At the United Nations International Conference on Population and Development (ICPD) held in Cairo in 1994, 179 countries agreed that population and development are inextricably linked, and that empowering women and meeting people’s needs for education and health, including reproductive health, are necessary for both individual advancement and balanced development.

The conference was very important in setting a clearer international framework for reproductive rights and health. On this occasion world leaders, UN agencies, high-ranking officials and NGO representatives agreed on a 20-year Programme of Action (PoA) which includes a special chapter (VII) on reproductive rights and health.

The PoA gives a very inclusive definition of reproductive rights and sexual health which acknowledges the difference between the right to health (and specifically to reproductive health) and the right to be healthy. The paragraph 7.2 of the PoA states out:

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.

Paragraph 7.4 of the PoA affirms that:

Reproductive health [...] also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.

The implementation of the present Program of Action is to be guided by the above comprehensive definition of reproductive health, which includes sexual health.

Reproductive rights are considered in the Program of Action as human rights enshrined in basic international instruments. Furthermore, paragraph 7.3 of the PoA explicitly includes reproductive rights:
These rights [reproductive 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 the right of all to make decisions concerning reproduction free of discrimination, coercion and violence as expressed in human rights documents.

The Program of Action does not mention explicitly sexual rights, although feminist groups at the ICPD lobbied for this inclusion. Nonetheless, the PoA mentions that reproductive health implies that people are able to have a satisfying and safe sex life.

The conference recognized a wide range of areas where reproductive and sexual health should be taken into account. They include:

- **Family planning**: the action plan stresses the importance of the free choice of couples to decide the number and spacing of their children. Couples have to be informed about family-planning programmes and about the use of modern contraceptives which represent an important opportunity for individual choice. Governments have to engage in ensuring everyone the right of voluntary choice in family planning.

- **Sexually transmitted diseases and HIV prevention**: reproductive health programmes have to increase their efforts to prevent, detect and treat sexually transmitted diseases. The important role of education, information and counselling is acknowledged. The distribution of high-quality condoms should be a component in all reproductive health programs.

- **Human sexuality and gender relations**: gender relations affect the ability of both men and women to achieve their sexual health and to manage their reproductive life. Sexual education should be supported as well as educational programmes aiming at protect women and children form any abuse.

- **Adolescents**: information and services should be provided in order to make adolescents more aware of their sexuality. Education should play an important role in making men respectful of women’s right to self-determination and willing in sharing responsibilities with women in matters of sexuality and reproduction. Early child-bearing is recognized as an impediment to improvements in social, economic and educational status of women. Reproductive sexual education has to reduce the number of adolescent pregnancies.

The UN General Assembly organizes regular reviews of the implementation of the International Conference on Population and Development’s Program of Action. In its resolution 49/128 of 19 December 1994, the General Assembly decided that the Commission on Population and Development (CPD), created in 1946 under the name of Population Commission, together with the Economic and Social Council (ECOSOC), would have a primary responsibility in the follow-up of the PoA adopted at the Cairo Conference. The CPD has an important role in assisting the ECOSOC in monitoring, reviewing and appraising the implementation of the PoA at international, national and regional level.

[http://www.unfpa.org/icpd/icpd_poa.htm](http://www.unfpa.org/icpd/icpd_poa.htm)

This site offers the full text and contents of the Program of Action of the International Conference on Population and Development.
The thirty-seventh session of the CPD held in 2004, 10 years after the ICPD, focused on the review and appraisal of the progress made in achieving the goals and objectives of the Program of Action of the Cairo Conference. On this occasion a discussion arose on national experiences in implementing the PoA and countries reported on progress on implementation, while recognizing that much has to be done in order to achieve the ICPD goals.

Short news report from UNFPA Global Population Policy Update on the 10th anniversary of the ICPD

The General Assembly commemorated the 10th anniversary of the ICPD in October 2004, during its fifty-ninth session. It was an opportunity for member States to affirm their commitments to the ICPD goals.

General Assembly reaffirmation of ICPD, 2004

The most important conclusion reached was that there has been considerable progress made in reproductive and sexual health since the Cairo Conference - for example, the rise in the use of modern contraception worldwide. Nevertheless, new constraints, such as the lack of funding and deepening poverty in low- and middle-income countries, have made the path of this progress unpredictable. Some important problems have not been tackled - for example maternal mortality remains very high and HIV/AIDS continues to have an enormous impact on mortality. Transmission could be largely avoided by using condoms, which are an affordable and life-saving technology. The importance of access to reliable information on HIV/AIDS for young people was underlined.

The General Assembly as well as the ECOSOC and the ICPD recognized that the Program of Action adopted at the Cairo Conference would help the achievement of the Millennium Development Goals.

The Millennium Goals are reproduced in Core document 19 http://www.un.org/millenniumgoals/

This page opens to each of the 8 Millennium Development Goals. Activate the appropriate button on left of screen. Goals 4, 5 and 6 are discussed below

In September 2000, at the United Nations Millennium Summit, 189 world leaders agreed to a set of time-bound and measurable goals and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women. Placed at the heart of the global agenda, they are now called the Millennium Development Goals (MDGs). The Summit’s Millennium Declaration also outlined a wide range of commitments as regards respect for human rights, good governance and democracy.

This is the full text of the General Assembly’s United Nations Millennium Declaration of August 2000

Three out of 8 Millennium goals are directly connected with sexual and reproductive health:
GOAL 4: To reduce by three quarters, between 1990 and 2015, the maternal mortality ratio;
GOAL 5: To reduce by two thirds, between 1990 and 2015, the under-five mortality rate;
GOAL 6: To have halted by 2015, and begun to reverse, the spread of HIV/AIDS.

Taking into account the first and the second objective, the Millennium Development Goals Report 2006 shows some, although modest, improvements. For example, even if in general the under-5 mortality rate dropped between 1990 and 2004, Sub-Saharan Africa shows only very modest improvements (from 180/1000 to 168/1000). The target of a two-thirds reduction in under-fives’ mortality looks very unlikely to be met by 2015. Indeed, the number of people living with HIV has been increasing annually.


This is the Millennium Development Goals report in PDF format. It analyses progress on each of the Goals by region, having compiled the results drawn in from all of the regions in the world, including CIS Europe and CIS Asia.