

global issues

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POPULATION AT THE MILLENNIUM

**THE
U.S.
PERSPECTIVE**



...equitable and sustainable development and population stabilization go together. The education and empowerment of women, high levels of literacy, the availability of contraception and quality health care – these factors are all crucial.

They cannot be put off until development takes place; they must accompany it — and indeed should be seen as part of the process by which development is hastened and made more likely.

Vice President Al Gore

Remarks to the September 1994 U.N. Conference on Population and Development in Cairo, Egypt



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FOCUS



STABLE POPULATION IMPORTANT FOR PROGRESS

By Secretary of State Madeleine K. Albright

In my travels as secretary of state, I have seen in Asia, Africa, Latin America, and the Caribbean how rapidly increasing populations can make it harder for societies to meet challenges and move forward.

Unsustainable population growth can undermine economic and social progress by overburdening the quality and availability of public services, limiting employment opportunities, and contributing to environmental degradation. It can also contribute to instability, potentially to outflows of migrants, and, when exacerbated by human rights abuses, refugees.

In short, unsustainable population growth undermines our strategic effort to bring nations closer together around common principles of democracy, peace, and the rule of law — to build a world that is increasingly stable, prosperous, and free.

That is why the Clinton administration favors a comprehensive approach to help countries grow in

ways that balance economic progress, social development, and environmental concerns.

This approach also recognizes that women and women's health are at the core of successful development. And it accords with the consensus created at the 1994 International Conference on Population and Development (ICPD) held in Cairo, and with the collective vision there of a world where women and men are equal partners, children are cherished and healthy, families are strong, and prosperity is broadly shared.

We have had many successes in the four years since Cairo. Access to reproductive health services has been expanded throughout the world, and more women are becoming empowered through increased education and rights. But the challenges we face are also great.

The world's population continues to grow by 80 million people every year. Half a million women continue to die each year from pregnancy-related causes — 99 per cent of them in developing

countries. And millions of people became infected with HIV/AIDS in each of the past four years.

The United States looks toward the five-year review of the ICPD Program of Action as a key opportunity to refocus and redouble efforts in our country and around the world.

Through a series of events between now and the International Forum in February 1999 and beyond, we will be deeply engaged. And we look forward

to working with other governments and with international and non-governmental organizations to make sure that the profound shift in thinking on population issues sparked in Cairo continues to make a profound and lasting difference in the lives of men and women across the world.

WOMEN'S RIGHTS ARE HUMAN RIGHTS

By Donna E. Shalala
Secretary of Health and Human Services

How long is five seconds? Long enough for a woman in Nairobi or Atlanta to hear that she is HIV-positive. How long is 30 seconds? Long enough for a girl in Toronto or Sao Paulo to take her first puff of a cigarette. How long is five minutes? Long enough for a woman in Bangkok or New York City to be sexually assaulted. How long is nine months? Long enough for an adolescent in Tokyo or Amsterdam to have a baby she does not want.

How long is five years? Long enough for the world community to respond to the agenda set at the International Conference on Population and Development, which we have come to know as "Cairo."

In 1994, more than 180 nations from all parts of the globe gathered in Cairo to rethink the way we approach women's health. The question at hand was: How do we move women's health beyond the narrow focus on population control and reproductive health, and instead empower women of the world to take control of all spheres of their lives — academically, economically, socially, and politically?

Cairo challenged the world to live up to the affirmation that women's rights are human rights. Cairo supported the view that a woman's value exists far beyond her reproductive organs; that her fate does not exist in a vacuum.

There are vast cultural differences in our world, but there is one common truth: when a woman dies, becomes disabled, is abused or goes hungry, it can profoundly affect each of her children, her extended family, a whole neighborhood, and an entire community.

The United States has responded to this affirmation with vigor. In the past five years, we have reached beyond our traditional concept of "women's" initiatives, and are creating programs that allow women to not only stay healthier and more economically successful throughout their lifespan, but will also strengthen and support the broad circle of people around them.

We began our response to Cairo by recognizing that every day American women are faced with threats to their well-being simply because they are women. But we also recognized that when given knowledge, education, opportunity, and power, women can be heroines and move mountains to help themselves and others they are destined to nurture. To create an environment that will support these heroic acts, the United States Department of Health and Human Services (DHHS) has implemented numerous programs that target women throughout all phases of their lives.

We hope that other nations see our initiatives as demonstration models, just as we have benefited and learned from innovative programs around the world.

Starting young, our "Girl Power!" campaign focuses on girls aged 9-14, the age when they begin their often complex and confusing transformation into women. Studies show that girls encounter different social, cultural, physiological, and psychological challenges than do boys. For example, the National Longitudinal Study on Adolescent Health reported that one in 20 girls has attempted suicide, double the rate for boys, and "The Girls Report: What We Know and Need to Know About Growing Up Female" found that 90 percent of cases of eating disorders occur among girls and young women.

Drug use is also on the rise. Girls today are 15 times more likely than their mothers to have begun using illegal drugs by age 15, according to the National Center on Addiction and Substance Abuse at Columbia University.

"Girl Power!" is designed to help girls through the critical period of pre-adolescence by building their self-confidence in academics, sports, art, and other activities and developing their interpersonal and social skills. In addition, they also receive health messages about drug use, sexual activity, nutrition, and mental health.

As their transition into womanhood continues, our National Strategy to Prevent Teen Pregnancy helps them through the next phase. This strategy promotes education to encourage abstinence, conducts evaluations, and funds pilot projects. Teen pregnancy rates and births have declined in the United States in recent years, but the teen birth rate is still two to seven times higher than that of other industrialized countries.

We recognize that teen pregnancy is more than just a short-term health issue. These pregnancies can interrupt and even stop a woman's education, which can affect her economic independence for the rest of her life. Of women who give birth during high school, 62 percent drop out of school, and they are less likely to go to college as compared to women who delay their pregnancy.

As women get older, they continue to need access to reproductive health services, including family planning, which we support. They also face the threat of chronic and deadly diseases. In their lifetime, American women face a one in eight chance of developing breast cancer. So in 1993, in response to a 2.6-million signature petition calling for a coordinated national strategy to combat breast cancer, President Clinton initiated the National Action Plan on Breast Cancer, a public/private partnership that better focuses our resources to fight this horrible disease. In addition, the Center for Disease Control and Prevention (CDC) has expanded its Breast and Cervical Cancer Screening Program, which is now protecting the health of low income women in each of our 50 states.

Much as we all fear breast cancer though, heart disease remains the number one killer of women. We are learning more about the heart health of women in the Women's Health Initiative at the National Institutes of Health (NIH), the largest clinical trial in U.S. history. This research has brought thousands of women into important clinical studies and is increasing our knowledge about hormone replacement therapy, dietary patterns, and exercise. This important study is just one example of the greatly expanded women's health research agenda at NIH.

As a nation we cannot meet the Cairo mandate without looking far beyond diseases to other societal threats to women's health and well-being. According to the DHHS Office of Women's Health, domestic abuse is the leading cause of injury to women in the United States. More than 50 percent of women murdered in the United States are killed by current or former male partners, and it is estimated that one in four women in the United States will be assaulted by a domestic partner in her lifetime.

Violence and victimization also greatly impact young girls and adolescents. It has been estimated that between one in three or one in four girls has been sexually victimized by the time she reaches 18 years of age. The United States has responded by enacting tougher laws, establishing better training curriculums for health providers, and increasing funding for battered women's shelters.

In addition, a national 24-hour toll-free Violence Against Women hotline (1-800-799-SAFE) has been created to refer thousands of women to safety. Since its inception 18 months ago, more than 200,000 women have called the hotline for help and advice in their most pressing time of need.

The Department of Health and Human Services is also working to stop the increasing threat of HIV/AIDS. In 1997, women comprised 22 percent of all reported AIDS cases; this compares with only seven percent in 1995. Heterosexual contact is now the fastest growing mode of transmission. In the United States, the threat is even greater for women of color. African American and Hispanic women make up 76 percent of female AIDS cases reported to date.

So we have moved quickly to create an agenda centered around women and HIV. Community organizations and medical providers are working with DHHS to develop programs that meet women's needs for prevention and care of HIV. The NIH and CDC are leading an integrated research strategy for HIV and AIDS, funding studies to develop improved behavioral and biomedical interventions to give women effective tools to reduce their risk of HIV infection.

Cairo also encouraged us to take a more global view of issues affecting the health of women. We now realize that the international issue of female genital mutilation has become a domestic issue. The prevalence of female genital mutilation in the United States is still largely unknown, but CDC, using U.S. Census data and female genital mutilation rates for African countries, has estimated that more than 150,000 women and girls in the United States had or are at risk for female genital mutilation. We are now working on methods to determine the true prevalence of the practice in the United States, working with communities to better understand the cultural influences that may be involved, and educating health care providers about female genital mutilation.

