

**Towards a Life Cycle People-Centered Approach to the
Implementation of ICPD Programme of Action**

Sexual and Reproductive Health Case Study

August 2021

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Preface

This research paper examines the concept of people-center and lifecycle approaches might have an impact on accelerating the implementation of the Cairo declaration 1994 and the Programme of Action of the International Conference on Population and Development (ICPD PoA 1994) and its consequent reviews. ICPD PoA shifted the global conversation, by establishing women's reproductive health and rights as a goal and set an innovative thinking by moving population policies and programs towards the rights approach and to make genuine linked between population dynamics and development process.

While the global and Arab regional implementation of the Millennium Development Goals (MDGs) led to significant economic growth, inequality increased during the period of 1990-2015. The focus on the outcome and results indicators drove the monitoring of MDGS towards overall aggregated picture without giving a lot of attention to the processes and how population dynamics is interacting with economic process. The distortion in the wealth distribution was strikingly inequal. Furthermore, despite a significant reduction in the number of maternal deaths – from an estimated 523 thousand in 1990 to 289 thousand in 2013, the rate of decline is less than half of what is needed to achieve the MDG target, and the progress was unevenly distributed across countries and regions.

The shift to population and development adopted by ICPD PoA in Cairo in 1994, and the principles of people-centered life cycle approaches was a step forward to define a new framework founded on sustainable development, with the individual as its focus, rooted in human rights, and deliberate attention to environmental sustainability. In 2014, the United Nations Secretary General released a report that documents achievements, gaps, challenges, and emerging issues related to implementation of the PoA. The summery report covers a wide range of population and development issues, such as human rights of those who face poverty, gender discrimination and other inequalities, gaps in a series of health sector, including maternal and child health, sexual and reproductive health particularly of adolescents, STIs, international migration, and displaced people, among other development issues. While there has been substantial progress on the Cairo promise, it was fragmented, while new challenges and opportunities emerge. Quality of care of reproductive health services has improved, but contraceptives prevalence still low, particularly in poor communities, and among adolescents and those unmarried. Adolescent birth rate is still very high in poor regions, the rates are higher in the poor and least educated areas. Although there was reduction in unsafe abortion, particularly some countries addressed abortion as a public health issue, yet most of the abortion particularly in Africa are unsafe. The 2014 report issued by the UNSG report made a forward-looking recommendation to address the remaining challenges. In the case of adolescents, it stressed that universal access to sexual and reproductive health services, including youth-friendly services, and comprehensive sexuality education from an early age, are essential for young people to protect themselves and lead healthy lives.

To mark 25th anniversary of ICPD in 2019, the Nairobi Summit took place resulting in the interrelated Nairobi commitments, for achieving the goals of Zero unmet needs of contraceptives, zero maternal mortality and zero gender-based violence while addressing the sexual and reproductive health needs of adolescents. The Commitments aligned to a life cycle approach to

address the importance of life cycle experiences on the individual's life from conception to infancy, adolescents reproductive age, and old age.

To reduce the number of maternal deaths, women need access to good-quality sexual and reproductive health care and effective interventions that keep people on the radar of implementing the development process. The SDGs brought a more focus on people, and therefore a more people-centered approach became relevant. The discussion reported agreement that key stages in people's lives have relevance for their health, particularly reproductive health, and life stages are linked to each other. Thus, a life cycle modelling also became relevant to the key interventions by development practitioners and UN agencies including UNFPA and WHO.

This paper examined the achievements, gaps, challenges, and emerging issues related to the implementation of ICPD through regional and global reviews with focus on Sexual and Reproductive health and discusses the impact of adopting a people-centered model and lifecycle approach on the acceleration of achieving the ICPD PoA intended results and to what extent that might influence having a people-centered SDGs. The paper made recommendation and presented lessons learned for further implementation of a life cycle approach for UNFPA three transformative results.

We hope that argument in this paper and the recommendations made can point out and shed light to improving the implementation of ICPD PoA to achieve the welfare of people and ensure that women and girls enjoy their reproductive rights and empowered to enjoy bodily autonomy.

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List of abbreviation

CSE, Comprehensive Sexuality Education
CSW, United Nations Commission on the Status of Women.
DHS, Demographic and Health Survey.
FGM, Female genital mutilation.
GBV, Gender Based Violence
ICPD, International Conference on Population and Development
OECD, Organization for Economic Cooperation and Development.
MDG. Millennium Development Goals
OHCHR, Office of the High Commissioner on Human Rights.
RSRH, Reproductive and Sexual Health and Rights
RTIs, Reproductive Tract Infections.
SDGs, Sustainable Development Goals.
SDDs, Sexual dysfunctions disorder.
S.G. Secretary General.
SRHR, Sexual Rights, Health Rights.
STIs, Sexual Transmitted infections.
UNAIDS, United Nations /AIDS
UNESCA, United Nations Economic commission for Africa.
UNEP, United Nation Environment Program
UNECE, United Nations Economic Commission for Europe
UNDESA, United Nations Department on Economic and Social Affairs
UNECLA, United Nations Economic commission for Latin America and the Caribbean.
UNFPA, United Nations Fund for Population
UNESCAP, United Nations Economic Commission for Asia and the Pacific
UNESCWA, United Nations Economic Commission for Western Asia
UHC, Universal Health Care.
WHO, World Health Organization

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1. Executive Summary

In 1994, the United Nations International Conference on Population and Development (ICPD) held in Cairo concluded a Programme of Action (ICPD PoA) that was a turning point in the field of sexual and reproductive health (SRH). The PoA positioned population and development programs in a broader framework of reproductive rights, gender equity, and women's empowerment. Three goals of the PoA made substantive contribution to the field of maternal health, including comprehensive and universal use of reproductive health services, universal education, and support of child health services. The PoA also moved population policies and programs towards a people-centered focus with a strong emphasis on environmental sustainability and the individual's needs and rights.¹

Using a life cycle framework for analysis, this paper presents conclusions and findings of literature review on key areas of SRH. The paper also presents, evidence of progress made in the review of the ICPD PoA and identified gaps to be addressed in further particularly through the implementation of Nairobi Commitments. In addition to regional experiences, evidence examples and lessons learned included summary examples on (1) "Population Ageing as an Emerging Demographic Dynamic and Decreasing Fertility, and Population Growth", analyzing its impact on development planning, and the importance of the life course approach for effective interventions. (2) The second example "The ICPD Beyond 2014-The International Conference on Human Rights", the findings echo that paying attention to the ICPD cross cutting principles of human rights, life cycle approach, and gender approach to SRH programs; equity access to SRH; quality of care, and accountability, is key to acquiring a comprehensive approach to advance SRH aspects of ICPD into 2030 Agenda. (3) The third example is five articles that were commissioned by UNFPA, and WHO to examine the progress made and lessons learned in the adolescents SRH interventions as part of the global review of ICPD PoA implementation. The articles provide lessons learned and guidance on for further adopting a life cycle approach that can accelerate the implementation of ICPD, and its impact. (4) The fourth example is an "Analysis of DHS research conclusions on unmet contraceptives needs, and study has useful conclusions, lessons learned and guidance notes for reproductive and sexual health providers (5) The Fifth example is a paper on "Priorities for the 21st century policy recommendation to enhance integration of population dynamics into development planning using a life cycle", an innovative approach and guidance for systematic monitoring outcomes, and to define indicators to measure in compliance with other monitoring frameworks such as the 2030 agenda. A sixth example is the attempt by UNFPA ASRO to advocate for people-centered SDGs through the regional report on the Population Development Composite index – PDCI in 2021.

