

Demographic Challenges to Achieve ICPD and Sustainable Development Goals in Developing Countries

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At the founding of the PPD, Haryono Suyono, representing President Suharto of Indonesia, presented the Statement on Population Stabilization to Nafis Sadik at the ICPD with the signatures of 75 heads of government. President Suharto personally requested 107 members of the Nonaligned Nations to sign and support the Statement. The PPD signatory countries were Bangladesh, China, Colombia, Egypt, Gambia, Ghana, India, Indonesia, Jordan, Kenya, Morocco, Nigeria, Pakistan, Senegal, South Africa, Sri Lanka, Thailand, Tunisia, Uganda and Zimbabwe.

World Leaders Statement On Population Stabilization

Humankind has many challenges: to obtain a lasting peace between nations; to preserve the quality of the environment; to conserve natural resources at a sustainable level; to advance the economic and social progress of the less developed nations; to assure basic human rights and at the same time accept responsibility for the planet Earth and future generations of children; and to stabilize population growth.

Degradation of the world's environment, income inequality, and the potential for conflict exist today because of rapid population growth, among other factors. If this unprecedented population growth continues, future generations of children will not have adequate food, housing, health services, education, earth resources, and employment opportunities.

We believe that the time has come now to recognize the worldwide necessity to achieve population stabilization and for each country to adopt the necessary policies and programs to do so, consistent with its own culture and aspirations. To enhance the integrity of the individual and the quality of life for all, we believe that all nations should participate in setting goals and programs for population stabilization. Measures for this purpose should be voluntary and should maintain individual human rights and beliefs.

We urge national leaders to take an active personal role in promoting effective policies and programs. Emphasis should be given to improving the status of women, respecting human rights and beliefs, and achieving the active participation of women in formulating policies and programs. Attention should be given to realistic goals and timetables and developing appropriate economic and social policies.

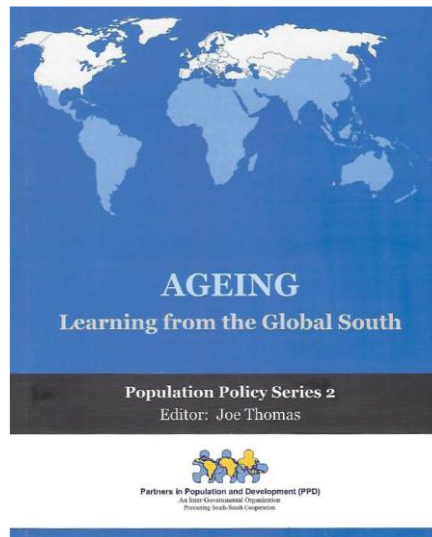
Recognizing that early population stabilization is in the interest of all nations, we earnestly hope that leaders around the world will share our views and join with us in this great undertaking for the well-being and happiness of people everywhere.

The Statement has been signed by the heads of government of the following countries:

Austria	Gambia	Kenya	Morocco	Saint Lucia	Thailand
Bangladesh	Ghana	Korea, DPR	Myanmar	Saint Vincent and the Grenadines	Tonga, Kingdom of
Barbados	Grenada	Korea, Republic of	Namibia	Sao Tome and Principe	Trinidad and Tobago
Bhutan	Guinea-Bissau	Laos	Nepal	Senegal	Tunisia
Botswana	Guyana	Liberia	Nigeria	Seychelles	Turkey
Cape Verde	Haiti	Libya	Pakistan	Singapore	Uganda
China, People's Republic of	Iceland	Macedonia	Palau	Slovak Republic	United Arab Emirates
Colombia	India	Malawi	Panama	South Africa	Uzbekistan
Cyprus	Indonesia	Malaysia	Peru	Sri Lanka	Vanuatu
Dominica	Israel	Maldives	Philippines	Sudan	Zimbabwe
Dominican Republic	Malta	Malta	Romania	Suriname	
Egypt	Japan	Mauritius	Rwanda	Swaziland (Eswatini)	
Fiji	Jordan	Moldova	Saint Kitts and Nevis	Tanzania	