We recognized at Cairo that improving women's health cannot occur without fully integrating it into communities' priorities. Our efforts require the full support of the American public, women and men. We have developed programs to encourage men to become more involved in family planning by having them work in family planning clinics, learn about reproductive health, and receive assistance with career planning and job training.

Also, we know that involving males in parenthood is beneficial for children. Non-custodial fathers who have a sense of parenthood maintain strong emotional ties with their children and voluntarily pay child support. To that end, the Department of Health and Human Services has established a Fatherhood Initiative. It will fund responsible fatherhood demonstration programs, increase funding for access and visitation services, include pregnancy prevention activities for boys and young men in the National Strategy to Prevent Teen Pregnancy, and work with women's groups to reduce violence against women and children.

DHHS has done much in five years. But, the road from Cairo has not been and will not be easy. The United States still has a long way to go in dealing with interconnecting issues of race, ethnicity, and poverty. Increasing numbers of aging women will dictate different health needs. Much more still needs to be done to give women a fuller sense of responsibility about their own health and lives and to hold men responsible for their actions that affect family life.

As the five-year anniversary of Cairo approaches, let us all celebrate our successes, acknowledge our shortcomings, and vigorously explore future directions for the human rights of women everywhere. Time waits for no one.

U.S. BACKS “WELL-BEING” PROGRAMS FOR WOMEN

An interview with Julia Taft, assistant secretary of state for population, refugees and migration.

Taft says the United States has a wide range of well-being programs for women, of which family planning and reproductive health are key elements. In 1999, there will be meetings to review the five-year results of the 1994 International Conference on Population and Development [ICPD] held in Cairo. Taft was interviewed by Edmund F. Scherr.

Question: Please explain the Clinton administration’s comprehensive approach to its population policy.

Taft: The comprehensive approach to population draws its strength from the ICPD Program of Action, which looked at family planning and reproductive health in a broader context of women’s empowerment, girls’ and boys’ education, child health, and economic, environmental, and other social elements that affect the lives of girls and women.

Our programs and our policies really encompass a whole range of well-being for women and girls, of which family planning and reproductive health are some key elements. But we are looking at ways to protect women from sexual violence. We’re looking at ways that women can have access to accurate health care information and family planning information and at ways to better involve men in their family lives. We’re looking at women’s access to micro-credit and economic opportunities as well as education.

This is happening not only in our domestic programs, but also in those programs that we support internationally.

Q: Can you explain the impact of Cairo? What made Cairo so special?

A: When you get 180 countries together — and they actually agree on a plan of action — it is phenomenal. At Cairo there was a very broad consensus that you couldn’t just set forth one element of health care for women without putting it in a broad spectrum of their economic, social, and political rights.

So what we draw from this is that the way to stabilize world population growth is by opening up the next century to opportunities for all people, and to make sure that women have the ability to make informed decisions about themselves so that they can be more productive members of the world community.

Secretary of State Albright has a wonderful way of putting it — since women are half of the world’s population, you can’t hold up the sky with only 50 percent of the population. You need women.

Q: What was the impact of the Cairo conference on the United States?

A: All of us learned how to associate and integrate several issues together — population, environment, development, human rights, and so forth. Almost all of the elements that grew out of Cairo became part of the building blocks for the 1995 Beijing Women’s Conference. So that was an important impact.

For the United States it catalyzed an interagency planning process. We now have an active President’s Interagency Council on Women to implement the agreement out of the women’s

conference in Beijing. Within the State Department we have an international objective to try to stabilize world population growth as a key element of our foreign policy. We also have special initiatives on the rights of women internationally and the protection of women and girls from trafficking.

We've also seen some important legislative changes. Just after Cairo, Congress passed a law ensuring complete access to reproductive health care services by making it a crime to use force, or to interfere with providers of reproductive health services or their patients. And there was a recent decision to require federal employees' health insurance plans to cover contraceptives. These were both very important.

Various U.S. government agencies have a number of activities, all of which center around women's well-being, that started in Cairo and were augmented in Beijing. We're seeing them take root at the national level in the United States, certainly within the Clinton Administration.

I'd also like to say that this has been a very interesting case study on civil society. Since Cairo, non-governmental organizations, including family planning organizations, and health, development, child survival, environmental, human rights, and women's groups, have been brought into the process of looking in an integrated fashion at how to stabilize the world's population. We have a very strong partnership with these groups.

Q: Can the right to family planning be abused?

A: Some people who oppose family planning services oppose them because of the appearance in some places of coercive family planning practices, forced sterilizations, and forced abortions — clearly things that violate basic human rights.

Nobody wants people to be forced to do something that is bad for themselves or their families. People who want to be sterilized or have an abortion should be fully informed of their other options. But if they do choose to have an abortion or sterilization, it should be safe.

There is a very strong and compelling case for giving people the opportunity to make their own informed decisions about their lives and the size and spacing of their families. This is a basic human right, because it helps people — women, along with their husbands or partners — to determine the course of their own lives.

We all oppose coercion, but that message doesn't always come out as it should.

Q: What about the opposition by some in Congress to U.S. support for family planning programs overseas?

A: I think that there is a perception by a minority of members of Congress that family planning promotes abortions.

People who equate family planning with abortion are simply wrong. Abortion is not approved or condoned as a method of family planning by anybody, and yet when we promote safe options for family planning, detractors always come back to abortion.

It's important for everyone to know that the U.S. government does not support abortion as a method of family planning. In our programs overseas we do not allow the funding of abortions as a method of family planning nor even the advocacy of changing laws to promote abortion or allow abortion overseas.

We do feel strongly, though, that organizations should be able — with their own time and their own money — to do what is legally permissible for them to do, whether it is providing safe abortion services or advocating within their own political system. This is why the Clinton administration opposes the so-called "Mexico City policy" that certain members of Congress are advocating.

We feel that it is inappropriate to restrict our ability to fund organizations wherever they live to do things that are legally appropriate for them to do.

Editor's Note: The "Mexico City policy" — in effect by executive order under the Reagan and Bush administrations but overturned by President Clinton — ended all U.S. family planning assistance to any foreign nongovernmental organization (NGO) that performed legal abortions or was involved in abortion-related activities, even if these activities were carried out with their own private funds. There are some in Congress who want to legislate a version of the "Mexico City policy."

Q: Is the United States working with the United Nations on population issues?

A: Of course. We support several international organizations on these issues, particularly the United Nations Population Fund (UNFPA). The fund is the world's largest multilateral provider of population assistance. Its programs complement the bilateral assistance provided by the United States and other donors. UNFPA provides much-needed and desired voluntary family planning services, maternal and child health care plus other services to over 160 countries. UNFPA is taking the lead role for the United Nations in the Cairo plus five review process.

We also support the activities of several additional agencies. UNICEF is a key player in child health and child survival. UNAIDS is a relatively new organization that is important in leading the global response to the HIV/AIDS epidemic. WHO, UNDP, and the World Bank also have important programs in these areas. So we work very closely with all of these organizations.

Q: How are other countries responding to the Cairo Plan of Action?

A: I think it's mixed. A lot depends on a country's political, economic, and social situation. On the whole, we've seen a lot of success stories. Voices from all over the developing world, particularly women's voices, are seeking equal access to education, increased information about family

planning, and improved quality of reproductive health care.

In Turkey, nongovernmental organizations have seized on the issue of girls' education in a very strong proactive way and have generated some policy changes there. I think we all want to make sure that girls can stay in school long enough so that they have a valuable impact on the political, economic, and social elements of their society, and are then given more respect and opportunities. Nepal has done a very good job of trying to deal with the maternal mortality problem by coming up with more appropriate post-partum care technology and better ways of dealing with what has been a very significant problem.

What each country is going to do this year, as we lead up to a five-year assessment of Cairo, is to prepare its own report card on how far they've come and what constraints they still face. I think what will be very helpful is for all the countries to be quite open about what has succeeded, what hasn't succeeded, and see if we can't learn from each other.

Q: What about the specific global impacts of Cairo?

A: I can't really answer that yet because we don't have all the information yet. Remember, Cairo was just four years ago and the statistics are only about two years old.

However, I do believe that we can quantify a number of things. We are starting to see some reduction in maternal mortality. We are seeing some changes in legislation. We've seen a lot of momentum on the women and violence problem. There have been some international conferences on how to deal with the trafficking of women and girls. This is phenomenal. This wasn't even on the scope in terms of programmatic responses until fairly recently. So that's been good.

Q: What will happen at the Cairo plus five forum February 1999 in the Hague? Does the Cairo Program of Action need revision?

A: The United States does not support a revision or a reopening for negotiation of what was so well

negotiated four years ago. In fact, the Program of Action is a 20-year plan. What we want to do is discuss what has happened during the past five years — to review the successes we've had and the challenges we face.

It's also a reaffirmation that we really care about accountability. All participants want to make sure that the Program is on track toward achieving its goals. It's going to take a continued commitment to meet all the objectives of Cairo.

