

**SEMINAR ON THE RELEVANCE OF POPULATION ASPECTS
FOR THE ACHIEVEMENT OF THE MILLENNIUM
DEVELOPMENT GOALS**

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**CAN THE CAIRO CONSENSUS CONTRIBUTE TO ACHIEVING THE
MILLENNIUM DEVELOPMENT GOALS IN AFRICA?**

Economic Commission for Africa

“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed.” UN Secretary General Kofi Annan – Fifth Asian and Pacific Population Conference, Bangkok, December 2002.

A. INTRODUCTION

If Africa continues on the Cairo path, can it achieve the Millennium Development Goals and if so, what progress has been made to address population aspects that are relevant for the achievement of these goals since Cairo? The answer to the first part of the question is almost certainly no unless a majority of African countries swiftly and significantly scale up action (International Bank for Reconstruction and Development/World Bank, 2004). The answer to the second part of the question is more encouraging. African countries have made very good progress in implementing the Programme of Action of the International Conference on Population and Development (ICPD-PoA). According to two ICPD at Ten surveys conducted in 2003 by the Economic Commission for Africa (ECA) and the United Nations Population Fund (UNFPA), most African countries have prioritized the implementation of comprehensive reproductive health programmes, including family planning and there is some progress on gender equality, combating HIV/AIDS and good governance (ECA, 2004a; UNFPA 2004a, 2004b). Given these developments, one can hardly ignore the constructive steps undertaken by the African countries towards achieving the ICPD targets. In addition, in most African countries the Cairo consensus, as reflected in the 20 year Programme of Action of the International Conference on Population and Development has shaped the development of population and development policies and programmes over the last ten years, covering all eight areas that are contained in the Millennium Development Goals (MDGs). Specifically, African governments have used the Cairo consensus to develop policies and programmes aimed at alleviating poverty, reducing maternal and child mortality, promoting gender equality and protecting the environment. In addition, the Cairo consensus called on governments, international partners and non-governmental organizations to mobilize significant additional resources in support of the further implementation of population and development programmes. The Cairo consensus was further reaffirmed by the adoption of the ICPD+5 Key Actions in 1999. However, although African countries have made marked progress on addressing population aspects that are relevant for the achievement of the MDGs, the continent is not on track to meet any of the MDGs by 2015.

To a large extent, it can be argued that the Millennium Development Goals that came out of the United Nations Millennium Summit of September 2000 further strengthened the implementation of the Cairo Program of Action by coming up with a limited set of time-bound quantitative targets that put women, men, and children at the center of local and national efforts to reduce poverty and to spur social and economic development. In fact, countries agreed during the 2004 annual session of the Commission on Population and Development that the ICPD-PoA makes “an essential contribution to the achievement of internationally agreed development goals, including those contained in the United Nations Millennium Declaration.” Thus, the strong linkages that exist between MDGs and the ICPD entail that their goals and priorities are all about improving the welfare of Africa’s population and beyond. Their overarching goals try to focus the resources and efforts of both the rich and poor countries on achieving concrete improvements in people’s lives by reducing extreme poverty and hunger, and acknowledging the importance of putting the well-being of individuals, gender equality and human rights at the center of social and economic development (see table I). In the case of Africa, MDGs and the ICPD-PoA have an especially important role – they share the common goal of ending Africa’s most pressing problems such as the region’s perennial poverty trap, curtailing the spread of HIV/AIDS, lowering the disease burden for societies and unleashing Africa’s potential through more gender inclusive educational and development programmes and ensuring environmental sustainability.

