Panel discussion

On the Road to 2030: The continuing relevance of the International Conference on Population and Development

Wednesday, 3 April 2018 (3.00–4.30 p.m.)
United Nations Headquarters, Conference room 1, Conference Building

Concept Note and Talking Points

Outline and organization of the panel discussion

1) Introduction of the theme (10 minutes), Fred Pearce (UK), Moderator

Excellencies,
Distinguished delegates,
Colleagues,
Ladies and gentlemen,

It is an honor to moderate the interactive expert panel “On the Road to 2030” about the continuing relevance of the International Conference on Population and Development.

Let me give a person take on this by way of introduction. As a journalist for New Scientist magazine in London, I attended not just the Cairo conference in 1994, but also its predecessor, held in Mexico City – then fast-emerging as the world’s largest developing world megacity, in 1984. What I remember most is the gender contrast. Mexico City was dominated by men – and also by the narrative of the population bomb. Seen then as the number one threat to the planet, much as climate change is today. There was an undertow at the event of the need for enforced, or at any rate, government-led action to curb birth rates. The World Population Prize the previous year had been awarded jointly to the minister in charge of China’s so-called one-child policy and to former Indian prime minister Indira Gandhi who had promoted sterilization programmes.

Yet a decade later, in Cairo I remember women being in charge. And the narrative had changed from population control to reproductive rights. The UN FPA was now headed by a female Pakistani
gynaecologist, Nafis Sadik, who was scathing in her condemnation of the past male determination to tell women how many babies to have. I am quoting Nafis Sadik "If we had paid more attention to empowering women 30 years ago, and had listened to their needs, we might well have been ahead of the game as far as population numbers are concerned. If you really looked after women's needs and women's health, everything else would take care of itself. Not allowing them to have the capacity to take decisions for themselves is really the main obstacle to population control."

Most women in most places now wanted to reduce their fertility. The worst way of encouraging them was to have men hectoring them to do it. Benazir Bhutto and Jane Fonda turned up for the show. The headlines reflected the new narrative. “Sisters are doing it for themselves...”, “Women take the lead in Cairo battle of sexes” and “Women hold key to population curb” were typical.

And Sadik has been proved right. Since Cairo, dozens of countries have seen most women adopting contraception for the first time. Rich or poor, socialist or capitalist, patriarchal or not, educated or not, urban or rural, Muslim or Catholic, secular or devout, with tough government population policies or none, most countries are experiencing a reproductive revolution. However they do it, and whatever we think about it, the “population bomb” is being defused. Fertility rates today are half what they were half a century ago. By women. Because they want to. And it began in Cairo.

The Programme of Action of the International Conference on Population and Development, held in Cairo in 1994, promoted a people-centered approach to development, grounded in the respect for human rights, empowerment of women and environmental sustainability. Elements of both the Millennium Development Goals and the Sustainable Development Goals were derived from its forward-looking goals and objectives. The current 2030 Agenda also emphasizes leaving no one behind and builds on the recognition that people live with multiple, simultaneous and compound inequalities, many of which are mutually reinforcing.

This week you considered two reports prepared by the Secretary-General, presenting the results of a 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. Both reports reaffirmed the continuous relevance of the Programme of Action for the implementation of the 2030 Agenda for Sustainable Development.

The presentation of the first report highlighted that sustainable development can only be achieved by considering major demographic trends, including the changing age distributions and their consequences for enabling a demographic dividend and sustained economic growth. It also showed the contribution of investing in human capital to sustainable development and emphasized the dependencies between population, environment and climate change. Drawing on the results of the 2018 regional reviews of the Conference the presentation of another report reviewed the progress made since Cairo in promoting health, including sexual and reproductive health, education and women’s empowerment and reiterated their centrality to sustainable development.

However, there are still gaps in the implementation of the Programme of Action and the 2030 Agenda for Sustainable Development in need to be addressed. ### Here something forward looking###
This expert panel will discuss the potential further contributions of the Programme of Action to the successful implementation of the 2030 Agenda for Sustainable Development, by reviewing lessons learned and best practices as well as priorities for action on the road to 2030.

The panel will start with a first round of contributions from the panelists before I will open the floor for two rounds of questions from the plenary. Before concluding panelist will be invited to provide a final conclusion and recommendation of priorities for action on the road to 2030.