Two events will take place at the international forum. First, there will be an opportunity for NGOs (nongovernmental organizations) to have a forum to share their experiences and their assessment of progress so far.

Then there will be a forum with representatives from all the countries that were at Cairo. They will make statements about the progress in their countries and the challenges they still have.

Later in the year, we will have a special session of the U.N. General Assembly to report officially on where we all stand five years after Cairo. And this won't be the end. We will continually have to evaluate where we are so that in 15 years we'll find that human rights and civil rights and proper health care have been extended to all the world. I think the momentum is there, and I can see it building even more with the events of next year.

Edmund F. Scherr writes on population topics and other global issues for the United States Information Agency.

COMMENTARY



WIRTH: KEY TO SLOWING POPULATION GROWTH — EDUCATION OF GIRLS

By Jim Fuller

Tim Wirth, president of the United Nations Foundation, says that education programs for women — particularly adolescent girls — play a crucial role in slowing down the pace of population growth and improving the quality of life for future generations.

Wirth, former undersecretary of state for global affairs, said in an interview that population stabilization is the most important issue facing the world today.

"We have to stabilize the world's population in order to be sure, particularly in the poorest parts of the world, that people have opportunities," he said. "And right now population is outstripping development in too many places.

"The security of our nation and our world hinges upon whether we can strike a sustainable, equitable balance between human numbers and the planet's capacity to support life," he added. "If we're not able to focus on population and consumption — we are going to destroy the habitat of the world, and destroy the very systems that allow life to exist on Earth."

According to the U.N. Population Fund, world population has doubled since 1950 and now stands

at more than 5,900 million. Every year, the world gains another 80 million inhabitants — the equivalent of another Mexico — and will reach a total of over 6,000 million next year.

Wirth said that the education of girls is a critical area for stabilizing population and a number one priority of the U.N. Foundation he now heads. The foundation was created in early 1998 through a \$1,000-million-donation by R.E. "Ted" Turner, founder of the Cable News Network (CNN). The foundation supports U.N. causes that focus on population stabilization, women's empowerment, protection of the environment, and the advancement of children's health.

"We are focusing in particular on adolescent girls — education programs for girls, helping to keep girls in school, giving girls the opportunity to have employment, giving girls legal rights, giving girls access to reproductive health care services," Wirth said.

"Inadequate education is a powerful determinant of high fertility and unquestionably ensures that individuals do not live up to their potential," he added. "All over the world, education should be a vital component of international population and development strategies, and we must eliminate the

gap between educational opportunities for girls and boys."

Wirth noted that the Program of Action adopted at the 1994 International Conference on Population and Development, held in Cairo, recognized that investing in women through education, health care, and employment is critical to the development process.

The Program of Action pointed to studies showing that when a woman has control over her life, she is better able to contribute to a society that presents her with choices, especially those related to marriage and child-bearing. Conversely, absence of decision-making power negatively affects a woman's productive role in the home, the market, and within the family.

"Recognizing women's worth to development, empowering them to contribute all of their wisdom and talents to society — these represent the primary objectives for our participation in the World Conference on Women in Beijing three years ago, and our follow-up ever since," Wirth said.

Wirth also emphasized the importance of family planning as part of a comprehensive approach to slowing down the pace of population growth. He said that the Cairo conference signaled the world's renewed commitment to launch high quality, voluntary family planning and reproductive health programs with the aim of making them universally available as early in the next century as possible.

"A new sense of urgency was forged in support of making every effort to enable couples and individuals to fulfill the basic right — agreed for 20 years — to decide freely and responsibly on the number and spacing of their children, and to have the information, education, and means to do so," he said.

Unfortunately, Wirth said, the United States — long the largest single donor to family planning programs overseas — is far from doing its fair share in this vital area of development assistance.

"The United States was very much in a leadership role in 1992," he said. "Since then, Congress has

challenged the importance of population and has cut the funding — I think led by forces that believe that international family planning is a front for abortion, which is simply not true.

"The provision of family planning services reduces unintended pregnancies and makes abortions much less necessary," he continued. "Some of the very conservative right-to-life groups are mixing up the abortion issue with the overall global population issue — at great detriment to the future of the world."

For the past three years, U.S. funding for international family planning programs has been held to just two-thirds of its 1995 level. Funding for fiscal 1999 could decline even further if proposed congressional cuts in international affairs spending are enacted into law.

The United States also owes \$1,500 million in dues to the United Nations. Earlier this year, Congress passed a bill pledging to pay some of what it owes, but the bill was never sent to the president for approval.

"We are fast losing our leadership role, as we are in so many places in the United Nations, because of our unwillingness to meet our commitments — pay the debt that we have and meet our overall commitments, and play the role of a truly great power, which we ought to be doing," Wirth said.

Wirth expressed hope that the momentum can be regained at an international forum — known as the Cairo Plus Five Conference — to be held February 8-12, 1999, in the Hague. The forum, which will include representatives from 180 countries, will review implementation of the Cairo Program of Action.

"The conference is very important for the future of family planning services," Wirth said. "The purpose of the conference is to try to make the Program of Action more visible and effective. It's a very good set of agreements about just what ought to be done, and now it's time to try and do a better job of implementing it."

Jim Fuller writes on the environment and other global issues for the United States Information Agency.

WORLD POPULATION: A MAJOR ISSUE FOR THE MILLENNIUM

By Carl Haub

Global population will hit 6,000 million next year. Five thousand million was reached just 12 years ago, in 1987. That fact alone reminds us that the contemporary explosion in world population is far from over.

Where does the world population situation stand and what can we reasonably expect for the future?

To consider the first of those questions, we have to rewind the clock a bit, back to the 1960s, when there was no doubt in anyone's mind that world population was indeed exploding. In 1960, global population had just reached 3,000 million. The addition of the third thousand million had taken the remarkably short time of 30 years.

Paul Ehrlich's classic book, "The Population Bomb," appeared in 1968, and it opened by asserting that the battle to feed all of humanity had been lost. It is hardly the fashion today to offer any sort of defense of Ehrlich and those seen as the Cassandras of the past, but perhaps it is useful to take a look back and reconsider.

Ehrlich's warning helped set the tone for the period. Such concerns were justified in the context of the times. In the 1960s, world population was growing at its fastest pace in history. The developing countries were increasing at the remarkable rate of 2.5 percent per year and they held more than 70 percent of the world total. At such a rate, their numbers would double every 27 years. This was all the more daunting when we realized that it took until 1800 for all of human history to reach the first thousand million and until 1930 to reach the second.

Why did this explosion occur?

Death rates in developing countries fell precipitously after World War II. Public health and inoculation campaigns spectacularly reduced disease and infant mortality. In the developed countries, such declines in mortality had taken centuries as society itself gradually changed, becoming more urbanized and less dependent upon large families. As a result, birth and death rates tended to decline in concert, and population growth rates never reached the level that they later would in developing countries. There, death rates fell so quickly that society had little time or reason to change its desire for larger families.

Ehrlich and others who warned of the consequences of unchecked growth are now criticized for their alarmist notions. But the critics often miss the point. In the 1960s, women in developing countries were averaging six children and life expectancy was rising at a pace never before seen. Modern methods of family planning were just becoming known in the industrialized countries, and the prospect that they would become available in the agrarian, traditional societies of the developing countries was dim indeed.

It is precisely because of concern over rapid growth that countries began to adopt national policies to address rapid population growth. We now have a new perspective. Blaming Ehrlich is tantamount to criticizing someone for yelling "Fire!" too loudly.

Today, the global demographic situation is more complex than 30 years ago when all developing country populations were multiplying swiftly. The

majority of those countries have adopted population policies that identify population growth rates as too high. Now, family planning has been made available throughout much of the developing world. While population continues to grow, the fertility rate — the number of children a woman will bear in her lifetime — has declined. Since 1950, the most rapid population growth has taken place in Africa, Asia (less China), and Latin America. That situation continues today.

Had the birth rate in developing countries remained unchanged since 1950, the population of those countries would today total about 7,000 million and be growing at a rate that would continue to double their populations in less than 20 years! By 2020, it would be about 15,000 million and, less than 20 years later, 30,000 million. That projection, of course, assumes that such unheard of population growth would not have caused serious food shortages, the spread of disease, and untold environmental calamities. In other words, just what Ehrlich was most concerned about.

Today, we know something that writers of the 1960s did not. Couples in developing countries did want to limit their family size, and they often would do so with access to efficient methods of contraception. By no means was this uniform. In some countries family planning would find readier audiences than in others. Still, while the use of family planning is far more common in countries with more rapidly developing economies, it is also in evidence in traditional, rural areas where it was not necessarily expected.

This development has modified our view of future world population growth that now includes a significant possibility: the ultimate end of world population growth at some far off, unknown number. The eventual number will depend entirely upon the course of the birth rate in developing countries.