B. SUSTAINABLE SOCIAL AND ECONOMIC DEVELOPMENT

1. *Population Growth and Economic Development in Africa*

The achievement of MDGs in Africa depends on many factors, among which are the population challenges the region is facing. For instance, there is no doubt that population issues can either be a constraint or an asset when it comes to accelerating progress toward achieving the MDGs agenda and the ICPD goals. First, although some African countries are beginning to see the end of population growth rates exceeding 3 per cent per annum as a result of declines in fertility or due to the mortality impacts of the HIV/AIDS epidemic, population momentum will continue to exert considerable pressure on some countries. Since Africa will not experience a demographic bonus anytime soon because of past high fertility levels and population momentum, the region will continue to see its largest youth generation in history exert considerable pressure on its struggling economies and inadequate resources. Rapid population growth (exceeding 3 per cent per annum) in countries like Chad, the Democratic Republic of Congo, Liberia, Mali, and Niger will continue to curtail the provision of adequate health, social and other related services. Second, partly because of continued high rates of population growth, Africa's per capita growth was only 1.7 per cent in 2003, well below the 7 per cent growth rate that is required to achieve the goal of halving poverty by 2015 (ECA, 2004b). Only five countries achieved the required 7 per cent growth rate in 2003 and these are Angola, Burkina Faso, Chad, Equatorial Guinea and Mozambique. On the other hand the following countries registered negative growth, thereby undermining their prospects of achieving some of the goals: Burundi (-0.3per cent), Central African Republic (-0.7per cent), Guinea-Bissau (-1.8per cent), Cote d'Ivoire (-2.3per cent), Seychelles (-2.8per cent), Ethiopia (-3.8per cent), and Zimbabwe (-11.2per cent) (ECA, 2004b). Third, rapid population growth is also overwhelming overseas development assistance (ODA) given to poor African countries since the scale of that aid is not large enough and is not sustained over long periods of time to counteract the impacts of high rates of population growth. To compound the situation, the economies of most African countries have not reached what is often referred to as the "threshold for self-sustaining growth" (Sachs and others, 2004, p.31). Fourth, high rates of population growth, combined with extreme poverty and the unbalanced spatial distribution of the population are also negatively impacting the environment and the availability of resources. For instance, 500 million hectares of land have been affected by soil erosion since 1950 partly because of population pressure in Africa (UNDP, 2002). This makes it much harder for most African countries to ensure environmental sustainability.

Therefore, to achieve the MDGs, Africa needs to address its weak economic performance, ensure the availability of good quality gender-disaggregated data and related development statistics, as well tackling its various population challenges through sound economic management policies, good governance and effective and comprehensive reproductive health programmes, including sexual health.

2. *Population Effect on Poverty and Hunger*

Besides rapid population growth, the region continues to face a myriad of other major population and development related difficulties. Half of sub-Saharan Africa's population lives in poverty, lacking adequate food security, shelter, health and meaningful employment opportunities. According to the 2003 Human Development Report, sub-Saharan Africa is the only region in the world that continues to face massive poverty. As a result of population growth, its share of the poor increased by over 6 million per year in the 1990s (UNDP, 2002). Such widespread poverty is at the root of the trap in which many families find themselves: one where poverty and hunger perpetuate themselves by preventing people from improving their earning capacity and potential to save (Sachs and others, 2004). The patterns of population distribution and rapid urbanization also compound the challenge of achieving MDGs by making the average cost of providing social services high in many countries.

The ICPD recognized the centrality of widespread poverty to development efforts. Likewise, the first goal of the MDGs is to eradicate extreme poverty and hunger. Specifically, the target of the poverty MDG is to cut in half, the proportion of people living on less than \$1 a day between 1990 and 2015. In sub-Saharan Africa alone, nearly half of the population lives on less than one dollar a day. The sub-region also has 196 million undernourished people and nearly one third of the world's hungry people are in sub-Saharan Africa (UNDP, 2003). However, poverty reduction prospects in much of Africa are being undermined by high rates of population growth, slow economic growth, the HIV/AIDS epidemic, Africa's persistent disease burden, civil strife and protracted droughts. Besides being undermined by rapid population growth, extreme hunger is also a poverty problem that is often exacerbated by low agricultural productivity and insufficient access to food because of poor and inefficient food distribution systems.

To ensure that Africa's poor escape the poverty trap, both the ICPD and the MDGs urge African governments to invest in education, health and employment creation. This will break the cycle of poverty, thereby halting the intergenerational transfer of poverty. Human capital formation and employment creation will also help address the problem of very unequal income distribution in most African societies. More importantly, the goals of the ICPD urge voluntary shifts to smaller family sizes as well as declines in mortality. Such demographic changes could lead to improvements in the standard of living of households and in child quality in terms of better health and education. Smaller family sizes may allow African women to participate in the formal labour market, provided work opportunities exist, and thus may contribute to improvements in the capacity to save at the household level, leading to improved macro-economic outcomes. Furthermore, the ICPD notes that eliminating extreme hunger and poverty will lead to significant declines in child malnutrition, which is a major contributing factor to high levels of child mortality in Africa. There therefore is synergy between the MDGs and the ICPD poverty eradication goals.