Please let me introduce our distinguished guests and experts on the panel.
2) Introduction of the panelists (5 minutes)

Alex Ezeh (Nigeria)

Alex Ezeh (Nigeria) is a professor of global health at Drexel University, USA. He served as the founding Executive Director of the African Population and Health Research Center in Nairobi from 2001 to 2017. He holds a PhD in demography from the University of Pennsylvania. His work focuses on addressing the challenges that come with the growth of slums around the world and the continuing rapid population growth in sub-Saharan Africa. He co-chaired the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights.

María Antonieta Alcalde (Mexico)

María Antonieta Alcalde (Mexico) is the Director of Advocacy of the International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) and Director of the IPPF UN Liaison Office. She has co-founded several organizations, including the Latin American Youth Network for Sexual and Reproductive Rights and the Youth Coalition. Prior to joining IPPF/WHR, she was the General Coordinator of Balance, Promotion for Development and Youth in Mexico City, where she designed and implemented workshops on gender, sexual and reproductive rights, advocacy, and youth leadership.

Leiwen Jiang (China)

Leiwen Jiang (China) is Senior Associate of the Population Council and Professor and Founding Director of the Asian Demographic Research Institute (ADRI) at Shanghai University. His research focuses on quantitative assessment of demographic dynamics and climate change risks, vulnerability, resilience, and mitigation. He served as a Lead Author of the 5th Assessment Report of the Intergovernmental Panel on Climate Change (IPCC) and is a member of the IUSSP’s Scientific Panel on Climate Change.

Rudelmar Bueno de Faria (Brazil)

Rudelmar Bueno de Faria (Brazil) is the General Secretary of the ACT Alliance, appointed in 2017. Mr Bueno de Faria has over 25 years of experience working with national and international religious and church-related organisations on humanitarian, development and advocacy programmes. Prior to this, he served as the World Council of Churches Representative to the United Nations and Deputy Director for the Lutheran World Federation. ACT Alliance is a global coalition of more than 150 religious and church-related organisations working on providing humanitarian relief and emergency assistance to and advocating for the most marginalized communities. The main programmatic areas include: Gender Justice, Climate Justice, Peace and Human Security, Migration and Displacement, and Humanitarian Response and Disaster Risk Reduction.
3) First round of initial statements by panelists (32 minutes; 8 minutes each; NO PowerPoint presentations)

Starting with a question for Rudelmar Bueno de Faria, each Panelist will be addressed by one guiding question.

Rudelmar Bueno de Faria (Brazil):

Question 1: Rudelmar, your member organizations are working in the field of capacity building and empowerment, how is that work contributing to eradicating poverty and promoting dignity and human rights? (1000 words for the question and follow up question).

As a faith and rights based alliance, ACT Alliance (Action by Churches Together) understands that all people should enjoy the same human rights. Our actions as a faith based constituency adhere to the principle that universal and indivisible human rights are the cornerstone of international human rights legislation as emphasized in the Universal Declaration of Human Rights in 1948.

ACT Alliance has 152 members in over 140 countries. Our members use a transformational and sustainable development approach in their programming so that all peoples' human rights are upheld. Our members are working against poverty, exclusion and inequalities, and developing new forms of solidarity, promoting new international and financial architecture, fiscal justice, and social protection.

We believe this can best be accomplished by affirming human dignity, and engaging in holistic development that leaves no one behind. For this purpose we act, advocate, educate, and collaborate, both within our alliance and through broader initiatives, with secular and faith-based organizations, and commit to holding all levels of leadership accountable - public and private, domestic and international.

Gender injustice and lack of access to sexual and reproductive health and rights are key issues that need to be urgently addressed. Lack of access to sexual and reproductive health services, including family planning, maternal health and access to services for youth, means that women and girls are dying. Everyone should have the ability to decide freely and responsibly on matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence.

The ICPD Programme of Action was remarkable when it was adopted 25 years ago in its recognition that reproductive health and rights, as well as women's empowerment and gender equality, are cornerstones of population and development programmes and human rights. It is crucial still as an agenda to help achieve gender equality, the empowerment of women and girls and the fulfillment of the 2030 Agenda.
Therefore, ACT Alliance reaffirms its commitment to the ICPD Programme of Action, key actions, and outcomes of the follow-up reviews as well as the need to accelerate the implementation of the ICPD agenda in order to advance progress. Our commitment to the UN system is unflattering, and we have entered into memorandums of understanding with various UN agencies, including and especially, UNFPA.