There is no more important issue than fertility to demographers preparing world population projections. Discussion focuses on the topic of "replacement level fertility." This is simply a family size of about two children per woman, so that each couple just "replaces" itself, and growth in

population size ultimately ceases. In some areas of the world, this may seem a distant dream, but at least we know that it is possible. Future zero population growth in developing countries depends upon their achievement of replacement level. Failing that, populations continue to grow.

While we cannot know future world population size today, we can project what future size would be under a variety of different scenarios.

This is what the United Nations Population Division does every two years in its biennial world population projections. The U.N. issues a series of projections that it calls the High, Middle, and Low Variants. These project three very different scenarios for global population. The large differences are due solely to the assumptions made on future fertility in developing countries. This results from the fact that virtually all - 98 percent - of world population growth now takes place in those countries.

Fertility in nearly all developed countries is now below the replacement level and the majority of European countries are headed for population decline.

For its Middle Variant, the U.N. makes the general assumption that the total fertility rate (TFR) for all countries will converge on the replacement level of 2.1 children per woman by the middle of the next century. Under that scenario, world population would rise to a total of 11,000 million and then stabilize.

The statistical importance of the two-child family can easily be seen in the U.N.'s High Variant. If couples worldwide prefer a somewhat higher family size, 2.6 children, world population would grow to a larger size, and not just a little larger. It would swell to 27,000 million people by 2050 and continue to increase.

The Low Variant, on the other hand, assumes that couples everywhere will average a mere 1.6 children, about the present level of the TFR in Europe. That low path peaks at 8,000 million and then begins to decline, since couples are not replacing themselves. These very different scenarios show how very sensitive projected

population numbers are to whatever path the birth rate takes.

No matter which scenario one chooses, it is essential to keep in mind that they all assume that birth rates will decline at a steady pace to what are, in truth, rather low historical levels. The reality, of course, will be different. Based on current experience and trends, we can expect fertility to begin slowly declining in some countries, to decline for a time and then level off in others, and to decrease smoothly in still others.

We have examples of all of these patterns. In Thailand, for example, fertility fell to less than two children per couple, facilitated by a well-run national family planning program. A similar pattern is observed in South Korea and Taiwan.

In Latin America, however, fertility shows a pronounced tendency to decline for a time but then pull up short at about three children per woman as in Argentina, Colombia, and Jamaica. In Africa, fertility decline has just begun in some countries but not in many others.

The situation becomes even more complex when we look below the country level. In India, for example, TFR's decline, since the 1970s from 5.5 children per woman to 3.5 today, has largely been accomplished by a TFR decrease in the more prosperous and educated southern states.

Future fertility decline in India will heavily depend upon what happens next in the large states of the north where illiteracy levels are much higher. The state of Uttar Pradesh, for example, with 150 million people (making it equivalent to the world's sixth largest country) and a TFR of five children per woman is a particular challenge.

This century is likely to be remembered for its tremendous surge of population growth. The next century will likely see social and demographic changes that will outweigh even what has happened in the past 100 years.

The balance of world population will shift heavily towards today's developing countries. Perhaps less than 5 percent of world population will live in Europe and North America. That will almost certainly mean a world that is socially and economically much different from today's.

There has been a move now to de-emphasize population growth as yesterday's concern or yesterday's news. But even a cursory look at the numbers tells us that population growth may be a bigger story in the next century than in this one.

Carl Haub is the senior demographer of the nongovernmental Population Reference Bureau and coauthor of the bureau's annual report "World Population Data Sheet." Findings from the 1998 data sheet can be found on the Internet at: <http://www.prb.org/prb/info/98wpds.htm>

MEETING THE CHALLENGE OF CAIRO

By Elizabeth Maguire
Director, Office of Population
U.S. Agency for International Development

In 1994, the United States participated with nearly 180 other countries in the International Conference on Population and Development (ICPD) in Cairo. Despite the complexity of the issues before them, participants reached an unprecedented consensus on a comprehensive 20-year Program of Action designed to achieve gender equality, improved reproductive health, and population stabilization as well as a wide range of sustainable development goals.

Among the key recommendations adopted in Cairo were those calling for universal access to integrated family planning and reproductive health services, and specific measures to advance the economic, educational, and health status of women. The Program of Action also emphasized the need for cooperation among donors, governments, and all elements of civil society in achieving the Cairo goals.

Working with other government agencies under the leadership of the State Department, the U.S. Agency for International Development (USAID) was actively involved throughout the Cairo process and joined in enthusiastically endorsing the Program of Action. As the largest bilateral donor of population and health assistance, USAID has played a particularly critical role in helping countries implement the core objectives of Cairo in family planning, maternal health, prevention of HIV/AIDS and other sexually transmitted infections, and other aspects of reproductive health.

In addition, USAID programs for women in development, democracy-building, environmental protection, and humanitarian assistance all contribute to the broader Cairo agenda.

Helping Countries Help Themselves

USAID's role in implementing the Cairo Program of Action has been shaped by more than 30 years of experience in the global effort to help women and men achieve a basic right — the right to plan the number and spacing of their children. Through technical leadership and innovation and working in collaboration with U.S. institutional partners, we have sought to help countries build their own capacity to provide voluntary family planning and reproductive health services. The U.S. institutions providing technical assistance — including universities, nongovernmental organizations, private businesses, and other government agencies — bring a wide variety of expertise to USAID-funded programs.

With the involvement of these partners, USAID has helped host country institutions in both the public and private sectors to bring together all of the elements of comprehensive programs. USAID assistance has helped countries to improve the quality and effectiveness of family planning and reproductive services, train medical professionals and community-based health workers, design innovative media and communications campaigns, develop new and improved contraceptive methods to prevent unwanted pregnancies and protect against sexually transmitted infections, manage supply and distribution systems for contraceptives and other health products, and carry out the research and data collection needed for informed decision-making.

USAID provides population and health assistance only at the request of host governments and seeks to be flexible and responsive to country needs. The countries we work in are culturally diverse and

geographically spread across Latin America, Sub-Saharan Africa, Asia, and Eastern and Central Europe — over 60 in all.

Many countries have made remarkable progress since our assistance began. Mexico, Colombia, Egypt, Morocco, Tunisia, Indonesia, Bangladesh, and Kenya are among the countries in which couples have dramatically increased their use of contraception, and where there have been significant improvements in maternal, infant, and child survival rates. Worldwide, the average number of children per family has dropped from more than six to less than four in countries assisted by USAID. Last year alone, we estimate that USAID programs have contributed directly to increasing the number of new users of family planning by 12 million, and to saving the lives of millions of children by providing immunizations, oral rehydration therapy, and other interventions. As a result of helping couples to plan their births, not only are families smaller, but they are healthier, and the lives of millions of women and children have been saved.

Putting Cairo to Work

The Cairo conference strongly reinforced USAID's commitment to programs where the needs of clients come first and where informed choice and quality of care are guiding principles. Although USAID was working on many aspects of the Cairo agenda long before 1994, efforts in a number of areas of reproductive health have been strengthened since then. These include helping countries to expand the choice of contraceptive methods, to undertake programs to ensure safe deliveries and promote maternal health and nutrition, and to develop new approaches to prevent and manage HIV/AIDS and other sexually transmitted infections.

In most countries, there is increasing integration in planning and providing reproductive health services. From fiscal year 1994 through 1998, USAID will have committed more than \$3,000 million to national programs in population and reproductive health as defined and costed in the Cairo Program of Action.

USAID's leadership role in response to Cairo is

reflected in a number of individual special projects and initiatives. These include:

- Building on years of experience prior to Cairo in training women managers of family planning programs, USAID has been helping countries to engage women leaders and work with women's groups and organizations to expand the availability of reproductive health information and services. In Turkey, for example, with support from USAID, a women's network was formed that has recently advocated successfully with top political leaders for increased funding for family planning. In other countries, including Nepal, Nigeria, Peru, and Jordan, USAID is supporting programs integrating reproductive health with other initiatives to enhance women's education and political participation.

- Growing concern about continuing high levels of deaths and illnesses associated with pregnancy has led us to strengthen our efforts in maternal health and nutrition. Family planning, by contributing to birth spacing as well as by reducing abortions, is vital to maternal health. At the same time, USAID programs are giving increasing attention to essential obstetric care and nutritional interventions before and during pregnancy, as well as community-based efforts to help in recognizing pregnancy complications and bringing women for timely treatment. Significant initiatives in these areas have been undertaken in Indonesia, Bolivia, Egypt, and Nepal, among other countries.

As recognized in the ICPD Program of Action, a high priority is to improve treatment for women who have suffered the complications of unsafe abortions — a cause of 75,000 preventable deaths every year. USAID-funded pilot efforts in Egypt and Kenya in post-abortion care are now being expanded nationwide, and research and training are underway in more than 10 other countries. (Longstanding law and policy prohibit use of USAID funds to support abortion as a method of family planning.)

