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UNFPA AND THE IMPLEMENTATION OF THE PROGRAMME OF ACTION FOR THE LEAST DEVELOPED COUNTRIES FOR THE 1990s

Contribution by the United Nations Population Fund (UNFPA) */

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UNFPA AND THE IMPLEMENTATION OF THE PROGRAMME OF ACTION FOR THE LEAST DEVELOPED COUNTRIES FOR THE 1990S

UNFPA, Its Mandate and Scope of Action

UNFPA, the United Nations Population Fund, is the largest internationally-funded source of population assistance. Presently, nearly a third of all international funding for population assistance is channelled through the Fund. UNFPA provides funding and technical assistance to developing countries in all sectors of population policies including reproductive health care and family planning, support for the formulation of population policies, data collection and analysis of population data, the organisation of censuses, undertaking research on fertility, mortality and migration and their relationship to development. The Fund also support special programmes designed for women, youth, the aged, AIDS and population, and the environment.

UNFPA-supported activities are primarily oriented towards less developed countries and to low-income groups both in rural and urban areas, with special emphasis on women of reproductive age. In this regard, all UNFPA-supported programmes are ultimately addressed to the poor and conceived to foster social and economic development which leads to poverty eradication.

UNFPA have in the least developed countries (LDCs), as is the case with other countries in which it is involved in programming activities, focused on developing a programming approach to population designed to increase programme activities and to emphasize the importance of integrating population dimensions into other development sectors. This includes support for formulating and carrying out comprehensive programmes aimed at concentrating efforts and funds to develop human resources and service programmes to improve the population's well-being, thereby contributing to long-term improvements in the quality of life. Data collection and population information, education and communication (IEC) activities is perceived as being essential to such efforts establishing, or increasing the awareness among the population of LDCs of the significance of population factors.

In UNFPA's approach, particular emphasis has been put on social development. Social development is conceived as including (i) provision of social services (education, health, family planning), (ii) promotion of employment for women, and (iii) community involvement, of both men and women, in the development efforts. Reducing, and - if possible - eliminating, gender gaps in all these three dimensions are key developmental objective of UNFPA and are an essential part of UNFPA's strategic approach to speed demographic transition and slow down population growth in support of sustainable and equitable development.

The Fund have continually given special attention to disadvantaged groups as well as to the use of innovative approaches to reaching them. Examples of UNFPA activities include projects to enhance the status and role of women both in development and in society; the use of NGOs and other grass-roots organisations to reach the poorest groups in rural and marginal urban areas; the targeting of population education and related assistance to help reduce teen-age pregnancy; projects aimed at

redressing rural/urban inequities by targeting reproductive health programmes to poor groups; the formulation of strategic approaches to population and poverty in countries facing deteriorating economic conditions; projects aimed at anticipating and offsetting negative consequences of structural adjustment programmes on population activities or groups.

Current Demographic Situation

The current global demographic situation displays a world of considerable disparity at various levels. From the global point of view there are many encouraging signs. After having reached an average annual peak of 2.04 per cent in the years 1965-70, world population growth has since declined steadily and is expected to reach a level of 1.57 per cent annually in the years 1990-95 (UN median variant). Less encouraging, however, is the fact that the highest population growth rates can invariably be found in the least developed countries where the corresponding growth rates currently stand at 2.82 per cent annually. The seemingly inexorable march of the so-called population momentum which ensures that the number of people being added to the world's population is still rising and now approaching 87 million annually. 16 million, or nearly 19 per cent of this increment is accounted for by the least developed countries. The population of the least developed countries is currently estimated to be 575 million, underlining their disproportionately high growth rates as they only represent 10 per cent of the estimated global population. The global annual increment is not likely to peak before 1998 after which the high number of youth in the developing world will allow it to decline only very slowly for some time to come.

At the regional level, the population growth picture becomes more varied. After a decline during the first half of the 1980s, the population growth rate of the least developed countries actually increased during the second half of the decade. In some parts of sub-Saharan Africa the rate of growth has never ceased to increase, and at present growth levels the population of these countries will double in about 20 years. In Central and South America the growth rate has decreased steadily as it did in the Caribbean until the mid 1970s after which it began to increase (albeit very slowly). With one or two exceptions, however, all regions and sub-regions of the world are projected to have a declining growth rate in the future. Many industrialized countries are already experiencing negative growth rates and are expected to continue to do so.

The Programme of Action adopted by the International Conference on Population and Development held in Cairo, September of last year, indicates that we have a choice as to how many people will inhabit the earth in the decades ahead. The choice is essentially between a world population in the year 2015 of 7.1 and 7.8 billion or somewhere in between. The difference between the high and the low projections for the year 2015 is 720 million which is approximately the present population of Africa. And when we come to the year 2050 the difference between the high (11.9 billion) and the low (7.9 billion) projections is a staggering 4 billion which is about 70 per cent of the present world population about whose impact socio-economic development and effect on the environment there is already great concern.

