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**General debate: assessing the status of implementation of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development during the decade of action and delivery for sustainable development**

## **Implementation of the International Conference on Population and Development Programme of Action and its contributions to advancing the 2030 Agenda for Sustainable Development**

### **Report of the Secretary-General**

#### *Summary*

As the international community prepares for the Summit of the Future, countries face diverse demographic trends and a constellation of challenges, including a climate crisis, growing numbers of refugees, global ageing and increasing urbanization. Thirty years after the adoption of the Programme of Action of the International Conference on Population and Development, the capacity of countries to thrive and adapt continues to rely on core aspirations of the Programme of Action, including universal access to reproductive health, education and decent work; gender equality; the freedom to decide on the number and spacing of children; and the opportunity to live free of discrimination and violence. While global, regional and national initiatives have advanced many core objectives of the Programme of Action over the past 30 years, contributing to progress on the 2030 Agenda for Sustainable Development, shortfalls in implementation now coincide with new and unfamiliar threats to development. Reinvigorated commitments to the vision and core objectives of the Programme of Action, including reproductive rights and choices, equality, inclusion and universality, are essential to the fulfilment of the Sustainable Development Goals and future development.

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\* E/CN.9/2024/1.



## I. Introduction

1. Thirty years ago, when the global community gathered for the International Conference on Population and Development, held in Cairo, the pace of world population growth had been declining since its peak in the 1970s. While that decline has continued since 1994, the slowing global trajectory now masks a diversity of population trends in regions and countries of the world.

2. Countries with high fertility and rapid population growth are now concentrated in sub-Saharan Africa and South Asia. Rapid population growth expands the scale of investments needed to satisfy basic needs and assure social protection for all. Countries with growing populations have the potential for a demographic dividend once fertility declines, but only if people have quality education, good health and decent work.

3. The number of countries with low or very low fertility rates and slow, no or negative population growth continues to increase. Those countries are concentrated in Europe and East Asia but are found on all continents, and approximately 66 per cent of the world's population now lives in a country with a total fertility rate at or below the replacement level of 2.1 children per woman. Countries with slow, no or negative population growth are grappling with new challenges, including labour shortages, pressures on pension systems and financing health care for an older population.

4. Given the diversity in population dynamics, countries have adopted contrasting policies to shape their demographic futures, ranging from the promotion of smaller families in some countries to explicitly pro-natalist policies in others. Yet, in adopting the Programme of Action of the International Conference on Population and Development in 1994, world leaders emphasized the fundamental need to avoid population targets, promote reproductive health and ensure reproductive rights and choices for all. They broadened the scope of population and development policies to highlight gender equality, non-discrimination and human rights, and the interdependence of restoring the environment, eradicating poverty and improving the quality of life for all.

5. Since 1994, threats to environmental sustainability have become the existential crisis of our time, undermining livelihoods, food security and increasing the vulnerability of the population living in the areas affected by climate change.<sup>1</sup> The climate crisis manifests extreme inequalities, with the poorest 50 per cent of humanity accountable for less than 10 per cent of cumulative emissions yet suffering the greatest economic losses (see figure I). The Programme of Action was prescient in recognizing climate threats and called for the equitable sharing of “common yet differentiated responsibilities” between developed and developing countries and between present and future generations. Such principles should guide our climate response moving forward.

6. Since 1994, the vision and values of the Programme of Action have been reflected in many intergovernmental agreements, including the Fourth World Conference on Women, held in 1995; the Madrid International Plan of Action on Ageing, 2002; the Sendai Framework for Disaster Risk Reduction 2015–2030; the New Urban Agenda of 2016; and the Transforming Education Summit of 2022.<sup>2</sup> The Programme of Action has also found expression in the political declarations of the

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<sup>1</sup> See Prevention Web, “Massive displacement, greater competition for scarce resources cited as major risks in Security Council debate on climate-related threats”, 25 January 2019; Arno Tanner, “Will there be climate migrants en masse”, UN Chronicle, n.d.

<sup>2</sup> See [www.un.org/en/transforming-education-summit/about](http://www.un.org/en/transforming-education-summit/about).

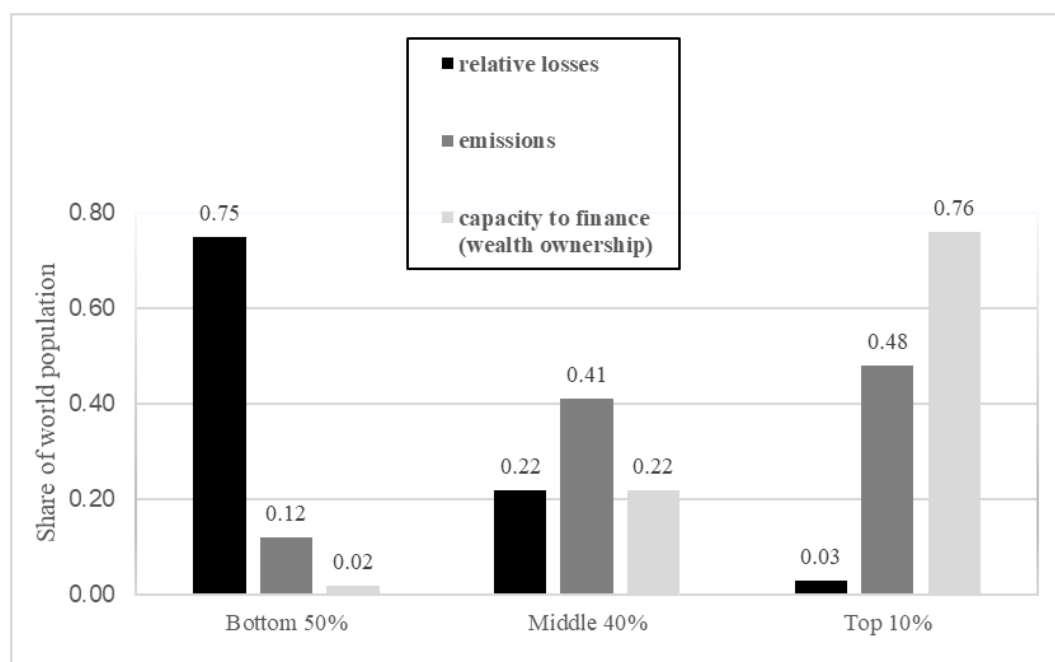
General Assembly on universal health coverage in 2019 (Assembly resolution 74/2) and in 2023 (resolution 78/4).<sup>3</sup>

7. Recognizing the continuing validity of the goals and objectives of the International Conference on Population and Development, Member States extended the Programme of Action and the key actions for further implementation beyond 2014, and progress was appraised in 2014 and 2019. The 2030 Agenda for Sustainable Development and the Sustainable Development Goals are underpinned by similar principles of non-discrimination, universality and care for people and the planet – the very principles that should underpin the approach to the 2024 Summit of the Future.

8. In preparing for the fifty-seventh session of the Commission on Population and Development, the present report builds upon the regional reviews of 30-year review of the International Conference on Population and Development, and contains a global review of progress, shortfalls and lessons learned regarding the implementation of the Programme of Action over the past 30 years, and as well as highlighted priorities for the future. The report should be regarded as a companion piece to the report of the Secretary General on assessing the status of implementation of the Programme of Action of the International Conference on Population and Development and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development during the decade of action and delivery for sustainable development (E/CN.9/2024/2).

Figure I

**Differences in capacity to cope with and finance recovery from potential climate impacts (poorest 50 per cent, middle 40 per cent and wealthiest 10 per cent of countries)**



Source: Chancel, L., Bothe, P., Voituriez, T. (2023) Climate Inequality Report 2023, World Inequality Lab Study 2023/1.