While there has been substantial progress on ICPD agenda, it has been unequal and fragmented, meanwhile, new challenges, opportunities have emerged since Cairo. For example, while maternal mortality as an important marker for reproductive health has declined, many challenges remain. Overall contraceptives prevalence increased since Cairo, but indicators reveal the high rate of unwanted pregnancies, and recourse to unsafe abortion as a result, particularly among adolescents. In the context of the reviews of ICPD and post-2015 development agenda, researched show key challenges and critical issues on GBV and adolescent SRH that needs to be tackled. Renewed

political will and an examination of the successes and the areas of stalled progress are necessary for post 2015 agenda². ICPD PoA is still a critical tool for articulating reproductive and sexual health, and continue to be cornerstone of global policy frameworks for reproductive and sexual health, maternal mortality, unmet needs for contraceptives, advocated for sexual and reproductive health for youth, and women empowerment for a life free of violence. The ICPD PoA reviews, and the different examples shared indicate how the people centered, life cycle approach is an effective strategy in the implementation of the promise of ICPD, the findings and tools of the different reviews and finding, are a useful tool and guidance for the accelerated implementation of ICPD PoA through the realization of the Nairobi Commitments. The paper suggested an operational definition of people-centered life cycle approach to active the three transformative results of UNFPA strategy. It also suggested a list of recommendations to take this sort of work forward into implementation and further understanding of its dynamics.

2. Introduction

2.1. Lifecycle people-centered approach

A life cycle approach is that the wellbeing and abilities of an individual particularly his/her health depends on a cumulative and interlinked process. A cumulative process of health requires access to health care, living in a safe environment, the accumulation of education training and skills. Certain periods of life are most crucial for this process – starting from the early years where survival is key. Then comes early childhood education, and eventually the slow building of social and human skills that will be needed throughout life even through old age. Investing in human capital can also help countries achieve a demographic dividend. The idea of life cycle is about how each individual life span, and how our capabilities, our health and productivity in terms of the economy, depends on the choices that are made at earlier stage of a life cycle and how each step of our lives leads to the second³. This perspective of building human capital and enabling environment, availability of reproductive and sexual health services and information access to opportunities, across the life cycle is key to examining how the promise made in Cairo focus on the centrality of individuals in development and measuring the progress against the level of enjoyment of individuals with their rights and the positive impact of the development process on the life of people (people-centered).

2.2. life cycle people-centered approach for women's SRH

The key stages of life are affected by environmental and socio -cultural challenges for each stage of child and adolescent life as follows:

- 1. Pregnancy:** A woman health directly influence the health and development of the child. Access to timely and responsive health services, including skilled birth attendant are essential. Mothers can be vectors for transmitting communicable diseases to their babies including HIV/AIDs. For the child infection is a major killer during pregnancy, in addition to low birthweight.
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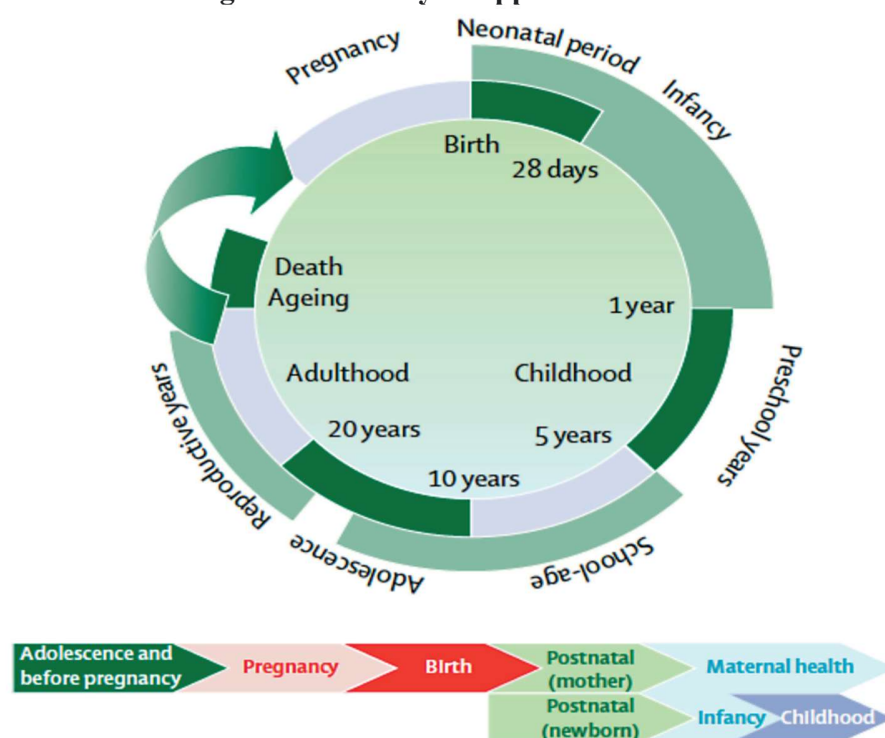
2. **Neonatal Period:** The first 28 days of the baby life are critical, and the baby is at highest risk of death. Neonatal death is largely a product of socio-economic circumstances, access to appropriate services at the time of delivery, and parental education.
3. **Early childhood:** Over 40 per cent of the global burden of disease is attributed to environmental risks that affect children under 5 years old. Seven in ten children in low- and middle-income countries die before the age of five. Seven in ten of these deaths due to preventable conditions such as pneumonia, malaria, malnutrition, and these are associated with environmental factors like lack of clean water, and sanitation.⁴
4. **Early Adolescent:** Although vaccines protect children, other diseases like hepatitis A can be prevented by good hygiene. In United States, cancer is the *second* biggest killer of children after accidents. Acute leukemia and it seems to be rising in developing countries. Among the environmental factors that may play a role are tobacco smoke asbestos, ultraviolet light radiation, and pesticides. Childhood cancer. Parental lifestyle and social interactions beyond the family, school environment, peer pressure, and mass media are increasingly influential in establishing the child values attitude and behavior patterns.
5. **Adolescence:** Many adolescents die prematurely because of accidents and risky behavior. Adolescent girls particularly from poorer environments are prone to gender-based violence, unwanted pregnancies, and early marriage.⁵

A life cycle approach for women's SRH is a mindset of designing and implementing the intended interventions to protect and improve women's maternal health including service provision models and protocols that takes into considering the linkages and interaction across different stages of woman's life beginning with pre-menstruation and ending with the stage after menopause.

Understanding women's life stages starts, but not limited to, biology; social norm and behaviors might have substantial consequences on women SRH status. Modes of engagement are considered people-centered when they adopt an approach that builds design of interventions based on people's needs, aspirations, and preference of getting services.

An effective lifecycle approach should involve a comprehensive package of services, awareness and advocacy interventions in each life stage that handles the issues of the specific stage while paving the way for the next stage and build on the linkages across stages as stipulated in the ICPD PoA which repositioned population and development programs globally within the broader context of reproductive rights, gender equity and women's empowerment. These goals endorsed by PoA would contribute substantially to women's health including universal access to SRH services, promotion of child health and survival and family planning.