Fertility and Mortality Trends

In many parts of the developing world, which are facing the most difficult problems, considerable improvement has taken place during the past 25 years. Fertility levels and crude death rates have declined, and life expectancy at birth has increased by nearly 20 per cent, from 52 years in 1969 to 62 years today. In the developing countries the total fertility rate decreased from about 5.8 in the early 1970s to about 3.6 in the early 1990s. The greatest reduction has taken place in East and Southeast Asia and Latin America and the Caribbean, and the least in sub-Saharan Africa where in some countries the fertility rate has actually risen. Progress can clearly be seen in the least developing countries. Fertility levels have been reduced from 6.7 per thousand population in the period 1970 to 1975 to an estimated 5.8 in the period 1990 to 1995; however, the juxtaposed decline in total fertility for less developing regions in the same period from 5.4 to 3.5 (UN median variant), underscores the relative lack of progress towards reducing population growth in the least developing countries. Some of the least developed countries, such as Botswana, now graduated from the list of LDCs, and Bangladesh, have in this period through deliberate policies managed to reduce fertility at a faster rate, from 6.6 to 4.9 and from 7.0 to 4.4 per thousand population respectively.

Overall, the health of women and children is improving, and contraceptive prevalence has increased from around 14 per cent in 1960-65 to around 57 per cent of reproductive age in 1994. Considerable progress has been made in reducing both mortality and fertility rates. Mortality rates have improved in nearly all parts of the world, especially in Northern Africa, Western Asia and South America, where infant mortality rates were reduced by more than half. For the least developed countries as a whole the infant mortality rate (per 1000 population) has been reduced from 147 in the period 1970 to 1975 to 110 in the period 1990 to 1995. Mortality indicators show, however, that the gap between industrialized and developing countries has widened during the past two decades. Currently the infant mortality rates stands at 10 (per 1000 population) in the industrialized countries compared to 70 for the less developed regions as a whole. And in some areas of the developing world the positive trend of the 1970s has slowed and was even reversed in the 1980s as the effects of the economic recession, the debt crisis, and structural adjustment programmes began to be felt. The risk associated with child bearing for the mother provides a clear indication of the wide gap in availability and accessibility to reproductive health care that exists between developed and developing countries. The number of mothers dying as a result of child bearing is estimated to be 10 in a 100,000 in the industrialised countries. In the developing countries the figure is 35 times as high, in the least developed countries maternal mortality is estimated to be nearly twice as high as that of the developing countries at 590 maternal deaths per 100,000 pregnancies.

Population Policy Issues

The national reports submitted to the International Conference on Population and Development points to a number of factors which may act as impediments to the successful implementation of population policies. Few measures are more important to the success of population and development policies than those aimed at the emancipation and empowerment of women. Whilst also recording

progress, the national reports identify several obstacles that have combined to defeat many initiatives aimed at improving the status of women. These include certain traditional norms, low literacy rates and educational attainment among girls and women, low priority given to women's issues by policy and decision makers, and the relative weakness of institutions formed to advance the causes of women.

Most reports emphasized the erosion of the traditional family unit. Fewer marriages, increasing divorce rates, and rising numbers of female-headed households were mentioned in a large number of reports from all parts of the world. Changes to and the gradual erosion of traditional family structures and practices caused many developing countries to express concern over the number of elderly people who find themselves without care.

Migratory movements were mentioned in almost all national reports. The magnitude of international migration and rural-urban and other forms of internal migration has reached unprecedented proportions. A highly visible trend recorded in almost all developing countries is the massive migration to one or two major cities. The reports identify five major causes of increasing urbanization, all of which are about the search for better living conditions: rural unemployment and under-employment; poor rural social services; lack of arable land; natural disasters, particularly drought; and civil unrest.

The reports collectively suggest that population policies and programmes contribute much to socio-economic development and environmental preservation. They also confirm that a range of complementary sustainable development initiatives can greatly enhance the implementation of population programmes. The growing recognition of these symbiotic relationships is being gradually translated into policies, plans, and programmes. The integration of population concerns into sustainable development and also environmental planning nevertheless poses some special challenges. Some of these concern the planning process itself such as lack of clear lines of responsibility and lack of focus in the national development plan. Others include the difficulty involved in doing what to many is something entirely new, namely integrating cross-sectoral issues into a sectorally based, coherently structured planning system. Yet others stem from lack of relevant data and trained staff.

The successful introduction and maintenance of population policies depend inherently on the effective use and expansion of all human resources needed to formulate, implement, manage, and monitor population policies and programmes. Presently, most of the LDCs lack the capability of managing such policies and programmes effectively. The lack of or absence of institutional capacity and qualified personnel both within government and non-governmental organisations in the population sector clearly impedes the absorptive capacity of LDCs for outside funding.

UNFPA and the Implementation of the Programme of Action for the LDCs in the 1990s

UNFPA is principally engaged in the activities dealt with in the Programme of Action's paragraphs 77 and 78 on Population, of the documents's Chapter IV, Section B, Strengthening Human Capital. The Programme of Action states the following, "The least developed countries concerned will further intensify their efforts to achieve, as appropriate, population growth rates which strike an optimal balance in the interrelationship between their population, their natural resource base and the environment, taking into account their traditions and values, as well as economic imperatives". It further states that, "Population policies should be considered an integral part of national development strategies. These policies must be linked to programmes on child survival, health, education, housing and employment. Measures should be taken with a view to the creation of instruments required to monitor population developments, the incorporation of population issues into development programmes, as appropriate, and stronger political and financial support for national population policies and programmes."