<sup>3</sup> See World Health Organization (WHO), document WHO/HIS/SDS/2018.61.

## II. Programmes to advance the Programme of Action

9. Since the adoption of the Programme of Action, the United Nations and global community have supported numerous global, regional and national initiatives to promote women's rights and gender equality, advance reproductive health and reproductive rights, cultivate human capacities in health and education, eradicate poverty, increase access to decent work and social protection and secure the well-being of people and the planet. A selection of successful initiatives is given below, with attention to priorities for the future.

### Women's empowerment and gender-based violence

10. The empowerment of women is a transformative process, requiring mutually reinforcing changes across behavioural norms, institutional structures, legal rights and protections, and political representation. In education, women have made extraordinary gains in the past 30 years, with girls now at parity with boys in primary school enrolments and females surpassing males in post-secondary education. Nevertheless, in settings of low primary school enrolment or no access to education, girls are predominantly affected.

11. In terms of political leadership, gains for women have been highly variable between countries. Nevertheless, no functioning parliament in the world today is male-only. The world average for the percentage of women in parliament was 11.3 per cent in 1995 and is 26.5 per cent today.<sup>4</sup> The use of quotas has been notably effective in some countries. For example, in Rwanda, the 30 per cent quota has led to the largest share of women in government, enabling significant reforms that have expanded gender equality, such as equal inheritance and succession rights, equal access to land ownership and labour laws for equal pay.<sup>5</sup> In September 2023, the legislature of India passed a landmark bill requiring the lower house of parliament, the Delhi Legislative Assembly, and state legislative assemblies across the country to set aside one-third of seats for women, helping to advance gender equality for 1.4 billion people.

12. Globally, women continue to face an unequal division of unpaid care and domestic work, providing more than twice the unpaid care work of men.<sup>6</sup> In total, 178 countries maintain legal barriers that prevent women's full economic participation,<sup>7</sup> and 95 countries do not guarantee equal pay for equal work. Over the past 30 years, the labour force participation of women declined slightly, mirroring the trends for men, with the difference by sex remaining unchanged since 1994, i.e., approximately 35 per cent lower for women than for men. The greatest disparities in labour force participation between men and women are in the Middle East and North Africa and the South Asia regions.

13. Women's bodily autonomy and their ability to realize their sexual and reproductive health and reproductive rights are tracked, in part, through indicator 5.6.1 of the Sustainable Development Goals, and remain unrealized in many countries. Only 56 per cent of married women between 15 and 49 years of age can freely decide to use family planning, gain access to reproductive health care and say no to sex.<sup>8</sup> This ranges from 37 per cent in sub-Saharan Africa to over 80 per cent in some countries in Europe and Latin America and the Caribbean.

<sup>4</sup> See Inter-Parliamentary Union, *Women in Parliament in 2022: The Year in Review* (Geneva, 2023).

<sup>5</sup> See Ritwick Dutta, "Rwanda's 30 per cent gender quota led to the world's largest share of women in government", *SDG16 Plus*, 6 June 2023.

<sup>6</sup> See [www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work](http://www.unwomen.org/en/news/in-focus/csw61/redistribute-unpaid-work).

<sup>7</sup> See World Bank, "Nearly 2.4 billion women globally don't have same economic rights as men", 1 March 2022.

<sup>8</sup> United Nations Population Fund (UNFPA), *World Population Dashboard*, available at [www.unfpa.org/data/world-population-dashboard](http://www.unfpa.org/data/world-population-dashboard).

14. Women continue to be disproportionately subjected to gender-based violence, including sexual, physical, psychological and economic violence and femicide, most of which is perpetuated by current or former husbands or intimate partners. An estimated 736 million women, almost one in three, have been subjected to intimate partner violence, non-partner sexual violence, or both, in their lifetimes.<sup>9</sup> Given the ongoing refinements of survey methods, trends in gender-based violence remain difficult to track, and more consistent data over time should be a priority within a broader need for improved gender statistics.

15. The Spotlight Initiative, a United Nations programme launched with support of the European Union, is the largest ever single investment to eliminate gender-based violence. Key programmatic achievements since 2019 include promulgating or strengthening laws or policies, delivering gender-based violence services, reaching 260 million people with gender-based violence prevention campaigns and reaching young people with programmes that promote gender-equitable attitudes and behaviours.<sup>10</sup> A shared vision across the United Nations has ensured the common monitoring of results, mutual learning and strengthened coordination.

16. Looking to the future, there are at least two concerning trends related to violence against women: (a) the digital revolution; and (b) the increasing number of humanitarian crises, displacements and conflicts involving both State and non-State actors as well as disasters triggered by the climate crisis. The climate crisis amplifies existing inequalities, and as such, women and girls in all their diversity are disproportionately affected and vulnerable to violence. That amplification is a consequence of the social trauma of climate-related humanitarian disasters and arises from the progressive destruction of ecosystems, and resulting stress on livelihoods, people and communities that depend on those ecosystems.<sup>11</sup>

17. While digital technology is increasing access to basic services and information for millions of people, it also provides new opportunities for perpetuating gender-based violence. Technology-facilitated gender-based violence, as defined by the United Nations Population Fund (UNFPA),<sup>12</sup> can augment coercive control through surveillance and tracking devices or enable new forms, such as image-based sexual abuse, coordinated online harassment and disinformation.

18. Research shows that the more visible women are, the more likely they are to experience technology-facilitated gender-based violence as part of a deliberate strategy to intimidate, silence and exclude them from engaging in political and public life. Several studies have highlighted the grave and disproportionate levels of attacks against women politicians, journalists and human rights defenders (see [A/78/288](#), para. 37). In total, 45 per cent of women parliamentarians in Africa and 58 per cent of women parliamentarians in Europe have been subjected to online attacks. Independent regulatory bodies, rights-based law reform and programming such as the Global Partnership for Action on Gender-based Online Harassment and Abuse are critical to mitigate those risks.

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<sup>9</sup> See Ebru Demirel, “UN-Women marks 16 days of activism with #NoExcuse for violence against women campaign”, United Nations, 24 November 2023.

<sup>10</sup> See Spotlight Initiative, *Global Annual Narrative Progress Report: 1 January 2022–31 December 2022* (2023).

<sup>11</sup> B. Gogarty, A. Robinson and M. Ranganathan, “Climate change impacts and gender-based violence (GBV): a focus on state and international legal obligations to protect women and girls” (forthcoming).

<sup>12</sup> UNFPA, *Technology-facilitated Gender-Based Violence: Making All Spaces Safe* (New York, 2021).

*Harmful practices*

19. In the past 25 years, the proportion of young women married before their eighteenth birthday has declined from 25 to 19 per cent, with notable declines in Bangladesh, Ethiopia, India, Maldives and Rwanda. However, owing to population growth, the absolute number of girls who will become child brides is projected to increase globally from 1.48 to 1.82 million by 2030. Sub-Saharan Africa has the highest rates of child marriage, with little progress observed, and levels since 2002 have remained unchanged in Latin America and the Caribbean. While cultural norms are important, child marriage is highest in conditions of extreme poverty and social disruption. Hence, the core goals of development, i.e. to raise standards of living and eradicate poverty, are prerequisites for eliminating child marriage.