- Young adults face particularly high reproductive health risks, and yet in most countries they have the least access to information and services. Nearly 1,000 million young people between the ages of 15 and 24 are entering their reproductive years.

Through a new global project, USAID is helping to collect, analyze, and disseminate the most innovative approaches to youth programming, usually involving the participation of young adults themselves. USAID-funded programs in such countries as Ghana, Mexico, Bolivia, Jamaica, Egypt, and Bangladesh are increasingly addressing the special needs of this important age group.

- USAID has initiated an innovative effort to link reproductive health activities with community-based child survival programs assisted by U.S.-based private voluntary organizations (PVOs) active in humanitarian relief and development. PVO/NGO Networks for Health, a \$51-million 5-year project, will be carried out by a global health consortium that brings together five leading PVOs, including Save the Children (the lead partner), CARE, Childreach/Plan International, the Adventist Development and Relief Agency (ADRA), and PATH.

Undergirding all of these special initiatives as well as other ongoing programs is USAID support for research and data collection. Few developing countries can afford to undertake the epidemiological, biomedical, or service delivery research that is essential to identify critical areas of need as well as feasible approaches to address them. For example, survey research, a hallmark of USAID's programs in family planning for almost three decades, has been expanded since 1994 to cover many aspects of reproductive health and women's status, including maternal health and mortality, HIV/AIDS, female genital mutilation, and domestic violence.

Qualitative research in which women are interviewed individually or in focus groups has helped program managers to better understand women's perspectives on their family planning and reproductive health needs and the obstacles women must often overcome to use services.

Contraceptive research and development, which earlier had led to new and improved pills and intra-uterine-devices (IUDs), has broadened in the years before and since Cairo to include female-controlled barrier methods that are protective against sexually transmitted infections (STIs), such as microbicides and the new female condom.

USAID has also helped develop cheaper and more accurate diagnostic methods for HIV/AIDS and other STIs as well as an innovative disposable needle and syringe to prevent transmission of HIV through injections.

Beyond USAID's population and health programs, the agency has adopted a Gender Plan of Action and has developed other programs across all sectors aimed at advancing women's social, economic, political, and educational status. In 1995, USAID launched a comprehensive Girls' and Women's Education Initiative in 12 countries to support advocacy for girls' education and help countries overcome barriers to girls' school participation.

Challenges and Opportunities Ahead

As we approach the five-year anniversary of Cairo, it is not only time to take stock of the progress the global community has made toward meeting its goals, but also to assess the challenges ahead. The goals contained in the Program of Action are ambitious, and critical questions remain to be answered: How do we keep pace with the enormous and still growing unmet needs for family planning and reproductive health services? How do we mobilize the financial and human resources necessary to keep the momentum going? How do we scale up successful pilot efforts to serve larger numbers of people?

Of course, the answers to these questions are not simple, and USAID is working with countries not only to find new resources but to help plan better and to set priorities within existing resources. Opening up the potential of the private commercial sector is an important avenue to pursue in some countries. In others, reliance on donor funding will continue for the foreseeable future, and USAID is cooperating closely with other donors to maximize the effectiveness of population and health assistance.

In areas where Cairo presented some particularly difficult challenges, USAID has successfully taken some first steps, and yet we know that we have far to go. These include addressing social and cultural barriers to advancement of women and the special issues surrounding violence against women; finding

ways to involve men in their own reproductive health and in supporting women's use of family planning and other reproductive health services; and identifying approaches that will succeed with young adults, who are often particularly hard to reach through conventional clinic-based health programs.

Cairo also stressed the need for integrating population, environmental, and poverty eradication efforts. We have undertaken pilot efforts, but we have much more to learn about feasible and effective approaches, especially in helping communities to link reproductive health and environmental protection initiatives at the grassroots level.

Despite these challenges, there are reasons to be optimistic. The consensus of Cairo has contributed to much greater awareness of population and reproductive health issues worldwide, leaving a lasting legacy. The energy and resources to translate the Cairo goals into reality will come not only from governments but from people and organizations everywhere who were inspired by these goals. At the same time, technical leadership and funding from USAID and our U.S.-based implementing partners has proven to be unique and indispensable.

UNMET NEED FOR FAMILY PLANNING

Fact sheet prepared by the Center for Population, Health and Nutrition of the U.S. Agency for International Development (USAID)

Many couples in the developing world lack the means to exercise a basic right that most Americans take for granted: the right to choose the number and timing of their children.

Although family planning services are more widely available than ever, more than 120 million women in the developing world still want to space or limit childbearing but do not have access to contraception, and the number of reproductive-age couples is expected to increase by at least 20 million each year.

In the developing world, limited access to family planning results in high rates of unintended pregnancy, millions of unsafe abortions, and thousands of maternal deaths. Some 585,000 women die of pregnancy-related causes every year — more than one woman every minute of the day.

Limited access to family planning is also a leading cause of infant deaths in developing countries. Children born into large families are far more likely to die before their fifth birthday than children in smaller families. This is especially true when births are closely spaced. By spacing births at least two years apart, family planning can prevent an average of one in four infant deaths.

Addressing unmet need among adolescents is particularly important. Family planning and other reproductive health programs are often ineffective at reaching young adults, yet the risk of dying due

to pregnancy-related causes is twice as high for women ages 15-19 than for women ages 20-24.

Facts and Figures

In developing countries as a whole, excluding China, about 20 per cent of married women of reproductive age have unmet need for family planning. There is wide variation in the percentage among regions and countries. The level of unmet need is highest in sub-Saharan Africa, where in some countries one married woman in every three has unmet need. Because of the large population of Asia, however, by far the greatest number of women with unmet need live in this region.

India has the most unmet need for family planning, at about 31 million women. Other countries where large numbers of women have unmet need are Pakistan (5.7 million), Bangladesh (4.4 million), Nigeria (3.9 million), and Mexico (3.1 million).

Based on the most recent data, demand for family planning (married women who want to space or limit their children) is: 62 per cent in Ghana, yet only 9 per cent of couples use modern methods of contraception; 75 per cent in Bolivia, yet only 12 per cent use modern methods; 57 per cent in Guatemala, yet only 18 per cent use modern methods; and 69 per cent in the Philippines, yet only 15 per cent use modern methods.

Just to maintain current levels of modern contraceptive use, the number of users would have to increase by 50 per cent in Bangladesh (an increase of 5 million over today's 11 million users), and by about 25 per cent in Indonesia (an increase of 7 million over today's 30 million users), over the next 15 years.

USAID: Providing Technical Leadership, Saving Lives

For over 30 years, the United States has played a critical role in the global effort to meet the enormous unmet need for family planning information and services. Not only has it been a leading donor of population assistance, but USAID remains the technical leader in designing and delivering high quality, cost-effective, voluntary family planning services to the developing world.

- USAID's experienced technical staff works with U.S. and host-country partners to design family planning and reproductive health programs centered on client needs — emphasizing choice among a wide range of contraceptives, and quality of care and counseling. Increasingly, these programs are integrated with other community-based efforts to improve maternal and child health, prevent HIV/AIDS, and enhance women's status — including literacy training and microenterprise loans.
- USAID has been at the forefront of training physicians and other medical professionals in family planning and reproductive health as well as community-based health workers — an important part of providing access to hard-to-reach rural communities. These programs have trained over half a million providers around the world over the past two decades, helping to increase both access to, and quality of, services and information.
- USAID-funded innovative mass media and public information campaigns have helped strengthen efforts to prevent unintended pregnancies, promote healthy births, and slow the transmission of HIV/AIDS and other sexually transmitted infections.

- USAID manages a global system for the delivery of contraceptive supplies. Numerous countries and donors rely on USAID's contraceptive-supply forecasting system, designed to ensure availability and choice of contraceptives year-round.
- USAID supports ground-breaking research that results in improved strategies to deliver family planning together with other health services, ensuring that programs reflect local needs and are cost-effective.
- USAID is the largest donor in the development of safe and effective contraceptives, helping to increase contraceptive options for citizens of the developing world, as well as for Americans.

As a direct result of these and other efforts by USAID, more than 50 million couples in the developing world use family planning. In the 28 countries with the largest USAID-sponsored family planning programs, the average number of children per family has declined by one-third, from more than six in the 1960s to about four. These families are better able to feed, clothe, educate, and provide health care for their children.

Hundreds of thousands of women and children are alive today because of USAID's family planning assistance. These programs are integral to USAID's broader efforts to promote population stabilization, economic development, human health and well-being, environmental quality, food security, and global peace and stability.

A CONGRESSIONAL VIEW:

THE UNBORN MUST BE PROTECTED

U.S. Representative Christopher H. Smith

While the president and his administration define U.S. government policy, Congress, with its control of the budget and funding for programs, has a strong impact on U.S. actions. The view of Congress must be taken into account in any understanding of U.S. policy. Many in Congress hold strong views on population issues. The following article illustrates one perspective.

