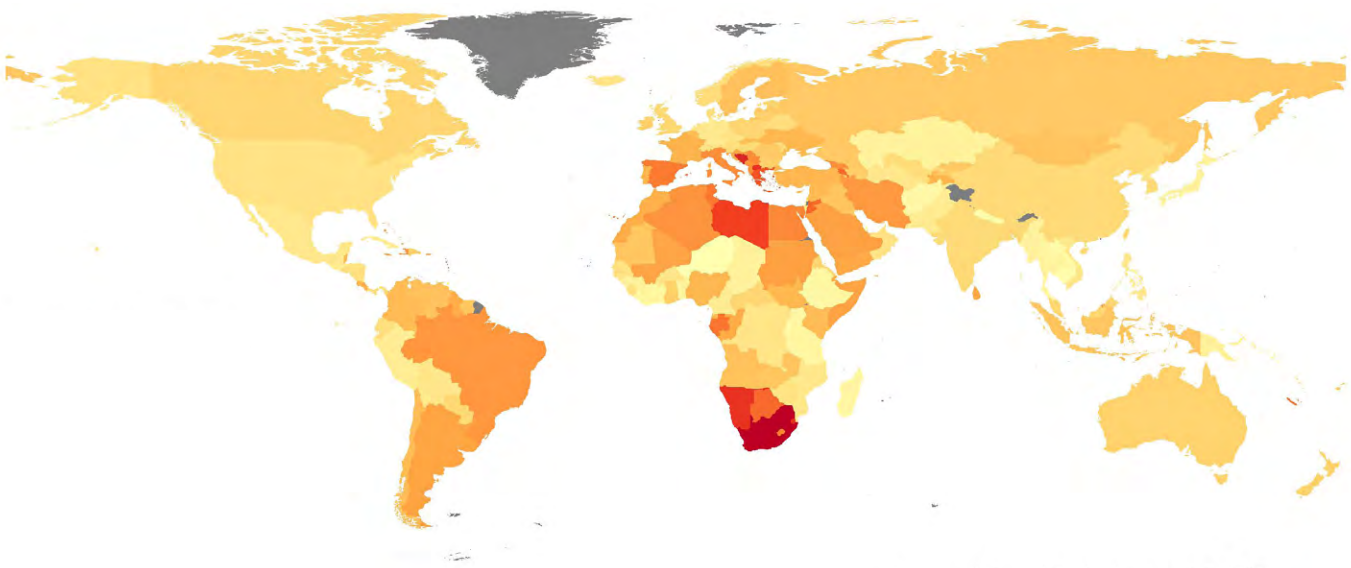
The pace of working poverty reduction is also slowing. Indicators on working poverty, i.e. earning less than \$3.10 per day (moderate poverty threshold) or \$1.90 per day (extreme poverty threshold), capture large numbers of people who are missed within unemployment figures, and highlight the high proportion of young people in working poverty. In 2017, 16.7 per cent of working young people in emerging and developing countries lived below the extreme poverty



Women’s participation in the workplace has actually decreased slightly since 1994, with few gains in salary differentials for equal work, lifetime earnings or professional leadership.

threshold. As illustrated in figure 5, areas with lower youth unemployment typically have higher rates of working poverty.

Figure 5: Unemployment among youth aged 15 to 24 in 2018

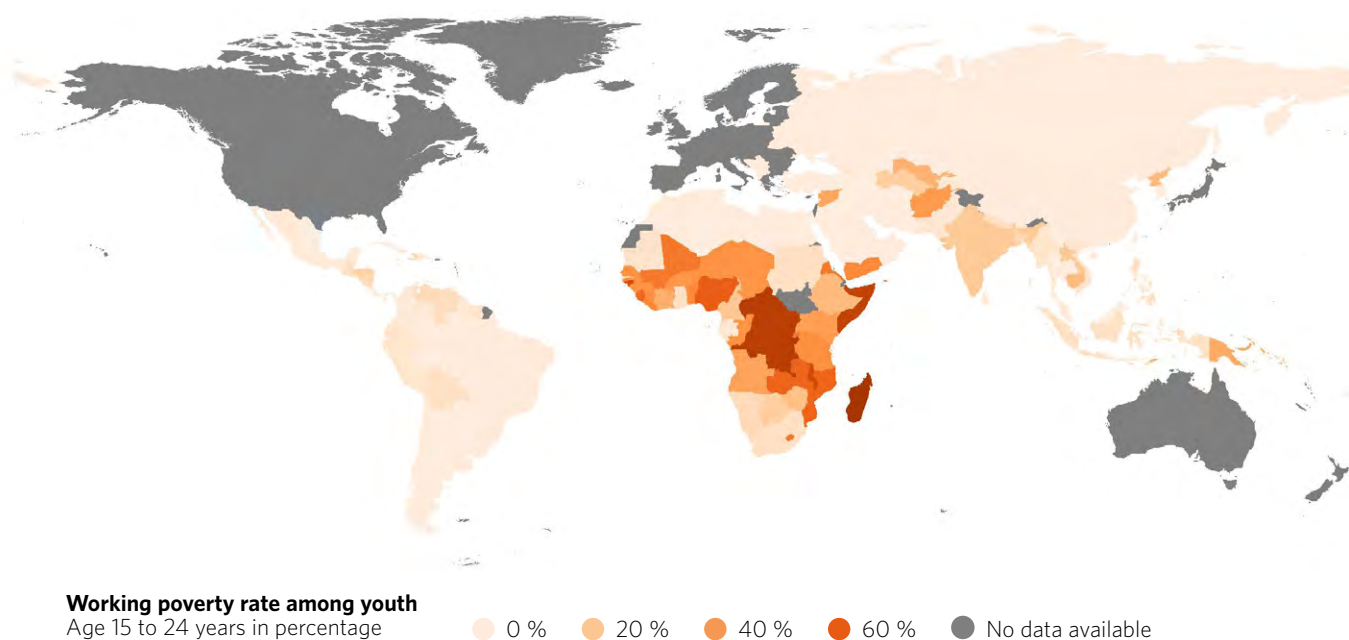


Youth unemployment rate
Age 15 to 24 years in percentage

- 10 %
- 20 %
- 30 %
- 40 %
- 50 %
- No data available

Source: International Labour Organization, ILOSTAT, modelled estimates, 2018

Figure 6: Working poverty rate among youth aged 15 to 24 who are employed and living on less than \$1.90 per day in 2018



Source: International Labour Organization, ILOSTAT, modelled estimates, 2018

It is suggested in systematic reviews¹⁴ that investing in young people through active labour market interventions, including skills training and entrepreneurship, may pay off, but with varied effects across different country and economic contexts. In high-income settings where labour demand is skill intensive, unemployed or unskilled youth are recognizably at a substantial disadvantage, because on average people are well educated.¹⁵ While interventions may integrate youth into the labour markets in these settings, they cannot easily compensate for their lack of skill. In low and middle-income countries, however, where formal jobs are scarce, programmes raising the demand for young workers through subsidized employment, especially if coupled with investments in skills and entrepreneurship promotion, can improve meaningfully long-term employment and earnings. Disadvantaged young people, females and those drawn from the pool of long-term unemployed or under-employed appear to benefit the most from such programmes.

Expectations about working life are undergoing dramatic changes worldwide, with heightened anxiety that automation and robotics will replace human labour, increasing uncertainty and job instability among young workers. As healthy life expectancy increases and governments extend or eliminate mandatory retirement to reduce pressure on pension schemes, there are fears that older people may displace opportunities for young workers and increase competition for jobs. Support is needed to help both young and older workers to adapt to a rapidly changing, increasingly digital workplace. Life-long learning and targeted skills upgrading are needed to foster employability across the life course, reduce age-based competition, lower labour detachment and reduce pressure on pension schemes.¹⁶

14 Card D, Kluve, J., Webe, A. (2015). *What Works? A Meta Analysis of Recent Active Labor Market Program Evaluations*. NBER Working Paper 21431. Available at <http://www.nber.org/papers/w21431> Accessed 5 December 2018

15 Kluve, J et al. (2017). *Interventions to improve the labour market outcomes of youth: a systematic review of training, entrepreneurship promotion, employment services and subsidized employment interventions*. *3ie Systematic Review 37*. London: International Initiative for Impact Evaluation (3ie)

16 ILO, "World Employment and Social Outlook - Trends 2018" (2018).

Support is needed to help both young and older workers adapt to a rapidly changing, increasingly digital workplace to foster their employability.

Women’s participation in the workplace has actually decreased slightly since 1994, with few gains in salary differentials for equal work, lifetime earnings, or professional leadership. High-income countries tend to display the highest levels of gender parity, where the use of legal recourse and a growing body of judicial precedent has advanced pay equity. Global analyses suggest that advances in women’s equality in the workplace would add \$12 trillion to global growth by 2025.¹⁷ Key areas for closing the gender gap include education throughout the life course, financial and digital inclusion for women, legal protection and greater gender balance in unpaid work.

WHAT WORKS?