Figure 1: A Lifecycle approach in SRH⁶



The PoA states that in addition to sexual health, reproductive health includes counselling, information, education and services for prenatal care, safe delivery, post-natal care, breast feeding, and infant and women’s health care. It also includes treatment of infertility, abortion as specified in paragraph 8.25, including prevention of abortion and management of consequences of abortion. In addition to treatment of Reproductive Tract Infections (STIs), sexually transmitted diseases and responsible parenthood ⁷ . For governments and communities, an effective universal implementation of the SRH interventions requires creating an enabling system and environment that is inclusive, people centered and based on the life cycle approach.

Taking a life cycle approach to SRH involves the investigation of factors across life and, also across generations, that influence issues including menarche, fertility, pregnancy, outcomes, gynecological disorders, and age at menopause. Since Cairo, published research supports the use of an integrated life cycle approach as it considers the continuity of reproductive health, and the interrelationship between different influencing markers. Studies showed that the factors that may have influenced a current health situation is associated by other factors across life, from conception,

infancy and childhood, adolescent, reproductive years, and post -reproductive years, onwards to old age. WHO, European Health for All illustrated basic needs for each life stage as follows⁸:

1. Infancy – Childhood 0-9 years old: at this age the children are exposed to differential feeding and nutrition discrimination as well as health care in favor of a boy child particularly in poorer communities. These factors are unfair initiation to life and critical for the girl child health during adolescence, and adulthood. Other issues include missing girl child that also cause dramatic decline in sex ratio, and selected abortion.
2. Adolescents 10-19: Early childbearing of adolescent girls, abortion, gender based violence, STDs, RTIs HIV/AIDS, undernutrition, rising trends in smoking are among and risky behaviors for boys are among the health threats they may face during this period.
3. Reproductive Health years; 20-44 years old, unplanned pregnancies, coercive marriages unmet needs for family planning and contraceptives, harmful practices, RTIs SDDs, HIV/AIDS.
4. Post reproductive years 45+: Cancer including breast cancer, gynecological problems, osteoporosis, cardiovascular problems, diabetes.

3. Conceptual framework

The ICPD PoA was forward looking about SRH notably in relation to adolescent and young people as it urged the international community to address young people reproductive and sexual health needs. Generally, adolescents are healthy in comparison with other age groups, but they have their own health risks that could be detrimental for their health all through their lives. Adolescent become sexually active early, but they are not equipped or know how to obtain contraceptives, nor to protect themselves against STIs. Generally, girls are less likely to get education than boys, families marry them early which expose them to a variety of risks including high risk pregnancy and obstructed birth.

Statistics in the literature assume the strong linkage across life stages. For instance, adolescents comprise 23% of disease because of pregnancy and childbirth. Almost 16 million births take place annually to adolescent girls aged 15-19. It is estimated that 95% of young adolescent births take place in developing countries sometimes to girls between 12-15⁹. Furthermore, pregnancy of adolescents is usually linked with high maternity and morbidity rates, in addition to an increased incident of induced and unsafe abortion¹⁰. In fact, pregnancy, and other maternal issues constitute a major cause of death among adultescent female's vin 2009¹¹, and adolescent pregnancy is associated with low birth rate and unsafe abortions, 15 per cent occur among girls aged 15-19 years old ¹². On the other hand, gender-based violence is high among adolescents' girls, it has an adverse impact on reproductive and sexual health including STIs, mental disorder, forced abortion¹³, and

FGM is significant problem where 125 million girls are subjected to this harmful practice in 27 African countries ¹⁴.

Since 1994 in Cairo, substantial progress was made, less women are dying from childbirth, and many are saved from harmful practices including child marriage and genital mutilation. More women and couples are using contraceptives, and more women are participating in public life. The implementation of ICPD since 1994 provided evidence on the importance of people-centered approach, this has been reflected in the global discussion on the world's development agenda in 2015, the international community adopted the 2030 Agenda, reaffirming commitment of putting people, planet, and prosperity as the center of the Sustainable Development Goal, highlighting that sustainable development is directly linked to fulfilling the aspiration of adolescent and youth.

But we should note that the ICPD promise is far from reached yet, there is a need to complete the unfinished work and produce a strong and evidence-based investment case to ensure sexual and reproductive health for all. The commitments towards ICPD PoA was clearly made by the international community during the people summit in Nairobi where governments and civil society organizations as well and private sector and academia made voluntary commitments achieve universal access to reproductive health as part of universal health coverage and made clear commitment to UNFPA three transformative results namely zero preventable maternal death and maternal morbidity; access for all adolescents and youth especially girls to comprehensive and age appropriate information and education , and quality reproductive health services.; the commitment was also to zero unmet needs for family planning and ; zero sexual and gender based violence and harmful practices ¹⁵. The Nairobi Commitments has a rippling effect, implementing one commitment can accelerate and ensure the implementation of the other.

4. Life cycle people-centered approach for UNFPA transformative results

4.1 TR1: Zero preventable maternal deaths

ICPD was a paradigm shift in addressing maternal health by calling to expand the way in which women's health was delivered and called to provide maternal health services as part of a continuum of client centered, quality and accessible SRH services. By positioning SRH as an intricate part of sustainable development, it urged the international agenda to focus on the upstream reasons for poor maternal health. The shifting focus during the last 25 years since Cairo, shed light on the social and root factors of maternal mortality, while providing direction to possible sustainable solutions.

More women are now able to delay and space their pregnancy because the increase access and use of contraceptives, particularly in the developing world where contraceptives use increased from

8% in 1960 to 62% in 2007. However, there is still significant unmet needs for comprehensive family planning and reproductive health services (around 222 million women), these unmet needs continue to impede efforts to reduce maternal mortality, as each of the 75 million unintended pregnancies that happens every year, place the pregnant women at risk of maternal death or disability. Therefore, meeting the unmet needs for contraceptives is vital for reducing maternal mortality¹⁶. Early age at marriage, gender disparities, quality of care and skilled birth attendance as well as. Unsafe abortions are factors major factors causing maternal mortality. HIV/AIDS, Since ICPD, approaches to address HIV within the context of maternal care have emerged and required new interventions.

Maternal death is also spread in Africa among adolescents; therefore, an access for all adolescents and youth, especially girls to comprehensive and age responsive information, education and friendly comprehensive quality and timely services to be able to take informed decisions and choices regarding their sexual and reproductive health and to live freely from gender-based violence and harmful practices is an important aspect to be included in the response to achieve TR1.

The ICPD PoA emphasized social inclusion, human rights, and the importance of addressing the needs and developing the capacities of the young. International agreements and commitments suggest that successful transition to adulthood with reference to sexual and reproductive health outcomes has several attributes; realization of the right of education and attainment at least secondary school, delaying marriage and selection of partners, exercise of the right to health including access to friendly and confidential health services, promotion of gender equitable roles, protection from gender-based violence.

Available data shows that as of 2009, only 87% of children in developing countries, have primary education, being poor and female, were among the most pervasive factors keeping children out of school ¹⁷ (Transition to secondary school is missed by many, it ranges from 55%to 65% 2007-2010 ¹⁸. Most intervention to promote girl's education such as eliminating financial barriers, community mobilization and other perhaps promising but not proven yet.