20. In sub-Saharan Africa, the proportion of girls between 15 and 19 years of age who have undergone female genital mutilation decreased from 34 per cent in 2001 to 22.3 per cent in 2021; in Northern Africa, that proportion declined from 93.1 to 73.5 per cent over the same period.<sup>13</sup> Changing attitudes are also evident, even in practising communities, with a growing proportion of women believing that the practice should end.<sup>14</sup> However, the annual pace of progress would need to increase by at least tenfold, at a cost of \$2.4 billion, to end female genital mutilation (target 5.3 of the Sustainable Development Goals) by 2030.<sup>15</sup>

*Sexual and reproductive health*

21. In the Programme of Action, the strategic importance is acknowledged of investing in the health of women, children and adolescents;<sup>16</sup> moreover, the Sustainable Development Goals include targets to eliminate preventable maternal, newborn and child deaths by 2030. Following the International Conference on Population and Development, the global maternal mortality ratio fell through the 1990s and early 2000s, ultimately decreasing by 47 per cent from 1990 to 2010. But the years since have seen a stagnation and even an increase in ratios. From 2016 to 2020, maternal mortality ratios stagnated in 133 countries and rose in 17.<sup>17</sup> Despite numerous evidence-based, cost-effective interventions, there are stark inequalities both within and between countries in the coverage and quality of maternal health services, with many poor, minority, indigenous and rural populations particularly disadvantaged.

22. The maternal mortality ratio remains very high in sub-Saharan Africa, estimated at 545 maternal deaths per 100,000 live births, constituting 70 per cent of global maternal deaths. The 10 countries with the highest ratios are South Sudan, Chad, Nigeria, the Central African Republic, Guinea Bissau, Liberia, Somalia, Afghanistan, Lesotho and Guinea.<sup>18</sup> In three countries, the ratios exceed 1,000 deaths per 100,000 live births: South Sudan (1,223); Chad (1,063); and Nigeria (1,047). Nigeria alone represents 28.5 per cent of global maternal deaths. Central and Southern Asia, accounting for nearly 17 per cent of global maternal deaths, recorded the sharpest decline in maternal mortality ratio since 2000, from 397 to 129 maternal deaths per

<sup>13</sup> See the statistical annexes to [A/78/80-E/2023/64](https://unstats.un.org/sdgs/files/report/2023/E_2023_64_Statistical_Annex_I_and_II.pdf), available at

[https://unstats.un.org/sdgs/files/report/2023/E\\_2023\\_64\\_Statistical\\_Annex\\_I\\_and\\_II.pdf](https://unstats.un.org/sdgs/files/report/2023/E_2023_64_Statistical_Annex_I_and_II.pdf).

<sup>14</sup> See [https://unstats.un.org/sdgs/report/2023/extended-report/Extended-Report\\_Goal-5.pdf](https://unstats.un.org/sdgs/report/2023/extended-report/Extended-Report_Goal-5.pdf).

<sup>15</sup> See United Nations Children's Fund (UNICEF), "A decade of action to achieve gender equality: the UNICEF approach to the elimination of female genital mutilation", October 2020.

<sup>16</sup> See <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data>.

<sup>17</sup> See Asma Khalil and others, "A call to action: the global failure to effectively tackle maternal mortality rates", *The Lancet: Global Health*, vol. 11, No. 8 (August 2023).

<sup>18</sup> Ibid.

100,000 live births.<sup>19</sup> Individual countries that achieved the largest reductions in the ratio from 2000 to 2020 were Belarus, Seychelles, Turkmenistan, Romania, Bhutan, Egypt, Estonia, the Lao People's Democratic Republic, Kazakhstan, and Mozambique. Eight countries and territories<sup>20</sup> saw increases in the ratio from 2000 to 2020, ranging from 36 to 182.8 per cent.

23. Since 1994, the accumulated lessons on cost-effective interventions have highlighted the importance of tackling the causes of maternal death, including unsafe abortion and lack of post-abortion care, and of addressing the need for midwives and timely emergency care for women in labour.<sup>21</sup>

24. Despite evidence that well-trained midwives working in a fully functional environment could avert roughly two thirds of all maternal and newborn deaths,<sup>22</sup> the world is facing an estimated shortfall of 900,000 midwives. Initiatives like Every Woman Every Child (2010), the H6 partnership and the Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) sustain the commitments relating to maternal health laid out in the Programme of Action.<sup>23</sup> In 2021, the World Health Organization (WHO), UNFPA, the United Nations Children's Fund (UNICEF) and partners launched global targets as part of the initiative on ending preventable maternal mortality and the Every Newborn Action Plan. Using those targets, several countries have optimized health facilities to ensure access to emergency care within two hours of travel time, and the provision of quality care 24 hours a day, 7 days a week. In Senegal, an estimated 92 per cent of the population can now gain access to health facilities within two hours of travel time.

25. While half a million women are estimated to be living with obstetric fistula (see [A/75/264](#)), the General Assembly, in its resolution [73/147](#) of 17 December 2018, called upon States and/or the relevant funds and programmes, organs and the specialized agencies of the United Nations system to end obstetric fistula within a decade, and the UNFPA-led global Campaign to End Fistula strengthens national capacities to address traumatic childbirth injury and supports prevention, treatment, social reintegration, advocacy and fistula repair surgeries.

26. The Global Strategy for Women's, Children's and Adolescents' Health includes a comprehensive plan to improve the health of the mother-child dyad, focusing on the period from conception to three years. Programmes promoting early child and maternal nutrition, immunization, early stimulation, and water, sanitation and hygiene show strong results.<sup>24</sup> The WHO infant and young children feeding module<sup>25</sup> and the first 1,000 days strategy benefit at least 275 million children annually.<sup>26</sup> Maternal nutrition and the use of bed nets to reduce maternal malaria have been identified as public health “best buys”, warranting far greater support than they receive at present.

<sup>19</sup> WHO, *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division* (Geneva, 2023).

<sup>20</sup> Ibid.

<sup>21</sup> According to UNFPA, 5–13 per cent of all maternal deaths are caused by unsafe abortion. See UNFPA, *State of world population 2023* (New York, 2023).

<sup>22</sup> See [www.unfpa.org/sowmy](http://www.unfpa.org/sowmy).

<sup>23</sup> See WHO, Global Strategy for Women's, Children's and Adolescents' Health Data Portal, available at <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data>.

<sup>24</sup> See WHO, “WHO recommendations on home-based records for maternal, newborn and child health”, undated presentation by WHO Departments of Maternal, Newborn, Child and Adolescent Health, Immunization, Vaccines and Biologicals, Reproductive Health and Research.

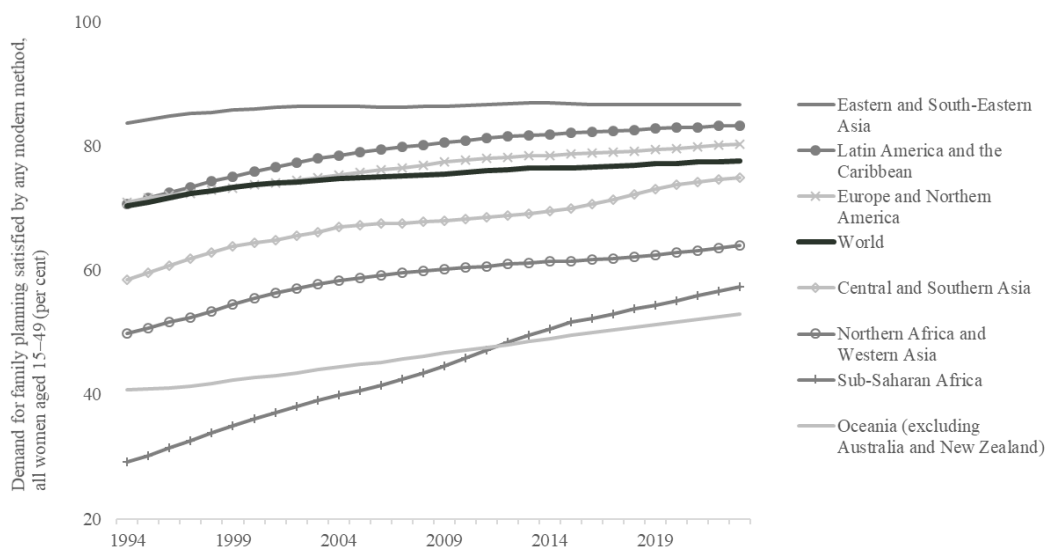
<sup>25</sup> See UNICEF and WHO, *Infant and Young Child Feeding Counselling: An Integrated Course – Trainer's Guide*, 2nd ed. (Geneva, WHO, 2021).