The Fund have in the period since the adaption of the 1990 Programme of Action for the Least Developed Countries in the 1990s provided technical and financial support to LDCs in eight programming areas, namely: basic data collection including censuses and surveys, formulation and evaluation of population policies and programmes, population dynamics including distribution and migration, family planning including maternal child health, population education, population information and education, implementation of policies, special programmes including women's population and development, population and the environment, aging and aids, multisector activities.

UNFPA, in order to ensure substantive analysis and strategic programming, have since 1989 undertaken, as part of the programming cycle, programme review and strategy development (PRSD) exercises combining evaluation, needs assessment and strategy development at the country level. The PRSD exercise is a joint UNFPA-Government exercise aimed at developing a coherent framework for a national population programme. The exercise consists of an analysis of the country's current status and needs, an assessment of achievement and constraints of past population activities, and recommendations for future action in terms of overall national strategy. The specific objective is to reach a consensus on a comprehensive strategic framework for a country programme. In the period 1990-95 UNFPA has undertaken PRSD missions to nearly all LDCs designated as UNFPA priority countries.

UNFPA is committed to national execution, and the PRSD exercise plays a pivotal part in establishing and utilising national capacities. The fund emphasises the capacity building components of programmes and projects for which it provides support. Its technical assistance is inherently directed towards institutional capacity building. The country programme support teams (CST) system established in 1992, sponsors periodic workshops, and initiatives such as UNFPA's global training programme. All contribute to enhancing national capacity. Facilitating the integration of population concerns into development planning is the key objective of the UNFPA Global Programme of Training in Population and Development. The focus of the global programme of training is developing indigenous capacity to address the interdisciplinary nature of development and hence act

to precipitate a process of developing a broader understanding of the development problem within the government ministries or institutions from which the candidates have been recruited. UNFPA is currently supporting the training of 100 individuals at academic institutions in both developing and developed countries. The participants, 43 of whom are women, represent 59 developing countries. UNFPA has been actively involved in encouraging and supporting South-South initiatives in technical cooperation between developing countries in the population sector.

In terms of expenditures, the largest component of UNFPA assistance globally in the period 1990-95 has been family planning, accounting for nearly 50 per cent of expenditures for this period. IEC activities have accounted for between 15 to 18 percent of total expenditures. The support for basic data collection and population and population dynamic have been reduced from 10 and 11 per cent respectively to between 6 and 7 per cent for 1993. Support for formulation and evaluation amounted to between 8 and 9 per cent for the period. Special programmes and multi-sectoral activities received between 4 and 6 and between 2 and 4 per cent support respectively. Support for implementation of programmes in this period was negligible.

UNFPA's Priority Country System

UNFPA has since 1977 practiced a priority-country system in which the criteria for priority-country status have largely corresponded to that of the least developed countries. The priority country system has been designed as a way of concentrating the Fund's limited resources in those countries that have the most urgent need for population assistance. The countries designated as priority countries for UNFPA by the Governing Council of the United Nations Development Fund (DP/1993/33), have a GNP per capita of US $ 750 or less, and in addition fulfill any two of the following criteria: an annual increment of 100,000 or more in population size; gross reproduction rate of 2.0 or more; infant mortality rate of 120 or more; female literacy rate of 40 or less; and density of agricultural population on arable land of 2.0 or more per hectare.

In 1994 UNFPA has designated 58 countries as priority countries, of these 40 are recognized by the General Assembly as least developed countries. The 7 least developed countries which are not designated as priority countries include, Botswana, Djibouti, Equatorial Guinea, Kiribati, Samoa, Tuvalu, and Vanatu. All these countries with the exception of Botswana (population of 1.3 million) have populations of less than 600,000 people. However, these countries do receive financial and technical support from UNFPA. In 1994 the budgeted allocations to these 7 countries amounted to US $ 3.5 million.

All UNFPA technical and financial assistance is provided as grants. The total country programming assistance provided by UNFPA in 1992 amounted to US $ 102.9 million. The total country programming assistance provided by UNFPA in 1993 amounted to US $ 103.6 million of which US $ 74.3 million was allocated to the priority countries. The total expenditure for country activities in 1994 is estimated to be US $ 160.2 million of which US $ 114.2 million was allocated to UNFPA priority countries. In the above period UNFPA's country programming assistance to priority

countries varied between 70 to 75 per cent of the total country allocations as regular resources. The Fund's expenditure to country programming in per capita terms have been substantially higher for the least developed countries as the table in Annex III clearly illustrates.

In view of the adaption of the ICPD Programme of action, resource allocation is now being reviewed to reflect the Programme of Action, replacing the priority country system. The Report of the Executive Director to the Executive Board of the United Nations Development Programme and the United Nations Population Fund (DP1995/25 of April 1995) paragraphs 73 - 76, outlines principles for future resource allocation:

- Technical assistance will be provided to all developing countries requesting it;

- Financial assistance will be focused on countries with the lowest level of achievement with regard to ICPD goals related to access to reproductive health and family planning services, access to education by girls and women, and levels of infant and maternal mortality;

- Financial assistance to countries that are close to or have already surpassed ICPD goals will be phased out or limited in scope and amount;

- Temporary financial assistance will be provided to countries with economies in transition, particularly for family planning and reproductive health.