Follow up Question: Your member organizations are faith based, do they follow a specific path regarding the PoA of the ICPD?

The programme of action is in alignment with ACT Alliance’s approach and local actors - faith partners on the ground who are working every day to fulfill their missions, making progress towards both the Programme of Action and the core values of ACT Alliance. Therefore, we are present here at CPD with other faith networks, showing our commitment to this agenda as well as showing the wide diversity of faith actors and their perspectives, reflecting the world’s reality. We need to be present in the global arena, but also to make the link to the regional and local contexts.

FBOs are significant actors in the delivery of health and social services. In some contexts, they may be the only ones to reach the most marginalized, particularly in rural or humanitarian settings. Often faith actors provide the services that states do not provide. Many faith organizations at the global and country level have a long history of engagement in services and delivery that pertain to the Programme of Action.

In Tanzania FBOs deliver 40% of health services, thus FBOs are crucial partners in the Programme of Action. Our member, the Evangelical Lutheran Church of Tanzania—present here at CPD—delivers 20% of health services to primarily rural populations in the country. They run a very exciting SRHR program, including family planning, youth friendly SRHR services, men engaged in SRHR, and comprehensive sexuality education programs from a faith lens.

So we see that faith communities are already supporting the ICPD Programme of Action. We recognize that there is a contested reality here in the UN discussions. On the ground the work and the reality is more pragmatic as faith communities are seeing the needs of their communities and what lack of access does, and work every day to ensure that people do not get left behind. The majority are supportive of this agenda. These are actors that have the ear and concern of their communities and are pushing policy change, pulpit change, implementing programmes.

We have partners, also here at the CPD, churches and faith actors that are looking at how they can meet the challenge of population dynamics. That includes faith partners working with and for age appropriate, culturally sensitive, comprehensive sexuality education so that
communities can reap the potential benefit of a “demographic dividend,” and ensure healthy, thriving populations.

We also need to acknowledge that religious institutions vary in how they view issues on SRHR and gender equality. Faith actors are in some situations perpetuating patriarchal, social and cultural norms that endanger gender equality. Faith actors are in a position of power, as influential policy makers, as educators, as deliverers of health services, and are therefore instrumental in any agenda that has a mandate to advance gender equalities and access to sexual and reproductive health and rights.

As faith actors, we know that understanding religion and what influences it, and how it influences people’s lives is crucial to acknowledge that religious perspectives exist in diversity, and to also remember that they are not stagnant nor do they operate in isolation, but are influenced and motivated by the social, economic and political contexts in which they exist. Therefore, they can play a significant role in challenging social and cultural norms and in advancing gender justice.

Considering the unprecedented backlash on gender equality worldwide, ACT Alliance has decided to focus on leveraging and being a space for the progressive voices to address SRHR, women’s empowerment and gender equality. But we will also engage with the voices on the fence, as there is a diversity of opinions in all faith institutions. Our aim is to harness the positive role FBOs can play in change social and cultural norms that generate gender inequalities.

That’s why ACT Alliance launched a global campaign on gender justice called Created Equal, which intends to address gender intersectionalities and change societal norms, practices, laws and policies which generate gender inequality and exacerbate gender-based violence. The Campaign also addresses issues of the rights of LGBTQI people, who are often discriminated against by religious institutions motivated by particular interpretations of religious texts.

It is our intention to generate a wide platform with our members, other faith and secular actors, the UN and national governments to actively engage in dialogue on sustainable population development, integrating theological, socio-economic, political and scientific aspects on these matters.

Alex Ezeh (Nigeria):

**General opening question:** Alex, you have been doing research on global health for most of your career, can you give us some examples where the PoA of the ICPD has initiated most progress in improving the life of those most in need [examples from Africa appreciate].
The question actually has two parts to it. One is where has the ICPD PoA achieved the most progress in improving lives and the second is where has that progress been most equitable?

As we know, the SDGs has about 50 health-related indicators and most of these, 42 of the 50, are part the Global Monitoring Framework of the PoA of the ICPD. These indicators cover 5 key areas: Child survival, Sexual and Reproductive Health and Rights (SRHR), Non-Communicable Diseases (NCDs), Life Expectancy, and Health Systems Strengthening. Some of these are easy to track and monitor with richly available data (like the child health indicators), others are complex and very difficult to measure or track progress (like Coverage of essential health services under HSS).

