

UNITED NATIONS ECONOMIC COMMISSION FOR EUROPE

ICPD Beyond 2014: The UNECE Region's Perspective

UNECE Regional Report



ICPD =
International Conference on
Population and Development
Beyond 2014



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FOREWORD

Twenty years after the International Conference on Population and Development (ICPD) held in Cairo in 1994, the United Nations prepares to report on achievements and setbacks in the implementation of the ICPD Programme of Action (PoA), drawing on the results from the ICPD Beyond 2014 review process. UNECE and UNFPA conducted the review in the UNECE region, which resulted in this report and the encouraging outcome of the ICPD Beyond 2014 High-level Regional Conference held in Geneva on 1–2 July 2013.

The report examines the implementation of the provisions of the ICPD PoA across the region, based on survey results from 45 UNECE Member States complemented by relevant existing studies and data provided in country implementation profiles. The report finds a wide variety of policies, programmes and strategies adopted by countries in response to the ICPD PoA. These strategic documents go beyond traditional population policies to include social and welfare programmes and address vulnerable groups such as adolescents and youth, older persons, persons with disabilities, migrants and women. The analysis shows that many of the issues highlighted in the ICPD PoA persist today, though with somewhat different characteristics, reflecting the dynamics of change in society and individual needs. New issues have emerged — for instance, due to new family forms — and they need relevant policy action.

The economic, social and cultural diversity of the UNECE region, in particular with respect to its western and eastern parts, is also reflected in the approaches to policymaking related to the PoA: they vary from individual-centred policies prevalent in the former to macro-level population-centred policies in the latter. Regional disparities require strong international partnership based on solidarity and cooperation.

Enabling choices, increasing human capital, raising citizens' awareness, and effective communication with non-governmental and community organizations are seen as the main factors in achieving sustained equitable and rights-based development.

The regional report endorsed by the UNECE Member States and supported by civil society representatives at the ICPD Beyond 2014 Regional Conference in Geneva provides a valuable input into the discussion of the post-2015 development agenda with its emphasis on individual human rights and dignity related to population and development.



Sven Alkalaj
Executive Secretary
United Nations Economic Commission for Europe



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LIST OF ABBREVIATIONS

ART	Assisted reproduction technology
CA	Central Asia
CIP	Country implementation profile
CSO	Civil society organization
EC	European Commission
EEC	Eastern Europe and Caucasus
EU	European Union
EU13	New EU Member States
EU15	Old EU Member States
FGM/C	Female genital mutilation/cutting
GA	General Assembly
GBV	Gender-based violence
GDP	Gross Domestic Product
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
HPV	Human Papilloma Virus
ICPD	International Conference on Population and Development
IIASA	International Institute for Applied Systems Analysis
NGO	Non-governmental organization
Non-EU	Non-EU countries with advanced economies
OECD	Organisation for Economic Co-operation and Development
PMTCT	Prevention of mother-to-child transmission
PoA	Programme of Action
SEE	South-Eastern Europe
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
SRR	Sexual and reproductive rights
STI	Sexually transmitted infection
TFR	Total fertility rate
UN	United Nations
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

ICPD beyond 2014

The Programme of Action (PoA) of the International Conference on Population and Development (ICPD), which was endorsed by 179 countries in Cairo in 1994, redefined population issues primarily from the perspective of people's empowerment and development based on human rights. The focus on population policies at the macro level, defined with demographic targets, shifted towards a new paradigm of enabling people — in particular, women and those from vulnerable groups — to make informed choices and pursue their own life aspirations; and with an emphasis on sexual and reproductive health and reproductive rights. The ICPD PoA also established a broader understanding of the linkages between population and development, including aspects such as gender equality, health, education, urbanization, migration, the environment, sustainable economic development and the role of civil society in governance.

In 2010, the General Assembly (GA) of the United Nations reaffirmed the goals and objectives of the ICPD PoA and initiated a thorough review of the implementation of the PoA 20 years after its adoption. GA resolution 65/234 established a road map for achieving the vision of the ICPD PoA beyond 2014 ('ICPD Beyond 2014') and requested the United Nations Population Fund (UNFPA) to lead the review process. The review was designed to inform the global report of the UN Secretary-General to the GA on the ICPD PoA in 2014. The 'Global ICPD Beyond 2014 Report' is to be founded on reports prepared by the regional commissions, including the United Nations Economic Commission for Europe (UNECE).