<sup>26</sup> UNICEF, *Early Childhood Development: UNICEF Vision for Every Child* (New York, 2023).

27. In the Programme of Action the importance was affirmed of ensuring that people can decide on the spacing and number of children. Since 1994, the global proportion of reproductive-age women whose need for family planning is satisfied with modern methods rose from 70.3 to 77.6 per cent. This seven percentage point increase represents considerable progress, as the number of women with a need for family planning rose from 800 million to 1.1 billion since 1994. Sub-Saharan Africa has seen the largest increase, from a low of 29.1 per cent in 1994 to 57.4 per cent today (see figure II).

Figure II

**Proportion of reproductive age women aged 15 to 49 years whose need for family planning is satisfied by modern contraceptive methods (world and by region, 1994–2023)**



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). Estimates and Projections of Family Planning Indicators, 2022.

28. Ending the unmet need for modern methods is unlikely without a dramatic expansion in programming and accessibility. An estimated 257 million women worldwide who want to avoid pregnancy are still not using safe, modern contraception, and where data are available, nearly a quarter of all women in unions cannot say no to sex.<sup>27</sup> Since 2000, the largest increase in demand satisfied by modern methods has been among adolescent girls between 15 and 19 years of age, from 45 to 61 per cent, but this still lags behind women over 30, for whom it exceeds 75 per cent.

29. Advances in contraceptive use reflect an expanded mix of modern methods, including options for men. Nepal, for example, has implemented programmes to enhance dual responsibility for contraceptive use, with scaled up access to vasectomies for men and long-acting reversible contraceptive methods for women. Globally, access has also been improved by diversifying service delivery points and providers.

30. Since 1994, several global partnerships have contributed to meeting demand. For example, the global family planning partnership FP2030 (formerly FP2020) has coordinated support to country-led strategies with robust monitoring. The world's

<sup>27</sup> UNFPA, *State of World Population 2022: Seeing the Unseen – The Case for Action in the Neglected Crisis of Unintended Pregnancy* (New York, 2022).



largest provider of donated contraceptives and maternal health medicines, the UNFPA Supplies Partnership, has supported government efforts to expand access and availability of reproductive health commodities since 2007.

31. Demographic diversity across regions affects the demand for contraception and related fertility services. High demand for modern contraception will be increasingly concentrated in countries with large populations of reproductive age, i.e., sub-Saharan Africa and South Asia, while older regions will see increased demand for sexual and reproductive health services stretching into later ages. As low fertility is increasingly the norm in many countries, the need for a continued focus on individual reproductive rights and choices will remain paramount, irrespective of demographic trends.

32. As childbearing is becoming more delayed in all regions, the demand for infertility treatments is likely to increase, including for assisted reproductive technologies and services, and potentially for surrogacy. Diagnosis and treatment of infertility are not prioritized in many national strategies and are rarely covered through health financing. While assisted reproductive technologies has been available for more than three decades, the technologies are still largely inaccessible or unaffordable in low and middle-income countries.

33. The increasing number of refugees and other displaced populations, including from the intersecting crises of conflict and climate, may increase demand for self-administered and long-acting reversible contraceptives, to lessen the need for service delivery touchpoints. Considering the political pushback in some countries and regions to women's reproductive rights and choices, the global community will need to continue to invest in innovations that expand and diversify access to reproductive health technologies and services.

#### *Adolescent health and comprehensive sexuality education*

34. Investing in adolescent health is crucial for long-term population health, as it helps to establish positive health behaviours in nutrition, substance use, mental health, injury prevention and sexual and reproductive health.<sup>28</sup> While adolescent mortality rates decreased substantially in the past 20 years, data from 2019 show persistent high risks of death in adolescence from road injuries, diarrheal diseases, tuberculosis, interpersonal violence and self-harm.

35. Schools can offer cost-effective and accessible interventions for health promotion among adolescents who may be underserved by routine health services.<sup>29</sup> Where school enrolment is not universal, community-based programmes have demonstrated effectiveness. For example, the SHE SOARS programme serves adolescents in informal urban settlements in Kenya, in refugee host communities in Uganda and in rural settings in Zambia, providing holistic adolescent sexual and reproductive health care and awareness of reproductive rights, and developing life skills and financial literacy.<sup>30</sup> Interventions like the Soul City Institute in South Africa and Adolescent 360 in Nigeria use multimedia and community-based approaches to address HIV/AIDS, sexual health and gender-based violence.

<sup>28</sup> WHO and others, *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation – Summary* (Geneva, WHO, 2017).

<sup>29</sup> Rachel Baffsky and others, "Strategies for enhancing the implementation of universal mental health prevention programmes in schools: a systematic review", *Prevention Science*, vol. 24 (2023).

<sup>30</sup> See Centre for Reproductive Rights, "New programme in Africa to improve adolescents' access to sexual and reproductive health care and rights", 27 January 2022.

36. Under the leadership of the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations has established curricular recommendations for comprehensive sexuality education since 1994, with compelling evidence that such knowledge reduces unplanned pregnancies, sexually transmitted infections, HIV and gender-based violence.<sup>31</sup> While about two thirds of reporting countries have some form of sexuality education in schools, the need for better knowledge is clear: in sub-Saharan Africa, only 37 per cent of young people reported comprehensive knowledge about HIV prevention and transmission. Looking forward, more young people are likely to gain access to comprehensive sexuality education online. Such platforms expanded greatly during the coronavirus disease (COVID-19) pandemic and now serve millions of young people.<sup>32</sup> That trend calls for more attention to quality assurance for online comprehensive sexuality education and digital protections for users.

*HIV, sexually transmitted infections and sexual health*

37. Since the first cases of HIV were diagnosed more than 35 years ago, 85.6 million people have been diagnosed with HIV and 40.4 million have died from AIDS-related illness.<sup>33</sup> After initial delays, the pandemic elicited an unprecedented global response, including the establishment of the Joint United Nations Programme on HIV/AIDS by the Economic and Social Council, pursuant to its resolution 1994/24. The Global Fund to Fight AIDS, Tuberculosis and Malaria continues to serve as a leading source of global health funds for HIV/AIDS, and the United States President's Emergency Plan for AIDS Relief, established in 2003, continues to support national HIV/AIDS programming in over 50 countries.<sup>34</sup>

38. Many national leaders undertook extraordinary efforts to address the HIV/AIDS crisis in their countries, saving millions of lives with ambitious national initiatives to spread knowledge and supply condoms before antiretroviral therapy became available, and scaling access thereafter. Thailand, the first country in the Asia Pacific region to eliminate mother-to-child HIV transmission, in 2016, has reduced AIDS-related deaths by almost two thirds since 2010.<sup>35</sup> Botswana became the first high-HIV-burden country to attain the WHO "silver tier" status, after reducing the mother-to-child HIV transmission rate from over 10 per cent in 2010 to 1 per cent in 2019.