The International Conference on Population and Development

The Programme of Action adopted by the International Conference on Population and Development held in Cairo 5-13 September of last year, marked the emergence and the adoption of a new paradigm of population and development -- one that shifted population away from being an exclusive focus on demographic concerns and targets to one that puts the well-being of individual women and men at the center of sustainable development. The Programme of Action acknowledged the importance of demographic goals for macro-level development, but underscores at the same time that these can best be accomplished by meeting the needs of individuals and increasing the role of all groups in civil society in achieving sustainable development. The ICPD document specifies quantitative goals in three main areas as essential in this context. These are mortality reduction, specifically infant, child and maternal mortality, generalised access to and use of high quality reproductive health services, and universalised basic education, especially for girls and women (the particular goals can be found in Annex II).

The Conference document reemphasises UNFPA's commitment to assist the least developed countries. Principle 7 of the document states that, "All States and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development, in

order to decrease the disparities in standards of living and better meet the needs of the majority of people of the world. The special situation and needs of developing countries, particularly the least developed countries, shall be given special priority". Further, the Programme of Action states that population policies should take into account, as appropriate, development strategies agreed upon in multilateral forums, quoting the the Programme of Action for the Least Developed Countries for the 1990s, in particular, as one of the strategy documents to which population policies shall address themselves and appropriately respond. The document points to funding and capacity building as two key areas to be addressed specifically with regard to the least developed countries.

The document further emphasizes the need for resources beyond current commitments, particularly with respect to the allocations for the least developed countries, to ensure the successful implementation of the Programme of Action for the ICPD. It is estimated that the implementation of comprehensive population programmes in developing countries and in countries with economies in transition will require $17 billion in year 2000, $18.5 billion in 2005, $20.5 billion in 2010 and $21.7 billion in 2015. The family planning component and the reproductive health component make up the bulk of the required resources, accounting for about 60 and 30 per cent of the total requirements respectively.

Domestic resources, the ICPD Programme of Action states, provide the largest portion of funds for attaining development objectives. It is tentatively estimated that up to two thirds of the costs will continue to be met by the countries themselves and in the order of one third from external sources. Domestic resource mobilization is, thus, one of the highest priority areas for focused attention to ensure the timely actions required to meet the objectives of the present Programme of Action. Both the public and the private sectors can potentially contribute to the resources required. Many of the countries seeking to pursue the additional goals and objectives of the Programme of Action, especially the least developed countries and other poor countries that are undergoing painful structural adjustments, are continuing to experience recessionary trends in their economies. Hence, the least developed countries and other low-income developing countries will require a greater share of external resources on a concessional and grant basis. Their domestic resource mobilization efforts to expand and improve their population and development programmes will need to be complemented by a significantly greater provision of financial and technical resources by the international community. The Programme of Action enunciates that an increasing share of existing and future financial resources should be allocated to the least developed countries.

National capacity building and the promotion of self-reliance are pivotal to implementation of the Programme of Action and, moreover, to undertaking successfully concerted national action to promote sustained economic growth, to further sustainable national development and to improve the quality of life for the people are fundamental goals. This requires the retention, motivation and participation of appropriately trained personnel working within effective institutional arrangements, as well as relevant involvement by the private sector and non-governmental organizations. The lack of adequate management skills, particularly in the least developed countries, critically reduces the ability for strategic planning, weakens programme execution, and lessens quality of services thus diminishing the usefulness of programmes to their beneficiaries. The recent trend towards

decentralization of authority in national population and development programmes, particularly in government programmes, significantly increases the requirement for trained staff to meet new or expanded responsibilities at the lower administrative levels. It also modifies the "skill mix" required in central institutions, with policy analysis, evaluation, and strategic planning having higher priority than previously.

Implications of the ICPD for UNFPA Activities

UNFPA will direct itself according to the policy and programme implications contained in the ICPD Programme of Action. The ICPD Programme of Action as outlined above provides a continuance and a further focusing of efforts directed towards the population issues in the LDCs. In the future, UNFPA proposes to concentrate its funding in three core areas: (a) reproductive health and family planning, (b) population policy, and (c) advocacy (DP/1995/25). This approach will replace the previous approach of funding through the eight work-plan categories outlined in Governing Council decisions 76/42 and 81/7. The activities encompassed in the previous approach will be subsumed within the three new programme categories. The selection of these three areas will enable UNFPA to sharpen the strategic focus of its programming and to capitalise on its comparative advantage and experience in the field of population and development. It will also allow the Fund to pursue a holistic approach to the specific population needs of individual countries and facilitate efforts to improve coordination between the agencies and organisations active in population and development activities.

Within each of the three programme areas, support will be given to research, training, awareness creation, and information dissemination. This will ensure the complementarity of programme activities both within each programme area as well as among the three core areas. The ICPD recognised that there can be no sustainable development without the full and equal participation of women, gender equality and equity, and the empowerment of women. Gender concerns will therefore be integral components of all aspects of UNFPA programming and, hence, factored into all activities undertaken in the three core areas as a "cross-cutting dimension".