The UNECE regional report provides an overview of achievements and challenges experienced by UNECE Member States 20 years after the adoption of the PoA. The report is based mainly on country implementation profiles (CIPs) comprising country-level indicators, and on information provided by Member States in response to a global survey about policies, programmes, strategies and legislation developed to implement the ICPD PoA at country level. While CIPs were drawn from international statistical databases covering all UNECE countries, responses to the global survey questionnaire are available for 45 Member States.

The socioeconomic and demographic context in the UNECE region

Implementation of the 1994 ICPD PoA started during a critical period in the history of the eastern part of the UNECE region, where a profound transition towards more democratic and economically dynamic societies was taking place. In most countries of Central and Eastern Europe, the Caucasus and Central Asia the 1990s were years of economic hardship, followed by a recovery during the 2000s. Beyond the economic turmoil the populations in these countries experienced significant social changes in value systems and norms, including important changes in legislative systems. The western UNECE countries underwent societal changes as well, though more gradually.

Population dynamics

In 2010 the total population of the UNECE region amounted to 1.24 billion people, up from 1.18 billion in 2000. The number of people aged 65 years or above has increased to 174.5 million and accounted for 14.1 per cent of the region's total population. Population growth in the region is expected to slow down in the next few decades, while the proportion of those aged 65 years and older will rise to 20 per cent by 2030 and 26 per cent by 2050. Central Asia is the only part of the region in which the proportion of older people is projected to remain below 15 per cent up to 2050.

Life expectancy at birth grew by five years on average for men and by about three years for women in the UNECE region between 1990 and 2010, and this trend is expected to continue.

In 2010, the region's average total fertility rate (TFR) was 1.8 children per woman of reproductive age. During the last decade a moderate increase was observed, with the TFR rising slightly in a number of countries. Postponement of childbearing is a major trend in fertility observed across the region. Extramarital births and childlessness are on the rise in many countries.

Abortion rates have declined considerably across the region, along with sustained availability and increased use of modern contraception, particularly in the eastern part of the region. The proportion of teenage mothers has decreased and is low on

average: less than 5 per cent of all children are born to teenage mothers. However, adolescent birth rates remain high in North America, Eastern Europe, the Caucasus and Central Asia.

International migration soared at the beginning of the 1990s, with the start of the transition in the eastern part of the region, and remained significant in size during the 2000s. Large negative net migration was characteristic of many new European Union Member States, Central Asia and a number of Eastern and South-Eastern European countries. Western Europe, North America and the Russian Federation saw a surge in positive net migration.

Current socioeconomic environment

The first decade of the 21st century saw two distinct periods in the region's economic development: the region's economy grew until the late 2000s, when a serious financial and economic crisis began to affect most UNECE countries. Stagnant or negative economic growth, rising inequality, high unemployment, in particular among the youth, and social and political instability in some cases have marked the last five years. In an attempt to counter the impact of the financial crisis, governments in many UNECE countries resorted to fiscal austerity measures that affected various social benefits and squeezed funding for many social programmes important to the ICPD PoA. Many countries see the lasting effects of the financial and economic crisis as the most significant barrier to implementation of the ICPD PoA.

Key findings from the ICPD Beyond 2014 survey

Overall the countries in the UNECE region report a wide variety of policies, programmes and strategies related to the ICPD PoA. They go beyond traditional population policies to include social and welfare policies covering vulnerable groups — specifically, youth, older persons, persons with disabilities, and women. Most of these policies were updated or initiated during the last five years. Sexual and reproductive health and reproductive rights have acquired a special focus. The PoA has been implemented effectively in the UNECE region with regard to empowering people to make individual choices and to realize their human rights. Yet some problems persist, while others have emerged anew since 1994.

An approach common to all countries in the western part of the UNECE region is to regulate

population and development issues cross-sectorally through a variety of social and welfare policies. While this approach guarantees full coverage of the issues and protects human rights, it poses two potential challenges. First, if a given issue is not identified as a priority in all specific policy areas, it might be accorded less attention than necessary. Second, monitoring specific population issues in such circumstances requires the consideration of a variety of policies, which makes analysis more complex. One way to address this challenge in future would be to use cross-sectoral indicators.