39. However, progress towards ending HIV transmission has been uneven geographically and among at-risk populations, and multiple epidemics of sexually transmitted infections continue to cause a significant disease burden and increase the risk of HIV. Each day, an additional 1 million people are newly infected with chlamydia, gonorrhoea, syphilis or trichomoniasis, resulting in 374 million cases in 2022 alone. Untreated, those four curable sexually transmitted infections contribute to neurological and cardiovascular disease, infertility, pregnancy complications, stillbirths and an increased risk of HIV transmission. Human papillomavirus is responsible for 95 per cent of all cervical cancer, the fourth most common cancer among women globally,<sup>36</sup> and WHO targets to eliminate cervical cancer include vaccinating 90 per cent of women and girls with the human papillomavirus vaccine,

<sup>31</sup> United Nations Educational, Scientific and Cultural Organization and others, *The Journey Towards Comprehensive Sexuality Education: Global Status Report* (Paris, 2021). See also [www.unesco.org/en/health-education/cse](http://www.unesco.org/en/health-education/cse).

<sup>32</sup> See for example, <https://amaze.org>.

<sup>33</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS), *In Danger: UNAIDS Global AIDS Update 2022* (Geneva, 2022).

<sup>34</sup> See [www.hiv.gov/federal-response/pepfar-global-aids/pepfar/](http://www.hiv.gov/federal-response/pepfar-global-aids/pepfar/).

<sup>35</sup> See UNAIDS, "Thailand hosts global HIV meeting this week, showcases AIDS response leadership", 11 December 2022.

<sup>36</sup> WHO, "Cervical cancer", fact sheet, 17 November 2023.

attaining 70 per cent cancer screening and having 90 per cent of women and girls with cancer receive treatment;<sup>37</sup> vaccine coverage is increasing, and countries are encouraged to include it within their routine immunization programmes.<sup>38</sup>

#### *Disabilities and mental health*

40. The rights of persons with disabilities were strongly promoted by the Programme of Action in 1994, and by the Convention on the Rights of Persons with Disabilities, adopted in 2006. Persons with disabilities are leading efforts to raise awareness of disability, set standards for inclusivity and champion legislation to advance their rights, including in relation to their sexual and reproductive health. An increasing number of national censuses now include questions to identify persons with disability, and disability inclusion has been integrated into the training for health-care and gender-based violence service providers. In Kenya and Zambia, the use of sign language is used in the pre-service curriculum for midwives, and in North Macedonia, “digital storytellers” ensure that adolescents with autism can gain access to comprehensive sexuality education. The “We Decide” programme, a flagship initiative on disability inclusion supported by Spain since 2016, has strengthened disability-inclusive prevention and response to gender-based violence, as well as sexual and reproductive health and reproductive rights, at the global, regional and national levels, and guidelines developed by UNFPA and Women Enabled International are contributing to policy and practice in over 70 countries.

41. Mental health conditions now account for one in five years lived with disability. Approximately 20 per cent of the world’s children and adolescents experience mental health conditions, and suicide ranks as the second leading cause of death among people between 15 and 19 years of age.<sup>39</sup> Megatrends appear to play a role, with growing evidence that the climate crisis,<sup>40</sup> natural disasters, the COVID-19 pandemic<sup>41</sup> and wars are affecting the burden of mental health. Depression and anxiety, the two most prevalent mental health conditions, collectively cost the global economy \$1 trillion annually. Despite its crucial role in well-being and sustainable development, including explicit recognition in target 3.4 of the Goals, the global median of government health expenditure dedicated to mental health is less than 2 per cent.<sup>42</sup>

#### *Universal health coverage*

42. Where universal health coverage combines lifelong preventive and curative care, it leads to healthy ageing. Data from indicator 3.8.1 of the Goals show impressive progress in expanding health coverage across all regions from 2000 and 2015, slow progress between 2015 and 2019, and stagnation since 2019, when COVID-19 disrupted health systems. Estimates by WHO indicate that, in 2021, approximately 4.5 billion people (more than half the global population) lacked coverage of essential health services, and the share of the population incurring catastrophic out-of-pocket health spending (indicator 3.8.2) increased from 9.6 to 13.5 per cent between 2000 and 2019, surpassing 1 billion people.<sup>43</sup>

<sup>37</sup> See WHO, Human Papillomavirus (HPV) Vaccination Coverage database, available at <https://immunizationdata.who.int/pages/coverage/hpv.html>.

<sup>38</sup> See WHO, “HPV dashboard”, Immunization, Vaccines and Biologicals database. Available at [www.who.int/teams/immunization-vaccines-and-biologicals/diseases/human-papillomavirus-vaccines-\(HPV\)/hpv-clearing-house/hpv-dashboard](http://www.who.int/teams/immunization-vaccines-and-biologicals/diseases/human-papillomavirus-vaccines-(HPV)/hpv-clearing-house/hpv-dashboard).

<sup>39</sup> See [www.who.int/health-topics/mental-health#tab=tab\\_2](http://www.who.int/health-topics/mental-health#tab=tab_2).

<sup>40</sup> WHO, *Mental Health and Climate Change: Policy Brief* (2022).

<sup>41</sup> See WHO, “The impact of COVID-19 on mental health cannot be made light of”, 16 June 2022.

<sup>42</sup> Ibid.

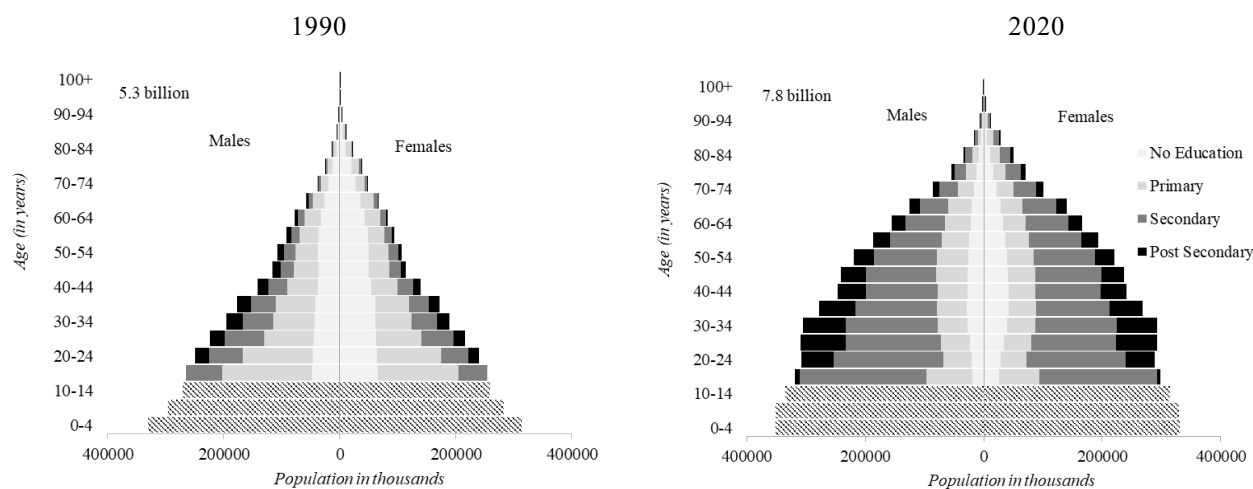
<sup>43</sup> See WHO, “Universal health coverage (UHC)”, fact sheet, 5 October 2023.