Pro-life laws and policies of almost 100 countries that restrict abortion are under siege and the engine driving this global pro-abortion push are the nongovernmental organizations funded by the U.S. government. [The Mexico City policy] permits the flow of funds only to those organizations that pledge to provide only family planning, not abortion. The innocent children are not put at a risk.

Many groups use family planning as the Trojan horse to conceal their real agenda - abortion on demand.

Planned Parenthood is leaving no stone unturned in its misguided, obsessive campaign to legalize abortion on demand around the world. If they succeed, millions of babies will die from the violence of abortion on demand. Abortion is violence against children. It rips their fragile bodies to shreds and poisons them with toxic chemicals. Abortion is child abuse.

The use of family planning is cover - the use of family planning as a Trojan horse for abortion law liberalization - is now commonplace and must be stopped. We should have no part in empowering the abortion industry to succeed in its war on the unborn.

Press release September 4, 1997

During the last three years, the House has voted 10 separate times for the pro-life Mexico City policy, which prohibits U.S. population assistance to foreign organizations that perform abortions, violate the abortion laws of foreign countries, or engage in activities that change these laws. The Mexico City policy was enforced throughout the Reagan and Bush administrations. It did not reduce family planning money by one dime. Rather, it protected genuine family planning programs by erecting a wall of separation between family planning and abortion. President Clinton repealed that policy. We in the House, thankfully, again and again have gone on record saying that wall of separation needs to be reerected.

We believe it will protect some unborn children by prohibiting a particularly ugly form of cultural imperialism in which U.S. taxpayers support entities that are actively engaged in bullying smaller nations into rejecting the traditions and moral values of their people.

Some of the biggest international population control grantees are actively engaged in efforts to overturn pro-life laws in countries around the world. This is because existing laws require only that the organization keep a set of books that shows that it did not use our money to pay for the actual abortions or for pro-abortion lobbying. This bookkeeping trick ignores the fact that money is

fungible. When we subsidize an organization, we unavoidably enrich and empower all activities of that organization.

The Mexico City policy recognizes that money is fungible. Every million U.S. tax dollars that go to an abortion provider frees up another million dollars to pay for abortions and more pro-abortion lobbying.

...for 30 years we have been the leaders in family planning. That was no less true during the Reagan and Bush years when the Mexico City policy was in effect. We provided 40 percent — 40 percent of all the population control aid during the Reagan and Bush years. That is a fact, that is not an opinion, with the Mexico City policy in full effect.

It is a red herring when Members... say that we are holding hostage family planning. Monies flowed; people were given the opportunity to take that money and give out condoms and do all kinds of family planning, but a wall was erected between performing child abuse, killing unborn children, the promotion of violence against children and preventive means.

The administration says that the purpose of our family planning program is to prevent abortions. If we want to prevent alcoholism, would we hire the

liquor industry to do it for us? If we wanted to stop gambling, would we do it by giving grants to casino owners? If we wanted to spend hundreds of millions of dollars on an international anti-drug campaign, would we give the money to organizations that use their own money to lobby for the legalization of drugs? Of course not. If Congress stands behind the position that there must be a wall of separation between abortion lobbying and U.S. family planning programs, we can save innocent lives. That is what this is all about. Nothing could be more important.

I think we have a moral obligation to say, if we are going to pour hundreds of millions into groups that advertise as family planners, let us have a truth in advertising. Let us separate abortion out of it, because abortion takes a life, a life of a child — it is not family planning.

Comments from House debate March 26, 1998

Congressman Smith, Republican from New Jersey, is chairman of the Subcommittee on International Operations and Human Rights of the House Committee on International Relations

A CONGRESSIONAL VIEW:

ACCESS TO FAMILY PLANNING IMPORTANT

By U.S. Representative Nancy Pelosi

While the president and his administration define U.S. government policy, Congress, with its control of the budget and funding for programs, has a strong impact on U.S. actions. The view of Congress must be taken into account in any understanding of U.S. policy. Many in Congress hold strong views on population issues. The following article illustrates one perspective.

Funding for international family planning is an important component of the United States foreign assistance program. The U.S. spends less than 1 percent of the federal budget on foreign aid. Family planning assistance is a very small portion of that 1 percent. The money spent on international family planning is a sound investment. Not only is it effective in and of itself, but it also leverages family planning investments by other countries both in the developed world and the developing world. Three-quarters of all international family planning funding comes from the developing countries themselves and their consumers.

Access to family planning builds healthier families, empowers women, and increases their economic opportunities and, through stabilizing population growth, improves the global environment. U.S. support for international family planning programs emphasizes voluntary family planning as a part of an integrated approach to population and development that includes complementary activities to promote health, the status of women, child survival, and strong families. More than 50 million couples in the developing world use family planning as a direct result of the U.S. Agency for International Development's (USAID) population program. USAID's support for technical assistance, training, and research activities has facilitated the adoption of family planning measures. There are now nearly 5,900 million people in the world. Every year, that number grows by an additional 80 million people. United Nations

population projections for the middle of the next century range between 8,000 million and 12,000 million people. These growth levels raise serious questions about the ability of the world's resources to sustain such a large human population. We know that family planning works. According to USAID, in countries which have received international family planning funds, the average family size has decreased from six to four children. For every dollar spent on family planning, governments gain as much as \$16 for health care, education, and social services. Access to family planning allows individuals to make informed choices about childbearing, health, and economic well-being.

It is unfortunate that the majority in the 104th and 105th Congress has undertaken a concerted attack on U.S. support for international family planning by reducing needed funding and saddling the program with onerous restrictions. In the U.S. Congress, international family planning has misguidedly and mistakenly become a battleground over abortion. This trend is both ironic and harmful, given that access to family planning reduces unintended pregnancies and, therefore, reduces the number of abortions.

We all want to reduce the number of abortions. Evidence from all regions of the world shows that increased contraceptive use, by reducing unintended pregnancies, plays a major role in reducing abortions. This trend has been documented in countries such as Russia, the

Central Asian Republics, Mexico, and Colombia. In Russia, an increase of only 5 percent in contraceptive use over four years led to a decrease of 30 percent in the annual abortion rate.

It is important to note that current U.S. law prohibits the use of any foreign aid funds for abortion or motivating anyone to seek an abortion. The U.S. Agency for International Development has followed this policy since 1973 and has strict procedures in place to ensure compliance. The United States only provides family planning support where it is wanted and needed and only within the laws of the country in which the program is based.

The most recent congressional battleground on international family planning has been the Republican majority's linkage between international family planning and totally unrelated issues — U.S. funding for U.N. arrears and U.S. funding for the International Monetary Fund (IMF). This strategy mandates an altered version of the so-called "Mexico City" restrictions on international family planning as a condition for the release of needed funds for these international organizations. I believe the proposal would impose a global "gag rule" on family planning organizations, dictating what materials they may distribute and prohibiting them from participating in public debates with their own private funds. I oppose these efforts. The "Mexico City" gag rule would be a violation of the First Amendment if it was implemented in this country and it would increase the number of abortions by reducing access to family planning services for people around the world.

While Congress debates international family planning funds, women, children, and families around the world are suffering the consequences of reduced and/or restricted access to family planning services. In 1997, three respected private development assistance organizations--CARE, Save the Children, and World Vision--wrote to all members of Congress to express concern about delays and restrictions on the delivery of comprehensive family health services in poor communities around the world. In their letter, they stated that "cuts to family planning programs undermine the rest of the U.S. efforts to promote

child survival;" that "nearly 600,000 women die each year from pregnancy-related causes, leaving behind hundreds of thousands of motherless children...another 18 million women suffer long-term reproductive health complications that are excruciatingly painful and often result in life-long disabilities. Family planning is a cost-effective way to help women have healthier children;" and that, "In many countries, birth-spacing alone could prevent one in five infant deaths."

Cutting and/or restricting international family planning funds are short-sighted and misguided actions with devastating consequences on the health and well-being of the women and children in developing countries. According to UNICEF, if the existing demand for family planning services was met, the number of pregnancies in the developing world would be reduced by one-fifth and maternal deaths and injuries would be reduced by the same amount or more. Family planning can prevent 25 percent of all maternal deaths by allowing women to delay motherhood, avoid unintended pregnancies and unsafe abortions, and protect themselves against sexually transmitted diseases. Infant deaths would be reduced by 25 percent in developing countries if all children were born two years apart. Children born less than two years apart are twice as likely to die as those born at least two years apart.

Overpopulation exacerbates poverty, malnutrition, urban overcrowding, environmental degradation, and the depletion of the world's resources. As the senior Democrat on the House Foreign Operations Appropriations Subcommittee, which funds U.S. foreign aid programs, I will continue to fight for sufficient funding for international family planning — and for the lives of women, children, and families around the world.

Representative Pelosi of California is the ranking Democrat on the House Appropriations Subcommittee on Foreign Operations and Export Financing.