The cross-sectoral approach is a 'work in progress' in countries in the eastern part of the UNECE region, where the application of demographic strategies complemented by policies that address ICPD PoA issues is more widespread.

Data and research need enhancement in some of the countries in the eastern part of the region, and specifically in the countries in Central Asia. Useful data could be gathered with soundly designed and internationally comparable surveys, which are often lacking in these countries. The quality of research can be improved if institutions in the eastern and western parts of the region exchange knowledge and good practices.

Persistent and emerging issues: population priorities in the 21st century

A. Population and sustainable development

In line with the ICPD PoA and with the declarations adopted at the Rio Conference on Sustainable Development and the Rio+20 process, UNECE countries have strengthened their approach to population from the perspective of sustainable development, thus pursuing a more integrated approach, taking into account different determinants of development.

The deepening of population ageing calls for a stronger focus on older persons in future policymaking and programming. Countries, conscious of the related challenges, have put ageing-related policy frameworks in place. Sustainable development is only possible if systems in society are adjusted to the new balance of generations. To reap the benefits of longer life, policies to ensure active and healthy ageing for all, curbing inequality and ensuring the autonomy, quality of life and dignity of elderly persons are essential elements.

A decline in population growth is another important feature of many countries of the region. Population shrinking and even depopulation observed in certain regions within countries raise concerns, because productive land is underutilized and infrastructure deteriorates, and the quality of services provided to the remaining population may decline.

UNECE countries concerned with low fertility could strengthen rights-based and human-centred policies aimed at removing the health, economic, financial and social barriers that prevent families and individuals from realizing their fertility choices.

Countries may need to expand policies that address the root causes of migration, facilitate the flow and productive investment of remittances, and develop the capacity of migrant community groups to foster the integration of migrants into their host society.

All countries underline the importance of investing in education. Outreach to vulnerable and disadvantaged children and youth, however, needs to be further improved. Specific areas of education also need to be enhanced, such as civic education, comprehensive sexuality education, and education in life skills. Environmental education is an emerging need that should be addressed through special curricula. Lifelong learning is becoming more widespread but needs further support.

B. Inequities and social exclusion

Among the major achievements of the past few decades is the design of policies aiming to reduce inequalities and enhance social inclusion. Still, many inequalities persist and have even increased in some areas, in connection with the economic crisis. In this regard, countries have recognized that fighting poverty and creating decent jobs for unemployed people are persistent issues that require major policy attention in the future.

The analysis in this report revealed commendable achievements in bridging gender gaps in most UNECE countries, in particular with respect to completing secondary and higher education. (Now the less successful performance of boys needs special attention.) However, conditions still exist that discriminate against women and girls. The hourly gender pay gap also persists, although the trend shows a slight reduction. The resulting gender gap in old-age pensions requires further attention. Violence against women remains an issue.

In the last decade gender mainstreaming has been attained in a number of public policies. Challenges remain in monitoring the gender component in each and every policy. Gender-sensitive monitoring instruments are recommended to identify the remaining gender gaps.

Although the analysis revealed progress with regard to addressing the needs of population groups such as youth, older persons, persons with disabilities, and ethnic and other minority groups, structural disadvantages and vulnerability to unemployment and poverty persist in practically all countries. Migrants and minority groups, including the Roma, can be subject to double deprivation due to stigmatization and harmful practices and, therefore, require further policy attention in the countries concerned.

C. Families, the life course, and sexual and reproductive health

Families and the life course

Declines in fertility and later births of the first child clearly demonstrate that many people of reproductive age do not find the conditions of their life conducive to realizing their desire to have children. Conditions in the labour market, legal institutions, government support and social norms have been lagging behind the needs of people who wish to combine a family with a career. Reconciliation of work and family life should be more effectively addressed, particularly regarding the availability of public and private child-care facilities, the supply of which does not meet demand.

Non-traditional family forms have become more widespread, while legal mechanisms that may provide support to them have been slow to emerge. Unmarried cohabiting couples, including those with children, and same-sex couples may require further policy attention factoring in the need to uphold and protect the human rights of all. Single-parent families require continued support. Increased attention is necessary to rights related to fatherhood. Poor families with children need more attention to avoid the vicious cycle of reproduction of poverty.