Young people:

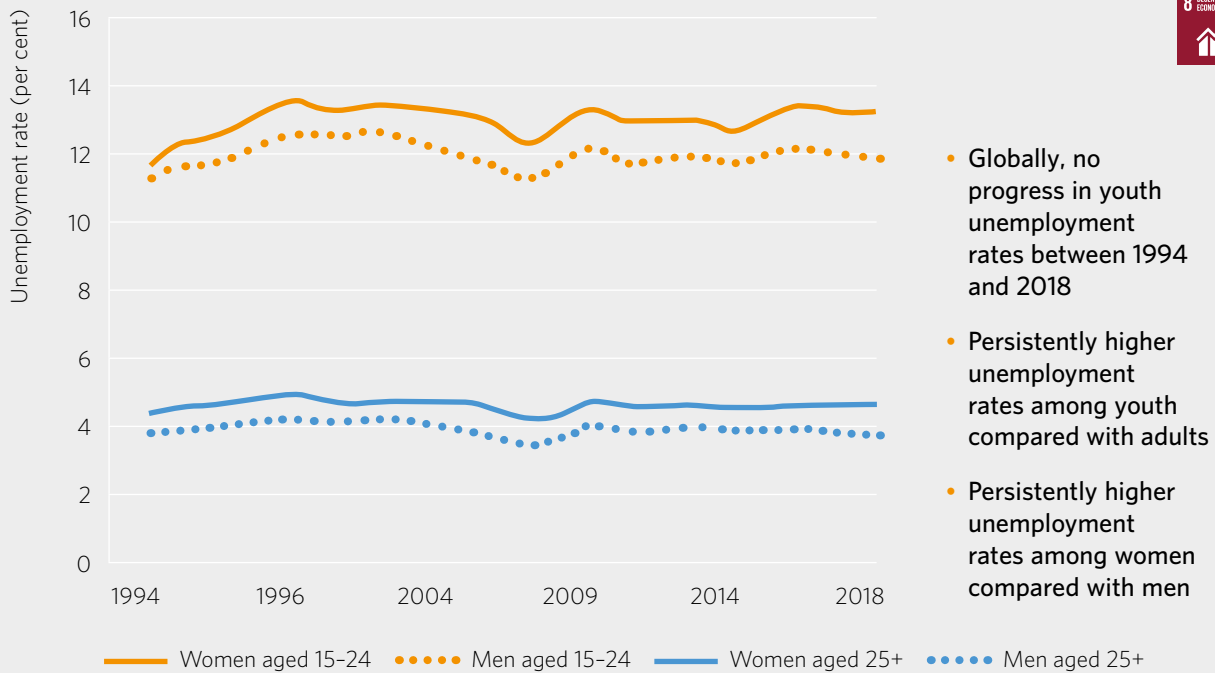
- Where formal jobs are scarce, subsidized employment coupled with investments in skills improves long-term prospects

Women:

- Education across the life-course, financial and political inclusion of women, legal protection and gender balance in unpaid work improve women’s economic empowerment

© UNFPA/ Alvaro Serrano

FIGURE 7: YOUTH UNEMPLOYMENT, 1994-2018



Source: International Labour Organization, ILOSTAT, modelled estimates, 2018

- Globally, no progress in youth unemployment rates between 1994 and 2018
- Persistently higher unemployment rates among youth compared with adults
- Persistently higher unemployment rates among women compared with men

¹⁷ McKinsey Global Institute (2015), “The Power of Parity, How Advancing Women’s Equality can add \$12 Billion to Global Growth.”

Unpaid domestic work, including childcare and eldercare, continues to fall disproportionately on women, even as they work equal hours outside the home. Over the past 25 years, time-use research has exposed widespread gender imbalances in household labour, contributing to both delays and the avoidance of fertility.

Shared political power is crucial to social and economic equality. Over the past 20 years, the number of women members of parliament has increased approximately two-fold, to reach 24 per cent worldwide in 2018. The Nordic countries have high female representation, averaging 42 per cent, and Bolivia, Cuba and Rwanda

currently have over 50 per cent women members of parliament. Today, 54 women are leading parliaments across the world. A growing number of countries are establishing quotas for women to hold public office in national and local governments, including Afghanistan, Argentina, Bolivia, India, Pakistan, Rwanda and Zimbabwe, among others. Research from India on the impact of local council quotas for women found a positive impact on public service investments and broader cultural effects, such as increasing by 25 per cent the likelihood that women spoke in village meetings, more male acceptance of women leaders, and higher parental aspirations for girls to attend secondary school.¹⁸

1.4 WIDESPREAD GAINS IN HEALTH, INCLUDING SEXUAL AND REPRODUCTIVE HEALTH

PROGRAMME OF ACTION, PARA. 7.3

"Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents."

PROGRAMME OF ACTION, PARA. 8.3

"The objectives [in the primary health care and the health-care sector] are: (a) to increase the accessibility, availability, acceptability and affordability of health-care services and facilities to all people in accordance with national commitments to provide access to basic health care for all; (b) to increase the healthy life-span and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries."

Expectations for a long and healthy human life continue to be adjusted upwards. Average life expectancy has increased by approximately seven years since 1994 and continues to rise. This is a remarkable achievement, reflecting better nutrition; prevention and treatment of infectious diseases, particularly among infants and children; gains in maternal survival; and progress against heart disease and cancer. While it was feared that longer life could mean added years of poor health, healthy life

expectancy has seen even greater gains, from a world average of 56 years in 1994, to 68 years in 2016.

Life expectancy trends among today's adults may not be experienced by younger cohorts if recent trends in eating habits, obesity and inactivity are not addressed; also, modern adolescence is emerging as a period of behavioural risks for self-harm and interpersonal violence, substance abuse, and traffic-related injury and death. The current burden of substance abuse, especially among

18 Chattopadhyay C, Duflo E (2004), "Women as Policy Makers: evidence from a Randomized Policy Experiment in India" *Econometrica* 72; Beaman L, Duflo E, Pande R, Topalova P (2012) "Female Leadership Raises Aspirations and Educational attainment for Girls: A Policy Experiment in India." *Science*, 335.

men¹⁹, is especially notable in Eastern Europe and North America and is evident in a diverse range of countries.

Overall, health trends since 1994 show a sustained global rise in the relative burden of non-communicable diseases, including mental health and co-morbidities among older persons. These trends correspond with a decline in the relative global burden of disability-adjusted life-years (DALYs) attributable to sexual and reproductive health since 1994 in all regions except Africa, where it accounts for 23 per cent of all DALYs, due to HIV and AIDS, and maternal and newborn health. The distinction of African health needs is illustrated by comparing leading causes of death among young women, which include HIV, maternal mortality and malaria in Africa, in contrast to traffic-related deaths, interpersonal and community violence, self-harm and cancers in other regions.

1.4.1 Increasing Access to Family Planning

Expanding access to modern family planning and meeting unmet need have progressed in much

of the world since 1994, but shortfalls remain. In 1994, at the time of the International Conference on Population and Development, there was a wide gap in contraceptive prevalence rates (CPR) between regions, with a difference of more than 40 percentage points in contraceptive prevalence rates between the least developed countries and Europe. The “modest” increase of 25 per cent in contraceptive prevalence rate across the world since 1994 masks huge increases in least developed countries, where the very low use of contraception increased by a factor of four. Over the past two decades, contraceptive use increased in 46 of the 48 countries where prevalence was less than 25 per cent among married or in-union women in 1994.²⁰ Despite progress, disparity persists, with a gap of 30 percentage points in contraceptive prevalence rate between sub-Saharan Africa and the global average.

Data on contraceptive prevalence rate is increasingly complemented by new metrics such as unmet need for family planning, and the proportion of women who have their need for family planning satisfied with modern methods (SDG indicator 3.7.1). Women with unmet need want to stop or delay childbearing but are not using a modern method



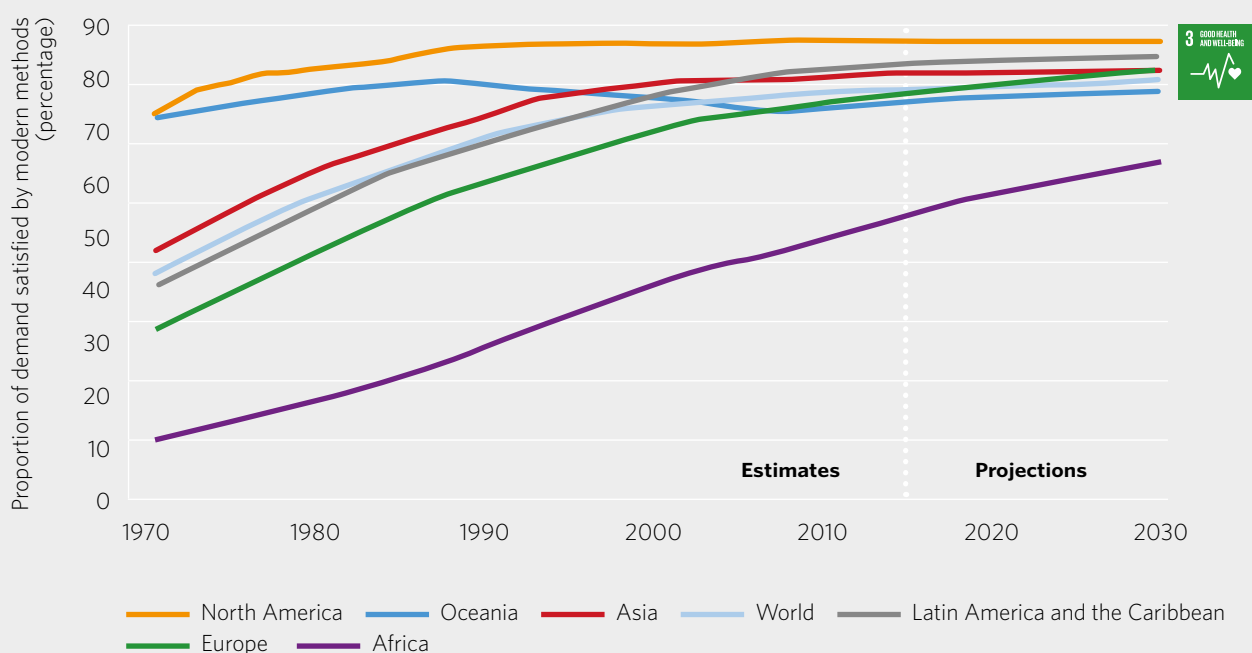
Wider access to counselling and information have contributed to the increased use of family planning services.

19 Males account for approximately 68 per cent of global burden of drug-use disorders (IHME, 2016).

20 UNDESA, Trends in Contraceptive Use Worldwide, 2015.

FIGURE 8: RISING USE OF FAMILY PLANNING

Demand for family planning satisfied with modern methods among married or in-union women aged 15 to 49 (SDG indicator 3.7.1)



Source: UN DESA, Population Division, modeled estimates, 2018

of contraception. Despite a significant decline in the level of unmet need for family planning from 13.8 per cent in 1994 to 11.5 per cent in 2019, population growth in 69 countries²¹ with “high priority” needs for family planning, has resulted in a rise in the absolute number of women with unmet need in these countries, from 132 million in 1994 to 143 million today.

