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## Commission on Population and Development

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Population, food security, nutrition and  
sustainable development

### Statement submitted by Asabe Shehu Yar'adua Foundation (ASYARF), a non-governmental organization in special consultative status with the Economic and Social Council<sup>1</sup>

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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<sup>1</sup> The present statement is issued without formal editing.



## Statement

The Commission on Population and Development (CPD) is one of the ten Functional Commissions of the United Nations Economic and Social Council. At its establishment by ECOSOC in October 1946, the Commission's name was "Population Commission" and in December 1994, was changed to "Commission on Population and Development".

The goal of the Commission on Population and Development is the follow-up to the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). The Commission would monitor, review and assess the implementation of the Programme of Action at the regional, national and international levels and advise the Economic and Social Council on issues such as population's issues and trends, integrating population and development strategies, and on population and related development policies and programmes. It would also provide advice and assistance to the United Nations System, governments and other organizations on population and development related efforts.

According to the official ICPD release, the conference delegates achieved consensus on the following four qualitative and quantitative goals:

1. Universal education: Primary education in all countries by 2015. Urge countries to provide wider access to women for secondary and higher-level education as well as vocational technical training.
2. Reduction of infant and child mortality: Countries should strive to reduce infant and under-5 child mortality rates by one-third or to 50–70 deaths per 1000 by the year 2000. By 2015 all countries should aim to achieve a rate below 35 per 1,000 live births and under-five mortality rate below 45 per 1,000.
3. Reduction of maternal mortality: A reduction by 1/2 the 1990 levels by 2000 and 1/2 of that by 2015. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.
4. Access to reproductive and sexual health services including family planning, counselling, pre-natal care, safe delivery and post-natal, prevention and appropriate treatment of infertility, prevention of abortion and the management of consequences of abortion, treatment of reproductive tract infections, sexually transmitted diseases and other reproductive health conditions; education, counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood. Services regarding HIV/AIDS, breast cancer, infertility, and delivery should be made available. Active discouragement of female genital mutilation (FGM).

During and after ICPD, some interested parties attempted to interpret the term "reproductive health" in the sense that it implies abortion as a means of family planning or, indeed, a right to abortion. These interpretations, however, do not reflect the consensus reached at the Conference. For the European Union, where legislation on abortion is less restrictive than elsewhere, the Council Presidency has clearly stated that the Council's commitment to promote "reproductive health" did not include the promotion of abortion. Likewise, the European Commission, in response to a question from a Member of the European Parliament, clarified:

"The term 'reproductive health' was defined by the United Nations (UN) in 1994 at the Cairo International Conference on Population and Development. All Member States of the Union endorsed the Programme of Action adopted at Cairo. The Union has never adopted an alternative definition of 'reproductive

health' to that given in the Programme of Action, which makes no reference to abortion.”

The contribution of the Commission on Population and Development (CPD) to the follow-up and review of the 2030 Agenda for Sustainable Development was at the center of the debate on the fifty-second session of the CPD which was held from 1–5 April 2019.

The event is to emphasize on the world's population and plan for its constant increase in size and to manage the dramatic shift in age distribution and place of residence as it relates to countries' master plan in developmental projects since the first session of the CPD 70 years ago.

When the Economic and Social Council created this Commission in 1946, the world's population looked very different from what we know today. People today are living longer and healthier lives than ever before – among the greatest of humanity's achievements.

### **Towards effective implementation of the 2030 Agenda**

It is worthy of note that the major shifts in population age structures are signs of success reflecting higher rates of survival from childhood to adulthood and longer life spans, and the greater ability of couples to choose the number and timing of any children they desire. This was backed up in 2016, during one of the meetings of the UN DESA's Population Division highlighted the policies Member States are already implementing to adapt to these changing demographic circumstances. In ageing societies, social protection mechanisms, pension systems and health care programmes are being adjusted and strengthened.

Women's participation in the workforce should be supported more than ever before, so that it could slowly push countries up the age of retirement. At the same time, there should be an increase in recognition for international migration which can help to rejuvenate populations and slow the rate of population ageing.

It is necessary to further add the necessity of investing in the human capital of populations, especially the youth, through policies and programmes to improve youth's access to education, health, and employment.

Furthermore, attention should be given to the reproductive health needs of youth, as well as to the prevention of adolescent pregnancy, child and early marriage, violence against youth and gender-based violence.

At the same time, countries should detail their policies and programmes to address the health, welfare and inclusion of their growing older populations.

Member States' attention should be drawn to issue of migration and refugee movements which present a unique challenge relating to the changing population age distributions, the introduction of new cultural practices, and to labour markets.

Finally, countries should further stress the importance of improving data and statistics for monitoring demographic trends and development, and capacity development.

### **To identify and address knowledge and capacity gaps in food and nutrition security programming around the world**

**Food** is any nourishable substances that humans and animals eat to maintain life and growth. **Nutrition** is the intake of food, considered in relation to the body's dietary needs. **Poor nutrition** can either be overnutrition or undernutrition which are

termed as **Malnutrition** and refer to the process of an individual or animal eating too much or too little food in an unbalanced way.

**Nutrition** is the bedrock of human well-being. In a child's first 1000 days from conception to the second birthday, good nutrition enables optimal brain and immune system development and functioning, which, in turn, averts death and equips a child to grow, thrive, and reach his or her full potential.

In this dispensation of sustainable development globally in which we can no longer ignore the impact of human activity on the environment and climate; these disruptions have enormous ramifications on health, nutrition, and well-being. This year major decisions will focus on the IDEAL's strategic objective of promoting systems-level approaches to improving the design, implementation and overall effectiveness of emergency and development for food and nutrition security activities; there will be new risks but also opportunities.

**Food and nutrition** at scale cannot be met if it is not accompanied by investments in the capacities of people, organizations, and institutions to support emerging targets, programs, and agendas. This challenge is amplified by a number of drivers, including climate change, population growth, urbanization, extreme poverty, energy-intensive dietary patterns, water scarcity, land degradation, and intense social conflicts and divisions. Nearly all countries in the world today are burdened with malnutrition, manifesting as under nutrition, micronutrient deficiencies, overweight and obesity.

Capacity development is defined as the process through which individuals, organizations, and societies obtain, strengthen, and maintain the skills and capabilities to set and achieve their own development objectives over time. Inherent in this definition is the understanding that capacity development must occur consistently at three interrelated and interdependent levels: individual, organizational, and systemic.

**Food and nutrition** capacity requires the continued ability to do efficacy and effectiveness research but also training on better implementation, which includes monitoring, evaluation, and reporting of capacity development outcomes, more and improved capacity to deliver successful interventions, operationalize nutrition policies and strategies, and ensure leadership.

In order to fill capacity gaps on **food and nutrition**, governments, civil society, international organizations, donors, and private sector all play important roles in developing capacity across a range of sectors (including health, education, agriculture, social protection, water, and sanitation) at individual, organizational, and systemic levels. Long-term investment is needed to fuel the creation of enabling environments in which laws, systems, and policies are supportive of food and nutrition goals.