

**INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT
THE CAIRO, 5-13 SEPTEMBER 1994**

Chapter I

Preamble

1.6. The International Conference on Population and Development follows and builds on other important recent international activities, and its recommendations should be supportive of, consistent with and based on the agreements reached at the following:

- (a) The World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development, held in Nairobi in 1985; 5/
- (b) The World Summit for Children, held in New York in 1990; 6/
- (c) The United Nations Conference on Environment and Development, held in Rio de Janeiro in 1992; 7/
- (d) The International Conference on Nutrition, held in Rome in 1992; 8/
- (e) The World Conference on Human Rights, held in Vienna in 1993; 9/
- (f) The International Year of the World's Indigenous People, 1993, 10/ which would lead to the International Decade of the World's Indigenous People; 11/
- (g) The Global Conference on the Sustainable Development of Small Island Developing States, held in Barbados in 1994; 12/
- (h) The International Year of the Family, 1994. 13/

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1.7. The Conference outcomes are closely related to and will make significant contributions to other major conferences in 1995 and 1996, such as the World for Equality, Development, 14/ the Fourth World Conference on Women; Action for Equality, Development and Peace, 15/ the Second United Nations Conference on Human Settlements (Habitat II), the elaboration of the Agenda for Development, as well as the celebration of the fiftieth anniversary of the United Nations. These events are expected to highlight further the call of the 1994 Conference for greater investment in people, and for a new action agenda for the empowerment of women to ensure their full participation at all levels in the social, economic and political lives of their communities.

1.8. (.....) The world as a whole has changed in ways that create important new opportunities for addressing shifts in attitude among the world's people and their leaders in regard to reproductive health, family planning and population growth, resulting, inter alia, in the new comprehensive concept of reproductive health, including family planning and sexual health, as defined in the present Programme of Action (.....).

1.9. The population and development objectives and actions of the present Programme of Action will collectively address the critical challenges and interrelationships between population and sustained economic growth in the context of sustainable development. In order to do so, adequate mobilization of resources at the national and international levels will be required as well as new and additional resources to the developing countries from all available funding mechanisms, including multilateral, bilateral and private sources. Financial resources are also required to strengthen the capacity of national, regional, sub regional and international institutions to implement this Programme of Action.

1.10. The two decades ahead are likely to produce a further shift of rural populations to urban areas as well as continued high levels of migration between countries. These migrations are an important part of the economic transformations occurring around the world, and they present serious new challenges. Therefore, these issues must be addressed with more emphasis within population and development policies. By the year 2015, nearly 56 per cent of the global population is expected to live in urban areas, compared to under 45 per cent in 1994. The most rapid rates of urbanisation will occur in the developing countries. The urban population of the developing regions was just 26 per cent in 1975, but is projected to rise to 50 per cent by 2015.

Chapter IV

Gender Equality, Equity and Empowerment of women

B. The girl child

Actions

4.18. Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education.

Chapter VII

Reproductive rights and reproductive health

Actions

7.6. All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter-alia, include: family-planning counselling, information, education, communication and services; especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required.

B. Family planning

Actions

7.15. Governments and the international community should use the full means at their disposal to support the principle of voluntary choice in family planning.

7.16. All countries should, over the next several years, assess the extent of national unmet need for good-quality family planning services and its integration in the reproductive health context, paying particular attention to the most vulnerable and undeserved groups in the population. All countries should take steps to meet the family planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide

universal related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.

7.19. As part of the effort to meet unmet needs, all countries should seek to identify and remove all the major remaining barriers to the utilization of family planning services. Some of those barriers are related to the inadequacy, poor quality and cost of existing family planning services. **It should be the goal of public, private and non governmental family planning organisations to remove all programme related barriers to family planning use by the year 2005** through the redesign or expansion of information and services and other ways to increase the ability of couples and individuals to make free and informed decisions about the number, spacing and timing of births and protect themselves from sexually transmitted diseases.