With regard to the LDCs the suggested change in emphasis away from the criteria set in the old priority country system implies that the LDCs still will represent the core group at which the fund will direct its support. The commitment of the Fund towards helping countries attain the three goals of the ICPD Programme of Action, through advocacy and support for operational activities, the provision of universal access to a full range of safe and reliable family planning methods and to related reproductive health services, the reduction of infant, child, and maternal mortality, and through the provision of universal access to primary education, correspond to and are consistent with the goals of the 1990 Programme of Action for the Least Developed Countries. This approach will ensure that the limited resources available are put to an optimal use. High priority will still be afforded to the LDCs, as the table in Annex I clearly indicates, these are among the countries which are currently the furthest away from the attaining the goals adopted by the ICPD.

Annex I. Population and Social Indicators for LDCs With Population More Than 1 Million

Country	Population [millions] 1995	Population [millions] 2025	Average growth rate 1990-95	Birth rate per 1,000 1990-95	Death rate per 1,000 1990-95	Life expectancy 1990-95	Infant mortality 1990-95	Maternal mortality rate per 100,000 live births, 1988	Under-5 mortality rates per 1,000 live births, 1992	Fertility rate/ woman 1990-95
World total	5716.4	8294.4	1.49	25.0	9.3	64.4	64	..	..	3.10
More Developed Regions	1166.6	1238.4	0.32	12.6	10.1	74.4	10	10	11	1.70
Less developed regions	4549.8	7055.9	1.78	28.3	9.1	62.3	70	350	104	
Least developed regions	575.4	1162.3	2.74	42.7	14.9	51.2	110	590	179	3.48
Afghanistan	20.1	45.3	5.83	50.2	21.8	43.5	163	640	257	6.90
Angola	11.1	26.7	3.72	51.3	19.2	46.5	124	..	292	7.20
Bangladesh	120.4	196.1	2.16	35.5	11.7	55.6	108	600	127	4.35
Benin	5.4	12.3	3.10	48.7	17.8	47.6	86	160	147	7.10
Bhutan	1.6	3.1	1.18	39.6	15.3	50.7	124	1310	201	5.86
Botswana	*1.5*	*3.0*	*3.06*	*37.1*	*6.6*	*64.9*	*43*	*250*	*58*	*4.85*
Burkina Fasso	10.3	21.7	2.76	46.8	18.2	47.4	130	810	150	6.50
Burundi	6.4	13.5	3.0	46.0	15.7	50.2	102	..	179	5.80
Cambodia	10.2	19.7	2.96	43.5	14.3	51.6	116	500	184	5.25
Central African Rep.	3.3	6.4	2.49	41.5	16.7	49.4	102	600	179	5.98
Chad	6.4	12.9	2.71	43.7	18.0	47.5	122	960	209	5.69
Ethiopia	55.1	126.9	2.98	48.5	18.0	47.5	119	560	208	6.80
Gambia	1.1	2.1	3.83	43.7	18.8	45.0	132	..	..	5.60
Guniea	6.7	15.1	3.04	50.6	20.3	44.5	134	800	230	7.00
Guniea-Bissau	1.1	2.0	2.14	42.7	21.3	43.5	140	700	239	5.79
Haiti	7.2	13.1	2.03	35.3	11.9	56.6	86	340	133	4.79
Laos Peopl. Dem. Rep.	4.9	9.7	3.0	45.2	15.2	51.0	97	300	145	6.69
Lesotho	2.1	4.2	2.69	36.9	10.0	60.5	79	..	156	5.20
Liberia	3.0	7.2	3.32	47.3	14.2	55.4	126	..	217	6.80
Madagascar	14.7	34.4	3.21	43.9	11.8	56.5	93	570	168	7.00
Malawi	11.1	22.3	3.45	50.5	20.0	45.6	143	400	226	6.10
Mali	10.8	24.6	3.17	50.8	19.1	46.0	159	2000	220	7.10

Country	Population [millions] 1995	Population [millions] 2025	Average growth rate 1990-95	Birth rate per 1,000 1990-95	Death rate per 1,000 1990-95	Life expectancy 1990-95	Infant mortality 1990-95	Maternal mortality rate per 100,000 live birts, 1988	Under-5 mortality rates per 1,000 live births, 1992	Feritlity rate/ woman 1990-95
Mauritania	2.3	4.4	2.54	39.8	14.4	51.5	101	..	206	5.4
Mozambique	16	35.1	2.41	45.2	18.5	46.4	148	300	287	7.2
Myanamar	46.5	75.6	2.14	32.5	11.1	57.6	84	460	113	4.06
Nepal	21.9	40.7	2.59	39.2	13.3	53.5	99	830	128	5.42
Niger	9.1	22.4	3.37	52.5	18.9	46.5	124	700	320	7.4
Rwanda	7.9	15.8	2.59	44.1	16.7	47.3	110	210	222	6.5
Sierra Leone	4.5	8.7	2.4	49.1	25.2	39.0	166	450	249	6.5
Somalia	9.3	21.3	1.28	50.2	18.5	47.0	122	1100	211	6.55
Sudan	28.1	58.4	2.67	39.8	13.1	53.0	78	550	166	6.7
Tanzania	29.7	62.9	2.96	43.1	13.6	52.1	85	340	176	7.3
Togo	4.1	9.4	3.18	44.5	12.8	55.0	85	420	137	6.58
Uganda	21.3	48.1	3.42	51.8	19.2	44.9	115	300	185	7
Yemen	14.5	33.7	4.97	49.4	15.5	50.2	119	..	177	7.6
Zaire	43.9	104.6	3.19	47.5	14.5	52.0	93	800	188	5.89
Zambia	9.5	19.1	2.97	44.6	15.1	48.9	104	150	202	5.9