Poverty also perpetuates gender discrimination, particularly when it comes to intra-household resource allocation. For instance, parents prefer to send boys to school instead of girls when household resources are limited. Thus, the eradication of extreme poverty and hunger will raise the quality of life for both girls and boys in Africa only after African societies have eliminated all forms of social, cultural, economic and political discrimination against women and the girl child, hence the relevance of ICPD to the achievement of MDGs.

To address these poverty and hunger problems, a growing number of African countries have been integrating population issues into the formulation, implementation, monitoring and evaluation of various sustainable development policies and programmes. For instance the government of Ethiopia, with the assistance of the UNFPA Country Support Team, has been actively streamlining the MDGs with its population strategies and development plans. Poverty Reduction Strategy Papers (PRSPs) and food security and environmental policies and programmes being developed across the region are increasingly paying close attention to the role played by various population issues covered by the ICPD that have a direct or indirect bearing on extreme poverty and hunger in the region (ECA 2004a). The Economic Commission for Africa is helping countries develop these policies through capacity building and strengthening as exemplified by the creation of the African PRSP Learning Group whose primary function is to facilitate systematic information sharing and peer learning among African country experts (ECA, 2004c). To eliminate extreme poverty and hunger, ECA has also produced a road map on promoting a Green Revolution in Africa and is engaged in reviewing disaster related food crises with the goal of identifying and recommending effective practices at the sub-regional and national levels.

C. HUMAN CAPITAL DEVELOPMENT

A significant proportion of Africa's young girls and women lack access to basic education. By promoting universal primary education, both the ICPD and MDGs are aiming at uplifting the status of women, lifting families out of poverty as well as lessening their reproductive burdens. In almost all

African societies, women are burdened with low employment prospects and reproductive ill health as a result of low levels of education, gender inequality, and a variety of cultural and religious norms and beliefs. Consequently, Africa's uneducated women tend to marry early, thereby increasing the chances that their lifetime fertility would be much higher than that of their educated counterparts. Early marriages are also associated with poor health outcomes for both the mother and child such as obstetric fistula and low birth weight respectively.

Interventions within the education field are equally critical to achieving MDGs. Improving education, particularly maternal education has also been widely shown to have immediate positive impacts on the individual woman as well as on child well being, the community and the nation. Research has shown that the under-five mortality risk can drop by anywhere between 7 to 9 per cent for each additional year of education that a mother has. Rising levels of education are also important ingredients to improving a country's human resource base that is essential for industrial development and growth. Improving women and girls' education leads to significant reductions in household poverty through the creation of better employment opportunities and earnings. For instance, it has been noted in Kenya that the productivity of educated women farmers is much higher than that of uneducated female farmers (IFPRI, 2000).

African Governments have taken various ICPD inspired initiatives to reduce gender disparities in education. The MDGs re-echoed the ICPD goal of ensuring universal primary education. The 2003 ECA ICPD at Ten survey revealed that many African governments had made commendable progress in enacting equal education legislation and promoting programmes for improving girls' access to primary and secondary school levels. To boost the numbers of girls and children from poor households attending school, countries like Malawi and Kenya are providing free primary education. Thus, it is only in such countries where the prospects of achieving universal primary education by 2015 are brighter. Given current primary school enrolment trends, several other countries in northern and southern Africa will also approach the goal of universal primary education.

D. REDUCING AFRICA'S DISEASE BURDEN

Both the ICPD and the MDGs share the common view that Africa's high disease burden contributes to high levels of mortality, low life expectancy, low agricultural productivity and limits foreign investments. Because of the centrality of health, particularly reproductive health to Africa's development, both the Cairo consensus and the MDGs urge Governments to make concerted efforts to reduce under-five and maternal mortality.

1. Reducing child and maternal mortality

Although infant and child mortality rates have declined considerable in much of Africa, the region continues to exhibit some of the highest levels of under-five mortality in the world. Decades of steady decline in under-five mortality have been reversed or slowed in most countries in southern and eastern Africa as a result of inadequate or collapsing primary health care systems and the spread of HIV/AIDS (UNDP, 2002). To reduce these high levels of child mortality, both the Cairo agreement and the MDGs encourage governments to pursue multiple and complementary strategies that include improving access to primary health care, increasing public spending on health care, expanding immunization programmes, improving maternal education and reducing poverty and malnutrition.