### Education and skills

43. Educational attainment has risen dramatically in the past 30 years. Completed secondary or post-secondary education is increasingly the global norm, and the proportion of the global population with no education or only primary education continues to decline, reaching a new low of 32.6 per cent in 2020. Among people between 25 and 29 years of age, the proportion who earned post-secondary degrees grew from 10.5 to 23.6 per cent since 1990, with women surpassing men in relative gains and absolute levels (from 9.2 to 24.4 per cent) (see figure III below).

Figure III

#### Distribution of the world population by age, sex and educational attainment, 1990 and 2020



Source: <https://dataexplorer.wittgensteincentre.org/wcde-v2/>.

44. Yet regions with large youthful populations continue to lag in education, stifling the prospects for a first demographic dividend. In Africa, the proportion of the population aged 15 and above with upper secondary or higher education nearly tripled, from 9.7 to 26.5 per cent, between 1990 and 2020, approaching the global average for educational attainment in 1990. Such shortfalls highlight the urgent need for countries to expand infrastructure (e.g. facilities and equipment) and increase the number of qualified teachers to meet demand.

45. At its fifty-sixth session, in 2023, the Commission on Population and Development deliberated matters relating to population, education and sustainable development, highlighting the importance of education and training over the life course to ensure socioeconomic development (see [E/CN.9/2023/2](#) and [E/CN.9/2023/3](#)) and underscoring the urgent need to address a projected shortfall of 69 million teachers by 2030. In 2022, at the Transforming Education Summit, the need was emphasized to realign education with the demand for professional skills; improve pedagogy, teacher training and recruitment; and expand lifelong learning. Numerous global initiatives, including the Summit, advocate for the expansion of digital education, recognizing that online learning also requires strong in-person support, modern digital access and online privacy protections for young learners.

46. As many early education goals elaborated in the Programme of Action have been met, and healthy life expectancy has increased, the importance of lifelong learning to human capital and economic participation has been recognized, including within the 2022 Summit. Lifelong learning encompasses a continuous process of acquiring competencies throughout life, improving employability and promoting social

inclusion. With formats ranging from community colleges to online courses, lifelong learning enables people to adapt to new labour markets and provides a second chance for millions of adults who missed childhood schooling. It can also provide a bridge to a new culture, language and decent work for millions of new migrants and refugees worldwide.

#### *Decent work*

47. The International Labour Organization (ILO) Centenary Declaration for the Future of Work underscores the centrality of decent work in achieving sustainable development, addressing income inequality and ending poverty, paying special attention to areas affected by conflict, disaster and other humanitarian emergencies. Currently, 51 countries have active or approved decent work programmes, and 41 countries are developing such programmes, with the majority concentrated in Africa and Asia and the Pacific.<sup>44</sup>

48. The Global Initiative on Decent Jobs for Youth aims to increase opportunities for youth employment in alignment with the 2030 Agenda, promoting interventions that are locally owned and aligned with national development.<sup>45</sup> Since its inception, the initiative has targeted over 40 million young people in 196 countries with specific interventions to improve labour market outcomes.<sup>46</sup> In Pakistan, programmes have facilitated the growth of over 500 youth-led social enterprises.<sup>47</sup> Education For Employment's initiatives in job training, placement and entrepreneurship have benefited young people in the Middle East and North Africa, bridging the gap between education and employment.<sup>48</sup>

49. To expand learning and employment opportunities for older people in Chile, the age limit for national training and employment service programmes was abolished.<sup>49</sup> The Republic of Korea introduced a senior employment programme in 2004, aiming to provide supplemental income, alleviate poverty, enhance social engagement and preserve health among people aged 60 and above. As of 2021, 6.4 per cent of the 60 and older age group had participated in the programme.<sup>50</sup>

#### *Societies for all ages*

50. While high-income countries have the highest proportions of older persons, many low- and middle-income countries have increased life expectancy in the past 30 years, resulting in large increases in the absolute numbers of older persons. Population ageing can pose challenges for labour markets and the financing of social protection, but it can also foster economic opportunities such as the second demographic dividend, when declining fertility leads to greater accumulation of aggregate wealth and investments in human capital.<sup>51</sup> Japan has undertaken numerous policy reforms to adapt to an older society, including extending the retirement age, increasing the use of automation and widening immigration opportunities in key sectors.<sup>52</sup>

<sup>44</sup> See [www.mdpi.com/1660-4601/17/10/3351](http://www.mdpi.com/1660-4601/17/10/3351).

<sup>45</sup> See [www.decentjobsforyouth.org/#latest](http://www.decentjobsforyouth.org/#latest).

<sup>46</sup> Ibid.

<sup>47</sup> International Labour Organization, *Decent Jobs for Youth Impact Report 2021* (Geneva, 2021).

<sup>48</sup> Ibid.

<sup>49</sup> *Ageing in Latin America and the Caribbean: Inclusion and Rights of Older Persons* (United Nations publication, 2022).

<sup>50</sup> See SDG16 Plus, "South Korea's senior employment program for those over the age of 65 years", 6 June 2023.

<sup>51</sup> Africa Union Commission and Economic Commission for Africa, "Beyond the first dividend: sustaining the second demographic dividend", 2013.

<sup>52</sup> Nana Oishi, "Skilled or unskilled? The reconfiguration of migration policies in Japan", *Journal of Ethnic and Migration Studies*, vol. 47, No. 10 (2021).

51. Ageism is often underestimated, owing to its implicit and subconscious nature, but it diminishes healthy ageing (see [A/HRC/48/53](#)). Individuals with negative attitudes toward ageing have slower recovery from disability, shorter lifespans and are less likely to be socially integrated compared with those who hold positive attitudes.<sup>53</sup> Furthermore, older women are often at greater risk of elder abuse than men, reflecting the synergistic negative effects of sexism and ageism.<sup>54</sup>

52. WHO leads a Global Campaign to Combat Ageism. Aligned with the United Nations Decade of Healthy Ageing (2021–2030), the initiative involves collaboration between Governments, United Nations agencies, civil society, the private sector and other stakeholders to change the narrative around ageing, challenge attitudes and stereotypes and redress laws, policies and institutions that perpetuate ageism.<sup>55</sup>

### *Social protection*

53. Well-designed social protection systems prevent people from sliding into poverty when they are out of work and help people to re-engage in work through special support measures. Benefits range from support for children and families, maternity, unemployment, employment injury, sickness, old age, disability, survivors and health protection, funded through a combination of contributory schemes like social insurance and non-contributory tax-financed benefits. Ensuring inclusive social protection systems requires adaptation to demographic shifts, changes in the world of work and migration patterns, among others, to assure they are responsive to diverse and dynamic social needs.

54. For older persons, pensions are the most widespread form of social protection, covering 77.5 per cent of people above retirement age. However, disparities persist across regions and between men and women. Contribution-based pensions systems result in lower benefits for women, owing to lower earnings and time outside the formal labour force. The largest gaps in benefits are seen in Egypt and Jordan, where men are 7 to 8 times more likely to receive a pension than women, but even in the European Union, where coverage for women is widespread, their average pensions are about 40 per cent lower than those of men.<sup>56</sup>

55. Country examples of social protection interventions targeting specific population groups are numerous and include the Kazi Mtaani initiative in Kenya, which was implemented by the Government to address youth unemployment in the wake of the COVID-19 pandemic.<sup>57</sup> In Mongolia, a joint programme supported by several United Nations agencies introduced social protection to herder families to promote social and health insurance. In Colombia, the temporary protection statute (*Estatuto Temporal de Protección para Migrantes Venezolanos*) is an example of social protection<sup>58</sup> that provides a 10-year window for regularization that grants access to formal employment, education, health care and financial services for almost two million migrants and refugees.