ICPD recommended that governments enforce strict laws regarding age at marriage that is 18 years old. The world made slow progress in this regard. Among developing counties (except China) 35% of young women 20-24 marry below age 18, and 12% below age 15 ¹⁹ Child marriages go hand in hand with education, and young people exclusion from education and decision on when and whom to marry.

Evidence from 77 developing countries suggest that around 11% of girls, and 15% of boys aged 15-18 initiated sex before they were 15 years old ²⁰ Multiple partners sexual relations were also

¹⁷ UN, The MDGs report, 2011,

¹⁸ UNICEF, progress for Children, Report Card on Children 2012.

¹⁹ W.Ross , Ethiopian girls fight child marriage , 2011, BBC

²⁰ UNICEF, Progress for Children, A report card on Adolescents 2012.

reported as a large proportion of young men, ranging from 2% in South Asia, to 22% in Latin America and the Caribbean. Condom uses tend to be inconsistent ²¹

Among young women, sexual relations were nonconsensual for significant number of women in minorities, that is sexual relations obtained by force, threat etc. the reported cases range from 5% to 20% ²².

Access to reproductive health services, mainly pregnancy related contraception, abortion, and treatment of infections - is limited for young people. For example, only, 55 % young women who gave birth as adolescents in developing countries, (except China), reported skilled attendants at delivery ²³. Evidence shows that contraceptives services have failed young married women compared to those aged 30-39, data from 44 countries reported that percentage of young women reporting unmet need for contraception have fallen across two points in time from 2001-2006. Around one quarter of young women in sub-Saharan Africa reported unmet need for contraception, in South Asia around one fifth, and about one sixth in Latin America and the Caribbean ²⁴.

Unmarried young people particularly girls face obstacles in acquiring family planning supplies, they are embarrassed to ask, or shop, and worried that health workers are judgmental, may reveal their secrets, in some cases, they are excluded from using the services ²⁵

Gender disparity arises from the fact when young girls and young women engage multiple relationship with older men, and are prone to be infected with STIs, data disaggregated by age is not available, however, around 448.3 to 498.9 women were infected between 2005-2008 respectively ²⁶

Unintended pregnancies and abortion are observed among young women, each year 22 million women have unsafe abortion ²⁷ Because of early childbearing, inadequate care during pregnancies and poor access to safe abortion, maternal mortality claims the lives of 50,000 annually, adolescent each adolescent age 15-19, 19 accounts to 14% of maternal death ²⁸

Since 1994, countries made commitments to have age appropriate sexual and reproductive health information for adolescents. Most are far from reaching this goal, although adolescents need information, they remain uninformed on their sexuality and transmitted diseases. Only 24% of young women, and 36% of young men reported knowing how to avoid HIV/AIDS, far below the target of 95% by 2010. ²⁹

²¹ J Cleland and others, Trends in protective behavior among single vs. married young women, in Sub-Saharan Africa, Reproductive /Health Matters, 1995, 1(1), 1-10. Also see, Young People in Developing Countries, Shah I Zed books, 2005.

ICPD recognized the links between young women agency and their ability to claim their rights. However, the reality is otherwise, with the persisting gender inequalities. Around 11% of married young women age 15-24 in Sub-Saharan Africa, and 35% in South Asia displayed decision making autonomy in seeking health care, or making decisions in their homes ³⁰

Evidence based approaches to protecting adolescent girls from sexual risk has identified a number of core programs that include safe social space, friendship network, mentors, life skills education, information about services and health, financial literacy, and empowerment interventions ³¹.

ICPD committed countries for protecting young women people from gender-based violence, many adolescents grow up witnessing violence at home, many have been the victims of violence at home and outside. Young women face violence against them by their husbands, and partners, data shows that more than half of young women age 15-24 in Uganda faced marital violence ³².

Families, local communities, religious leaders, teachers, mass media and peer groups are named as instrumental agents for this cause. Available evidence suggests that parents, rarely provide information or guidance on sexual and reproductive health. In India for example, fewer than 1% discuss reproductive health process with a parent ³³.

Therefore, people-centered life cycle for achieving zero maternal death assume that the design of interventions and programmes should include participation of women and adolescent girls in the design of the programmes and to ensure that service provision is in line with their educational preference methods, and also the services go into the life stages and involve not only married women but also adolescents and unmarried women.

4.2 TR2: Zero GBV and harmful practices

Elimination of all forms of discrimination against all women and girls to realize all individuals' full socio-economic potentials. Worldwide, women and girls are at risk of different forms of violence at all ages, from prenatal sex selection, before they are born, through abuse of widows and elderly women. Moreover, across life course, women are more likely to be poor, have higher rates of disabilities because of violence, lack access to adequate nutrition and health care. These disparities persist throughout women's and girls' lives, and more often they intensify with old age. For example, poverty in old age, is linked to old women living alone than men, which exacerbate further their risk of exploitation, violence, and abuse.

A life course approach to GBV and VAW considers an individual entire progress throughout life. A life course approach examines how biological and social behavior factors through life and across generation and has cumulative influence on health outcomes ³⁴.

Women over 49 years of old, comprise a quarter of women worldwide, yet they are often excluded from internationally comparable data on GBV, although they could be affected by abuse as younger women ³⁵ .

Adolescents' girls can experience violence at hand of trusted adults, partners, peers and strangers ³⁶ . In Africa for example 30-40% of adolescent's girls became victims of sexual violence before the age of 15 ³⁷ . Usually, interventions and services can often prioritize some categories of women over others. For instance, violence screening programs are usually offered as part of pregnancy related health services, thus excluding older women and girls ³⁸ .

Violence against old women against older women for instance can be classified as elderly abuse. This approach disregards the intersectional causes of violence, and it may affect prevent old women from seeking support, treatment and justice. Adolescent girls' violations often fall against children, and violence against women, leaving it neglected by both sides ³⁹ .

Regressive gender norms usually restrict and shape sexual and reproductive and sexual health care, including information and education, leaving many without access to contraceptives and how to manage their reproductive health. In Sub-Saharan Africa and Southeast Asia, more than 60% of adolescents wish to avoid pregnancy but have no access to contraceptives ⁴⁰ . Early and forced marriage can also lead to life of long inequalities, as childbearing often force girls to leave school, and poses significant health risks ⁴¹ . Unplanned pregnancies come with severe health consequences, like unsafe abortion, pregnancy complications, and increased rates of maternal and infant mortality and a cycle of poverty and dependency and abuse.

The life cycle approach by the realization of girls and adolescents sexual and reproductive health is crucial for every aspect of their lives, their families and society. Interventions such as comprehensive sexuality education is a vital shift to shift the persistent gender norms, and the harmful consequences of gender-based violence. Women and girls from all ages must be made visible in data collection, and their specific needs including gender-based violence, sexual and reproductive health needs must be addressed and documented in order to plan and design effective interventions and solutions.

4.3 TR3: Zero unmet need for family planning

Despite progress since 1994 in Cairo, a multitude of barriers still exists, and millions of people, particularly women still do not realize their sexual and reproductive right. 190 million women want to avoid pregnancy and do not use any contraceptives method ⁴² .

About 25 million women have an unsafe abortion, and one in three women experience intimate partner violence or non-partner sexual violence at some point in their lives which expose them to unwanted pregnancies and forced and unsafe abortions⁴³. Access and availability of Family planning and contraceptives is the mainstay for women to prevent unwanted pregnancies and avoid unsafe abortions⁴⁴.