REPORTS AND DOCUMENTS



FACT SHEET: U.S. INTERNATIONAL POPULATION POLICY

Released by the Bureau of Population, Refugees and Migration, Department of State, August 1998

Today, the world's population stands at almost 6,000 million, with about 80 million people (about the size of Germany) added to the planet each year. With respect to population growth, the world is at a critical point: even though birth rates have declined in most regions, there are more young people than ever before who are about to enter their reproductive years.

The Clinton administration supports a comprehensive approach to stabilizing population and helping to ensure that couples are able to decide freely and responsibly the number and spacing of their children. This approach includes support for voluntary family planning and related health care to reduce child and maternal deaths; preventing the spread of HIV/AIDS; improving the social, economic, and political status of women; and improving educational opportunities for girls and boys.

The administration's population policy is a critical element in our comprehensive strategy for sustainable development, which integrates goals

for population and health with those of protecting the environment, building democracy, and encouraging broad-based economic growth.

International Population Policy

Between 120 and 150 million couples around the world want, but do not have access to, quality voluntary family planning services, and even more are without related reproductive health services. Helping couples and individuals to determine freely and responsibly the number and spacing of their children and to address related reproductive health needs are the core objectives of our international population policy.

Our population and development policies also emphasize reducing infant and maternal mortality; preventing transmission of sexually transmitted infections (STIs) with an emphasis on HIV/AIDS; improving the economic, social, and political status of women; reducing the gaps between boys and girls in education; improving men's responsibilities in reproductive health and child rearing; and reducing wasteful resource consumption.

U.S. international population policy is mirrored by the Program of Action that was agreed upon by 180 nations at the International Conference on

Population and Development (ICPD) (Web site: <http://www.unfpa.org/ICPD/ICPD.htm>) held in Cairo in 1994. A basic principle agreed to at the ICPD was that implementation of these programs is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.

An upcoming international forum will provide an opportunity for world leaders to review and appraise implementation of the Program of Action that emerged from the 1994 ICPD. A meeting, hosted by the government of the Netherlands, will take place in The Hague on February 8-12, 1999, in which progress will be evaluated and constraints assessed in order to further implement the Program of Action and determine key future prospects of ICPD goals. As many as 180 countries, as well as parliamentarians, international organizations, the media, and representatives of nongovernmental organizations will be in attendance. The Hague Forum will be followed by a three-day special session of the U.N. General Assembly in June.

International Population Programs

The Department of State provides policy coordination and leadership on international population policies, in close collaboration with the U.S. Agency for International Development (USAID) (<http://www.info.usaid.gov>) and other U.S. government agencies. USAID is the primary implementing agency responsible for assisting developing countries with comprehensive population and development programs, including family planning, related reproductive health, safe motherhood, and other women's health, child survival, and basic education programs. No U.S. funds are used to pay for abortion as a method of family planning or to lobby for or against abortion.

The United States cooperates with other donor countries on population issues and programs. An example is the U.S.-Japan Common Agenda, which has been ongoing since 1993 and focuses on population, HIV/AIDS, and child health initiatives. The goals of this cooperative effort are to maximize the impact of each country's population

and health assistance; increase technical capacity to provide assistance; increase opportunities to share lessons learned; and strengthen U.S.-Japan relations through increased consultation and cooperation at the global and mission levels. Through this initiative, Japan's bilateral assistance for population and health from 1993-2000 will be approximately \$3,000 million. Other donors, such as Germany, the United Kingdom, the Netherlands, and the European Commission (EC), have also considerably increased their funding for population assistance.

The United States also works through multilateral organizations such as the United Nations Population Fund (UNFPA) (<http://www.unfpa.org>), the United Nations Children's Fund (UNICEF) (<http://www.unicef.org>), the World Health Organization (WHO) (<http://www.who.org>), the Joint United Nations Program on HIV/AIDS (UNAIDS) (<http://www.unaids.org>), and the United Nations Development Program (UNDP) (<http://www.undp.org>). UNFPA is the world's largest multilateral provider of population assistance. It operates in 150 countries, and complements the bilateral assistance provided by the United States and other governments. UNFPA provides much needed and desired voluntary family planning services, maternal and child health care, and STD (sexually transmitted disease) prevention — including HIV/AIDS.

UNICEF is critical in supporting maternal and child health programs. UNAIDS leads a broad-based global effort against HIV/AIDS. WHO provides technical assistance for reproductive health programs as well as strong support for contraceptive research. UNDP programs focus on job creation, advancement of women, poverty alleviation, and environmental regeneration. The U.S. State Department supports these efforts, as they are key to helping us implement the ICPD Program of Action.

Aside from working with host countries to help them mobilize greater resources and increase the efficiency with which they use them, the United States is also facilitating increased cooperation among developing countries to help them learn from one another's experiences.

Impact of U.S. Assistance

Through the assistance of the United States and other donors, some countries have already graduated from U.S. population assistance, such as Thailand, Tunisia, and Costa Rica. Substantial progress has been made in increasing use of family planning, despite low levels of economic and social development, in countries like Egypt, Bangladesh, Indonesia, and Morocco.

Less than 1 percent of the federal budget goes to support foreign aid. And only about two hundredths of 1 percent supports international family planning programs. This amounts to \$1.44 a year per capita — less than the cost of one bag of popcorn. It is important to note that Americans do not supply the bulk of assistance to family planning programs in developing countries. Most of these countries pay at least two-thirds of the funding themselves or they receive additional aid from other industrialized nations. Poll after poll shows that the majority of Americans support international family planning assistance. The motivations are as diverse as the United States

itself — improving the health of women and children, enhancing women's status, helping to alleviate world poverty, reducing abortion, stabilizing population, protecting the global environment, promoting economic development overseas, and pursuing the economic self-interest of the United States. For each of these reasons, a continued and strong U.S. commitment to international population assistance is essential.

Stabilizing population is vital to U.S. interests. Economic and social progress in other countries can be undermined by rapid population growth, which reduces the quality and availability of public health services, limits employment opportunities, and contributes to environmental degradation. Aside from promoting internal stability and social and economic progress in other countries, slowing world population growth also benefits our country as part of a long-term strategy that promotes economic development abroad, thereby improving trade opportunities for Americans, and mitigates future global crises.

MAKING A WORLD OF DIFFERENCE ONE FAMILY AT A TIME

Answers to frequently asked questions about USAID's international family planning programs. Prepared by USAID's Center for Population, Health and Nutrition.

Tens of millions of couples in developing countries have gained access to family planning, largely due to foreign assistance provided by the U.S. Agency for International Development (USAID).

Here are responses to commonly asked questions about USAID's international family planning programs.

Q: How does family planning save lives?

A: Throughout the developing world, millions of mothers and their children die each year due to complications from births that are too close together or too early or too late in a woman's life. Every day, more than 31,000 children under age 5 die — many from low birthweight or other pregnancy-related complications. And each year, more than 585,000 women die — at least one woman every minute of every day — of causes related to pregnancy and childbirth; 99 percent of those deaths are in developing countries.

Family planning can prevent a quarter of infant deaths by spacing births at least two years apart. Family planning can also prevent at least one in four maternal deaths by allowing women to delay motherhood and avoid unintended pregnancies and unsafe abortions. And family planning programs can help prevent the spread of HIV/AIDS and other sexually transmitted diseases (STDs) by providing condoms and other barrier methods, counseling, and, in some settings, STD diagnosis and treatment.

Q: How is family planning connected to the environment and U.S. national interests?

A: More than 95 percent of population growth is occurring in the developing world, where population pressures are contributing to deforestation, water and food shortages, global warming, wildlife extinction, and other environmental concerns. These global problems know no boundaries and affect people everywhere, including the United States.

Expanding populations also undermine developing country efforts to provide citizens with adequate health care, food, education, and jobs. These conditions slow economic and social development — jeopardizing the potential for these countries to be reliable allies, good trading partners, and growing markets for U.S. exports. And chances increase that people will migrate to the United States in search of employment and a better life.

In the words of Secretary of State Madeleine Albright: "Clearly, family planning saves lives, enhances the well-being of women and their children, and prevents the tragic recourse to abortion. International family planning also serves important U.S. foreign policy interests: elevating the status of women, reducing the flow of refugees, protecting the global environment, and promoting sustainable development which leads to greater economic growth and trade opportunities for our businesses."

Q: How fast is world population growing?

A: Though the rate of population growth is slowing, the world's population, now at 5.9 billion, still adds another 80 million to the planet every

year. That's the equivalent of adding another New York City every month, another Mexico every year, another India every decade.

In addition to improving the health of mothers and their children, family planning programs have made a major contribution to reducing population growth rates. If these programs are sustained, developing world population is projected to reach a level of about 8 billion in the year 2050. Without such programs, that population could grow to more than 11 billion in 2050.

Other factors also contribute to slowing population growth, including improving women's education and status, increasing child survival, and reducing poverty.

Q: What does USAID's family planning assistance do?