Young people who experience hardship due to the lasting economic crisis and long-term joblessness remain 'scarred' in subsequent periods of their lives. This issue has not attracted sufficient attention. Given the importance of ageing societies

in the region, policies should avoid pitting the young against the old. Rather, it is important to pursue policies in which the interests of all generations are mutually reinforced.

Sexual and reproductive health and rights

Provisions for sexual and reproductive health and rights (SRHR) that give people autonomy over their reproductive choices have been incorporated widely in policies and legislation. Policies and programmes have been implemented recently to enlarge the scope of services provided, including information and counselling on SRHR, as well as to broaden the coverage of population groups to ensure better inclusion of vulnerable and underserved groups. While education, mainly in secondary grades, has included aspects of SRHR, comprehensive sexuality education in schools is still lacking in many countries, and there is limited access to youth-friendly services, in particular sexual and reproductive health (SRH) services.

Induced abortion is generally accessible across the region. In a few countries it is legal only for rigorously defined medical reasons or in specific cases such as rape. However, in a number of countries, and particularly in rural regions, access to high-quality abortion services may still be an issue. The same applies for pre- and post-abortion counselling.

Postponement of births to later years of life and progress in reproductive technology have led to an increased call for assisted reproduction. Further policy attention is required regarding access to SRH services for persons with disabilities, poor people, migrants, marginalized groups and older persons. SRH services may need further integration with HIV-related services and other health services and with the primary health-care systems across all countries. There is a need to reduce financial barriers to access to quality SRH services, particularly in some new European Union Member States and countries of Central Asia.

Although policies and action on HIV/AIDS issues are widespread, the prevalence of HIV — and of other sexually transmitted infections (STIs) — has increased considerably across countries. Rigorous research and monitoring is necessary to establish the causes and identify the necessary interventions and frameworks to prevent new HIV infection and to respond to the needs of people living with HIV in the region.

D. Governance

The survey shows that the most effective facilitating factor for implementing the ICPD PoA is the involvement of and partnership with civil society organizations (CSOs), in particular non-governmental organizations (NGOs). NGOs are supportive in many ways, such as through awareness-raising and social mobilization, advocacy and policy formulation. NGOs were reported to be less active, however, in the area of monitoring and evaluation of policy implementation. There has been a pronounced shift over recent years to increase the involvement of civil society, thus generating a stronger sense of ownership of solutions to societal problems.

Citizens' awareness of and involvement in upholding the principles of the ICPD PoA have increased. Raising awareness among potentially disadvantaged groups, and specifically ethnic groups and minorities, requires greater attention because these groups are frequently excluded and can remain alienated from societal development.

Governments and private-sector organizations find it mutually beneficial to partner primarily in service delivery, awareness creation and social mobilization.

Countries also emphasize the importance of regional cooperation on matters related to the ICPD. Many of the issues that are key for achieving the ICPD goals, especially in the area of sustainable development — environment, economic development, migration — can only be achieved with strong regional coordination and agreement about the way forward. Therefore, it is important to agree on common standards and norms, to exchange good practices and to work jointly towards ensuring international availability of data.

The way forward

Twenty years later, the general principles and main directions of the recommended activities of the ICPD PoA remain valid. But priorities and policy recommendations need to be updated in the light of changing societal concerns and emerging issues in population dynamics across countries, including those which are more economically advanced. This is all the more relevant since such dynamics are likely to concern an increasing number of populations in the world as both fertility and mortality decline globally, leading to increasing ageing and to the deceleration of population growth. The lasting impact of the recent economic and financial crisis on the social and economic environment in many

UNECE countries also needs to be taken into account.

Policies, programmes and strategies developed in the UNECE region quite comprehensively address human rights, gender equality, SRH and other issues addressed by the ICPD PoA, although the information from the survey questionnaire is insufficient to evaluate their effectiveness. The scope of reported policies, programmes and strategies is being enlarged to more fully encompass vulnerable population groups that reside on the edge of social exclusion. Where the population and development issues cut across a large set of public policies, better monitoring of the latter is needed. Beyond protecting human rights, policies can help people by alleviating barriers that hinder them from enabling their personal choices in life. Enabling choices is a broader realm of policy action that contributes to the betterment of life for all.