In 2013, the overall contraceptive rate for women age 15-49 in developing countries was 62.6% and 37.9% in least developed countries. Unmet need for family planning is a valuable indicator to identify levels of non-utilization and to investigate the contributing factors. Unmet needs in developing countries are estimated at 12.4%, and in the least developed, it was 22.9⁴⁵. In addition to differences between countries, there are also the difference in between-country comparisons, relate to the proportion of births that were identified as unwanted, or unintended, as lead to high rate of abortion, mostly under unsafe situations, particularly in poorer areas. Data on desired pregnancy and abortion levels have been improving but remain unreliable. With increase access to and use of contraceptives, more women can delay, space, and limit their pregnancies.

People-centered lifecycle for zero unmet need to family planning involve three important tasks

1. Creating demand through awareness raising and spreading knowledge and skill starting early ages and including all women and men in the reproductive age regardless of their marital or union status. It is important for early adolescents to acquire knowledge about the importance of contraceptives and methods for family planning. Governments and international development practitioners including UNFPA can not determine the sexual behavior of people at all ages, but the mission is to let them do whatever they decide while well informed and skillful in the use of family planning methods.
2. Responding to demand through comprehensive package of services including a variety collection of methods that are affordable by women and men at all ages and in different settings regardless of their economic welfare standing point. Accessibility is a keyword in this regard that involves personal, community, economic, cultural challenges to be overpassed.
3. Adopting people-centered approach through involving beneficiaries in designing the response interventions and owning it. It is advised to build on existing systems to ensure sustainability of programmes.

5. Findings and the Way Forward

The review examined if and how the ICPD agreement shifted the global conversation from demographic targets or the size of population to the establishment of women's reproductive health and rights as a goal and was adopted by governments as a fundamental principle of governments policy relating to population growth, environmental sustainability, and development, using a

people-centered approach. These policies covered a range of issues, including girls' education, and public participation, maternal and child mortality, violence against women through life cycle,

The ICPD review report made several forward-looking recommendation to pressing and emerging challenges particularly the young population, women and youth in conflict and post conflict zones, and the reproductive and sexual health of people of special. Emphasized that universal access to sexual and reproductive health services, including youth friendly services, and comprehensive sexuality education and information from an early age are essential for young people to protect themselves and lead healthy lives.

The report was clear that “Governments are encouraged to remove legal barriers that can prevent women and adolescents’ girls from access to safe abortion including revising restrictions within existing abortion laws. All the five reviews spoke of the need for adolescent’s access to sexual and reproductive health information, and services. Thus, ensuring the people -centered approach to reproductive health at all ages. of the Arab States Regional Conference in Population and Development “Reviewing the Implementation of the Cairo Declaration recommended the “Adoption of “the Life Cycle “comprehensive approach to ensure reproductive health, and elimination of child marriage, forced marriage and early pregnancy; educate and provide quality services so that couples can make reproductive decisions based on reliable information, and access quality services without financial or any other obstacles ⁴⁶

Meanwhile the people-center approach for the Latin America and Caribbean region stated that within the population and sustainable development various agenda being pursued using a life cycle approach to interventions on of old age persons, migrants, indigenous people and other marginalized groups ⁴⁷

Similarly, most of the regions call for comprehensive sexuality health education, the outcome from Latin America regional conference touched on all perennially contentious issues such as abortion, adolescent, sexual rights, sexual orientation, and gender equality. For instance, in terms of abortion it goes beyond 1994 PoA – it called on governments to consider amending their “laws” regulations, strategies and public policies relating to the voluntary termination of pregnancy in order to protect the lives and health of women and adolescent girls to improve their quality of life and to reduce the number of abortion ” The Asia and pacific conference on the review of ICPD PoA report urged governments to review their abortion laws, specifically to “repeal laws that punish women and girls who have undergone illegal abortion, as well as well as end their imprisonment for such acts ⁴⁸

The five Regional Commissions including Asia and the Pacific collaborated with UNFPA in conducting a global survey on the implementation of the PoA in the occasion of the 20th anniversary. The regional report for ESCAP reporting concluded that ICPD PoA is widely seen to address key socio-economic concerns including poverty reduction and promotion of sustainable

national development. Nearly all countries in the Asia region have reported commitment to sexual and reproductive health and rights. The report highlighted the strong support for attention to life milestones in the individual life, and to the importance of non-discrimination in treatment of different groups and ages through adopting a life course approach. An approach that helps frame forward looking policy making and planning for the whole population, particularly the vulnerable. Adolescent and old women and sometimes women from all ages are vulnerable particularly if they come from poor background, (sometimes women are denied SRH because of their social or economic background, if they are displaced, or refugees).

Progress was also reported on an improvements progress adolescents sexual and reproductive health information and services as well as the elderly. Likewise, reporting from all the regions call for comprehensive sexuality education. Latin America and Asia Pacific documents elaborating more specifics, such as the importance of sharing accurate information on human sexuality and of designing programs that are gender-sensitive and youth friendly. Similarly, the declaration of Latin America represented an advance stand of the definition of sexual rights.

Arab States review recommended giving youth and the older people's access to quality affordable youth friendly health services including age-appropriate sexual and reproductive health services and information. The report called for empowering youth and stressed the importance of youth access to information on training, employment skills and opportunities to enable them to realize their potential. Moreover, the report emphasized the importance of the provision of youth-friendly services for sexual and reproductive health, as well as the availability of health and The Arab States review recommended giving youth and the older people's access to quality affordable youth friendly sexual and reproductive health services. The report called for empowering youth and stressed the importance of youth access to information on training, employment skills and opportunities to enable them to realize their potentials, and availability of health and psychological services to women and girls who are survivors of physical and sexual and mental abuse, by raising awareness and training of health providers⁴⁹.

Since 1994, more than 30 countries have broadened the grounds under which abortion are legally allowed are an indication of concrete progress even on this rather difficult and sensitive issue⁵⁰ Sexual health and sexual rights now firmly occupy a central part of the discussions around the look forward regarding women's health agenda-within the broader human rights agenda. Even the regional declaration of Africa supports the concept of sexual and reproductive health and rights, although it supports a shorter definition than other areas of the world.

Sexual health and sexual rights now firmly occupy a central part of the discussions. The regional declaration of Africa supports the concept of sexual and reproductive health and rights, The recurrent themes in 2014 meeting were included in the UN Secretary General Report index on health that stated, "Governments from all regions hold a common perspective that universal access to comprehensive, quality and integrated sexual and reproductive health is one of the highest priorities for the global agenda beyond 2014⁵¹ .

The reviews reiterated the important linkages between the ICPD PoA and the sustainable development, particularly fertility and the rights of women and girls, population ageing and international migration. Population policies contributed in many ways to development, for instance providing sexual and reproductive health services, including family planning led in many ways to the decline of fertility, which in turn freed up funding for health and collective well-being. The UN expert group meeting on the review of ICPD/PoA and its contribution to the follow up and review of the 2030 Agenda for Sustainable Development, concurred that ICPD PoA continue to be of relevance in achieving the population goals and targets of the 2030 Agenda.

