

Have Post-ICPD Population Policies Adhered to the Cairo Consensus?

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Abstract

The 'Cairo Consensus' that emerged from the 1994 International Conference on Population and Development provided a blueprint for a new era of population policies. In addition to facilitating the demographic transition, countries should provide voluntary family planning in the context of reproductive health care, improve maternal and child health outcomes, promote empowerment of women, and protect individual human rights. Furthermore, development of policies should include broad participation of a range of stakeholders, most notably women and youth. This paper assesses whether population policies developed in Africa and Asia in the 25 years since ICPD have reflected this consensus. While ICPD represented a paradigm shift to reproductive health and rights, in spite of continued discomfort among some advocates about the term 'population', population policies since 1994 have continued to focus on reducing population growth through attention to population and sustainable development, with an expanded focus on reproductive health and individual choice and on women's empowerment. Evolving issues, including the demographic dividend and population and the environment have also been included.

Introduction

Although interest in population dynamics emerged much earlier, attention to addressing population growth through population policies gained traction in the 1970s. At the 1974 United Nations World Population Conference (WPC) that resulted in the *World Population Plan of Action*, countries were urged “to consider adopting population policies within the framework of socio-economic development, which are consistent with human rights and national goals and values” (Singh, 2009: 10). The International Conference on Population and Development (ICPD) in Cairo in 1994 ushered in an era of population policy that shifted the focus from government-driven demographic targets to a focus on the rights of individuals and couples to decide the number and spacing of their children. Leading up to the 1994 Conference, women’s advocates were critical of population programming that included targets for family planning use and that ignored women’s health and neglected upholding their rights. Governments and donors were faulted for promoting family planning as an easier technological fix rather than tackle the range of social and economic factors associated with underdevelopment and poverty (Finkle, 2001).

The issue of ‘population’ was contentious in Cairo, although some women’s advocates acknowledged that “there is no doubt that the world is faced with an overwhelming problem of sustained population growth at the global level ... [and suggestions for refocusing policies] are in no way intended to denigrate the seriousness of the population problem or to suggest that nothing needs to be done” (Dixon-Mueller, 1993: 216). As described by Barroso (2015: 794):

“The [ICPD] conference document presents a new perspective, in which high rates of population growth are understood as an interdependent and aggravating factor –rather than the cause – of problems such as poverty and environmental degradation. Even more critically, it places women’s wellbeing at the centre of population policy and points to human rights of individuals to determine and plan family size.”

ICPD reinforced that “demographic goals, while legitimately the subject of government development strategies, should not be imposed on family planning providers in the form of targets or quotas for the recruitment of clients” (Para. 7.12) (Singh, 2009: 73).

The ‘Cairo Consensus’ that emerged provided a blueprint for policies and programs. In addition to facilitating the demographic transition, countries should provide voluntary family planning in the context of reproductive health care, improve maternal and child health outcomes, promote empowerment of women, and protect individual human rights. Furthermore, development of policies should include broad participation of a range of stakeholders, most notably women and youth.

What has happened to population policies in the 25 years since ICPD? Have the policies reflected the Cairo Consensus? Using a range of population policies from Africa and Asia from countries still considering their population growth as too high as example, this paper analyses the overall goals and strategies of population policies, including the specific objectives of the policies and the strategies included in them. The paper also assesses the policy stakeholders and constituencies involved in policymaking.

Methods

This paper relied on population policies available online in addition to published literature on population policies. The policies included in this paper were developed after the 1994 ICPD, with some earlier policies referenced to show the evolution of policies prior to and after ICPD. Population policies from six African countries – Botswana (1997), Kenya (2012), Malawi (2012), Rwanda (2012), Sierra Leone (1993), and Uganda (2018) – and two Asian countries – Bangladesh (2012), and India (2000) were included in the paper.

Findings

In 1976, the United Nations Population Division started asking countries about their views on population in their countries and if they were taking and steps to alter the demographic dynamics. By 2015, the latest year with available relevant data in the population policies database, 60 percent of governments reported doing something about fertility; around two-thirds to lower fertility. In 2015, all countries with high fertility and most with intermediate fertility had policies in place to lower fertility and among countries with below replacement fertility (United Nations, 2017).

Respecting Rights and Bringing Demographic Dynamics into Alignment with Development

The term ‘population policy’ refers to the range of explicit and implicit laws, regulations, national, and operational policies and programs that government enacts to affect a country’s population growth, composition, or distribution (Isaacs and Irvin, 1991).