Rates of unintended pregnancies offer another lens for evaluating access to family planning. Unintended pregnancies declined 17 per cent from 1990–1994 to 2010–2014. Latin America, Oceania and Northern America reported small declines, while Asia and Europe experienced a decrease of 20 per cent and 38 per cent, respectively. The highest rates of unintended pregnancies in 2017 were found in the Caribbean and East Africa, with 116 and 112 per 1,000 women respectively (see figure 9).

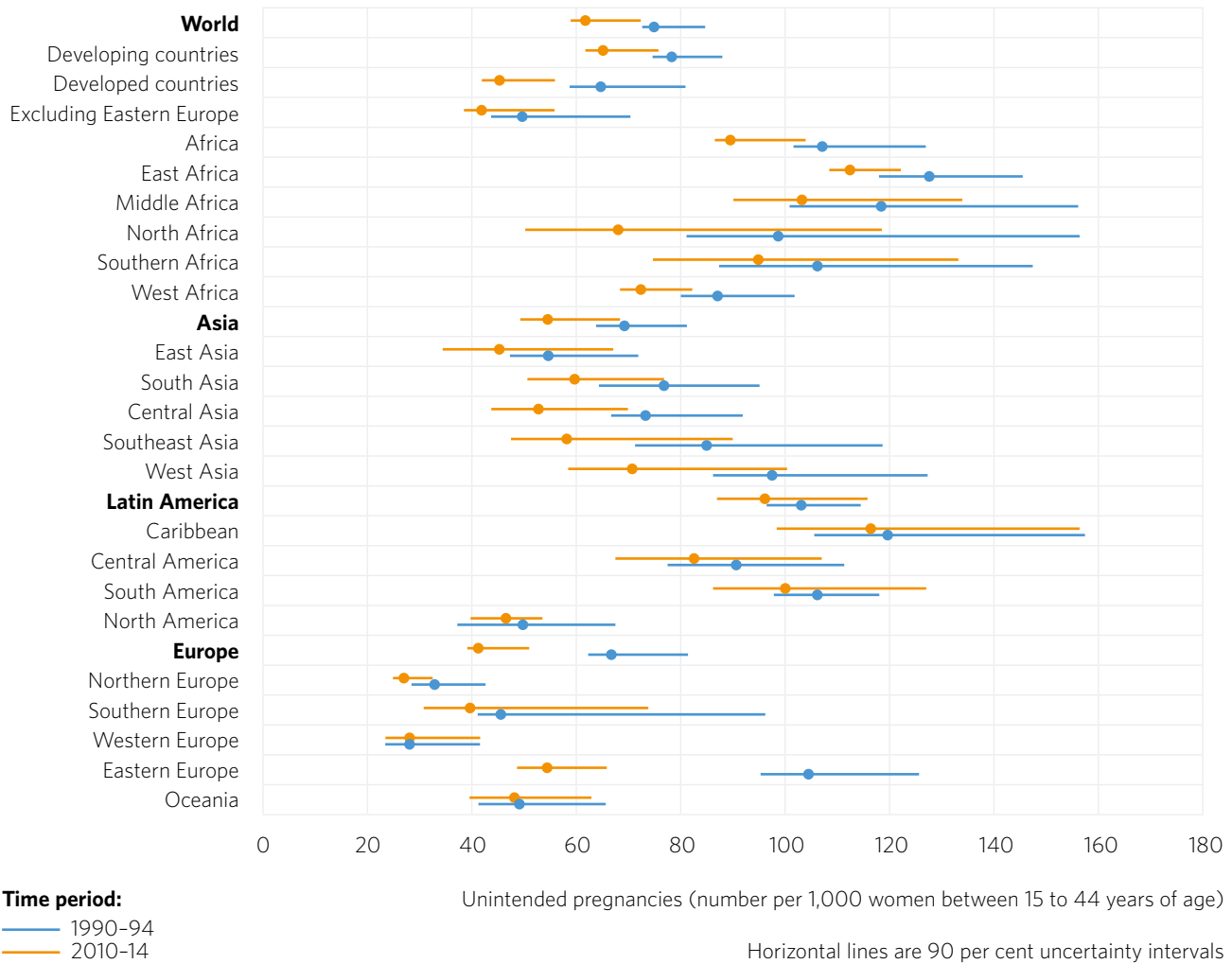
Unmet need for modern contraception is also suggested by rates of abortion. Despite a decline in the global

annual rate of abortions between 2000 and 2015, the absolute number of women using abortion increased from under 20 million to over 25 million, reflecting stagnant rates of abortion per woman in Africa, where population growth has increased.

While the quality of family planning services has improved through wider access to counselling and information, shortfalls remain. The roll-out of contraceptive implant insertions still outpaces training on removals, and too many national programmes continue to rely on only one or two modern methods. The importance of offering multiple modern methods to meet the diverse needs of women has been well demonstrated, showing clear gains in overall users with each additional method (see figure 10). India, however, continues to rely heavily on female sterilization to meet family planning needs, and several family planning programmes in West Africa offer a limited choice of methods.

21 FP2020 focus countries: 69 poorest counties in the developing world (with 2010 GNP per-capita annual income < US\$2,500)

Figure 9: Unintended pregnancy rates per 1,000 women between 15 and 44 years of age, by geographical area and time period



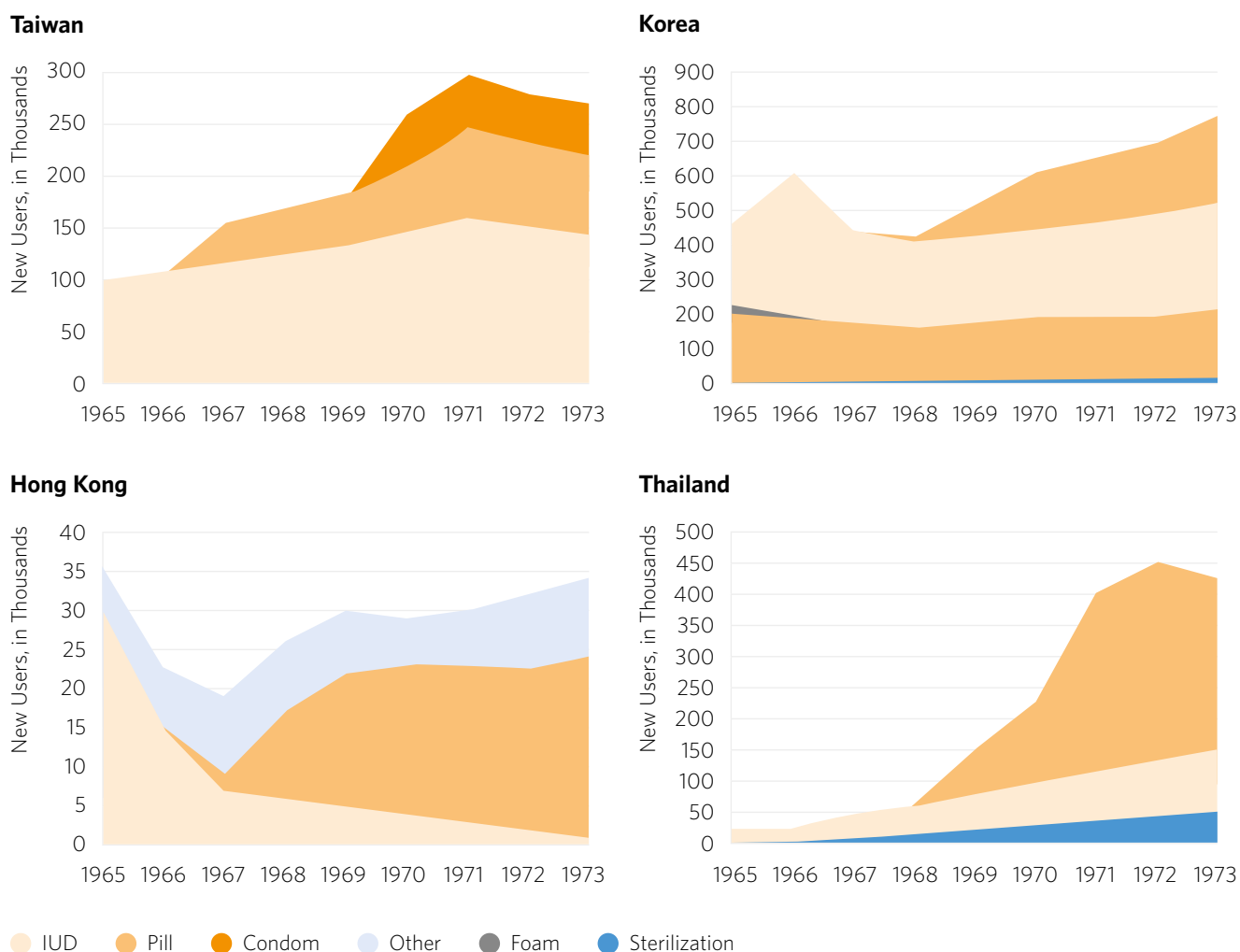
Source: Bearak, J., Popinchalk, A., Alkema, L., and Sedgh, L. (2018). "Global, regional and sub-regional trends in unintended pregnancy and its outcomes from 1990 to 2014: estimates from a Bayesian hierarchical model". *Lancet Global Health*, Vol 6: e380-e389).

Radically new and innovative contraceptive methods anticipated in 1994 have not materialized, with investment affected by perceived low prospects for market share. Hopes for new contraceptive methods for men, technologies to accurately forewarn a woman of the fertile period, or methods that co-prevent pregnancy and sexually transmitted infections have yet to be offered. At the same time, new diagnostic services and apps offer self-care opportunities within sexual and reproductive health. Women in wealthy countries can undertake a test of their current "follicular reserve", which indicates their remaining fecundity, and men can gain access to apps and smartphone attachments for testing sperm quality.