Country	Adult literacy M/F 1990	Secondary school enrol. M/F 1986-91	Births attend. by health worker (%) 1983-92	Family planning users (%) 1975-93	Access to health serv. (%) 1985-92	Access to safe water (%) 1985-91	Food prod. per capita (1979-81=100) 1991	Agricultu ral pop/ha arable land	Per cent urban (%) 1992	GNP per capita (US$) 1992
Afghanistan	44/14	11/5	9	..	29	23	71	1.1	19	..
Angola	56/29	../..	15	..	30	41	79	1.9	30	..
Bangladesh	47/22	23/12	5	40	45	84	96	8.4	18	220
Benin	32/16	16/6	45	9	18	51	119	1.5	40	410
Bhutan	51/25	7/2	7	..	65	34	..	10.3	6	180
Botswana	84/65	44/47	78	33	89	90	68	0.6	27	2790
Burkina Fasso	28/9	9/5	42	8	49	68	119	2.1	17	300
Burundi	61/40	6/4	19	9	80	57	91	3.6	6	210
Cambodia	48/22	../..	47	..	53	36	141	1.9	12	..
Central African Rep.	52/55	17/6	66	..	45	24	94	0.9	48	410
Chad	42/18	12/3	15	..	30	57	102	1.3	34	220
Ethiopia	../..	17/12	14	4	46	25	86	2.6	13	110
Guinea	35/13	15/5	25	..	75	53	90	5.7	27	510
Guniea-Bissau	50/24	9/4	27	..	..	41	..	2.2	21	220
Haiti	59/47	20/19	20	10	50	39	84	4.3	30	..
Laos Peopl. Dem. Rep.	../..	31/21	..	..	67	36	111	3.2	20	250
Lesotho	../..	21/31	40	23	80	47	70	4.3	21	590
Liberia	50/29	31/12	58	6	39	50	66	4.7	47	..
Madagascar	88/73	20/18	58	17	65	23	86	2.9	25	230
Malawi	../..	6/3	55	13	80	56	75	2.7	12	210
Mali	41/24	9/4	32	5	35	41	96	3.5	25	310
Mauritania	47/12	22/10	40	3	45	66	80	6.4	49	530
Mozambique	45/21	9/5	25	..	39	22	77	4	30	60
Myanamar	89/72	25/23	57	..	48	32	100	1.9	25	..
Nepal	38/13	42/17	6	23	..	42	127	6.5	12	170
Niger	40/17	9/4	15	4	41	53	78	1.8	21	280
Rwanda	64/37	9/6	29	21	80	66	84	5.5	6	250
Sierra Leone	31/11	21/12	25	..	38	37	84	1.4	34	160
Somalia	36/14	12/7	2	..	27	37	78	5	25	..

Country	Adult literacy M/F 1990	Secondary school enrol. M/F 1986-91	Births attend. by health worker (%) 1983-92	Family planning users (%) 1975-93	Access to health serv. (%) 1985-92	Access to safe water (%) 1985-91	Food prod. per capita (1979-81=100) 1991	Agricultural pop/ha arable land	Per cent urban (%) 1992	GNP per capita (US$) 1992
Sudan	43/12	23/17	69	9	51	48	80	1.2	23	..
Tanzania	93/88	5/4	53	10	76	49	78	4	22	110
Togo	56/31	33/10	54	12	61	60	95	1.7	29	390
Uganda	62/35	16/8	38	5	61	33	98	2.2	12	170
Yemen	53/26	47/10	16	7	38	36	67	..	31	..
Zaire	84/61	32/16	..	..	26	39	94	2.9	28	..
Zambia	81/65	25/14	51	15	75	53	96	1.1	42	..

Sources: United Nations Population Division, World Population Prospects - 1994 Revisions, United Nations Population Fund, State of the World Population - 1994, United Nations Children's Fund, State of the Worlds Children - 1994, World Bank, World Development Report - 1994

Annex II. Goals of the ICPD Programme of Action

1. Infant and Child Mortality

a) The World Summit for Children, held in 1990, adopted a set of goals for children and development up to the year 2000, including a reduction in infant and under-5 child mortality rates by one third, or to 50 and 70 per 1000 live births, respectively, whichever are fewer. These goals are based on the accomplishment of child-survival programmes during the 1980s, which demonstrates not only that effective low-cost technologies are available but also that they can be delivered efficiently to large populations. However, the morbidity and mortality reductions achieved through extraordinary measures in the 1980s are in danger of being eroded if the broad-based health-delivery systems established during the decade are not institutionalized and sustained (8.13).

b) Over the next 20 years, through international cooperation and national programmes, the gap between average infant and child mortality rates in the developed and the developing regions of the world should be substantially narrowed, and disparities within countries, those between geographical regions, ethnic or cultural groups, and socio-economic groups should be eliminated. Countries with indigenous people should achieve infant and under-5 mortality levels among their indigenous people that are the same as those of the general population. Countries should strive to reduce their infant and under-5 mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever are fewer, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under-5 mortality rate below 60 deaths per 1,000 births. By 2015, all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further.