To monitor progress in this area, the MDGs set a specific target of reducing by two thirds, the under-five mortality rate between 1990 and 2015. The ECA has been actively monitoring the adoption and implementation of strategies, measures and programmes that can achieve this target in Africa. ECA's ICPD at Ten regional reviews revealed that African governments are actively making health care services and facilities easily accessible, available and affordable to a large number of people. The fact that African

governments have made noticeable strides to make basic health care and health promotion a priority as well as integrating reproductive health services into primary health care implies that countries are taking a direct shot at reducing infant and child mortality. Thus, the ICPD goals relating to reducing child mortality directly complement the MDGs. However, despite these commendable developments, it is inconceivable that a majority of African countries will reduce by two-thirds the under-five mortality rate before 2015 given that a vast majority of its people still does not have access to safe drinking water and sanitation.

Besides infant mortality, both the ICPD-PoA and MDGs call on Governments to reduce maternal mortality and morbidity through integrated primary health care systems. In addition, Governments are urged to strengthen programmes aimed at ensuring universal access to sexual and reproductive health information and to affordable services of quality, including family planning. Access to family planning and adequate pre-natal care has the potential to save the lives of women by reducing unsafe abortions.

To address the maternal and child mortality challenges addressed during Cairo, African Governments have aggressively adopted a mix of special measures and programmes. For instance, a majority of Governments have integrated reproductive health services into their primary health care systems at various levels; developed specific programmes to address maternal and infant mortality such as the provision of emergency obstetric care, managing abortion related complications, assisted delivery, neonatal care, integrated care of infant morbidity and extended immunization programmes. Governments have also increased domestic resources for reproductive health programmes and are actively tackling the problem of adolescent fertility, which is a major contributory factor to maternal mortality in Africa (ECA, 2004a). The adoption of time-bound quantitative MDG targets on maternal and under-five mortality has further heightened the importance of these health burdens among governments, thus further spurring the mobilization of additional resources. However, unless such programmes and services are aggressively expanded to Africa's poor and marginalized rural communities, the health MDGs will simply not be met by 2015.

2. Combating HIV/AIDS and other diseases

The principal objectives of the ICPD-PoA regarding HIV/AIDS are to prevent, diagnose, treat and minimize the spread and impact of HIV infection; to increase awareness of the disease; to ensure that people living with HIV/AIDS are not discriminated against and that they receive adequate counseling and treatment services. Likewise, MDG goal 6 aims to combat HIV/AIDS, malaria and other diseases. Following Cairo, African Governments have adopted public health policies and programmes that focus on confronting the HIV/AIDS epidemic. Out of a total of 43 African countries that responded to the ECA ICPD at Ten Survey an overwhelming majority (98 per cent) have increased political commitment. Heads of State and Government have established multisectoral institutional frameworks addressing HIV/AIDS. In addition, many countries have established coordination bodies at different levels within the government structure to tackle HIV/AIDS-related issues. In 56 per cent of the countries, such bodies are located in the President's office and in 70 per cent of the countries AIDS Councils, Commissions or Desks have been established at the ministerial level.

In line with MDGs, African Governments have also stepped up the prevention, detection and treatment of sexually transmitted infections, which are a major HIV transmission risk factor. More resources are being spent on prevention and treatment programmes. In some countries, information, education, and communication (IEC) campaigns focusing on STI/HIV prevention have been launched in schools. Efforts are also underway to reach out-of-school youth. In spite of these developments, the prospects of meeting the MDG HIV/AIDS targets by 2015 are very bleak. HIV/AIDS prevalence continues to rise in much of sub-Saharan Africa.

E. PROMOTING GENDER EQUALITY AND WOMEN'S EMPOWERMENT

Both the ICPD-PoA and the MDGs call for the achievement of gender equality, empowerment of women and for the mainstreaming of gender in poverty reduction strategies and population policies. Since gender is a crosscutting element of Africa's development agenda, promoting gender equality and empowering women is central to poverty eradication, enhancing household food security and sustainable development on the African continent. It also makes women equal and full partners in all program and development planning activities that affect their lives. Greater levels of gender equality and empowerment of women enhance the prospects for national prosperity and improved reproductive health outcomes. Empowerment of women is therefore Africa's underutilized development resource. It needs to ensure that all its women reach their full potential through improvements in health, education and employment opportunities, and by abiding with all international commitments and instruments on gender equality, equity and human rights such as the African Union Protocol on the Rights of Women in Africa and the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). Above all, African Governments need to mainstream gender in the formulation of policies, programmes and policy advocacy tools. According to the ICPD at Ten Survey undertaken in 2003 by ECA, a majority of African governments have made some solid gains when it comes to adopting policies and laws protecting the rights of women, putting in place measures to increase girls' enrolment in primary and secondary schools as well setting up educational and employment programmes for women. Progress in implementing these Cairo goals is undoubtedly leading to the achievement of gender MDGs in Africa.