A: Assistance for voluntary family planning and reproductive health services is provided in more than 60 countries throughout the developing world, Eastern Europe, and the former states of the Soviet Union. USAID and its overseas missions work in partnership with governments; private businesses; nongovernmental organizations, such as CARE and Save the Children; universities; and other international donors, such as the United Nations Population Fund (UNFPA).

All the essential elements of a family planning program are supported by USAID, including training of health workers, supply of contraceptives, financial management, public education and marketing, and research and development of safe and effective contraceptives. USAID support is based on a broad reproductive health approach which emphasizes choice among a wide range of contraceptives, improved quality of care, and client-centered services. And USAID family planning programs are increasingly integrated with other community-based efforts to improve maternal and child health, enhance women's status, and prevent HIV transmission and other infectious diseases.

Q: Has USAID's family planning assistance been successful?

A: USAID's family planning program is recognized worldwide as one of the most successful components of U.S. foreign assistance. More than 50 million couples in the developing world use family planning as a direct result of USAID's efforts. In the 28 countries with the largest USAID-sponsored family planning programs, the average number of children per family has declined by one-third, from more than six in the 1960s to about four. These families are better able to feed, clothe, educate and provide health care for their children. Hundreds of thousands of women and children are alive today because of these programs.

Early USAID investments in family planning helped stabilize population growth in strategically important countries and resulted in the creation of strong U.S. trading partners such as Korea, Taiwan, and Thailand. In addition, USAID's contraceptive research efforts continue to yield significant benefits for Americans, including the introduction of low-dose oral contraceptives and the female condom.

Q: Isn't the U.S. imposing these programs on poor nations and on poor women?

A: Men and women who participate in USAID-supported family planning programs do so on a voluntary basis, free of coercion, and with the information they need to make appropriate choices regarding their use of contraception.

Couples want smaller families. Recent surveys show that desired family size is smaller than actual size in almost every country in the developing world, regardless of religion and culture. At least 120 million couples in the developing world still want to space or limit childbearing but do not have access to contraception, and the number of reproductive-age couples is expected to increase by at least 20 million each year.

The vast majority of the world's nations recognize that family planning programs play an important role in human and economic development. About 130 national governments subsidize family planning services, including about 65 developing countries that specifically seek to slow population

growth. USAID assists countries only at their request. No USAID family planning funds go to China.

Q: Are USAID funds used to perform or promote abortions overseas?

Since 1973, under the Helms amendment to the Foreign Assistance Act, USAID has been prohibited by law from using funds to support abortions as a method of family planning. Several procedures are used to ensure that the law is strictly followed. These include legally binding provisions within USAID contracts forbidding such activity, staff monitoring, and regular audits by nationally recognized accounting firms.

In fact, as research — and common sense — indicates, increased access to family planning helps prevent the need for abortions. In Russia, for instance, because of limited contraceptive availability, abortion has been used as the major method of birth control. However, the recent increased availability of modern family planning methods has already resulted in a greater than one-third drop in the abortion rate. In Hungary, the introduction of modern contraception coincided with a 60 percent reduction in abortions. Similar results can be seen in Chile, Colombia, Mexico, South Korea, Kazakhstan, and Ukraine.

The United Nations estimates that 40 percent of pregnancies worldwide are unintended, 60 percent of which end in abortion. As increasing numbers of people feel more strongly about having fewer children, family planning services will become even more critical. Already, approximately 75,000 women die each year from unsafe abortions — often self-induced.

Q:.What has happened to USAID funding for international family planning?

Though USAID funding for family planning followed a 30-year upward trend, the “purchasing power” of these funds actually diminished due to inflation and the increases in the number of women of childbearing age. Moreover, in 1996, The U.S. Congress reduced funds for international family planning by 35 per cent.

Q:.Why do Americans support international family planning?

Poll after poll shows that the majority of Americans support international family planning assistance. The motivations are as diverse as the United States itself — improving the health of women and children, enhancing women’s status, helping to alleviate world poverty, reducing abortion, stabilizing population, protecting the global environment, promoting economic development overseas, and pursuing the economic self-interest of the United States. For each of these reasons, a continued and strong U.S. commitment to international population assistance is essential.

CAIRO PROGRAM OF ACTION PRINCIPLES

Following are the principles of the Program of Action adopted by United Nations International Conference on Population and Development, September, 1994, in Cairo, Egypt.

The implementation of the recommendations contained in the Program of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights.

International cooperation and universal solidarity, guided by the principles of the Charter of the United Nations, and in a spirit of partnership, are crucial in order to improve the quality of life of the peoples of the world.

In addressing the mandate of the International Conference on Population and Development and its overall theme, the interrelationships between population, sustained economic growth and sustainable development, and in their deliberations, the participants were and will continue to be guided by the following set of principles:

Principle 1: All human beings are born free and equal in dignity and rights. Everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights, without distinction of any kind, such as race, color, sex,

language, religion, political or other opinion, national or social origin, property, birth or other status. Everyone has the right to life, liberty and security of person.

Principle 2: Human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature. People are the most important and valuable resource of any nation. Countries should ensure that all individuals are given the opportunity to make the most of their potential. They have the right to an adequate standard of living for themselves and their families, including adequate food, clothing, housing, water and sanitation.

Principle 3: The right to development is a universal and inalienable right and an integral part of fundamental human rights, and the human person is the central subject of development. While development facilitates the enjoyment of all human rights, the lack of development may not be invoked to justify the abridgement of internationally recognized human rights. The right to development must be fulfilled so as to equitably meet the population, development, and environment needs of present and future generations.

Principle 4: Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programs. The human rights of women and the girl child are an inalienable, integral, and indivisible part of universal human rights. The full and equal participation of women

in civil, cultural, economic, political, and social life, at the national, regional and international levels, and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community.

Principle 5: Population-related goals and policies are integral parts of cultural, economic, and social development, the principal aim of which is to improve the quality of life of all people.

Principle 6: Sustainable development as a means to ensure human well-being, equitably shared by all people today and in the future, requires that the interrelationships between population, resources, the environment, and development should be fully recognized, properly managed, and brought into harmonious, dynamic balance. To achieve sustainable development and a higher quality of life for all people, States should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate policies, including population-related policies, in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

Principle 7: All States and all people shall cooperate in the essential task of eradicating poverty as an indispensable requirement for sustainable development, in order to decrease the disparities in standards of living and better meet the needs of the majority of the people of the world. The special situation and needs of developing countries, particularly the least developed, shall be given special priority. Countries with economies in transition, as well as all other countries, need to be fully integrated into the world economy.

Principle 8: Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. Reproductive health-care programs should provide the widest range of services without any form of coercion. All couples and individuals have the basic right to decide

freely and responsibly the number and spacing of their children and to have the information, education, and means to do so.

Principle 9: The family is the basic unit of society and as such should be strengthened. It is entitled to receive comprehensive protection and support. In different cultural, political, and social systems, various forms of the family exist. Marriage must be entered into with the free consent of the intending spouses, and husband and wife should be equal partners.

Principle 10: Everyone has the right to education, which shall be directed to the full development of human resources, and human dignity and potential, with particular attention to women and the girl child. Education should be designed to strengthen respect for human rights and fundamental freedoms, including those relating to population and development. The best interests of the child shall be the guiding principle of those responsible for his or her education and guidance; that responsibility lies in the first place with the parents.

Principle 11: All States and families should give the highest possible priority to children. The child has the right to standards of living adequate for its well-being and the right to the highest attainable standards of health, and the right to education. The child has the right to be cared for, guided, and supported by parents, families, and society and to be protected by appropriate legislative, administrative, social, and educational measures from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sale, trafficking, sexual abuse, and trafficking in its organs.

Principle 12: Countries receiving documented migrants should provide proper treatment and adequate social welfare services for them and their families, and should ensure their physical safety and security, bearing in mind the special circumstances and needs of countries, in particular developing countries, attempting to meet these objectives or requirements with regard to undocumented migrants, in conformity with the provisions of relevant conventions and

international instruments and documents. Countries should guarantee to all migrants all basic human rights as included in the Universal Declaration of Human Rights.

Principle 13: Everyone has the right to seek and to enjoy in other countries asylum from persecution. States have responsibilities with respect to refugees as set forth in the Geneva Convention on the Status of Refugees and its 1967 Protocol.

Principle 14: In considering the population and development needs of indigenous people, States should recognize and support their identity, culture, and interests, and enable them to participate fully in the economic, political, and social life of the country, particularly where their health, education, and well-being are affected.

Principle 15: Sustained economic growth, in the context of sustainable development, and social progress require that growth be broadly based, offering equal opportunities to all people. All countries should recognize their common but differentiated responsibilities. The developed countries acknowledge the responsibility that they bear in the international pursuit of sustainable development, and should continue to improve their efforts to promote sustained economic growth and to narrow imbalances in a manner that can benefit all countries, particularly the developing countries.

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POPULATION AT THE MILLENNIUM

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