Globally, a lot of progress has been made in a number of health areas — child health, maternal health, SRHR, etc. but these have been uneven within countries, across countries in the same region, and across major global regions. For example, while Rwanda and Equatorial Guinea are part of the countries globally that have made significant strides towards UHC, other countries in SSA (like Lesotho and CAR) are among those that have made the least progress and may even be falling behind. Progress has also been uneven in different aspects of the same health area. For example, while we have made progress in many countries in reducing under 5 and neonatal mortality, few countries are on target to meeting targets on childhood obesity. So, the story remains one of uneven progress.

The one thing that has been consistent, however, is that the countries that have made significant progress in achieving the targets, are also the ones where inequities in healthcare access and health outcomes have been reduced the most. So, the countries making the most success are also the countries reaching those most in need in their countries.

Follow up question: Based on your experience, what are the most urgent priorities to achieve the health-related SDGs?

As noted previously, progress has been uneven within and across countries. The more urgent priorities to achieving the health-related SDGs will include:

Addressing inequity in all its forms. Even in the countries where progress has been low, specifically targeting the most vulnerable can significantly improve progress towards achieving the targets. A key aspect of this is the generation of disaggregated data that would highlight existing inequities. For example, where disaggregated data exist between slum and non-slum urban populations, indicators for slums are often worse than those of rural areas but they are always obscured in urban averages. Identifying urban census clusters as slum or non-slum could easily help resolve this invisibility of the one billion slum residents in LMICs in official statistics.

Recognizing that major drivers of health outcomes will continue to lie outside the health sector
Since 2003, the African Population and Health Research Center (APHRC) has been running a longitudinal demographic and health surveillance system in two slums in Nairobi, Kenya. Their data on causes of death in the slums show injuries has been the leading cause of death among adults, especially adult men, often exceed 40% of all deaths in some years. Most of these deaths come from Road Traffic Accidents and interpersonal violence. For children under 5 years of age, it is acute respiratory infections largely due to air pollution.

The WHO’s list of threats to global health in 2019 include many non-health factors like air pollution and climate change, fragile and vulnerable settings, antimicrobial resistance, vaccine hesitancy, among others. Addressing these non-health sector major threats to health will require expertise beyond healthcare and clinical practice.

(I will make the point here, unless fully covered by Leiwen): Divergent demographic trends: Africa’s population doubling by 2050 – in 31 years would mean doubling every aspect of the process of generating health – facilities, equipment, human resources, training, logistics, etc. to maintain current levels of inadequate coverage. Population ageing in many parts of the world creating economic, social and health challenges: pension $400 Trillion projected gap by 2050, workforce – including health workforce, and increased burden of NCDs and degenerative conditions placing more burden on the health system.

Maria Antonieta Alcalde (Mexico):

General opening question: Maria Antonieta, Your Organization is advocating for Sexual and Reproductive Health and Rights, one of the key issues of the PoA of the ICPD. Family planning and gender equality received a lot of attention in recent years and some success has been achieved. What are the next steps on the road to 2030? [examples from Latin America and the Caribbean welcome]

The ICPD Programme of Action is an extraordinary document. Today 25 years after its adoption it is more relevant than ever.

A lot has been achieved since 1994 but there are still significant challenges even in the most developed countries. Some of the challenges are:

Youth and adolescent’s empowerment: One-third of girls under 18 are forced into marriage, and every year, nearly 16 million adolescent girls give birth. Maternal mortality is the leading cause of death for this age group low and middle-income countries. Every day, over 2,000 young people, mostly adolescent girls, become infected with HIV.

Violence against women: VAW is a pandemic the #metoo movement showed us that this is a global challenge that sadly it is shared globally. A study made in the EU in 2014 showed that 45%
to 55% of women over the age of 15 had experience sexual harassment. In 2012 worldwide, 1 in 2 women assassinated were killed by their partners or family. In contrast, 1 out of 20 men assassinated were killed in such circumstances.

Forced pregnancy: Over 200 million sexually active women want to avoid pregnancy but are not using modern contraceptives. Worldwide 25 million unsafe abortions take place.