Gender inequality also implies that a majority of woman in the region does not have legal rights that guarantee access to land and other forms of property when the husband dies. Consequently, this perpetuates the feminization of poverty across the continent. In numerous cases, this predisposes large numbers of women to violence and risky sexual behaviours, including the transmission of HIV/AIDS as they search for alternative ways to break out of the poverty traps they find themselves mired in. Thus, achieving the gender ICPD and MDGs goals will help improve the status of women in Africa as well as the overall welfare of their families, communities and countries.

F. ACHIEVING THE MDGs IN AFRICA: THE ROLE OF ECA

The Economic Commission for Africa, in collaboration with several partners has been actively pursuing various initiatives that are critical for the achievement of MDGs either directly or indirectly. These initiatives include policy analysis and advocacy, capacity building and strengthening, and monitoring the implementation of internationally agreed development goals such as the ICPD-PoA, the Beijing Platform and the Johannesburg Plan of Action.

ECA's work involves undertaking policy relevant analytical work in areas such as the economic performance of its member countries, poverty eradication, food security, gender equality and equity, regional integration, trade and information technology for development. For example, over the past few years, ECA has been actively involved in developing action plans for tackling HIV/AIDS through the African Development Forum (ADF) process as well as through the Commission for HIV/AIDS and Governance in Africa (CHGA). UN Secretary-General Kofi Annan established the Commission for HIV/AIDS in Africa in February 2003. The primary goal of this Commission is to complement the vital work on transmission and prevention that is being conducted by UN and other agencies. The Commission has a rigorous agenda that charts the way forward on HIV/AIDS and governance in Africa in three interrelated areas. First, it examines the implications of sustained human capacity losses for the maintenance of state structures and economic development. Second, it looks at the technical, fiscal and structural viability of utilizing anti-retroviral (ARV) therapies as a mitigation instrument. Third, the Commission synthesizes effective practices in HIV/AIDS and governance in key development areas with a view to formulating policy recommendations.

Another critical part of ECA's work that has a bearing on the achievement of MDGs in Africa pertains to monitoring the implementation of internationally agreed development goals such as those of the Dakar/Ngor Plan of Action, the ICPD-PoA, the Beijing Platform, and the Johannesburg Plan of Action. In the case of the ICPD, the Economic Commission for Africa conducted a ten-year review of the implementation of the ICPD-PoA in Africa by conducting a region-wide survey. The findings of this study were presented at the Regional Ministerial Review Conference on the Implementation of the Dakar/Ngor Declaration and the Programme of Action of the ICPD that was held in Dakar, Senegal from 7-11 June 2004. At this meeting, African Governments welcomed with satisfaction progress made across the region in implementing the ICPD-PoA. They also strongly reaffirmed their commitment to utilize the ICPD-PoA and the New Partnership for Africa's Development (NEPAD) to place the continent on a path of sustainable economic growth and development within the context of the Millennium Development Goals, taking fully into account population issues.

In addition to monitoring progress in implementing the ICPD-PoA, the ECA has also been involved in assessing the implementation of the Beijing Platform. The African Center for Gender and Development has been actively involved in creating tools that allow ECA member states to effectively monitor gender equality and gender mainstreaming. One such tool is the African Gender and Development Index (AGDI) that was launched at the Seventh African Regional Conference on Women (Beijing+10) that was held during the Fourth African Development Forum (ADF IV) in Addis Ababa in October 2004. The goal of this index is to give policy-makers from Member States and their development partners the means of measuring the status of women in the social, economic, political and rights spheres. The index has so far been tested in 12 countries (Benin, Burkina Faso, Cameroon, Ethiopia, Egypt, Ghana, Madagascar, Mozambique, South Africa, Tanzania, Tunisia and Uganda) and the findings from this early test have been welcomed by African ministers responsible for gender issues as well as by gender experts. The index will strengthen ECA's efforts to effectively monitor and evaluate a series of development goals, including those contained in MDGs, the Beijing Platform and ICPD-PoA, particularly those relating to gender equality, equity and women's empowerment issues.