It is unclear whether users accurately interpret such data, or seek further clinical advice, but trends in self-diagnosis are growing.

Population growth in the 69 FP2020 countries identified as high priority for family planning has resulted in a rise in the absolute number of women with an unmet need for family planning from 132 million in 1994 to 143 million in 2019, despite a decline the percentage of women with unmet need.

Figure 10: Impact of adding new contraceptive methods on the number of users, selected countries, 1965-1973



Source: Ross and Stover (2013): Use of modern contraception increases when more methods become available: analysis of evidence from 1982-2009

WHAT WORKS?

- Multiple modern methods of contraception, and quality care, are essential
- For youth, integration of health care within other non-health youth interventions is more successful than stand-alone health services



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1.4.2 Sexually Transmitted Infections

In the area of sexually transmitted infections (STI), disparities are extreme. While the diagnosis and treatment are widely available in high-income countries, the recommendations that emerged from the International Conference on Population and Development to achieve universal access for both men and women has not been accomplished. A staggering 376 million new infections of chlamydia, gonorrhoea, trichomoniasis or syphilis are estimated to occur annually among persons between 15 and 49 years of age. The incidence is highest in Africa and the Americas for both men and women. The most prevalent viral sexually transmitted infections are genital herpes simplex, affecting an estimated 500 million persons worldwide. Although preventing syphilis transmission from mother to child is a relatively easy and effective public health intervention, only 66 per cent of pregnant women are screened during antenatal consultations worldwide.

While the annual number of new HIV infections worldwide decreased from 3.4 million in 1996 to 1.8 million in 2017, 66 per cent of all new infections are still occurring in sub-Saharan Africa. Global AIDS-related deaths decreased from a peak of 1.9 million in 2004 to 940,000 in 2017, but 70 per cent of these deaths still occur in sub-Saharan Africa, despite a 42 per cent reduction in the region between 2010 and 2017. To reach UNAIDS' 2020 objectives of 90-90-90 (90 per cent of all people living with HIV will know their HIV status; 90 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; 90 per cent of all people receiving antiretroviral therapy will have viral suppression), an additional 2.6 million persons will need to be covered in each of the coming two years, thus requiring substantial human and financial resources.

A continuing and major focus on HIV prevention is needed, in particular for women between 15 and 24 years, who represent 19 per cent of all new infections worldwide. Successful strategies for scaling are well-documented, and include: widespread access to



Widespread access to condoms is among the most successful strategies for scaling up HIV prevention.

condoms while ensuring market entry for the commercial sector to sustainable availability; comprehensive sexuality education coupled with demand creation for safe sexual practices including sustained condom use; and the effective integration of HIV counselling and testing within all sexual and reproductive health services, so that HIV risk can inform other reproductive health choices and services, such as the screening and treatment of other sexually transmitted infections, recommended use of condoms, prevention of pregnancy through contraception, partner screening and referral for antiretroviral therapy.

1.4.3 Adolescent Sexual and Reproductive Health Care

The risk of HIV infection among young women is but one of many health risks affecting young people, which include other sexually transmitted infections, unplanned pregnancy, unsafe abortion and mental health issues and demonstrate the need to support young people in establishing healthy lifestyle habits such as good eating and exercise, healthy relationships, stress management and avoiding substance abuse. The Sustainable Development Goals dedicated few specific targets or indicators regarding the health of adolescents, although their well-being is critical for development.

Evidence of what works to deliver health services for adolescents is increasing, including for sexual reproductive health care, but operational guidelines are still insufficiently evidence-based. One major development in the past 25 years has been the recognition that adolescence represents a unique period, and adolescent health programmes should no longer be



The integration of health care within other non-health youth interventions is more successful than stand-alone health services.

subsumed under those for children or adults. This has changed national programming in a range of countries, with dedicated interventions.

Lessons from systematic reviews suggest that choice and the integration of health care within other non-health youth interventions are more successful than stand-alone health services. This reflects a need to provide avenues of access to those who might otherwise avoid, or fail to pursue, health care. Models combining health care screening, diagnostics and treatment with life skills, self-efficacy training, tech skills, job and school counselling, or recreational interventions, have improved outcomes across a wide range of initiatives.

Future initiatives need also to recognize that young people increasingly pursue sexual reproductive health information online. Such pursuits expose them to pornography, misinformation, and risks of entrapment and trafficking. Ideally, comprehensive sexuality education (CSE) provides the highest standard of information and skills for young people to take charge of their health and well-being. Its impact is maximized when linked with referrals to adolescent-friendly health services and when gender awareness and gender equality issues are integrated across the curriculum. A review of 22 studies showed that comprehensive sexuality education programmes addressing gender power relations were five times more effective in reducing rates of sexually transmitted infections and unintended pregnancy than those that did not address gender.

1.4.4 Improvements in Maternal and Newborn Health Care

Since the Cairo Conference, and particularly since the Millenium Development Goals era, improvements in clinical care and coverage of antenatal, delivery and postnatal care have all progressed, with a corresponding 40 per cent decline of preventable maternal death. Persistently high rates of maternal mortality and morbidity (MMR) are now largely concentrated in the least developed countries of West Africa and South Asia. Getting to zero preventable maternal deaths by 2030 is among the health-related Sustainable Development Goals (target 3.1), and a transformational goal for UNFPA.

Changes in clinical standards over the past 25 years include an increase in the recommended antenatal care (ANC) contacts from four to eight, for better outcomes for mother and newborn. But antenatal care of quality remains a challenge, with only 54 per cent of women in

developing countries receiving elements of care known to reduce delivery complications. Studies on individual antenatal care components, such as maternal syphilis screening and treatment, continue to show serious challenges in coverage.

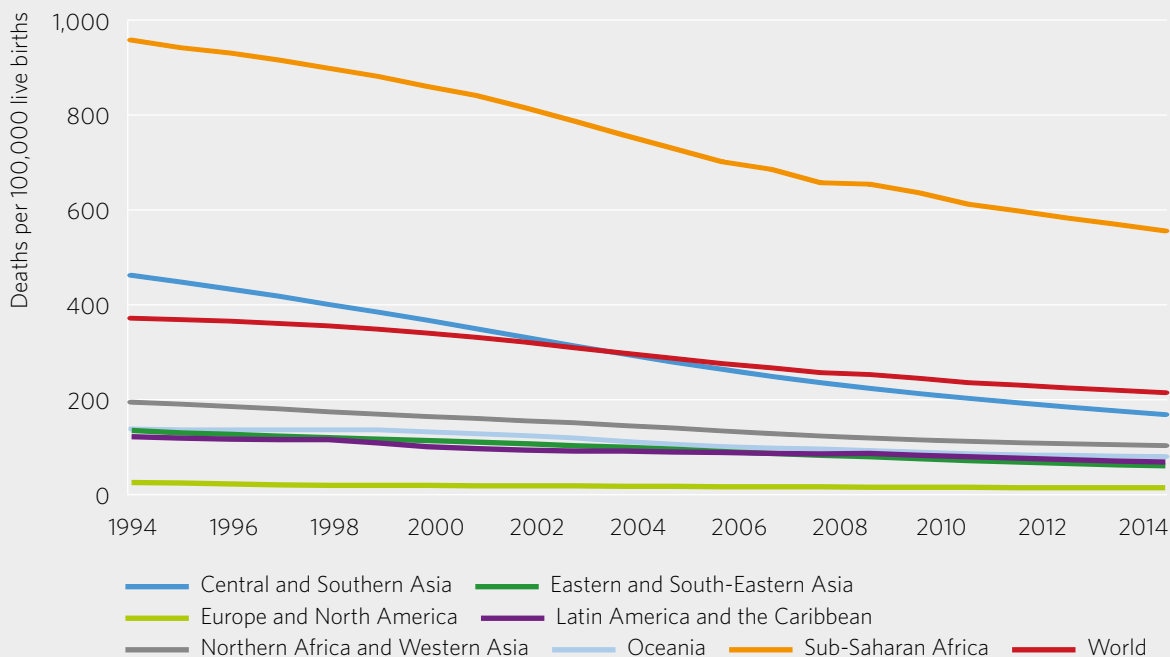
Quality evidence-based care at birth can reduce as much as 40 per cent of all maternal and neonatal death. Progress in elements of this care package, such as skilled attendance at birth, have been notable, while others such as emergency obstetric care (EmOC) or post-natal care have seen less progress. Inclusion of skilled attendance at birth as a target within the Millennium Development Goals accelerated access, and it further increased from 67.2 per cent in 2010 to 79.4 per cent in 2017, with coverage in sub-Saharan Africa still at 57.8 per cent. Wealth disparities in skilled attendance that were evident in 2014 also appear to be closing. Among 51 low- and

middle-income countries reviewed in 2014, 37 have new surveys, with 23 showing reduced inequalities in skilled attendance between women living the poorest and wealthiest quintiles. Around the world, indigenous women and adolescent girls experience significantly worse maternal health outcomes. For example, Maasai women in Kenya are twice as likely to have no antenatal care and San women in Namibia are 10 times more likely to give birth without skilled birth attendants.

Access to emergency obstetric care (EmOC) continues to have major shortfalls, reflecting low availability of referral centres, and huge challenges in women's ability to access timely transport. A recent global analysis of the "Met need for emergency obstetric and care" assessed the proportion of women with complications of pregnancy or childbirth who actually receive treatment²², estimating that only 45 per cent of the global need for emergency

FIGURE 11: DECLINING MATERNAL MORTALITY

Maternal Mortality Ratio



Source: World Health Organization, UNICEF, United Nations Population Fund, The World Bank, and United Nations Population Division: Trends in Maternal Mortality: 1990 to 2015

22 Holmer et al (2015). "The global met need for emergency obstetric care: a systematic review", BJOG 2015;122:183-189. Includes data from 62 studies in 51 countries. Available at: <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.13230>



High rates of maternal mortality and morbidity are now largely concentrated in the least developed countries of West Africa and South Asia.

obstetric care is met. This ranged from 99 per cent within high income countries, to 32 per cent in middle-income countries, and only 21 per cent in low-income countries. This amounts to an estimated 11.4 million cases of untreated complications, and 951 million women without access.