6. Good practices

6.1 ICPD review processes

The reviews of ICPD PoA as well as the findings of research and other interventions findings and conclusions validate the principles of Cairo on the effectiveness of a people centered approach, and provided new tools, guidance and examples for further implementation of a life cycle approach in population and development; and the way forward to move the Cairo agenda even further, particularly through the Nairobi Commitments to achieve Zero unmet needs for family planning, zero preventable health and maternal mortality, and Zero sexual and gender based violence. Some studies and reports that involved a sort of life cycle people-centered lens to the progress of ICPD PoA implementation could be seen in the Data Analysis of the Demographic and Health Survey between 2005-2014, Contraceptives Unmet Needs; Guttmacher Institute. The Monitoring Framework for the ICPD Program of Action Beyond 2014 (United Nations commission for Europe) is another example. Furthermore, the ICPD Beyond 2014, International Conference on Human Rights. “All Different, All humans , all equal” (UNFPA, UNHCR, the Government of the Netherland) shed lights on the importance of lifecycle, and the report on Addressing Population Ageing in Asia and the Pacific Region, A life Cycle Approach, UNFPA regional office for Asia and the Pacific, and finally the Twenty years after ICPD, Adolescent sexual and reproductive health emphasized on investment in SRH starting from early ages.

6.2 Data Analysis of the Demographic and Health Surveys

ICPD made the case that women, men and adolescents should have the freedom to control their SRH choices and friendly access to a wide range of services, confidentiality, and safe modern contraceptives The survey data analysis reinforces the ICPD focus on a people-center approach to contraceptives catering to the individual needs of women, men, and adolescents. Thus realize the ICPD PoA and the Nairobi commitment to achieve universal access and reproductive health and rights as part of universal health of Zero Unmet needs. The survey shares scientific information and guidance to accelerate distribution and services. contraceptives The Guttmacher institute reported data from 2017, shows an estimated 36 million young women age 15-19 either married or sexually active want to avoid pregnancies in the next two years, yet the majority of this group around 20 million have no access to modern contraceptives.

The rising levels of contraceptive use in developing countries have played a major role in enabling couples to have smaller families and in improving women and children health. Findings of the 2005-2014 Demographic and Health Survey (DHS) of 52 countries, highlights that woman are still

in need to use contraceptives, however, those from disadvantaged or poor socio-economic backgrounds have difficulty accessing reproductive health services⁵²

Socio-economic determinants include education, occupation, ethnicity, and economic standard as well as related structural violence towards women, and the status of women in the society.⁵³ There are 190 million women want to avoid pregnancy and do not use an contraceptives method. It is estimated that 25 million women have an unsafe abortion every year. Most countries are far short from the goal of involving all sectors of the community, especially women and young people in making the policies and decisions that will shape their lives⁵⁴.

The survey reveals that women's lack the apparent lack of knowledge about contraceptives had declined substantially compared to 1980s, and that side effects associated with modern with modern contraceptives is on the is becoming more and more common all over the world. The study reflects a wide range of reasons why women from different situations, marital status, age, cultural background, personal believes as well as knowledge about contraceptives. It was found that while rarely any of the women was unaware of contraceptives there is no one single reason for women who want to avoid pregnancy for nonuse of contraceptives.

6.3 Monitoring Framework for the ICPD PoA, UNECE

This is a good practice on people-centered approach. The monitoring framework has been developed within the context of other overlapping global and regional monitoring efforts, like the global indicator framework for the targets of 2030 Agenda⁵⁵. The Monitoring Framework was developed as part of the joint UNECE-UNFPA project "Enhanced integration of population dynamic into development planning: follow-up to the ICPD in UNECE. The structure was defined in a cross-sectoral fashion, adopting an evidence-based decision making on population and development, therefore working towards a People's approach in development that look at the totality of individual needs at different stages in life and selected a set of indicators measuring population and development outcomes through a life cycle approach, using available databases and existing monitoring systems.

UNECE Regional Report summarized information on legislations, policies and strategies adopted and implemented by UNECE Member States in relation to ICPD/PoA. It indicated that significant progress has been made in policy development and programing, the report confirm that the PoA continue to be relevant for achieving inclusive social and economic development, and sustainable environment, based on gender equality and respect of human right. The analysis of the thematic survey using the agreed on quantitative and qualitative data in the countries databases, shows that societies can prosper under conditions of slow or no population growth and aging, this is if they adapt their institutions and equitable investment in people education, health, and employment opportunities independent of gender, age and origin. Still, the region faces many challenges in developing people's potentials. These include high differences in mortality and morbidity between

countries and within the same country, and discrepancies and inequality in access to sexual and reproductive health information and services, discrimination and social exclusion of migrant, minorities, and other disadvantaged groups, and increasing inequalities in access to employment and income opportunities which affects particularly young people⁵⁶.

Policies in both low and high fertility countries should be based on the right of individuals to decide freely and responsibly on the number of spacing of their children and to have the information, services and means to do so, such policies should be built on evidence and best practices. The recommendations stressed that policy makers should develop a holistic approach and family friendly, gender sensitive and responsive services, across all relevant sectors, including health, education, employment and migration. Policies need to support all forms of families, and address in particular vulnerable families. They should also address individual needs and enable women and men to find a balance between family, and work requirements for example to be able to find affordable care options for children and older persons, thus ensure a life cycle care during the individual different phases of life as a care giver, and as the person needing the care, whether that was a child or an elderly or physically or mentally challenges person.

The research findings concluded that below level fertility is not a threat if accompanied by adequate investment in health, education, and employment opportunities. This conclusion is of importance for the life cycle approach, and the continuation of training, education and provisions of health care at regardless of age, confirm the notion of ICPD /PoA and Nairobi stress to on a life cycle approach leading to the achievements of the SDGs. Specifically, the report of the meeting emphasized that people should be at the center of development, they recommended the following:

Operationally, the recommendations of the meeting called for governments to invest in human capital through the course of life, particularly in building capacities of adolescents and young people and help them develop their full potentials and capabilities and allow them meaningful participation in all stages of the development. The participants reemphasized the right to quality education at all levels in a safe participatory environment, and to descent work for young people through effective policies and programs that generate secured and employment, and knowledge that will help them making informed decisions on their lives and families, provide them with skills. Recommendations for the promotion of healthy lifestyle among the young, with access to youth friendly health and social services to improve the lives of future generations of older persons. Therefore, health and social policies and programs are to be adopted to respond to needs and be age appropriate. Moreover, prevention of discrimination against the elderly, securing the appropriate health care, as well as income and social networks of older people will allow societies to benefit from their productivity and contribution as caregivers, volunteers, and entrepreneurs and reap the longevity dividend of current and future generations of older people.

For families SRH over life course, the protection of sexual and reproductive health and rights are essential to achieve gender equality and social justice, and require national legislation, governments should partner with the civil society to protect violations of sexual and reproductive health rights. Gender sensitive, and life skills, and sexuality education are essential to empower young girls to protect themselves. Professional groups such as health care providers, members of

the judiciary, teachers, social workers and law enforcement personnel should be trained and informed to enhance their understanding of human rights, gender sensitive and responsive approaches to all individuals regardless of background. This approach also ensures a life cycle intervention in population and development programs. More attention was recommended to improve access to information and counselling, including for unintended pregnancies.