The Cairo consensus recognized that various population aspects were leading to environmental degradation and declines in agricultural productivity due to excessive population pressure on available arable land and poor management of natural resources. Thus to address the MDGs relating to ensuring environmental sustainability and eliminating extreme poverty and hunger, ECA is advocating for its member states to address the root causes of rapid population growth (particularly in rural areas) that are putting a strain on farm size, availability and overall agricultural productivity as well as on the environment. Furthermore, ECA is also actively involved in the assessment of follow-up activities by African governments to internationally agreed sustainable development goals and platforms of action such as the African Common Position on Environment and Development and Agenda 21. In keeping with ICPD as well as the goals of the World Summit on Sustainable Development and the MDGs, ECA in collaboration with countries is now in the process of initiating a programme to monitor the state of sustainable development in Africa on a regular basis. The Commission is engaged in awareness creation on the linkages between the nexus issues of population, environment and agriculture using tools such as the Population, Environment, Development, and Agriculture (PEDA) model.

Other ECA led policy and advocacy initiatives aimed at developing a global partnership for development (MDG8) include promoting the development of the continent's capital markets, the analysis and promotion of regional integration as well as promoting the harnessing and use of technologies for sustainable development. By promoting the region's capital markets and regional integration, ECA hopes its member states will be able to overcome the problem of small market sizes, open up new markets and strengthen Africa's competitive edge in an increasingly globalizing world. These changes, if successfully implemented, will contribute to the eradication of extreme hunger and poverty since rural farmers and traders across Africa will be able to access new and more lucrative markets. These activities help achieve the MDGs in Africa in many ways. First, more robust African economies will be better positioned to generate the necessary wealth and resources that are needed to significantly scale up action and the

provision of health and educational services and infrastructure. Second, they help reinforce the need for countries to commit themselves to eradicating extreme hunger and poverty, combat HIV/AIDS and other diseases, eliminate gender inequalities, and reduce high levels of maternal and child mortality through the establishment of enabling environments, particularly the enactment of appropriate legislation and the adoption of policies and programmes. Third, they bring about increased regional and international focus on the need to increase financial support for the implementation of population, reproductive health and other related programmes whose overarching goal is to improve the well being of people across the continent. Inadequate funding coupled with a weak environment for sustained economic growth will mean that most Africa countries will not be on track to meet the MDGs by 2015.

Within the framework of the New Partnership for Africa's Development (NEPAD), ECA has also been lending technical support to countries that have acceded to undergo evaluation on good governance through the African Peer Review Mechanism (APRM). If the APRM process successfully helps African governments to create capable and effective states through good governance practices, such developments will undoubtedly create the necessary conditions that will help attack poverty and hunger, achieve universal education, promote gender equality, reduce maternal and child mortality, combat HIV/AIDS and other diseases, and ensure environmental sustainability. This is based on the premise that "the capable state creates an enabling political and legal environment for economic growth and promotes the equitable distribution of the fruits of growth", thereby leading to poverty reduction (ECA, 2004d, p.iii).

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TABLE I. ICPD GOALS AND OBJECTIVES MAPPED TO MDGs

Millennium Development Goals	ICPD Goals and Objectives
Goal 1: Eradicate extreme poverty and hunger	---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--- (<i>para 3.16</i>)
Goal 2: Achieve universal primary education	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 (<i>para 11.6</i>)
Goal 3: Promote gender equality and empower women	Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. (<i>Principle 4</i>) --- ensure that women can buy, hold and sell property and land equally with men, obtain credit and negotiate contracts in their own name and on their own behalf and exercise their legal rights to inheritance (<i>para 4.6</i>)
Goal 4: Reduce child mortality	By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-five mortality rate below 45 per 1,000 (<i>para 8.16</i>)
Goal 5: Improve maternal health	Countries should strive to effect significant reductions in maternal mortality by the year 2015: a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015 (<i>para 8.21</i>)
Goal 6: Combat HIV/AIDS, malaria and other disease	--- by 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent, of young men and women aged 15 to 24 have access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection. ---HIV infection rates in persons 15 to 24 years of age, with the goal of ensuring that by 2005 prevalence in this age group is reduced globally, and by 25 per cent in the most affected countries, and that by 2010 prevalence in this age group is reduced by 25 per cent (<i>ICPD+5 para 70</i>)
Goal 7: Ensure environmental sustainability	To ensure that population, environmental and poverty eradication factors are integrated in sustainable development policies, plans and programmes (<i>para 3.28 (a)</i>)
Goal 8: Develop a global partnership for development	To improve and strengthen policy dialogue and coordination of population and development programmes and activities at the international level, including the bilateral and the multilateral agencies (<i>para 14.3 (e)</i>)