Deficiencies in postnatal care are contributing to the much slower progress in reducing neonatal deaths since 1990, relative to infant and under-5 child mortality, with only

50 per cent of women accessing postnatal care within two days of birth. When broken down by the recipient of postnatal care, babies are worse off than their mothers, despite all evidence of the importance of this period for reducing neonatal death. Across 70 developing lower-middle-income countries with data from 2010-2015, postnatal coverage for newborns (28 per cent) lagged far behind that of mothers (58 per cent).²³ The impact of poor postnatal coverage on infant death cannot be overstated: among 2.6 million babies who died within the first month

23 https://www.who.int/gho/publications/world_health_statistics/2016/EN_WHS2016_AnnexA.pdf

of life in 2016, 1 million died within the first day, and the second million within the next six days. Global standards of care are well established but assuring postnatal coverage for both mothers and newborns demands urgent attention. The “last mile” in universal prevention of maternal and neonatal death may be the most challenging, as deaths are now clustered within countries with extremely fragile health systems, high rates of poverty, low literacy, a low status of women, limited access to modern transport, and with populations dispersed across rural and hard-to-reach areas.

1.4.5 Reproductive Cancers in an Ageing World

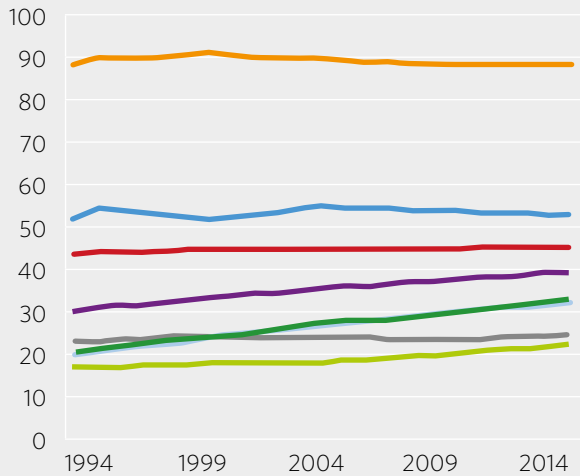
Looking to sexual and reproductive health care among older adults, the pace of global ageing demands major new investments to address an increasing burden of disease from reproductive cancers. Reproductive cancers are among the most prevalent of cancers, and breast and prostate cancers have the second and third highest incidence rates among all cancers.

Worldwide, 2.7 million women are diagnosed annually with gynaecological and breast cancers, and more than 1 million die. More than 90 per cent of cervical and a substantial proportion of vaginal, vulvar and penile cancers are caused by the human papillomavirus, which, in turn, is contracted by 1 in 10 sexually active women and men during their lifetime.²⁴

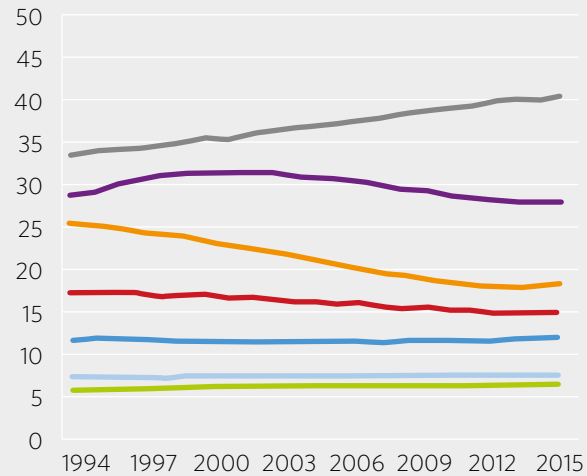
While cancer mortality rates are decreasing in most regions, this is not the case for prostate, breast, and cervical or ovarian cancer in sub-Saharan Africa, where mortality rates are stagnant or increasing. Cervical cancer mortality in sub-Saharan Africa is 25 per 100,000 compared with 10 in Latin America and the Caribbean and 7 globally. Particularly alarming are mortality rates for prostate cancer in sub-Saharan Africa (40 per 100,000), and in Latin America and the Caribbean (28 per 100,000), compared with rates in high-income countries (18 per 100,000). Screening and treatment protocols are well established and could be taken to scale at primary and referral level.

FIGURE 12: MORTALITY RATES FOR REPRODUCTIVE HEALTH CANCERS (AGE STANDARDIZED), RATE PER 100 000, 1994-2016

Breast Cancer, Women



Prostate Cancer, Men



— Central Europe, Eastern Europe and Central Asia
 — High-income
 — North Africa and Middle East
— Southeast Asia, East Asia and Oceania
 — Global
 — Latin America and the Caribbean
— South Asia
 — Sub-Saharan Africa

Source: Institute for Health Metrics and Evaluation (IHME). GBD database. Available at: <http://ghdx.healthdata.org/gbd-results-tool>.

²⁴ O.G. Chido-Amajuoyi and others, “A call for the introduction of gender-neutral HPV vaccination to national immunization programmes in Africa”, *The Lancet*, vol. 7 No.1, pp.E20-E21.

1.4.6 Comprehensive, Integrated Sexual and Reproductive Health Care

Addressing the above shortfalls within a broader commitment to integrated and comprehensive sexual and reproductive health services is a critical means to advance target 3.8 of the Sustainable Development Goals on universal health care (UHC). The clinical interventions required for managing and reducing maternal and neonatal death, sexually transmitted infections, HIV and reproductive cancers, are well understood by now.

Universal access to an integrated, comprehensive package of quality sexual and reproductive health care was recommended at the International Conference on Population and Development, but delivery has proven elusive. Research, advocacy and funding over the past 25 years have yielded many improvements in care and access, but they reflect a fragmentation of investment, with select components of sexual and reproductive health care accelerated at different times, by different actors and in different countries. These efforts do not



The delivery of an essential, comprehensive package of quality sexual and reproductive health care for men and women, at primary and referral levels, should be a priority within the overall 2030 Agenda commitment to universal health coverage.

WHAT WORKS?

- **Quality care at birth averts up to 40 percent of maternal and neonatal deaths**
- **Skilled attendance has progressed, but emergency obstetric care has progressed far less**
- **Prevention of reproductive cancer mortality is possible in much of the developed world, but needs to be rolled out globally**
- **To avoid fragmentation, it is time to redouble efforts on universal access to sexual and reproductive health**



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capitalize on the advantages of clustering relevant clinical specialities for health workers, interactions between different sexual and reproductive health risks factors and outcomes, and the overall integrity of sexual and reproductive health for clients.

Twenty-five years after Cairo the delivery of an essential, comprehensive package of quality sexual and reproductive health care for men and women, at primary and referral levels, should be a priority within the overall 2030 Agenda commitment to universal health coverage. There is increasing evidence that integrating sexual and reproductive health services (e.g. antenatal care and for HIV/syphilis) increases utilization of services (e.g. condom use, HIV/STI knowledge and testing), improves quality, and improves overall health and behavioral outcomes.^{25,26,27} There are cost savings to integration. For example, adding family planning to HIV services is estimated to save \$0.25 for every dollar

25 WHO, UNFPA, IPPF, UNAIDS, UCSF. 2009. Sexual & Reproductive Health and HIV – Linkages: Evidence Review and Recommendations. Available at http://data.unaids.org/pub/agenda/2009/2009_linkages_evidence_review_en.pdf.

26 Mournier-Jack S et al (2017) Integrated care: learning between high-income, and low- and middle-income country health systems. *Health Policy and Planning*. Nov; 32(Suppl 4): iv6-iv 12.

27 Kennedy CE et al (2010). *J International AIDS Society*. Vol 13:26.

spent²⁸, and reciprocally, the contraceptive prevalence rate increases when family planning is included among health insurance packages.²⁹

Defined initially within the 1994 Programme of Action, the comprehensive sexual and reproductive health package has seen small changes over time. A majority of components are maternal health services for women, but components for family planning, infections and cancer will serve both men and women, and individual governments may customize the package based on the prevailing burden of disease (e.g. HIV, cancer), and the age structure of the population. Older populations, for example, will have a greater burden of reproductive cancers, while younger populations will have a greater need for contraception. The package would include: prenatal, delivery and postnatal care, with referral for comprehensive emergency obstetric care; post-abortion care, and safe abortions where laws allow; sexually transmitted infection screening and treatment, including HIV screening and antiretroviral therapy; multiple methods of modern contraception; infertility diagnostics and assisted reproduction; reproductive cancer screening and treatment; and treatment for gender-based violence. Complementary and satellite services outside the health system may be required to expand access, particularly for young people.

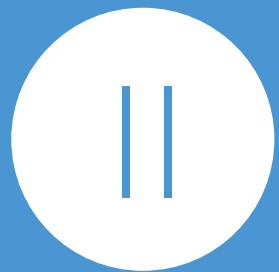
The comprehensive sexual and reproductive health package would include: prenatal, delivery and postnatal care, with referral for comprehensive emergency obstetric care; post-abortion care, and safe abortions where laws allow; sexually transmitted infection screening and treatment, including HIV screening and antiretroviral therapy; multiple methods of modern contraception; infertility diagnostics and assisted reproduction; reproductive cancer screening and treatment; and treatment for gender-based violence.



28 Stover, J et al. 2006. *Are Costs Savings Incurred by Offering Family Planning Services at Emergency Plan (PEPFAR) HIV/AIDS Care and Treatment Facilities?*. Washington, DC: USAID.

29 Ross, R et al (2018). *Is Health Insurance Coverage Associated with Improved Family Planning Access? A Review of Household Survey Data from Seven FP2020 Countries*. Washington DC: Palladium, Health Policy Plus.