The participants called for comprehensive sexuality education training to be integrated into undergraduate and in-service training of teachers, social workers among others. They also called for ensuring effective policies related to the sexual and reproductive health services for the elderly, another notion of life cycle care. Increasing access of men and boys to sexual and reproductive health information, counselling and services, other aspects of people approach to population and development programs, this also was reflected in the equality before the law and non-discrimination. in addition, enactment of laws that allow education in an environment free from discrimination, violence, and gender sensitive. And continued strengthening of partnership with civil society as the grass roots organizations that are closer to people and provide sustainable funding. Another facet of a people Approach to implementing the ICPD/PoA.

6.4 The International Conference on Human Rights; The ICPD Beyond 2014

This was another attempt to promote people-centered through the concept of people's agency. The consensus in Cairo settled the argument, between development demands and human rights, to follow Cairo agenda is to promote human rights for all, this is what it means when we talk of reproductive right. The ICPD PoA human rights approach to reproductive health shaped the thinking of the development and human rights agencies, The Commission on Population and Development and the Commission on the Status of Women have adopted strong rights-based position on young people and on gender-based violence. The Commission on Human Rights has adopted a resolution on preventable maternal mortality, morbidity and human rights, similar progress noted at national and regional level ⁵⁷. Under the tagline "all different, all equal" the International Conference on Human Rights was organized by UNFPA and the High Commission on Human Rights and the Government of the Netherlands. The conference was a platform among a diverse group of participants to identify ways and means to strengthen the operational links between human rights commitments and identify opportunities to strengthen the implementation of the Program of Action with a particular emphasis on sexual and reproductive health and rights and their intersection with gender equality and rights of individuals at all stages of life.

Three fundamental arenas were identified in which action have been taken to meet human rights obligations namely, SRH, creating enabling legal policy environments: removing barriers to accessing information, education, and services, and enhancing people's agency and ensuring their full potential ⁵⁸

The conference highlighted the progress since Cairo in improving access to information, education, and services on sexual and reproductive health. The greatest progress was identified as the improvement in maternal health as it represented the most gains in sexual and reproductive health and human rights. The percentage of pregnant women who had at least one antenatal care visit

increased globally from 64% in 1990 to 81 percent in 2010. Likewise, access to voluntary family planning and modern methods, and response to the AIDs epidemic had increased, furthermore, the legal and policy achievements to end violence against women and girls “stood out “as areas in which progress had been made.

Significant legal and policy progress to end violence against women and girls as well as other harmful practices, there are now 125 countries that have enacted specific laws on domestic violence and many more established dedicated programs and services.

The participants agreed that the ICPD was a groundbreaking forum in its recognition and call that “people’s agency “is central to sexual and reproductive health and rights. A strong consensus emerged that a major achievement since 1994 had been the increased mobilization of a large range of several civil society organizations, other non-governmental stakeholder, and social movements around the ICPD agenda that shaped global, regional, national communities This development is particularly important for the life cycle approach to ICPD/PoA implementation regarding the life cycle approach. As civil society is role is crucial, not only to serve their community, but they also are able to affect government decisions and actions, as well as parliamentarians and others, on sexual and reproductive rights. This development of the civil society impact was identified as a key for the achievement of the goals and objectives of the ICPD, and the inclusive framework of the post -2015 development agenda

The consensus identified socioeconomic inequalities, as a major barrier preventing people living in poverty to access sexual and reproductive health services, information and education , and gender inequalities are obstacles to the implementation the principles of the ICPD PoA, to enhance people ‘s agency for their full participation .The conference identify several challenges to further advance the implementation of ICPD/PoA beyond 2014, the findings and conclusions were summarized in three categories equality, quality and accountability for people across lifecycle.

6.5 Addressing Population Ageing, In Asia and the Pacific Region, A life Cycle Approach

This example responds to the fact that ICPD+20, examined decline in fertility levels reinforced by continued mortality levels is producing changes in age structure of populations in most societies. In the more developed regions, approximately one in every six people is at least 60 years of age, and this proportion will be close to one person in every four by the year 2025. The situation of developing countries that have experienced very rapid decline in their levels of fertility deserves particular attention. In most societies, women, because they live longer than men do, constitute mainly the elderly population and in many countries, elderly poor women are especially vulnerable.

In 2020, with the launching of the UN Sustainable Development Goals, the Asia and Pacific office of UNFPA conducted a research to address the people-center approach as initially promoted the centrality and rights of the individual in the any development policies and processes. The research paper addresses issues relating to population aging against a backdrop of low fertility in the Asia and the Pacific region, a region that accounts for 60 % of the world’s total population. Since 1990, the region experienced growth that helped pulling 8% of the extremely poor out of poverty),

significant improvements were reflected on the human development indicators include access to health and education (OECD, An Emerging middle Class).

By 2050, one in four people in the Asia and Pacific region (around 103 billion), will be over 60 years of age. Fertility is expected to decline from current 2.20 to 1.9 in 2050, this demographic development required a policy response. Contributing factors to fertility decline, which accelerate population ageing, including gender inequalities; rising economic disparities and emerging health and other disaster problems like Coved 19. The implications are hard economic consequences and downturn that affect the vulnerable, older people, and people with disabilities. Other groups that can suffer are and those in conflict situations mostly women. All are contributing factors to fertility decline, which accelerate population ageing. Sex selection in countries with strong preference for male children. affects the rapid population ageing as fewer women are born and reach childbearing age. Therefore, many countries in the region found it necessary to accelerate and prioritized the process of developing policies to ensure social and economic sustainability.

The UNFPA Asia and Pacific region office paper “Addressing Population Ageing in Asia and Pacific; A Life Cycle Approach” is addressing population and development through a people - centered focus in an effort to produce evidence and arguments to shape strategies for the region on the need to examine the needs of all through different stages of life and impact of demographic change on development.

In this report, ageing is presented as “all or nothing” it is either an existential threat or a wave that will destroy health and welfare systems- or a “silver economy “that open markets for new innovations new tools were developed to assist researchers and policy makers monitor and evaluate policies. To conduct comprehensive analysis of population ageing policies, it has been found that the definition of older ages is not homogenous and need to be modifies. A 65-year-old person in Japan does not have much in common with another 65 years old in Liberia, or someone who may live until the age of 65 in the year 2050.

The Asia and Pacific region report found that research and systematic reviews of protective and risk factors for healthy aging concluded that ageing pathway may be driven by different life-course situations, that should be taken into consideration on any sustainable population and development planning, these include Lifestyle; Biological factors; Social and Economic Status; Demographic and Health Situation; And Psychological Behavior ⁵⁹. Understanding the similarities and discrepancies in ageing trajectory among older population can enable the development efforts to identify the determinants of health across life span. Understanding the life cycle factors contributing to later life health and wellbeing, is necessary not only to improve the elderly quality of life and its impact of health costs and social services, but it also to mitigate the future expansion of economic costs associated with ill health, and its consequences on sustainable development. This particularly important as a gender issue where women live longer, they are also more vulnerable as they may not have the health and social coverage they may need, for different reasons.

The healthy path to life starts as early as the time when the couple decide to have children, and all through life particularly during pregnancy and childbirth, the age of pregnant women and the number of pregnancies, and the ethical factors impacting sex selection or abortion all matters. Education, risky behavior, support and care for adolescents training and employment of men and women, economic and social security of men and women, harmful practices against women, as well as gender-based violence against women and girls all has an impact on the life of the individual and his/her society.