7.23. **In the coming years, all family planning programmes must make significant efforts to improve quality of care.** Among other measures, programmes should:

- (a) Recognize that appropriate methods for couples and individuals vary according to their age, parity, family size preference and other factors, and ensure that women and men have information and access to the widest possible range of safe and effective family planning methods in order to enable them to exercise free and informed choice;
- (b) Provide accessible, complete and accurate information about various family planning methods, including their health risks and benefits, possible side effects and their effectiveness in the prevention of the spread of HIV/AIDS and other sexually transmitted diseases;

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Chapter VIII

Health, Morbidity and Mortality

A. Primary health care and the health-care sector

Actions

8.5. In keeping with the Declaration of Alma Ata, all countries should reduce mortality and morbidity and seek to make primary health care, including reproductive health care, available universally by the end of the current decade. **Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years and by 2015 a life expectancy at birth greater than 70 years.** Efforts to ensure a longer and healthier life for all should emphasise the reduction of morbidity and mortality differentials between males and females as well as among geographical regions, social classes and indigenous and ethnic groups.



B. Child survival and health

Basis for action

8.13. **The World Summit for Children, held in 1990, adopted a set of goals for children and development up to the year 2000, including a reduction in infant and under-5 child mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less.** These goals are based on the accomplishments of child-survival programmes during the 1980s, which demonstrate not only that effective low-cost technologies are available but also that they can be delivered efficiently to large populations. However, the morbidity and mortality reductions achieved through extraordinary measures in the 1980s are in danger of being eroded if the broad-based health delivery systems established during the decade are not institutionalised and sustained.

Actions

8.16. **Over the next 20 years, through international cooperation and national programmes, the gap between average infant and child mortality rates in the developed and developing regions of the world should be substantially narrowed, and disparities within countries, those between geographical regions, ethnic or cultural groups, and socio-economic groups should be eliminated.** Countries with indigenous people should achieve infant and under 5 mortality levels among their indigenous people that are the same as those of the general population. **Countries should strive to reduce their infant and under 5 respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under 5 mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under 5 mortality rate below 45 per 1,000.** Countries that achieve these levels earlier should strive to lower them further.

Chapter XI

Population, Development and Education

A. Education, population and sustainable development

Actions

11.6. The eradication of illiteracy is one of the prerequisites for human development. All countries should consolidate the progress made in the 1990s towards providing universal access to primary education, as agreed upon at the World Conference on Education for All, held at Jomtien, Thailand, in 1990. **All countries should further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and in any case before the year 2015.** Attention should also be

given to the quality and type of education, including recognition of traditional values. Countries that have achieved the goal of universal primary education are urged to extend education and training to, and facilitate access to and completion of education at secondary school and higher levels.

Chapter XIII

National Action

C. Resource mobilisation and allocation

13.15. It has been estimated that, in the developing countries and countries with economies in transition, the implementation of programme in the area of reproductive health, including those related to family planning, maternal health and the prevention of sexually transmitted diseases, as well as other basic actions for collecting and analysing population data, will cost: \$17.0 billion in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010 and \$21.7 billion in 2015; these are cost estimates prepared by experts, based on experience to date, of the four components referred to above. These estimates should be reviewed and updated on the basis of the comprehensive approach reflected in paragraph 13.14 of the present Programme of Action, particularly with respect to the costs of implementing reproductive health service delivery. Of this, approximately 65 per cent is for the delivery system. Programme costs in the closely related components which should be integrated into basic national programmes for population and reproductive health are estimated as follows:

(A) **The family planning component is estimated to cost: \$10.2 billion in 2000, \$11.5 billion in 2005, \$12.6 billion in 2010 and \$13.8 billion in 2015.** This estimate is based on census and survey data which help to project the number of couples and individuals who are likely to be using family planning information and services. Projections of future costs allow for improvements in quality of care. While improved quality of care will increase costs per user to some degree, these increases are likely to be offset by declining costs per user as both prevalence and programme efficiency increase;