HUMAN MOBILITY, DISPLACEMENT AND HUMANITARIAN CRISES

PROGRAMME OF ACTION, PRINCIPLE 2

"[Human beings] have the right to an adequate standard of living for themselves and their families, including adequate food, clothing, housing, water and sanitation."

PROGRAMME OF ACTION, PRINCIPLE 12

"Countries should guarantee to all migrants all basic human rights as included in the Universal Declaration of Human Rights."

The world is experiencing an unprecedented number of people living in humanitarian conditions, including 32 million women and girls of reproductive age. Similarly, the global number of forcibly displaced persons has increased dramatically in recent years, reaching an estimated 68.5 million in 2018, far exceeding the 47 million displaced in 1994, and representing the largest number since the end of the Second World War. While the number of international migrants is higher, at 258 million in 2017, the percentage of the global population classified as international

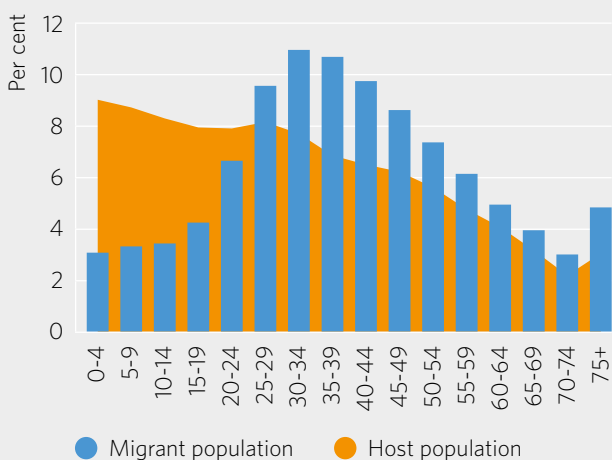
migrants has remained relatively steady at approximately 3 per cent since 1994, with the recent increase reaching 3.4 per cent.

The International Conference on Population and Development affirmed that migrants and persons living in emergency humanitarian situations are rights holders, facing particular challenges such as sexual, physical and psychological abuse, violence, human trafficking and contemporary forms of slavery, which must be collectively addressed by the international community.

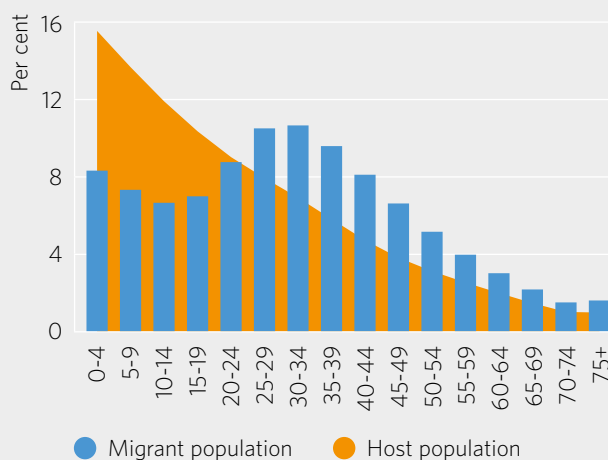
FIGURE 13: HUMAN MOBILITY

- 3.3% of the global population
- Median age: 39 years
- 15% of international migrants < 20 years
- 34% in sub-Saharan Africa < 20 years
- 48% female, and rising

Migrant population versus host population, global



Migrant population versus host population, Africa



Source: UN Population Division: International Migrant Stock and World Population Prospects, 2017



32 million women and girls of reproductive age worldwide are in need of humanitarian assistance.

People in humanitarian situations face challenges in gaining access to health care, safe housing and work opportunities, which are more acute for women and girls.

The experience of those serving in humanitarian settings, in transit and at destination highlights key lessons: First, migrants and the displaced often lack documentation, undermining their access to services, including protection services, and securing new forms of documentation should be a priority for all vulnerable mobile persons. Second, security can change rapidly, through theft, violence or unplanned detachment. Accessible, language-friendly safe spaces within dominant transit locations provide a critical resource. Third, peer-led, interpersonal and mass media campaigns result in higher uptake of sexual and reproductive health services. Fourth, mobile women and girls are particularly at risk of violence, including sexual violence, and protection services for those in transit must include care and counselling for rape and trauma. Fifth, including migrants

within universal health coverage saves not only lives, but also overall health costs by avoiding costly complications caused by postponement of care. Lastly, social services, whether skills training, livelihoods or other opportunities, should be provided for mobile and native populations alike, regardless of status, as a means to both promote integration and reduce discrimination.

The 2018 *Global Compact on Safe, Orderly and Regular Migration* outlines a common understanding and unity of purpose to ensure migration “works for all”. It reinforces key recurring recommendations, including efforts to mitigate adverse drivers that compel people to leave their country, reduce risks and vulnerabilities in transit, and enable migrants to contribute to and enrich communities in destination countries. It underscores the need for strategies that provide identity documentation, increase access to health care, opportunities for safe work and housing, and protection against discrimination and xenophobia.

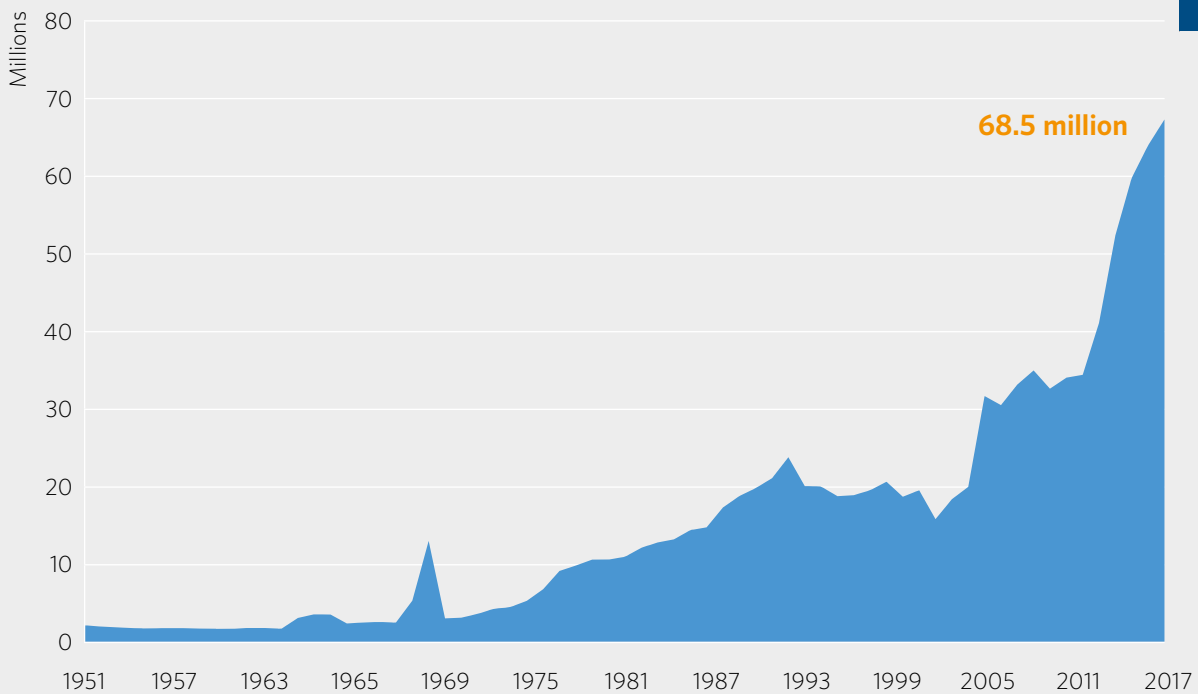
Young adults seeking jobs are highly represented among both internal and international migrants, and addressing drivers of migration demands a commitment to the mutually reinforcing goals of both the International Conference on Population and Development and the 2030 Agenda, to ensure that people can thrive at home. The United Nations Economic Commission for Europe’s review of the International Conference on Population and Development @25 aptly recognized these issues.

While international migration may be driven by inequalities in wages or educational opportunities between origin and destination countries, it is also a response to conflict, violence, gender inequality and the breakdown of civil institutions. The review of the International Conference on Population and Development @25 by the United Nations Economic Commission for Latin America and the Caribbean highlights the mass movements of people escaping lawlessness and violence, and economic collapse. War remains the dominant cause of those forcibly displaced, with 57 per cent of all current refugees fleeing war in Afghanistan, South Sudan and Syria. Pursuing peace and providing protection for all forcibly displaced populations, regardless of their documentation status, is critical.

The continuum from humanitarian crisis to eventual development encourages all investments delivered within conditions of crisis to anticipate future rebuilding, and a transition to sustainable development programmes once peace is restored. The extent to which select regions are currently enduring sustained political and humanitarian

FIGURE 14: DISPLACEMENT IS ON THE RISE

Number of forcibly displaced persons



Source: UNHCR, Global Trends Report, 2018

<https://www.unhcr.org/ph/figures-at-a-glance>, includes IDPs, others of concern, refugees, including refugee situations, returnees (IDPs and refugees) and stateless persons

crises also demands that development is not postponed but delivered under conditions of chronic fragility. This “new normal” obliges development actors to invest in safe spaces, advance health and learning without traditional infrastructure, and to create hope for the future in an ongoing context of crises.

International migration may be driven by inequalities in wages or educational opportunities between origin and destination countries, but it is also a response to conflict, violence, gender inequality and the breakdown of civil institutions.

WHAT WORKS?

- Prioritize documentation to provide access to services
- Provide accessible, language-friendly, safe spaces within transit locations
- Ensure universal health care for migrants
- Provide social services for mobile and native populations alike, regardless of status, to both promote integration and reduce discrimination



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POPULATION AND CLIMATE CHANGE

PROGRAMME OF ACTION, PARA. 3.9

"To achieve sustainable development and a higher quality of life for all people, Governments should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate demographic policies. Developed countries should take the lead in achieving sustainable consumption patterns and effective waste management."

