

The Millennium Development and ICPD Goals.

Population Policy Coordinating Committee
Secretariat, PIOJ
November 17, 2004

Background of the Cairo Conference

- Focus of population policy and programmes shifted from numbers to people (improving the lives of people and increasing respect for human rights).
- Reinforce the link between population and development (empowerment of women as both an end and a means- improving the quality of life for everyone).

Background of the Cairo Conference (cont'd)

- Integrate population concerns into all economic and social planning and policy-making.

Background of the Cairo Conference (cont'd)

- Consensus reached on three quantitative goals to be reached by 2015:
 - (1) reduction of infant, child and maternal mortality;
 - (2) the provision of universal education, particularly for girls; and
 - (3) the provision of universal access to a full range of reproductive health services, including family planning.

Background of Cairo Conference (cont'd)

- The **ICPD goals** are essential for meeting the **Millennium Development Goals** to reduce widespread poverty, hunger, disease and gender inequality by 2015.

Background on the MDGs

- In September 2000, at the **UN Millennium Summit**, member countries agreed to a set of time-bound and measurable goals (MDGs) and targets for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women.
- The goals and targets underpins or summarizes the major agreements of all the UN conferences of the 1990's.

Background on the MDGs (cont'd)

- The central purpose of the Summit is to “improve people’s lives by expanding their choices, freedom and dignity”.
- The goals also reflect a human rights agenda – rights to food, education, health care and decent living standards, as enunciated in the United Declaration of Human Rights.

Objectives of the MDGs

- Move Millennium commitment from the global to the local level;
- Create the necessary links between global target setting and national priority setting;
- Re-energize a broad political constituency to accelerate progress towards the goals; and
- Build alliances across and within countries, working with national Governments, civil society, the private sector, international financial institutions and other development partners.

MDGs

Targets and

Indicators

* see Indicators on Handout

Goal 1: Eradicate Extreme Poverty and Hunger

1. Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.
2. Halve between 1990 and 2015, the proportion of people who suffer from hunger

Policy and Programmes to address MDG 1.

- GOJ launched National Poverty Eradication Programme (NPEP):
 - The Indigent Housing Project,
 - The Food Stamp Programme,
 - JSIF,
 - The Rural Electrification Project,
 - The Catchment Tank Rehabilitation Programme
 - The New Horizons Programme for Primary Schools
 - The Reformed Social Safety Net

Goal 2: Achieve Universal Primary Education

3. Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Policy and Programmes – MDG 2

- The GOJ has put forward the following targets for primary education:
 - Ninety per cent average daily attendance by 2005
 - Eighty per cent of all Grade 6 completers to demonstrate full literacy by 2003.

Goal 3: Promote Gender Equality and Empower Women

4. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.

Policy and Programmes – MDG 3

- A **Steering Committee** has been established with the mandate “To recommend a framework for which gender equality is a social policy goal and an empowerment process which can be sustained over time, based on a review of current arrangements by Government to incorporate gender and social equity in its machinery”.

Policy and Programmes – MDG 3 (cont'd)

- **Reform and Introduction of Legislation:**
 - Domestic Violence (Amendment) Bill;- the Incest (Punishment) Bill;
 - the Maintenance Orders (Facilities for Enforcement) Amendment Act 1999;
 - the Citizenship (Constitutional Amendment) Act 1999;
 - Act to Amend the Offences Against the Persons Act to make sexual offences more gender sensitive; and
 - the Child Care and Protection Bill

Policy and Programmes – MDG 3 (cont'd)

- Policies to **enhance gender equity**:
 - mainstreaming gender in social-economic development;
 - Gender development Index; and
 - Gender Empowerment Measure
- Establishment and training of **focal points in public sector agencies**
- **Research** to determine the inequities and their root causes to inform decision-making

Policy and Programmes – MDG 3 (cont'd)

- **Government support** to NGOs which are working towards the attainment of gender equality
- Establishment of a **National Gender Advisory Committee** to provide direction for the coordination, integration, and monitoring of the gender mainstreaming activities of the government