2. Maternal Mortality

a) 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. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births. However, all
countries should reduce maternal morbidity and mortality to levels to where they no longer

constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.

3. Reproductive Health, Including Family Planning

a) All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate age as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25, including prevention of abortion and the management of the consequences of abortion; treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Referral for family-planning services and further diagnosis and treatment for complications of pregnancy, delivery and abortion, infertility, reproductive tract infections, breast cancer and cancers of the reproductive system, sexually transmitted diseases, including HIV/AIDS should always be available, as required. Active discouragement of harmful practices, such as female genital mutilation, should also be an integral component of primary health care, including reproductive health-care programmes.

b) All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration into the reproductive health context, paying particular attention to the most vulnerable and underserved groups in the population. All countries should take steps to meet the family-planning needs of their populations as soon as possible and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law. The aim should be to assist couples and individuals to achieve their reproductive goals and give them the full opportunity to exercise the right to have children by choice.

c) As part of the effort to meet recognized needs, all countries should seek to identify and remove all the major remaining barriers to the utilization of family-planning services. Some of those barriers are related to the inadequacy, poor quality and cost of existing family-planning services. It should be the goal of public, private and non-governmental family-planning organizations to remove all programme-related barriers to family-planning use by the year 2005 through the redesign or expansion of information and services and other ways to increase the ability of couples and individuals to make free and informed decisions about the number, spacing, and timing of births and to protect themselves from sexually transmitted diseases.

4. Education

a) Beyond the achievement of the goal of universal primary education in all countries before the year 2015, all countries are urged to ensure the widest and earliest possible access by girls and women to secondary and higher levels of education, as well as to vocational education and technical training, bearing in mind the need to improve the quality and relevance of that education.

b) The eradication of illiteracy is one of the prerequisites for human development. All countries should consolidate the progress made in the 1990s towards providing universal access to primary education, as agreed upon at the World Conference on Education for All, held at Jomtien, Thailand, in 1990. 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. Attention should also be given to the quality and type of education, including recognition of traditional values. Countries that have achieved the goal of universal primary education are urged to extend education and training and to facilitate access to and completion of education at secondary school and higher levels.

c) Countries should take affirmative steps to keep girls and adolescents in school by building more community schools, by training teachers to be more gender sensitive, by providing scholarships and other appropriate incentives, and by sensitizing parents to the value of educating girls, with a view to closing the gender gap in primary and secondary school education by the year 2005. Countries should also supplement those efforts by making full use of non-formal education opportunities. Pregnant adolescents should be enabled to continue their schooling.

Annex III. UNFPA Expenditures in Countries With Population More Than 1 Million

LDC or Priority Country	Country	Expenditure 1994 (US $)	Population 1995	Per capita Expenditure (US $)	GNP/Cap 1992 (US $)
	Algeria	1315005	27,939,000	0.05	1,840
	Argentina	50,681	34,587,000	0.00	6,050
P	Bolivia	2,187,769	7,414,000	0.30	680
	Botswana	937,618	1,487,000	0.63	2,790
	Brazil	2,913,006	161,790,000	0.02	2,770
	Cameroon	1,296,024	13,233,000	0.10	820
	Chile	124,993	14,262,000	0.01	2,730
P	China	7,020,012	1,221,462,016	0.01	470
	Colombia	580,336	35,101,000	0.02	1,330
	Congo	507,788	2,590,000	0.20	1,030
	Costa Rica	602,684	3,424,000	0.18	1,960
	Cote d'Ivoire	182,648	14,253,000	0.01	670
	Cuba	731,748	11,041,000	0.07	
P	Dominican Republic	1,735,935	23,917,000	0.07	
P	D.P.Republic of Korea	2,031,259	7,823,000	0.26	1,050
	Ecuador	1,172,688	11,460,000	0.10	1,070
P	Egypt	2,711,675	62,931,000	0.04	640
	El Salvador	1,553,326	5,768,000	0.27	1,170
	Gabon	449,156	1,320,000	0.34	4,450
P	Ghana	2,532,081	17,453,000	0.15	450
	Guatemala	400,852	10,621,000	0.04	980
P	Honduras	1,137,152	5,654,000	0.20	580
P	India	12,167,773	935,744,000	0.01	310
P	Indonesia	5,776,785	197,588,000	0.03	670
	Iran (Islamic Republic of)	1,950,238	67,283,000	0.03	2,200
	Iraq	2,863	20,449,000	0.00	2,140
	Israel	0	5,629,000	0.00	13,220
	Jamaica	507,170	2,447,000	0.21	1,340
	Jordan	1,127,058	5,439,000	0.21	1,120
P	Kenya	5,168,696	28,261,000	0.18	310
	Lebanon	954,657	3,009,000	0.32	
	Libyan Arab Jamahiriya	10,614	5,407,000	0.00	5,330
	Malaysia	306,093	20,140,000	0.02	2,790
	Mauritius	612,160	1,117,000	0.55	2,700
	Mexico	4,221,192	93,674,000	0.05	3,470
	Mongolia	1,670,697	2,410,000	0.69	
	Morocco	3,911,096	27,028,000	0.14	1,030
	Namibia	812,135	1,540,000	0.53	1,610
P	Nicaragua	1,517,959	4,433,000	0.34	340
P	Nigeria	4,283,510	111,721,000	0.04	320
	Pakistan	3,399,652	140,496,992	0.02	420
	Panama	508,193	2,631,000	0.19	2,420
	Papua New Guinea	599,526	4,302,000	0.14	950
	Paraguay	914,764	4,960,000	0.18	1,380