PROGRAMME OF ACTION, PARA. 3.29 (D)

"Modify unsustainable consumption and production patterns through economic, legislative and administrative measures, as appropriate, aimed at fostering sustainable resource use and preventing environmental degradation."

The International Conference on Population and Development anticipated the current crisis of unsustainable patterns of production and consumption for the planet. The impact of climate change has arrived, driven by the one degree of global warming above pre-industrial levels already observed. While the impact will accelerate even with concerted action to reduce emissions, levels of commitment undertaken to date by the 197 signatories to the Paris climate agreement address barely one third of what is needed to limit global warming below 2 degrees Celsius (to preindustrial levels).³⁰ After a three-year plateau, global emissions have risen for the past two years, by 1.7 per cent and 2.5 per cent, respectively.

In a report investigating the impact of warming just 1.5 degrees, the Intergovernmental Panel on Climate Change (IPCC) projects wide-ranging consequences, including extreme heat and drought, flooding, wildfires, and the loss of entire coastal areas and their associated livelihoods. This threshold was expected by 2040 but may occur by 2030.³¹ In short, the world has less time than previously thought to forestall significant warming and prepare for the most serious impacts.

For population and development, a common proposal for climate change is to expand investment in family planning to slow population growth. In the long term, slower population growth will likely reduce emissions, as consumption and production rise among the poorest populations.³² Emissions, however, are not equally distributed across the world's population, any more than consumption or production. High per capita emissions, occurring in the wealthiest countries, correlate with the lowest levels of fertility (see figure 15). Presently, only about 28 per cent of the world's population has an income at which consumption begins to significantly contribute to emissions.³³ Hence, if production and consumption remain carbon intensive, then even a small global population is sufficient to cause severe climate change.

Population policies motivated by concerns for climate change should heed the lesson of the International Conference on Population and Development that respect for reproductive rights, advancing women's empowerment, and better health and education offer the most effective means to having smaller families, and help people to develop the knowledge and skills to address climate change. Irrespective of population growth, patterns of consumption and emissions must be urgently addressed. Even with rapid downturns in fertility,

30 relative to preindustrial levels

31 Y. Xu, V. Ramanathan and D.G. Victor, "Global warming will happen faster than we think", *Nature* 564, 6 December 2018, 30-32

32 <https://www.pnas.org/content/107/41/17521>; G Casey and O Galor (2017) Is faster economic growth compatible with reductions in carbon emissions? The role of diminished population growth. *Environmental Research Letters* 12, 014003.

33 The income threshold for contributing to emissions is estimated as \$10 per day.



A common proposal for climate change is to expand investment in family planning to slow population growth.

population trajectories will not change substantially in the coming 20 years, while major reductions in global emissions are essential to forestall the worst consequences of climate change. Key sectors that

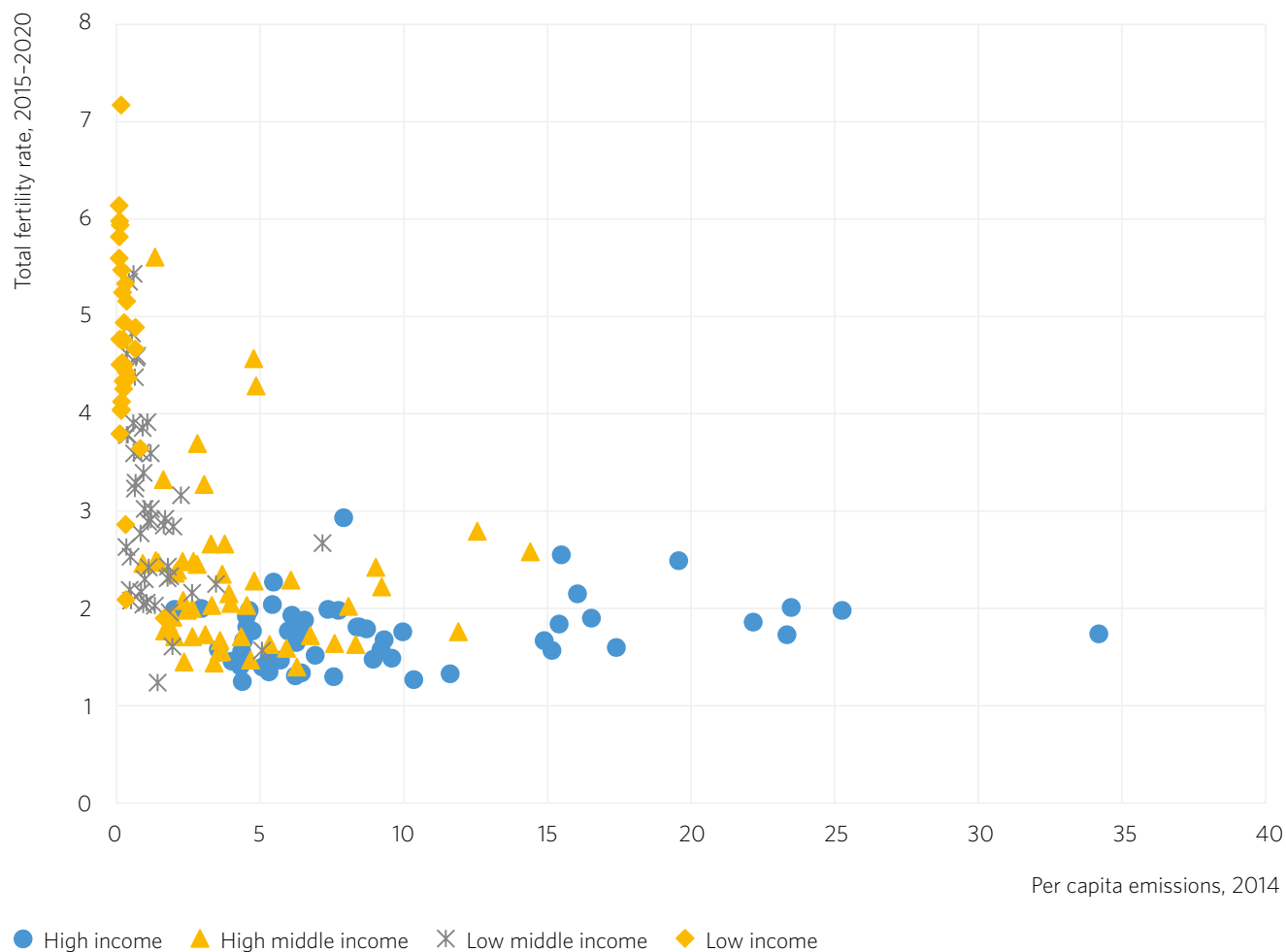
influence emissions - coal-based electricity generation, transport, construction, manufacturing, agriculture, land use and forestry - must urgently shift to low emissions.

WHAT WORKS?

- Respect for reproductive rights, women's empowerment, and better health and education offer the most effective means to promote smaller families
- Development helps people acquire knowledge and skills to address climate change
- Unsustainable consumption patterns and emissions must be urgently addressed



Figure 15: Fertility and per capita emissions



Source: World Population Prospects, 2017 revision; World Bank Open Data

Even with rapid downturns in fertility, population trajectories will not change substantially in the coming 20 years, while major reductions in global emissions are essential to forestall the worst consequences of climate change.



IV

LEFT BEHIND OR PUSHED BEHIND? ADVANCING HUMAN RIGHTS

PROGRAMME OF ACTION, PRINCIPLE 3

"The right to development is a universal and inalienable right and an integral part of fundamental human rights, and the human person is the central subject of development. While development facilitates the enjoyment of all human rights, the lack of development may not be invoked to justify the abridgement of internationally recognized human rights. The right to development must be fulfilled so as to equitably meet the population, development and environment needs of present and future generations."

Underscored at the International Conference on Population and Development is the belief that the protection and fulfilment of human rights are both the means of development and the measure of its achievement. In 2013, when the UN Office of the High Commissioner celebrated 20 years of achievements³⁴, the world rejoiced that economic, social, cultural, civil and political rights and the right to development were recognized as universal, indivisible rights of all human beings. Non-discrimination and equality were increasingly reaffirmed as fundamental principles of international human rights law and essential elements of human dignity. The rights of women, children, migrants and indigenous populations were at the forefront of human rights discourse, and global consensus insisted that violations must not go unpunished. The achievements represent a paradigm shift in collective recognition of human rights for all humans, and the thirst for transparency and accountability by all.

While most countries have ratified the major human rights treaties, human rights continue to be under attack worldwide and accountability for action is not systematic. An analysis of change in human rights performance in 113 countries between 2016 and 2018 revealed that 71 countries had reported declining performance with regard to discrimination, the right to life and security, due process, freedom of expression and religion, the right to association and labor rights.³⁵ In many cases, the erosion of human rights has been associated with increasing authoritarian and populist regimes, with little pushback from the international community.

There are exceptions in all regions. Countries leading their regions in overall rule of law scores include: Nepal (South Asia), Georgia (Eastern Europe and Central Asia); Ghana (sub-Saharan Africa); Uruguay (Latin America and the Caribbean); United Arab Emirates (Middle East and North Africa); New Zealand (East Asia and Pacific), and Denmark (Western Europe and North America). The world will soon celebrate the 70th Anniversary of the Universal Declaration of Human Rights, providing an opportune moment to build stronger commitments and protect hard-won achievements.

Over the past 25 years, a major new instrument for advancing state-driven human rights accountability is the Universal Periodic Review (UPR), initiated in 2006. It offers a novel mechanism of voluntary peer review between countries that has proven effective in reviewing human rights among UN Member States and advancing universality of coverage and equal treatment. By reviewing all human rights cases, the UPR provides a single human rights accountability mechanism, and accordingly protects reproductive rights. Two cycles of reviews between 2008 and 2017 highlight that one quarter of all UPR recommendations pertained to sexual and reproductive health rights and gender equality, and almost 90 per cent of Member States have taken action on at least half of the accepted recommendations on sexual reproductive health and rights.