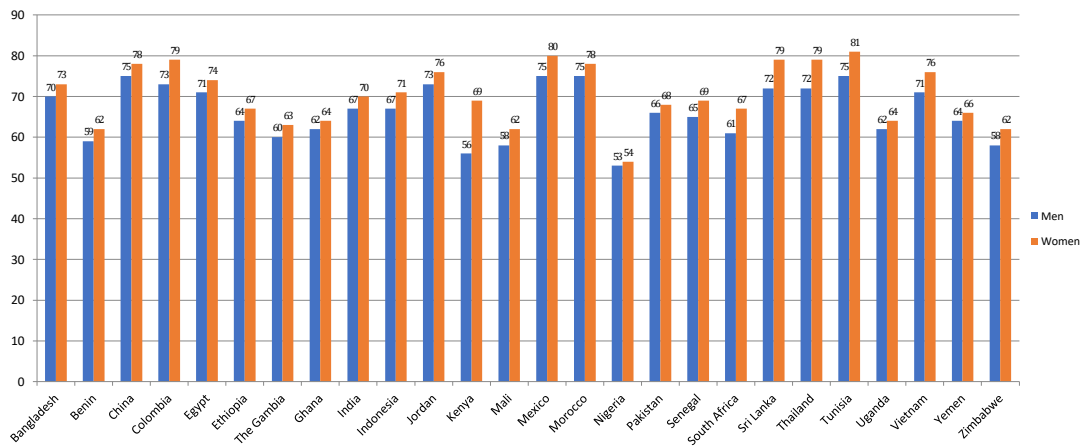


In 2012 the PPD published, "Population Trends and Policy Options in Selected Developing Countries." The reports focused on population stabilization for Bangladesh, Ghana, Kenya, Mali, Nigeria, Senegal, Uganda, Zimbabwe and the state of Bihar in India. We also received, "Population Stabilization: the Case for Pakistan," by Abdul Ghaffar Khan, "Population Stabilization Policies and Programs in Egypt," by Dr. Osama Refaat, "Population Stabilization: Efforts and Challenges: Case of Yemen," by Mr. Abdul-Malik Sharafuddin and, "Population Stabilization in Uttar Pradesh, India: Past, Present and Future Directions," by Dr. Usha Ram. Population Communication is exploring the opportunity to update the country specific reports on population that are authored by PPD Coordinators and consultants.



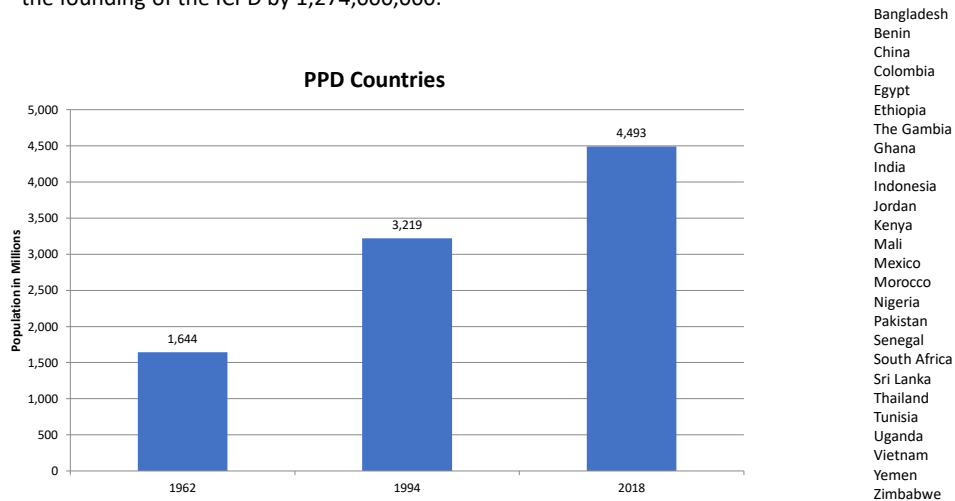
In 2017 the Gillespie Foundation was proud to finance the PPD book, "Ageing: Learning from the Global South, with country specific reports from China, Ghana, Kenya, Mexico, Nigeria, South Africa and Vietnam.

Life Expectancy in PPD Countries



In just seven years there has been a dramatic increase in life expectancy in Ethiopia, Kenya, Mali, Senegal, South Africa, Uganda and Zimbabwe.

The population of the PPD countries in 1962 was 1,662,000,000. When the PPD was founded in 1994 at the ICPD, the PPD countries total population was 3,262,000,000. The total population of all PPD countries in 2018 was 4,493,000,000. The population of the PPD countries has increased since the founding of the ICPD by 1,274,000,000.



