



Global Partners in Action: NGO Forum on Sexual and Reproductive Health and Development

ICPD@15 International Conference on
Population and Development

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The Cairo Consensus

The Cairo Consensus emerged from a series of international conferences sponsored by the United Nations during the 1980s and 1990s that focused world attention on major global issues: rampant poverty and ill health, women's rights and needs, environmental degradation, and rapid population growth.

The Consensus drew its name from the International Conference on Population Development (ICPD), which brought high-level representatives of 179 governments to Cairo, Egypt, in September 1994. They agreed on a Programme of Action that united concerns about worsening global poverty, rapid population growth and stagnant economic conditions in a new way: by focusing on the central role of women.

Prologue

A global population surge in the 1950s raised alarm over looming strains upon national resources. It led to an examination of the causes of poverty, more assistance to developing countries, and international efforts to provide family planning services worldwide. Contraception was widely illegal until the mid-20th century, but by the 1960s, most developing countries had begun population and family planning programmes, usually with funding from multilateral donor countries, as effective in promoting economic development.

Many of these programmes, however, had a "population control" approach that focused on providing contraceptives to a large number of "acceptors" to meet numerical population targets. Some countries employed coercion: several million forced sterilizations were performed in India during a 1976 "emergency," and China's one-child policy has employed forced abortions.

The late 1970s saw a backlash against these approaches as trampling women's rights and health and abusing human rights, and as seeking to preserve global economic inequalities. Programmes shifted to providing development assistance and voluntary family planning services.

However, political will and funding for such programs declined worldwide in the 1980s. Controversy escalated over women's roles and rights, a testimony to the need for further action. Developing countries remained caught in a downward spiral of poverty, population growth and environmental degradation, stalling economic improvements.

ICPD Preparations

The end of the Cold War in 1991 prompted a worldwide re-examination of "national security" and recognition of its demographic and environmental factors. Regional committees held ICPD preparatory gatherings from 1989 through mid-1994 to outline objectives and themes for the agenda, while six expert groups met to define and discuss issue areas. More than 400 private organizations and concerned citizens proposed language for the Programme of Action.

A Non-Governmental Organization (NGO) Forum of interested groups from around the world convened in Cairo 1-5 September 1994, just before the official United Nations conference, to agree on policy recommendations that were presented to the main conference. NGO representatives were active in the contentious debate that shaped the final document.

The Programme of Action

The ICPD Programme of Action was historic in several ways:

- > It rejected arbitrary targets and quotas for population size, either global or for any individual nation.
- > It rejected any population "control" policy approach involving coercion or pressure upon individuals or groups either to have or not to have children.
- > It embraced instead the concept that providing women and men with options – such as basic

education and sexual and reproductive health care and rights, including access to voluntary family planning – would lead to slower population growth, family and social well-being, environmental sustainability and national economic development.

- > It recognized that population growth rates are a complex result of many factors, only some of which respond to government action.

The ICPD Commitment: The Cairo Consensus affirmed these measures as necessary for a successful, comprehensive policy for slowing population growth:

- > **Improve the quality of family planning services and reproductive health care.** Unreliable, ineffective, unaffordable or unavailable technology puts millions at risk for unintended pregnancy or damaging side effects. High-quality services and care attract and sustain users most effectively.
- > **Satisfy unmet need for contraception** by addressing chronic problems of supply, distribution and access. More than 200 million women would like to delay or prevent a pregnancy but are not using effective contraception. Reasons: they have no access to it, fear side effects or their families object.¹
- > **Improve children's health.** Where more children survive to adulthood, fertility declines.
- > **Save mothers' lives.** Half a million women die needlessly from pregnancy complications every year.
- > **Increase access to education**, especially for girls. Studies repeatedly show that educated women have fewer and healthier children.
- > **Give greater attention to young people** and their need for comprehensive sex education and involvement in shaping policies that concern them. Studies show much misinformation among teens about their bodily functions, how HIV/AIDS is transmitted and the risks of various sexual behaviors.
- > **Improve women's status.** Women's contributions to national economies are still undervalued or ignored. Without schooling, job opportunities or full social and legal rights, women will bear children as their primary source of security and status.
- > **Expand life choices for young women.** Education, social equality and job possibilities offer young women options for their lives beyond childbearing.
- > **Involve men.** Where men share in the joys and burdens of child-rearing and family life, they also take more responsibility for family planning.

Resources Needed:

The Programme of Action called for investment in comprehensive sexual and reproductive health care and rights for women and men worldwide, with the goal of universal access by 2015. It set the global need at US \$17.5 billion per year by 2000, rising to \$21.7 billion per year by 2015 -- an extremely cost-effective investment. Donor nations pledged to provide one-third of that total, while developing nations promised to provide the rest. But the needs have increased and donor commitments are not being met.

Aftermath

In 1999, five years after the Cairo Consensus, 185 governments met at The Hague and reaffirmed their commitment to the Programme of Action. They added important language that called on governments to address the reproductive and sexual health needs of adolescents, to provide such care to everyone affected by emergency situations, to take urgent action against maternal deaths and disabilities, and to address the consequences of illegal or unsafe abortion on women's health.

In 2000, the Millennium Development Summit agreed on eight Millennium Development Goals (MDGs) to combat poverty and world suffering. Women's empowerment, health and rights are central to the MDGs.

Since 1994, the need for action and for investment in women has only increased. HIV/AIDS has become a pandemic, and the current generation of young people – the largest in history, 1.5 billion – are just entering their reproductive years.

¹ UNFPA, "No Woman Should Die Giving Life," Fact Sheet. Facts and Figures 2, p. 1 <http://www.unfpa.org/safermotherhood> (accessed July 28, 2009)