6.6 Population Development Composite index- PDCI in the Arab region, people-centered approach

UNFPA Arab States UNFPA- Arab States Regional Office constructed the Population Development Composite Index (PDCI) to quantify ICPD-PoA implementation progress and reflect the position of Arab countries with regards to the implementation of ICPD based on SDGs indicators within the context of the ICPD Beyond 2014 review and the post 2015 development agenda. The objectives of the index are to provide a scientific measure and policy tools to advocate for people-centered SDGs and to demonstrate the importance of supporting the population agenda as a key enabler for achieving SDGs.

The PDCI is structured based on thematic pillars of “ICPD-PoA Beyond 2014” developed by UNFPA. It is based on 33 indicators categorized into five dimensions namely dignity, Sexual and reproductive health (SRH), place and mobility, governance, and sustainability. The PDCI is based on the monitoring framework of the SDG indicators from a population perspective. The framework combines results with contextual and process issues, however the latter cannot be waved out from the framework to maintain SDGs collectivity, i.e., the five dimensions are mutually reinforcing and in line with SDGs.

The PDCI indicators were developed through several rounds of consultations, peer reviews and iterations to identify a methodology of calculation that is in line with other relevant indices, particularly the SDGs progress index. In 2019 UNFPA-ASRO launched a PDCI pilot version. In 2020, a review was conducted to determine the final set of appropriate indicators for measuring the population and development agenda. Methodologically, the computation of the PDCI was conducted in two stages. In the first stage, standardized indicators were aggregated to estimate each of the five sub-indices for the five dimensions using the arithmetic mean with equal weights for each of the identified indicators. Using the arithmetic mean implies full substitutability between indicators within each dimension. In the second stage, full substitutability of dimensions was avoided and replaced by the geometric mean to reduce substitutability and ensure less sensitivity to extreme values.

Moreover, the necessary tests were carried out to ensure the inter-consistency between the individual indicators within each dimension, as well as testing the collinearity between indicators

to determine the final list of indicators used to build the composite index. Accordingly, 6 indicators out of the 39 in the initial list were excluded to avoid collinearity and redundancy. Sensitivity analysis did not indicate significant differences when ranking countries using different weighting schemes, which justified using equal weights for simplicity. The analysis has led to the conclusion that PDCI is an instrumental tool to make SDGs more people-centered during implementation of the SDG agenda. The results illustrate large disparities between countries in terms of implementing the population and development agenda. Results also show that high scores in one dimension does not necessarily imply better performance in the others. In other words, the five ICPD dimensions are integrated rather than associated. This makes the PDCI and its sub-indices valuable for evaluating achievements related to population policies and for setting priorities and allocating resources to interventions related to ICPD-PoA. By illustrating differences within countries and different levels of performance on the five dimensions for each country, the dashboard can be useful in identifying areas of improvements that need to get the attention of policy and decision makers.

7. Conclusions and Recommendations

7.1 Conclusions

This paper examined how ICPD PoA influenced and shaped global development, although not totally fulfilled, ICPD transformed the conversation on fertility, by recognized that policies on development in fact could not succeed without a people centered approach ensuring women's health and rights including reproductive rights for all. ICPD PoA made the case that sexual and reproductive health and reproductive rights are a matter of social justice, equality and equity. Therefore, reproductive, and sexual health services, education should be made available and accessible through primary health care system to individuals of all appropriate ages, including adolescents. A life cycle approach usher the global agenda towards actions and interventions to further improve and strengthen the health of women and girls. It also urge policy makers and development planners to realize that girls and women's health is not a target in isolation of the society at large, but closely linked to national development plans .The life cycle approach require new approaches to availability of periodic , disaggregated data, disaggregated by sex, age and socio-economic situation to enable so planners to tailor appropriate life course approach to the health and well-being of women and girls and the society .POA warned that the cost and consequences of lack of effective reproductive health interventions falls disproportionately on women and girls in poor communities. . A life cycle approach to empowering people will lead to : reducing poverty and inequality , improving public health , especially women's and children health, and halting the spread of HIV and other sexually transmitted infections ; ensuring that all girls can pursue their education and avoid early marriage and unwanted pregnancy; supporting women to enter and remain in the work force to achieve personal and economic security; enabling individuals and couples to determine the size of their families ; and raising savings and productivity and enabling economic growth⁶⁰.

SRHR issues and the empowerment of women and young people, all interface with how the world's population trends impact on communities and national development. Whether the context

is one of population growth, youth bulge, ageing, migration, urbanization, or environmental degradation and imbalanced production and consumption patterns. Research findings, and interventions by different regions and countries show. The post 2015 agenda, therefore, should concern itself with the goal of long-term population change, including, women who cannot access reproductive health care, women who will enter reproductive age in the coming decade: the needs of the displaced and those in conflict zones as well as the ageing population.

7.2 Recommendations

A people-centered life cycle approach brings a value added to accelerate the implementation of ICPD PoA. This will need to be comprehensively addressed over the course of life and with focus on people through the following suggested measures:

To policy Makers

1. Review the legal framework for SRH and GBV including laws of family and domestic violence in the Arab region and ensure compliance with lifecycle approach.
2. To adopt a people-centered approach, Governments and development practitioners are encouraged to involve target people in the early stages of initiating interventions directed to support women and girls. This starts by early consultation followed by design stage and then implementation, monitoring and evaluation. This approach will bring community accountability and ownership of the development agenda by people at large.
3. To allocate budgets based on life cycle approach to ensure the complementarity of efforts by different governmental actors, and financing to people according to their needs and rights at each life stage and to provide funding for paving the way on each stage to address potential challenges in the next stage.

To Researchers

1. This review indicated the linkage between the adoption of people-centered lifecycle approach and making SDGs more focused on people's rights and needs. This argument needs further evidence and analysis.
2. A more in-depth panel analysis following individuals in their different life stages to examine the behavior in each stage and its impact on the potential risks in the other stages. Dedicated data collection activities are welcomed in this regard.

To UNFPA and Development practitioners

1. The analysis showed genuine linkages of women's life and impact of behavior in each stage on the health status and general wellbeing in the next stages. Therefore, UNFPA is invited to develop KPIs for key SRH and GBV interventions to monitor the level of linkage between different stages of life to ensure life cycle planning, monitoring and evaluation to accelerate achievements of the three transformative results

2. UNFPA is invited to advance the PDCI report as an instrument of making strong linkage between ICPD PoA and SG agenda through advocating or people-centered SDG implementation and using PDCI as a monitoring tool.
3. Develop a toolkit to train young professionals on operational aspects of life cycle and people-centered approaches and upgrade the capacity of government and partners including development practitioners on people-centered lifecycle planning and Implementation. Specific emphasis should be given to humanitarian settings because standards list of indicators and KPSs might not be relevant, and an innovative way and approaches might be needed on cases by case basis to textualize the approaches.
4. Engage with national statistical offices to develop a set of indicators and provide data systematically on main indicators that reflect the life cycle and people-centered approach.
5. Expand SRH and GBV services including counselling, services, etc. to cover all age categories and ensure that consultations involve people from different ages to reflect the interactions across ages in the development of programmes and interventions.
6. SRH and GBV matters are on one hand human rights but subject to interpretation by communities differently based on culture and religious heritage, A culturally sensitive approaches might be a great outcome of people-centered approach and a life cycle approach can bring different generations into discussions and consultations which might contribute to safe landing what is considered as controversial parts of UNFPA mandate including comprehensive sexuality education, abortion and other sexual orientation matters.

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