There is an emphasis both in the ICPD Programme of Action and in the 2030 Agenda on the need to vastly improve national statistical systems, including national and subnational population data. Registration systems

34 United Nations Human Rights Office of the High Commissioner (2013). 20 Years Working for Your Rights. Chapter 5: 20 Human Rights Achievements.

35 World Justice Project, *Rule of Law Index 2017-2018* (Washington, D.C., 2018).

are a cornerstone of societal inclusion, and legal identity offers a means to protect all people, including refugees or those displaced by crises. Core demographic data systems, including censuses, civil registration and surveys, not only warrant modernization, but also should be complemented by innovative efforts to capitalize

on satellite imagery, especially when registration or conventional data-gathering is compromised. While ensuring that everyone is counted, there are equally compelling and growing needs to protect personal data, lest information be used to exploit human rights.



The rights of women, children, migrants and indigenous populations were at the forefront of human rights discourse, and global consensus insisted that violations must not go unpunished.





CONTRIBUTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT TO THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

PROGRAMME OF ACTION, PARA. 3.11

"Gains recorded in recent years in such indicators as life expectancy and national product, while significant and encouraging, do not, unfortunately, fully reflect the realities of life of hundreds of millions of men, women, adolescents and children. Despite decades of development efforts, both the gap between rich and poor nations and the inequalities within nations have widened."

"Serious economic, social, gender and other inequities persist and hamper efforts to improve the quality of life for hundreds of millions of people. The number of people living in poverty stands at approximately 1 billion and continues to mount."






PROGRAMME OF ACTION, PARA. 3.16

"The objective is to raise the quality of life for all people through appropriate population and development policies and programmes aimed at achieving poverty eradication, sustained economic growth in the context of sustainable development and sustainable patterns of consumption and production, human resource development and the guarantee of all human rights, including the right to development as a universal and inalienable right and integral part of fundamental human rights."

Many of the sectoral and substantive synergies between the International Conference on Population and Development and the 2030 Agenda have been outlined above. Twenty-five years of progress towards many targets of the Sustainable Development Goals has been accumulated under the auspices of national implementation of the ICPD Programme of Action, as detailed extensively within the national and regional reports generated for the regional reviews in 2018.

Both the Conference and the 2030 Agendas are greater than the sum of their individual, sectoral objectives and actions. Both are aimed at integrated and indivisible sustainable development, built on a powerful normative agenda at the intersection of human rights, human capabilities and collective action to achieve social, economic and environmental sustainability. Both demand to leave no one behind. They seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls, and to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment. They emphasize the empowerment of the vulnerable, the importance of people-centred economies, and the positive contribution of migrants.

RE-PROVING RIGHTS AND CHOICE MATTER

- Family planning and choice and service quality is a win-win for coverage **(SDG 3)** 
- Addressing education, decent work and sexual and reproductive health at the same time shows gender dividends; responses for ageing populations must also be advanced **(SDGs 1,4,5 and 8)** 
- Getting to zero on FGM and child marriage will demand increased efforts **(SDG 5)** 
- As essential sexual and reproductive health package **(SDG 3)** should address the needs of young and old alike, and should be part of universal health coverage in all contexts 
- Accountability matters, and state-of-the-art evidence is crucial **(SDG 17)** 

The history of population and development prior to 1994 shows why the focus on people was the first principle of the Conference and of the Rio Declaration on Environment and Development in 1992. People were once considered a threat to sustainable development, that is to the efficient functioning of cities, to the maintenance of the environment and to economic growth; and as such their human rights, in particular their reproductive rights, were consequently subjugated. Today, policy discussions on climate change, migration, food security, population growth and even the Sustainable Development Goals are again characterized as a threat to sustainable development.

At its core, the ICPD Programme of Action is about recognizing that people’s rights, their choices and their well-being are actually the path to sustainable development. Twenty-five years of evidence and practice continue to support this consensus, as well as the critical importance of aligning development policies to the prevailing population trends within a given country. Attention to the population and development principles affirmed in the ICPD Programme of Action will accelerate progress towards specific targets of the Sustainable Development Goals and strengthen the vision and normative values that underpin the holistic achievement of the 2030 Agenda.



The ICPD and the 2030 Agenda both seek to realize the human rights of all and to achieve gender equality and the empowerment of all women and girls, and to ensure that all human beings can fulfil their potential in dignity and equality and in a healthy environment.





VI

CONCLUSIONS AND RECOMMENDATIONS FOR THE ROAD AHEAD

The 1994 ICPD Programme of Action represented a paradigm shift for population and development in the recognition that people's rights, choices and well-being are the path to sustainable development. 25 years of evidence demonstrate that there has been substantial progress in key areas, including declines in extreme poverty, child marriage, FGM and maternal death, as well as maternal mortality, and increasing access to primary education, family planning and skilled birth attendance. Nevertheless, the review report reveals that several of these successes are diminished by population dynamics, and many people are still waiting for the promises made at Cairo to be fulfilled.

6.1 CONCLUSIONS

- **Actual numbers show risks persist**

Despite declining rates of harmful practices, there will be more girls at risk of child marriage and FGM in 2019 than in 1994, and the absolute number of women who have an unmet need for family planning is rising.

- **Maternal mortality: the last mile**

The world has experienced a 40 per cent decline in preventable maternal death since 1994. However, going the last mile to end it will be one of the biggest challenges in the 2030 Agenda, given that deaths are now clustered within countries with extremely fragile health systems, high rates of poverty, low literacy, a low status of women, limited access to modern transport and populations dispersed throughout rural and hard-to-reach areas.

- **Populations change, so do diseases**

In an ageing world, non-communicable diseases will affect more people. The burden of reproductive cancers, which are often preventable through early screening and treatment, poses a significant challenge to national health systems, especially in lower-middle-income countries. In sub-Saharan Africa, for example, cancers such as prostate and breast cancers show increasing mortality rates.

- **A demographic dividend revolution is needed**

Despite progress in primary education since 1994, gross enrolment in secondary education is still only 40 per cent in Africa and remains low across the least developed countries overall. In addition, young people face significant disadvantages in the labour market, and are far more likely to be unemployed or among the working poor. Women still do not have equal

opportunities in the labour market and are less likely to be covered by social protection systems.

- **The legal and cultural paths towards eliminating harmful practices**

Legal change has been impressive since 1994, yet community-based movements and commitments are essential to achieve consensus-driven solutions.

- **Gender stereotypes must fall to eliminate gender-based violence**

Legislative and judicial reforms and greater accountability are essential to ending GBV. In addition, measureable change in both attitudes and behaviours can be accomplished when educational programmes include curricula on combatting stereotypes and gender equality, both in schools and public institutions.

- **An essential integrated sexual and reproductive health package is needed**

While many effective interventions to promote sexual and reproductive health are well proven, investments over the last 25 years have been fragmented. To achieve universal health coverage, the delivery of a comprehensive package of integrated sexual and reproductive health care at primary and referral levels is crucial. For young people, integrating health services within other youth interventions is more successful than stand-alone activities.

- **Being on the move means being in need of rights**

Human mobility is a key feature of the twenty-first century, and the world is experiencing the highest number of forcibly displaced persons since the Second World War. Migrants and refugees need to be provided with documentation, accessible and inclusive safe spaces and universal health coverage and must be covered by social protection systems.

- **Response to climate change is the responsibility of everyone**

Since the 1994 Conference the need to address climate change has grown urgent. A common proposal to address its effects is to expand investment in family planning. However, emissions are not equally distributed among the world's population. To reduce the pace of climate change, action must focus on global emissions and unsustainable patterns of production and consumption.

6.2 RECOMMENDATIONS FOR THE ROAD AHEAD

- Member States are called upon to recognize that the fulfilment of reproductive rights and choices is a cornerstone of sustainable development and that all persons should have the means to achieve their desired fertility through universal access to sexual and reproductive health care and policies that promote gender equality, work-life balance and support for families.
- Member States, with support from the international community, are encouraged to deliver a comprehensive package of integrated sexual and reproductive health care at the primary and referral levels, in the context of advancing the 2030 Agenda target of universal health coverage, ensuring the highest standards for quality of care, including a wide choice of contraceptive methods and age-appropriate health services for young people.
- Member States are encouraged to increase support for locally-driven interventions that promote the collective abandonment of harmful practices, including female genital mutilation and forced or child marriage, and ensure accountability to legislation.
- Member States are encouraged to adopt proven interventions to accelerate education and skills development for all; enhance the coverage and quality of secondary education, modern workplace training and online training; and provide adults of all ages with a chance to recover lost education and acquire twenty-first century job skills. Governments are encouraged to participate in global learning performance programmes and redress gender disparities at all levels of education.
- Member States are encouraged to ensure that education systems include proven curriculum inputs that advance gender equality and reduce gender-based violence by addressing unequal gender stereotypes, promoting nondiscrimination and teaching non-violent means of addressing conflict.
- Governments are encouraged to advance the political participation and leadership of women at the federal and local levels and to achieve gender equality in all social and economic indicators, including mean wages, security of employment, lifetime earnings and pension coverage.
- Member States are called upon to uphold human rights and advance policies that reduce inequalities in opportunities and outcome, promote the social interaction of diverse communities, promote greater social cohesion and reduce xenophobia and discrimination.
- In the context of implementing the Global Compact for Safe, Orderly and Regular Migration, Member States are encouraged to provide safe havens for those living in conditions of persistent violence and poverty, increase the opportunities for people to thrive at home and assure the human rights of migrants and displaced persons; promote their access to documentation, health and education; provide protection from violence and support their recovery from all forms of trauma.
- Member States are encouraged to urgently address global emissions and unsustainable patterns of production and consumption, and to promote all measures to reduce the pace of climate change and ensure the security of the planet.







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United Nations Population Fund
605 Third Avenue
New York, NY 10158

Tel: +1 212 297 5000

www.unfpa.org

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