<sup>53</sup> Alana Officer and Vânia de la Fuente-Núñez, “A global campaign to combat ageism”, *Bulletin of the World Health Organization*, vol. 96, No. 4 (April 2018).

<sup>54</sup> See WHO, Maternal, Newborn, Child and Adolescent Health and Ageing data portal, available at <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing>.

<sup>55</sup> See [www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism](http://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/combating-ageism).

<sup>56</sup> See UN-Women, “Protecting women’s income security in old age”, Policy Brief, No. 3, 2015.

<sup>57</sup> See <https://youth.go.ke/kazi-mtaani/>.

<sup>58</sup> See Laura Maria Rojas Morales, “Colombia’s ten-year temporary status for Venezuelan migrants and refugees”, SDG16 Plus, 18 July 2023.

*Sustainable cities*

56. The world's urban population is growing rapidly, and projections suggest that, by 2050, there will be an additional 2.5 billion urban residents. Urbanization is an engine for development, as urban areas contribute over 80 per cent of global gross domestic product and cities foster growth, productivity and innovation with comparative efficiency.<sup>59</sup> Yet unplanned or poorly managed urbanization, coupled with unsustainable production and consumption patterns and poor governance, threaten sustainability; those trends are visible in the growth of informal settlements and urban sprawl, residential density without basic amenities and environmental degradation.<sup>60</sup>

57. In the Programme of Action, Governments were called upon to enhance the management of urban areas with attention to improving quality of life and safeguarding the environment. In the 30 years since the adoption of the Programme of Action, a growing body of work has defined the design elements for green urban growth that is people-centred, inclusive and enables low or net-zero emissions. Cities can provide higher returns on investment for infrastructure and technology given economies of scale, and mayors and local leaders have an unprecedented opportunity to lead the world on climate reforms. The New Urban Agenda, adopted in 2016, provides a global framework for sustainable, inclusive and resilient cities. A growing number of cities champion the needs of women, migrants, young people, older persons and others in their city planning, promoting such needs as safe transport for women, walkability for older people and the inclusion of young people and migrants. The WHO Global Network for Age-friendly Cities and Communities includes 1,542 cities and communities in 51 countries, covering over 320 million people worldwide.<sup>61</sup>

*Safe, orderly and regular migration*

58. International migration can contribute to the achievement of the Sustainable Development Goals, including by facilitating access to education and decent work. In 2021 alone, \$773 billion in remittances were recorded, of which \$605 billion were sent to low- or middle-income countries,<sup>62</sup> mainly to families in rural areas.<sup>63</sup> Migration can also expose people to new social and cultural norms, providing women and minorities with greater opportunities than may be possible in their country of origin. Migration is the subject of intense political debates in many countries, including as it relates to the loss of investments in human capital in countries of origin or strained resources in host societies.<sup>64</sup>

59. In the Programme of Action, it was encouraged to address the root causes of migration, notably poverty, and advocate for providing adequate protection and assistance to internally displaced persons, especially vulnerable groups like women, children and the elderly.<sup>65</sup> The Programme of Action included an emphasis on preventing displacement, facilitating return or resettlement when appropriate and ending forced migration. The significance was stressed of cooperation and dialogue between countries of origin and destination to maximize migration benefits and foster positive development outcomes for both sending and receiving countries.

<sup>59</sup> See [www.worldbank.org/en/topic/urbandevelopment/overview](http://www.worldbank.org/en/topic/urbandevelopment/overview).

<sup>60</sup> *World Urbanization Prospects: The 2018 Revision* (United Nations publication, 2019).

<sup>61</sup> See <https://extranet.who.int/agefriendlyworld/who-network/>.

<sup>62</sup> United Nations, Department of Economic and Social Affairs, "Why safe, orderly and regular migration matters for sustainable development", Policy Brief, No. 146, December 2022.

<sup>63</sup> See <https://migrationnetwork.un.org/statements/towards-sustainable-food-systems-critical-role-migrants>.

<sup>64</sup> United Nations, Department of Economic and Social Affairs, "Why safe, orderly and regular migration matters".

<sup>65</sup> See [A/CONF.171/13/Rev.1](#), annex, chaps. IX and X.

60. In 2018, Governments adopted the Global Compact for Safe, Orderly and Regular Migration, anchored on the values and principles of the Programme of Action and other intergovernmental agreements, with the aim of addressing the challenges and opportunities posed by international migration in a comprehensive and cooperative manner. An estimated 97 States and 55 cities and local governments have made 246 pledges to implement the Compact, and all Governments are urged to move forward in realizing its objectives.

61. Over the past two decades, there has been a growing number and proportion of people moving to escape threats, rather than to gain access to opportunities. While the global stock of refugees fell from 1990 to 2008, from 2008 to 2020 the number increased by an average of 848,000 per year, and the number of persons classified by the Office of the United Nations High Commissioner for Human Rights (UNHCR) as “of concern or in need of international protection” increased by an average of 3.6 million per year. By 2022, the total number of persons being monitored by UNHCR reached an unprecedented 32 million, and the climate crisis is likely to increase numbers further.

#### *Environmental sustainability*

62. The climate crisis poses a significant threat to social, economic and natural systems, affecting water supply, food production, infrastructure, biodiversity and human health. Its impacts will be felt by current and future generations globally. The Programme of Action underscores the importance of integrating environmental considerations into development planning, promoting political participation, eliminating poverty and addressing unsustainable production and consumption patterns. Those principles offer valuable guidance for developing climate action strategies aimed at creating a more sustainable and secure future.

#### *Population data systems*

63. Population data systems have evolved substantially over the past three decades. The digitization of data collection, coupled with the accelerated speed of data processing, has generated major improvements in census processes, data quality and timely release of census and survey results.

64. The geospatial data revolution has transformed population data systems, with significant efficiency gains in mapping and enumeration. The expanded availability of satellite imagery and machine learning algorithms has also facilitated the estimation of population distributions at fine spatial scales, including in hard-to-reach areas. Geospatial data provide new visualizations, and applications and are fuelling new methods to map and identify climate-vulnerable populations.

65. Civil registration coverage and the reporting of vital statistics continue to lag across many developing countries. Those shortfalls were highlighted during the COVID-19 pandemic, when many developing countries were unable to produce timely and reliable data relating to COVID-19 morbidity or mortality, not to mention by age and sex. Where civil registration and vital statistics systems are strong and support population registers, more than 40 countries<sup>66</sup> have now used administrative data to generate census-like information, with the potential to produce annual/continuous demographic statistics at a much-reduced cost. Looking ahead, strengthening civil registration and vital statistics coverage and quality should be a high priority for data for development.

66. The expanded scope of surveys and census since the International Conference on Population and Development has enhanced opportunities to identify and locate

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<sup>66</sup> 2022 *Demographic Yearbook*, 73rd ed. (United Nations publication, 2023).



vulnerable populations (e.g. migrants, persons with disabilities, indigenous and afrodescendant populations), in particular through the implementation of international standards to ensure the comparability of data, with a view to leaving no one behind. The widespread adoption of the Washington Group questions on disability in the 2020<sup>67</sup> census round is a prominent example.

67. Despite many such advances, shortfalls in data persist, including on trends in maternal mortality and gender-based violence and disaggregated data to understand inequalities, including standardized gender statistics to understand the obstacles to women's empowerment in different societies. Megatrends are exposing new population data needs, including for a better understanding of human-environmental interactions and population vulnerabilities to climate change; the scale and drivers of human migration; changes in behavioural and social norms, including changing fertility aspirations; emerging trends in health and well-being and new pandemic risks; the costs and benefits of new modes for health care delivery; and the impact of technology on fear, misogyny and violence, among others.