Goal 4: Reduce Child Mortality

5. Reduce by two-thirds between 1990 and 2015, the under-five mortality rate.

Policy and Programmes – MDG 4

- Close monitoring of nutritional status of children 0-59 months- supplemental Feeding Programme for those classified as undernourished
- Expanded programme on Immunization
- Promotion of exclusive breast-feeding of babies up to six weeks
- Mother-to-Child Transmission of HIV/AIDS Prevention programme

Policy and Programmes - MDG 4 (cont'd)

- **Achievements**

- Children's access to and coverage by health services have improved

- Level of immunization over 90 per cent and immunizable disease under control

- Control of infectious disease affecting children has decreased the under one and the under 5 mortality rates

- Under-nutrition remain below 0.35 per cent since 1997.

Goal 5: Improve Maternal Health

6. Reduce by three-quarter, between 1990 and 2015, the maternal mortality rate.

Policy and Programmes – MDG 5

- **National Family Planning Board (NFPB)** responsible for:
 - the ensuring the TFR is on track;
 - Promoting contraceptive use through the Personal Choice Programme (private sector social marketing programme)
- **MOH** has a community based approach which integrates:
 - family planning,
 - maternal and child health,
 - gender-based violence,
 - parenting education and
 - adolescent sexual reproductive health and rights, (inclusion of males in the provision of reproductive health service).

Policy and Programmes – MDG 5 (cont'd)

- **Achievements:**
 - Increase in the number of visits to antenatal clinics by pregnant mothers- average of 4 as recommended by the World Health Organization (WHO)
 - Developed strategic framework on Safe Motherhood Policy

Goal 6: Combat HIV/AIDS, Malaria and other diseases

7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS.
8. Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases

Policy and Programmes – MDG 6

- **Jamaica National Strategic Plan for HIV/AIDS-** developed and tabled in Parliament in 2002
- **5-Year Investment Plan** including the Ministries of: Health, Education, Industry and Tourism, Labour and Social Security, National Security; and Local Government, Community Development and Sports.

Policy and Programmes – MDG 6 (cont'd)

- **Challenges:**

- Cultural practices which mitigate against safe sexual practices- gap between knowledge and practice.
- HIV/AIDS is the main cause of death in the prime reproductive years.
- Discrimination by health workers and the absence of legal protection for homosexuals and commercial sex workers.
- Need to address the care and support of Persons Living with HIV/AIDS (PLWHA).
- Fear regarding testing.

Goal 7: Ensure Environmental Sustainability

9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
10. Halve, by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation
11. By 2020, to have achieved significant improvement in the live of at least 100 million dwellers.

Policy and Programmes – MDG 7

- **Operation PRIDE-** geared towards lower income families
- **Inner-city Renewal Programme**
- Unification of the Town Planning Department, NRCA and the National Land Agency into the **National Environment and Planning Agency (NEPA)**
- Establishment of the **Sustainable Development Policy Unit** within the PIOJ.

Policy and Programmes – MDG 7

- Support for **Local Sustainable Development Planning**
- Launch of a Business council for the **Environment under the Environmental Action Programme (ENACT)**
- **National Forest Management and Conservation Plan (NFMCP)** adopted by Cabinet

Goal 8: Develop a Global Partnership for Development

12. Develop further an open rule-based, predictable, non-discriminatory trading and financial system. Includes commitment to good governance, development and poverty reduction-national and internationally.
13. Address the needs of LDCs.
14. Address the Special Needs of landlocked countries and Small Island Developing States.

Goal 8: Develop a Global Partnership for Development

15. Deal comprehensively with the debt problems of developing countries (debt sustainability).
16. In cooperation with developing countries develop and implement strategies for decent and productive work for youth.
17. In cooperation with pharmaceutical companies,

Goal 8: Develop a Global Partnership for Development

18. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries.
19. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

Policy and Programmes – MDG 8

- ODA use outlined in the National Industrial Policy and the Medium Term Economic and Social Policy Framework.
- Government instituted Donor Coordination and Harmonization, under the following theme groups: private Sector Development, Youth, Sustainable Development and Governance.