(B) **The reproductive health component (not including the delivery system costs summarised under the family planning component) is estimated to add; \$5.0 billion in 2000, \$5.4 billion in 2005, \$5.7 billion in 2010 and \$6.1 billion in 2015.** The estimate for reproductive health is a global total, based on experience with maternal health programmes in countries at different levels of development, selectively including other reproductive health services. The full maternal and child health impact of these interventions will depend on the provision of tertiary and emergency care, the costs of which should be met by overall health sector budgets;

(C) **The sexually transmitted diseases: HIV/AIDS prevention programme is estimated by the WHO Global Programme on AIDS to cost: \$1.3 billion in 2000, \$1.4 billion in 2005 and approximately \$1.5 billion in 2010 and \$1.5 billion in 2015.**

(D) The basic research, data and population and development policy analysis programme is estimated to cost: \$500 million in 2000, \$200 million in 2005, \$300 million in 2010 and \$300 million in 2015.

13.16. It is tentatively estimated that up to two thirds of the costs will continue to be met by the countries themselves and in the order of one third from external sources. However, the least developed countries and other low-income developing countries will require a greater share of external resources on a concessional and grant basis. Thus, there will be considerable variation in needs for external resources for population programmes, between and within regions. The estimated global requirements for international assistance are outlined in paragraph 14.11.

13.17. Additional resources will be needed to support programmes addressing population and development goals, particularly programmes seeking to attain the specific social - and economic-sector goals contained in the present Programme of Action. The health sector will require additional resources to strengthen the primary health-care and broad-based programmes for the control of sexually transmitted diseases, including HIV/AIDS, as well as the humane treatment and care of those infected with sexually transmitted diseases/HIV/AIDS, among others. The education sector will also require substantial and additional investments in order to provide universal basic education and to eliminate disparities in educational access owing to gender, geographical location, social or economic status etc.

13.18. Additional resources will be needed for action programme directed to improving the status and empowerment of women and their full participation in the development process (beyond ensuring their basic education). The full involvement of women in the design, implementation, management and monitoring of all development programmes will be an important component of such activities.

13.19. Additional resources will be needed for action programmes to accelerate development programmes; generate employment; address environmental concerns, including unsustainable patterns of production and consumption; provide social services; achieve balanced distributions of population; and address poverty eradication through sustained economic growth in the context of sustainable development. Important relevant programmes include those addressed in Agenda 21.

13.20. The resources needed to implement the present Programme of Action require substantially increased investments in the near term. The benefits of these investments can be measured in future saving in sectoral requirements; in the context of sustainable development; and overall improvements in the quality of life.



Chapter XIV

International cooperation

B. Towards a new commitment to funding population and development

Basis for action

14.8. There is a strong consensus on the need to mobilize significant additional financial resources from both the international community and within developing countries and countries with economies in transition for national population programmes in support of sustainable development. **The Amsterdam Declaration on a Better Life for Future Generations, adopted at the International Forum on Population in the Twenty-first Century, held at Amsterdam in 1989, called on Governments to double the total global expenditures in population programmes and on donors to increase substantially their contribution, in order to meet the needs of millions of people in developing countries in fields of family planning and other population activities by the year 2000 (...).**

Actions

14.11. The international community should strive for the fulfilment of the agreed target of 0.7 per cent of the gross national product for overall official development assistance and endeavour to increase the share of funding for population and development programmes commensurate with the scope and scale of activities required to achieve the objectives and goals of the present Programme of Action. A crucially urgent challenge to the international donor community is therefore the translation of their commitment to the objectives and quantitative goals of the present Programme of Action into commensurate financial contributions to population programme in developing countries and countries with economies in transition. **Given the magnitude of the financial resource needs for national population and development programmes (as identified in chapter XIII), and assuming that recipient countries will be able to generate sufficient increases in domestically generated resources, the need for complementary resource flows from donor countries would be in the order of (in 1993 US dollars): \$5.7 billion in 2000; \$6.1 billion in 2005; \$6.8 billion in 2010; and \$7.2 billion in 2015.** The international community takes note of the initiative to mobilize resources to give all people access to basic social services, known as the 20/20 initiative, which will be studied further in the context of the World Summit of Social Development.