68. As noted above, the rise of digital technology has not only expanded capabilities for data generation, but also resulted in heightened risks of data privacy violations and data misuse, requiring more comprehensive data security infrastructures and data governance to preserve confidentiality and public trust. The recurrence of crises – including global pandemics – calls for alternative solutions to field-based data collection and for strengthened risk management and contingency planning to prevent the disruption of statistical activities.

#### **Future population and development policies**

69. Demographic change has become a source of growing attention, and in some cases concern, given its fundamental connection to sustainable development. While the Programme of Action in 1994 pushed for the end of population targets and coercion, they are now re-emerging in the light of low fertility, with a growing number of countries restricting reproductive health services and incentivizing births. Recent policy experience with pronatalist incentives show limited impact, and any potential benefits would take decades to materialize. Instead, countries need to anticipate and prepare for emerging demographic realities and protect the development benefits of advancing and protecting reproductive rights and choices.

70. Rights-based population policies mean that women and men must be able to decide freely the number, timing and spacing of children. Such is not the case in countries where women do not enjoy universal and unrestricted access to sexual and reproductive health-care services. For countries to empower women and men to have the number of children they desire, they must also address factors that currently limit them from having children, including difficulties with work-life balance, the high cost of child-rearing relative to income and unequal burdens between women and men in housework and childcare responsibilities, among others.

71. In the context of a new world order, a diverse global population of 8 billion, a climate crisis and worsening inequalities, the Programme of Action and its reviews remain essential to the accomplishment of the 2030 Agenda and highly relevant to the design and direction of a future development agenda.

72. While there is impressive evidence of progress towards achieving many goals of the Programme of Action over the past 30 years, the ground-breaking aspirations for dignity and human rights, and universal access to reproductive health and choices for all, remain unfulfilled. As we look to the future, the convergence of demographic diversity, the climate crisis, growing numbers of displaced persons and new digital

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<sup>67</sup> See [www.washingtongroup-disability.com/](http://www.washingtongroup-disability.com/).

violence towards women and the disenfranchised are sources of anxiety. As the world prepares for the Summit of the Future, the vision and objectives of the Programme of Action provide a path to a healthier planet and a more just world for all. As such, the fifty-seventh session of the Commission on Population and Development should support a consensus-based outcome that includes the elements below.

### **Recommendations**

73. **Ensure that population policies safeguard rights and choices.** Women and men must be able to decide freely on the number, timing and spacing of children, which requires universal and unrestricted access to sexual and reproductive health care. It also demands a better work-life balance, reconciling the cost of child rearing with the income of parents, more equitable sharing of household and care work and a care economy wherein childcare is protected and adequately compensated.

74. **Strengthen gender equality and women's empowerment.** Hard-won gains in girls' and women's educational attainment and political representation must be protected and advanced, while much deeper work is needed to address continuing shortfalls in girls' and women's health and nutrition, their burdens of unpaid work and obstacles to their gaining access to formal employment and social protection, as well as in women's economic empowerment and in freedom from fear and violence.

75. **End harmful practices.** Lessons learned over the past 30 years for reducing the incidence of child marriage and female genital mutilation must be dramatically scaled to reach the growing number of girls at risk. Lessons include the importance of addressing social and behavioural norms at the community level, advancing legal rights and recourse and ensuring social protection systems to eradicate poverty.

76. **End gender-based violence.** Policies to end gender-based violence should draw on proven interventions, including the promotion of gender equality training and positive masculinities for men and boys, and the legal, institutional and health systems to guarantee women and girls immediate protection and care, and long-term support. The growing threat of technology-facilitated violence calls for urgent efforts to strengthen global networking and public awareness of risks and to define protective regulatory structures.

77. **Improve lifelong reproductive health and mental health.** Ensuring that all pregnancies are intended, all deliveries are safe and all adolescents can achieve their potential is fundamental to development. Governments are encouraged to invest in the cost-effective and proven interventions that can ensure maternal nutrition, access to modern contraceptives and high-quality maternal health care. Sexual and reproductive health services should include care for sexually transmitted infections, infertility and assisted reproduction. As the burden of mental health and psychosocial stress continues to rise, far greater national investments are needed to understand and address underlying causes and provide effective prevention and treatments. Recognizing that health at all ages is the prerequisite for healthy ageing, universal health coverage should be expanded, accelerated through primary health care and complemented by dedicated efforts to expand the health workforce world-wide.

78. **Prepare for an older society and support healthy ageing.** Governments should eradicate practices that disadvantage older persons in the labour market, and should adapt infrastructure and social protection systems, including pensions, to assure the security, well-being and contributions of older persons. Policies and terms of employment are needed to reform the care economy so that care of older persons is protected and adequately compensated.

79. **Expand education, opportunities for decent work and social protection.** Urgent efforts are needed to address the current and projected shortfall of trained

teachers, to promote modern pedagogy and to assure the requisite infrastructure to meet the educational needs of growing populations, including the need for rights-based and age-appropriate comprehensive sexuality education. Universal access to high-quality upper secondary education should become a global priority, coupled with stronger systems of life-long learning to improve access to changing labour markets for older persons, the under-employed, persons who missed early schooling, migrants, persons with disabilities and the millions of people unable to have access to the skills needed for gainful employment. Education systems should facilitate smooth school-to-work transitions for graduates, actively engage prospective employers in curriculum design and improve the operational infrastructure for entrepreneurship and job creation. Social protection coverage should be expanded to assure that basic needs are met during periods of economic instability and at older ages and to facilitate the integration of people into the labour force.

80. **Build liveable, inclusive and sustainable cities.** Elements of sustainable urban design are increasingly well understood and should guide urban planning, including walkability, public transportation, natural spaces, mixed-use neighbourhoods, safety measures and access to services, including sexual and reproductive health services. Progressive adaptation of informal settlements and slums to accommodate those elements is necessary to improve the living standards of the growing urban population and simultaneously meet climate goals.

81. **Promote safe, regular and orderly migration.** Stronger efforts are needed to expand the humane reception of migrants and refugees, especially in the light of the growing numbers of people displaced over the past decade, owing to conflict, poverty and environmental events, and the likelihood that the climate crises will uproot a growing number of people.

82. **Strengthen shared climate action.** Governments and the international community should strengthen and integrate, as a matter of priority, human rights principles within climate adaptation, mitigation and resilience, with particular attention to those most affected but least able to adapt to climate impacts. Countries are called upon to restructure unsustainable patterns of production and consumption, end the use of fossil fuels, promote green energy and also promote restorative agriculture and food systems, as well as the future health of people and the planet.

83. **Strengthen population data systems.** All of the above recommendations are more effectively designed, implemented and monitored with foresight into future demographic trends. The systematic consideration of demographic data and projections is critical for countries to understand the changing characteristics and needs of the population. Robust registry-based national data systems, including gender statistics and disaggregated data to track inequalities, identifying those furthest behind and hardest to reach, should be strengthened to ensure evidence-based, sustainable and people-centred development.

84. Today's challenges highlight the urgent need to endorse the human-centred, future-oriented and holistic approach to development that characterized the Programme of Action 30 years ago, and the 2030 Agenda. Member States are called upon to invest in their underlying development gaps that exacerbate the vulnerabilities of people and realize a vision that acknowledges our responsibilities to future generations and the planet. Sustainable solutions – including those advanced through the Summit of the Future – must recognize our common humanity, challenge the deficit of compassion and accelerate efforts to realize the universal right to health and development that was agreed to in 1994.