Annex III. UNFPA Expenditures in Countries With Population More Than 1 Million

LDC or Priority Country	Country	Expenditure 1994 (US $)	Population 1995	Per capita Expenditure (US $)	GNP/Cap 1992 (US $)
	Peru	2,183,357	23,780,000	0.09	950
P	Philippines	4,299,647	67,581,000	0.06	770
	Republic of Korea	69,712	44,995,000	0.00	6,790
P	Senegal	1,890,585	8,312,000	0.23	780
	Singapore	0	2,848,000	0.00	15,730
	South Africa	162,703	41,465,000	0.00	2,670
P	Sri Lanka	1,214,294	18,354,000	0.07	540
	Syrian Arab Republic	2,781,567	14,661,000	0.19	1,170
	Thailand	929,739	58,791,000	0.02	1,840
	Trinidad & Tobago	2,940	1,306,000	0.00	3,940
	Tunisia	1,529,976	8,896,000	0.17	1,720
	Uruguay	85,541	3,186,000	0.03	3,340
	Venezuela	218,693	21,844,000	0.01	2,910
P	Viet Nam	9,267,407	74,545,000	0.12	
P	Zimbabwe	3,012,783	11,261,000	0.27	570
LDC, P	Afghanistan	21,877	20,141,000	0.00	
LDC, P	Angola	965,892	11,072,000	0.09	
LDC, P	Bangladesh	6,203,754	120,433,000	0.05	220
LDC, P	Benin	924,350	5,409,000	0.17	410
LDC, P	Bhutan	736,010	1,638,000	0.45	180
LDC, P	Burkina Faso	1,896,303	10,319,000	0.18	300
LDC, P	Burundi	967,628	6,393,000	0.15	210
LDC, P	Cambodia	602,457	10,251,000	0.06	
LDC, P	Central African Republic	1,143,061	3,315,000	0.34	410
LDC, P	Chad	1,137,396	6,361,000	0.18	220
LDC	Eritrea	133,581	3,531,000	0.04	
LDC, P	Ethiopia	4,643,863	55,053,000	0.08	110
LDC, P	Gambia	738,630	1,118,000	0.66	370
LDC, P	Guinea	904,683	6,700,000	0.14	510
LDC, P	Guinea-Bissau	593,880	1,073,000	0.55	220
LDC, P	Haiti	1,632,051	7,180,000	0.23	380
LDC, P	Lao P. D. Republic	1,569,282	4,882,000	0.32	250
LDC, P	Lesotho	551,845	2,050,000	0.27	590
LDC, P	Liberia	93,211	3,039,000	0.03	
LDC, P	Madagascar	1,410,960	14,763,000	0.10	230
LDC, P	Malawi	1,733,469	11,129,000	0.16	210
LDC, P	Mali	938,087	10,795,000	0.09	310
LDC, P	Mauritania	1,469,478	2,274,000	0.65	530
LDC, P	Mozambique	1,928,352	16,004,000	0.12	60
LDC, P	Myanmar	130,226	46,527,000	0.00	
LDC, P	Nepal	4,094,266	21,918,000	0.19	170
LDC, P	Niger	1,190,401	9,151,000	0.13	280
LDC, P	Rwanda	992,550	7,952,000	0.12	250

Annex III. UNFPA Expenditures in Countries With Population More Than 1 Million

LDC or Priority Country	Country	Expenditure 1994 (US $)	Population 1995	Per capita Expenditure (US $)	GNP/Cap 1992 (US $)
LDC, P	Sierra Leone	447,058	4,509,000	0.10	160
LDC, P	Somalia	68,915	9,250,000	0.01	120
LDC, P	Sudan	1,171,079	28,098,000	0.04	
LDC, P	Togo	968,927	4,138,000	0.23	390
LDC, P	Uganda	4,285,602	21,297,000	0.20	170
LDC, P	United R of Tanzania	2,338,846	29,685,000	0.08	110
LDC, P	Yemen	2,560,819	14,501,000	0.18	520
LDC, P	Zaire	148,044	43,901,000	0.00	230
LDC, P	Zambia	767,227	9,456,000	0.08	450
	LDCs	52,104,060	585,306,000	0.09	
	Other	110,246,211	3,720,538,008	0.03	
	Priority Countries	121,346,246	3,446,080,016	0.04	
	Priority countries as percentage of total UNFPA country expenditure:			75%	

Source: UNFPA, 1995