The ones left behind: Millions of people face discrimination, and violence, purely because of aspects of their sexual orientation or sexual identity, or because they are migrants, unmarried mothers, they are part of ethnic groups or indigenous populations.

Women and girls in the two lowest quintiles along with people marginalized for other reasons including age, marital status, ethnic origin, sexual orientation, and gender identity, among other conditions lack access to SRH and face discrimination. The equality gap in access to SRH services, the quality SRH care gap and the accountability gap are the key reasons why the ICPD agenda is unfinished.

For each of these challenges the ICPD PoA and its reviews show us the way forward. In order to address these issues governments, need to:

- Ensure young people have access to information and education, that schools are safe and comprehensive sexuality education is included in the curriculum,
- That this information and education comes together with access to youth friendly services
- There is an urgent to ensure that when abortion is legal, that It is in most part of the world, abortion is safe and accessible
- Review laws to and the judicial system to protect women and ensure access to justice to gender based violence.

This year Member States will review the Sustainable Development Goals on the HLPF under the auspices of the GA. While the SDGs are mark our destination the ICPD PoA is the road map to get there. Strengthening this link is fundamental for the successful implementation of both the Agenda 2030 and the ICPD PoA.

Follow up question: What would you see as the most striking lesson learned for the future from your work with youth?
Leiwen Jiang (China):

**General opening question:** Leiwen, population growth was for a long time regarded as a major challenge for sustainable development. For the foreseeable future global population will continue to grow. What impact will this have on the environment? [examples from Asia welcome]

Yes, human population is at the center of sustainable development. Evidence is clear that population trends strongly interact with socioeconomic development and environmental changes.

Although the global fertility level has been declining, the large proportion of young people at childbearing age, the so called “population momentum”, will drive the world population continue to grow for decades.

Moreover, the population growth rates vary substantially across global regions. For instance, while some Eastern Asian countries observe the lowest fertility rates, many countries in South Asia will double their populations by the late of century.

More importantly, not only the increasing total number of population but also changing population composition and spatial distribution, including rapid urbanization and shrinking household sizes, all contributes to greater environmental burdens.

Asia accounts for more than half of world population, has the highest population density, and has experienced the most rapid economic growth in the recent decades. Population growth, combined with industrialization, urbanization, and changing consumption behaviors, has fundamentally changed the environmental systems, causing severe air pollution, water scarcity, habitat destruction, and biodiversity loss. Unfortunately, we now see that Asia is a leader in global energy consumption and greenhouse gas emissions, while the Asian population suffers the most severe impacts of climate variability and change, including sea level rise, tropical cyclone, floods and droughts, and heatwave.

**Follow up question:** What can we do to reconcile, in a sustainable way, future growth of the population and human development associated with an increasing standard of living for all?

The global communities need to recognize that growing population size, changing demographic characteristics; and human behavior, is at the heart of sustainable development.

It is essential that policymakers and programmers alike understand and recognize that different groups of population by sociodemographic characteristics contribute differently to environmental degradation, and also have different vulnerability and capacity to adapt to the
environmental changes. The development challenges are by far the greatest where population growth is the fastest, vulnerability to environmental and climate change is the most extreme, and adaptive capacity is the lowest. We must prioritize and support these communities.

How can we do this? First, we can stipulate sustainable development policies according to the sociodemographic characteristics of different populations, particularly our mandate is “to leave no one behind.” The global community need to help the regions and people cope with the environmental risks, through promoting regional cooperation for technological innovation and application, and advocating for behavior changes in saving resources and supporting greener consumption patterns.

Second, we can also invest in human capital, i.d. education and health, including rights-based reproductive health, to enable greater choices, alleviate poverty, and improve the standard of living of population in the least developed regions. This will enhance the ability of the most vulnerable populations to cope with environmental hazards and be active participants in sustainable development themselves.

4) Two rounds of interactive discussion with the plenary (30 minutes; 15 minutes each)

Q&A with plenary

5) Final round of conclusions by the panelists (8 minutes)

Inviting the panelists to conclude by highlighting one best practice that reflects best their view and include their recommendations

6) Closing by the moderator (5 minutes)

Wrapping up the discussion
Thanking the panelists for sharing their experience
Thanking the representatives of Member States for their contribution and lively discussion
Expressing the wish that the panel contributes to the final stages of the deliberations