Rights-based population policies, family planning programs, and striving to achieve the Sustainable Development Goals are just a few of the Demographic Challenges. There are 8 PPD countries that have TFRs of 2.4 or less. The active collaboration and transferring of shared experiences between PPD countries is valuable in addressing the ICPD and Sustainable Development Goals.

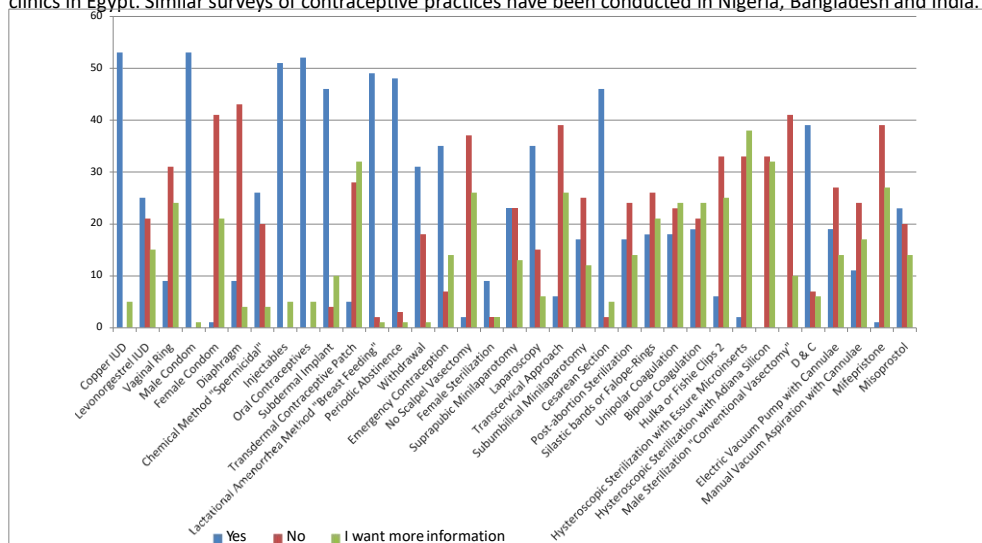
Bangladesh - TFR 2.1
 Colombia - TFR 2.0
 Mexico - TFR 2.2
 South Africa - TFR 2.4
 Thailand - TFR 1.5
 Tunisia - TFR 2.3
 Vietnam - TFR 2.1
 China - TFR 1.8
 India – TFR 2.3 *

* In India, 23 of the 36 States and Union Territories have TFRs below 2.2.

Dr. Osama Refaat has conducted the following surveys, studies and reports:

1. "Population Stabilization Policies and Programs in Egypt," in 2010 and update in 2014.
2. Population Stabilization Statement of Egypt 2015.
3. "Survey Study on Discrepancies of Contraceptive Methods Prices in Egypt," 2016.
4. "The Financial Resources and Expenditures Needed to Stabilize Population Programs and Policies in Egypt," 2015.
5. "Understanding Research Uptake in Advancing Integration of Population Dynamics into National Policy and Program Change."
6. Survey of Contraceptive Practices conducted in 51 Teaching Hospitals, Universities and Clinics.
7. "Promotion of Maternal & Child Health National Policies and Programs of Egypt in the Context of MD4."
8. Assessment Tools for Small Family Club Members.

Dr. Osama Refaat conducted a survey that measured the contraceptive practices in 51 teaching hospitals and clinics in Egypt. Similar surveys of contraceptive practices have been conducted in Nigeria, Bangladesh and India.



The surveys can measure the use of the transdermal contraceptive patch, Sino implants, levonorgestrel IUD, DMPA-CN in the Uniject Device, manual vacuum aspiration, vasectomy including the no scalpel procedure, female surgical contraception procedures, and emergency contraceptives including using Mifepristone, Misoprostol with 2 pills 48 to 72 hours after sex or an abortion pill, one pill and then 4 pills up to 10 weeks after sex. The Copper-T IUD is the most effective emergency contraception.

The PPD has strengthened the rights-based approach to population policies, reproductive health, gender equality and family planning. From the founding of the PPD at the ICPD conference 25 years ago to the exciting challenge of the upcoming 25th anniversary celebration in Nairobi in two months, the PPD has been in the forefront of capacity building, documenting and sharing best practices, exchanging expertise, trainers and trainees as well as awarding fellowships. You have pioneered commodity support between member countries and have been the principal international agency focused on South-South Cooperation. Congratulations!