ICPD did broaden the scope of population policies. While governments develop their own population policies that reflect their national context, countries policies have been influenced by international and regional conferences and agreements (Finkle and McIntosh, 1994; Robinson and Ross, 2007; Singh, 2009; May, 2012; Robinson, 2016). For example, Uganda’s draft 2018 National Population Policy

“reflects the evolution of population and development related issues since 1994; at the global level, such as the International Conference on Population and Development and its Plan of Action (ICPD-PoA) in 1994, the Millennium Development Goals (MDGs) in 2000, and the Sustainable Development Goals (SDGs) in 2015; at the continental level such as Agenda 2063; and at the regional level such as EAC 2050” (Republic of Uganda, 2018: 1-2).

Robinson (2016:13) argues that “population policy adoption after the conference became a way of demonstrating a commitment to human (reproductive) rights.” Sierra Leone’s 1993 population policy was developed in the context of ICPD and highlights the need to respect rights. “The national policy should recognize that all individuals and couples have the basic right to decide freely and responsibly on the number and spacing of their children and to have information, education and the means to do so” (Government of Sierra Leone, 1993: 2). Similarly, Botswana’s population policy from 1997 “upholds the basic rights of couples and individuals to reproductive health and to decide freely and responsibly the number and spacing of their children, and to have access to information and education to make an informed choice; and the means to do so” (Republic of Botswana, 1997: 4).

While there has been an expanded focus on reproductive health and rights, since Cairo, population policies have continued to reflect governments’ concern about high population growth and the rationale for population policies has consistently been to bring demographic dynamics into alignment with development, well-being, and resources. This is illustrated by the evolution of population policies in Bangladesh, which has seen its total fertility rate drop from 6.3 in 1975 to 2.3 in 2017, accompanied by a rise in contraceptive prevalence from 8 percent in 1975 to 62 percent in 2017 (NIPORT and ICF, 2019), has had three population policies since its establishment as a country in 1971. Its first policy in 1976 aimed to reduce the population growth rate from 3 percent in 1976 to 2.5 percent in 1978, with an emphasis on family planning and integrating population as an integral part of national development planning (Rob et al., 2003). The *Bangladesh Population Policy 2004* retained a focus on reducing population growth in order to reach a stable population by 2060. At the same time, the 2004 policy was influenced by the 1994 ICPD, with a shift from family planning to inclusion of reproductive health (Government of the People’s Republic of Bangladesh, 2004). The vision of the *Bangladesh Population Policy 2012* is to “develop a healthier, happier and wealthier Bangladesh through planned development and control of the nation’s population” (Government of the People’s Republic of Bangladesh, 2012: 3).

Similar to the 2004 policy, the 2012 policy includes: client-centered family planning and reproductive health care among other strategies, including addressing population and the environment.

India's 2000 Population Policy also illustrates the shift in post-ICPD population policies to attention to reproductive health, but with the continued focus on reducing population growth. The policy called for family planning integrated with reproductive health, and attention to women's empowerment to help meet the mid-term objective of replacement level fertility...and the long-term objective of population stabilization by 2045 (GKToday, 2017). Kenya's 2012 Population Policy states as its goal is to "attain a high quality of life for the people of Kenya by managing population growth that can be sustained with the available resources" (Republic of Kenya, 2012: 20). Rwanda's 2012 National Family Planning Policy notes the importance of family planning for harmonizing population growth and national development:

"Rwanda like many other African countries faces rapid population growth with diminishing natural resources. This increasing population is in need of health, education, economic and other services, which, in turn, requires additional resources, personnel and infrastructure to improve its welfare." (Republic of Rwanda, 2012: 1).

Malawi's 2012 National Population Policy is intended to "provide a framework to enhance prioritization, coordination, and implementation of programmes for addressing population and development challenges, with particular focus on rapid population growth, at national and subnational levels" (Government of Malawi, 2012: 14).

Additional policy foci since Cairo: Harnessing the Demographic Dividend, Addressing the Population-Environment/Climate Change Nexus, and Increased Attention to Migration

Some countries, particularly in sub-Saharan Africa, are focused on achieving the demographic dividend and have sought to shape their population policies accordingly. Malawi's 2012 National Population Policy mentions the demographic dividend, noting that the policy's goal is "to contribute to the improvement of the standard of living and quality of life of the people of Malawi" (Government of Malawi, 2012: 14). Uganda's 2018 *Draft Population Policy* is "designed to outline a package of policy actions, as the prerequisites to harnessing of the dividend, to guide the course of population dynamics over the next thirty years" (Republic of Uganda, 2018: 3).