Jamaica's Status at a Glance

* see Handout (Matrix)

**Population,
Reproductive
Health, Poverty and
the MDGs**

Population, Reproductive Health, Poverty and the MDGs

MDG 1: Eradication of Extreme Poverty and Hunger

- Lower fertility, slower population growth, favourable age composition, increased economic growth, reduction in poverty

- Smaller families so higher female labour force participation

- Income distribution less skewed so less extreme poverty and more scope for growth

- Higher population growth, insecure livelihoods, higher risk of food insecurity

- Teenage births and short birth intervals, some unplanned, larger than desired families

- Intergenerational poverty cycle more likely

Population, Reproductive Health, Poverty and the MDGs

MDG 2: Universal Primary Education

- Fewer children , more educational resources per child, better school performance
- Reduction in child labour
- Enlarges opportunities throughout adolescence and adulthood
- Low retention rates, especially for girls
- Girls burdened with sibling care and thus less scope of success at school
- Higher pupil-teacher ratios and lower expenditures per child

Population, Reproductive Health, Poverty and the MDGs

MDG 3: Promotion of Gender Equality

- Later marriage and increased life opportunities
- Male participation in RH results in better understanding among spouses so less domestic violence
- Increase bargaining power of women in sexual behaviour and child bearing decisions
- Harmful practices and endemic violence
- Low status and power of girls and women
- Large families more hierarchical with respect to age and gender

Population, Reproductive Health, Poverty and the MDGs

MDG 4: Reduction of Child Mortality

- Lower risk of infant and child morbidity and mortality
- Improved knowledge about hygiene, baby-feeding and childrearing practices
- Better parenting skills
- Children in large families, more likely to be deprived in terms of nutrition and affection
- Lack of exposure to baby friendly health initiative and baby-care practices
- Higher malnutrition, stunting and lower birth weight

Population, Reproductive Health, Poverty and the MDGs

MDG 5: Improving Maternal Health

- Reduction of maternal morbidity and mortality
- Availability of emergency obstetric care and antenatal care
- Fewer and well-spaced births
- Lack of contraceptive access and choice
- Births delivered by unskilled persons
- Consequence of complications of pregnancies are more serious

Population, Reproductive Health, Poverty and the MDGs

MDG 6: Combating HIV/AIDS

- Better information on contraction and prevention of HIV/AIDS and other STDs
- Increased negotiation skills for safe sex reduces risk
- Wider and deeper public knowledge about sexual health
- Lack of antenatal care and medicines increases risk of mother to child infection
- Lack of STD examinations and care leads to increased possibility of HIV/AIDS infection
- Early sexual debut and lack of contraceptives

Population, Reproductive Health, Poverty and the MDGs

MDG 7: Ensuring Environmental Sustainability

- Improved sustainable use of land
- Less pressure of existing infrastructure and basic social services
- Enhanced role of women as resource managers
- Migration to crowded urban slums deteriorates local environmental resource base
- Pressures on food and water security
- Expansion into forested areas, marginal lands and fragile eco-systems

Population, Reproductive Health, Poverty and the MDGs

MDG 8: Developing Global Partnerships For Development

- Developing Open trading and Financial system
- Addressing special needs of LDCs and landlocked and Small Island Developing States
- Managing Debt Relief and Increasing ODA
- Creating Productive Youth Employment
- Providing Affordable Medicine
- Spreading Benefits of New Technologies

Conclusion

- **MDG targets that are likely to be met over 1990-2015:**
 - 1) Halve the proportion of people living in extreme poverty
 - 2) Halve the proportion of people who suffer from hunger
 - 3) Ensure that all boys and girls will be able to complete a full course of primary schooling
 - 4) Eliminate gender disparity in primary and secondary education
 - 5) Halt and begin to reverse the incidence of malaria and other major diseases.

Conclusion (cont'd)

- 6) Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
- 7) Halve the proportion of people without sustainable access to safe drinking water.
- 8) Achieve significant improvement in the lives of slum dwellers.