The link between population and the environment was discussed in Cairo (Singh, 2009), and over the past 25 years countries this link, with increasing attention to climate change, has been included in some population policies. Barroso and Sinding (2019: 357) note that "the population-environment relationship has emerged because both sides have recognized that finding solutions to our many environmental challenges would be easier if there were less human pressure on natural ecosystems" (Barroso and Sinding, 2019). Uganda's draft 2018 *National Population Policy*, addresses the environment and climate, with an objective to strengthen an integrated approach to population, development and environment (Republic of Uganda, 2018). It should be noted that countries also have environmental and climate change policies and that most of those policies do not address population issues.

As the world has progressively urbanized since ICPD population policies have increased attention to migration (Singh, 2009). Migration, mostly internal, is included in population and sustainable development policies, particularly managing population movement between rural and urban areas and addressing rapid urbanization. For example, noting that the country's population is concentrated in about 20 percent of the land area, Kenya's 2012 *Population Policy for National Development* highlights "the continued strain on the existing urban infrastructure, particularly on housing, transportation, educational and health facilities, and employment" in urban areas (Republic of Kenya, 2012: 3). The policy calls for refocusing migration to small and medium size cities, addressing issues in informal settlements and

ensuring reproductive health services for the urban and rural poor and in other hard to reach areas. The policy also calls for strengthening availability of data on refugees and other migrants and maintaining a databased on Kenyans in the diaspora.

Input from an Expanded Range of Policy Stakeholders

Early population policies were promoted by technical experts, and the first population policies were adopted with little public discussion (NAS, 1974; Warwick, 1992; Thomas and Grindle, 1994; Heisel, 2007). ICDP expanded the range of stakeholders, notably civil society and non-governmental organizations, involved in determining the scope of population policies. Analysis of development and implementation of the 2000 Population Policy from Uttar Pradesh State in India showed that keys to success included good communication between policymakers and other stakeholders, multisectoral collaboration that included community participation (Feranil and Borda, 2008). In contrast to its first population policy in 1967, Kenya's 2012 Population Policy for National Development was developed with broad participation. "Key to passage of the policy ... was the patient, inclusive nature of the consultative process ... that solicited input from stakeholders from the very beginning" (Worley, 2014).

Continued tension about 'Population'

There has been a continued tension about the term 'population' since ICPD, with advocates wishing it would go away. Addressing this tension in 2009, fifteen years after the ICPD, a Kenyan leader of a foundation population program stressed that ignoring population jeopardizes achievement of the ICPD goals. She used the example of Kenya to explain that "no one doubts the value of empowering women through education, but when population grows this fast, countries are simply not able to sustain their development. And when education and health systems are overwhelmed or fail all together, I can assure you that it is women and girls who suffer first and most" (Kanyoro, 2009: 2). Advocates persist in their criticisms of continued attention to population (Bhatia et al., 2018). Still, ICPD25, held in Kenya in 2019 to celebrate 25 years since the 1994 ICPD, stressed that population and sustainable development are important and benefit from maintaining attention to individual rights and women's empowerment.

Discussion

This paper has shown that while ICPD represented a paradigm shift to reproductive health and rights, population policies since 1994 have continued to focus on population and sustainable development, including environmental sustainability, with an expanded focus on reproductive health. Countries that have remained concerned about their population growth have focused on policies to ensure that their population trends are in line with development and available resources to lower fertility, including through expanding access to voluntary family planning along with interventions to change social and gender norms and to empower women. While countries are still focused on demographic dynamics, population policies are grounded in the human rights of individuals and couples to make decisions – freely and responsibly – on the number and spacing of their children, a right established at the 1968 International Conference on Human Rights in Tehran (United Nations, 1968).

The statement from ICPD25 at the 2019 Nairobi Summit noted that "Our world has, in many ways, profoundly changed over the last 25 years, and many new issues are influencing the field of population and development, including climate change, growing inequities and exclusion within and between countries, migration, the youth bulge and the prospects of demographic dividends, and increasing

demographic diversity” (United Nations Population Fund, 2019). Countries are likely to continue with broad attention to population issues.

Implications of the 2020 COVID-19 pandemic, which were not anticipated at the Nairobi Summit in late 2019, have exposed weaknesses in health systems and the critical importance of access to contraceptive information and services and attention to gender inequities, will likely be reflected in population policies in coming years. Strong policy capacity exists in countries and is expanding to sub-national levels to ensure that population polices remain relevant to national and sub-national needs.

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