The major achievements in contemporary governance need to be taken on further. CSOs and

particularly NGOs, along with citizens' participation in civic matters, are becoming increasingly prominent in raising awareness and exposing areas that need intensified policy action. The role of education in fostering responsiveness and social responsibility should increase; it is a social investment with a high return.

The design of the scope and application of social policy requires sound evidence that should be provided by relevant data and rigorous research; therefore, monitoring tools need to be improved. Data collection, including surveys, and support for academic and applied research is an investment that pays off with improved welfare for all.

In the wake of designing the post-2015 development agenda, this regional review offers an opportunity for Member States of the UNECE region to reassert their role in international development efforts as active participants in the realization of rights and empowerment and sustainable human development in their own countries and globally.



INTRODUCTION

Unlike the outcome documents of the earlier World Population Conferences, the Programme of Action (PoA) of the International Conference on Population and Development (ICPD), which was endorsed by 179 countries in Cairo in 1994, redefined demographic and population issues from the perspective of people's empowerment and development based on human rights. It differed from the preceding conferences in two aspects:

Linking population determinants with development outcomes

Demographic concerns such as population growth, fertility, mortality, migration and urbanization were expanded to include interrelations between population and the environment, education, gender inequality and the well-being of vulnerable groups including adolescents and youth, elderly people and persons with disabilities. Special emphasis was placed on sexual and reproductive health and reproductive rights beyond the classical span of family planning. This wider scope required an integrated approach that considered population issues in a broader social, economic and cultural framework of development with the purpose of empowering people and enabling them to lead a dignified life.

Redefining the population policy paradigm

The ICPD was a critical milestone in redefining population policies. Traditionally the focus on population policies was at the macro level, and governments intervened through special policies and programmes, including incentives and disincentives, to determine demographic targets and trends such as reducing fertility and mortality. The new paradigm shifted this approach towards investing in the development of people, in particular women and vulnerable groups, to enable them to make decisions and take choices that would improve their well-being. This approach was primarily based on upholding, protecting and promoting the reproductive health and rights of every human being.

The new population agenda was embodied in a 20-year PoA whose recommendations were to be implemented based on international cooperation and solidarity. The PoA included 15 principles on fundamental human rights, equal opportunities

and inclusion for all citizens. It also contained 13 chapters on population and development issues; each chapter describing the relevant basis for action, objectives and recommended action.

Three five-year reviews of PoA implementation have already taken place. They described the progress countries had made in addressing the provisions of the PoA, identified the remaining challenges and made it possible for governments to renew their commitment to the ICPD PoA.

In 2010, the General Assembly (GA) of the United Nations decided to initiate a thorough review of the PoA implementation 20 years after its adoption. GA resolution 65/234 established the road map for achieving the vision of the ICPD PoA beyond 2014 ('ICPD Beyond 2014'). It acknowledged that the premise of human rights, equality and sustainable development were timeless principles that made the PoA valid beyond 2014. It requested the United Nations Population Fund (UNFPA), in consultation with Member States and in cooperation with the regional commissions and other relevant organizations, to lead the review process.

The ICPD Beyond 2014 review project was designed to inform the global report of the UN Secretary-General to the GA on the ICPD PoA in 2014. The 'Global ICPD Beyond 2014 Report' is to be founded on reports prepared by the regional commissions including UNECE.

The global and regional reports are based on two sets of pre-assembled data. The first set is the country implementation profiles (CIPs) that comprise country-level indicators, compiled from officially recognized international sources across the various themes of the ICPD PoA. The other dataset represents the information collected through a global survey based on a unified questionnaire and conducted in all Member States worldwide, irrespective of countries' level of development. The survey collected information about policies, programmes and strategies along with legislation devised and implemented in the countries to address the issues included in the different thematic domains of the ICPD PoA.

This UNECE report was prepared in the context of the ICPD Beyond 2014 project. The report's main purpose is to ascertain the progress made in

implementing the ICPD PoA in the UNECE region. More specifically, it aimed to answer the following questions:

- To what extent have UNECE countries implemented the provisions of the ICPD PoA in their policy frameworks? To what extent have individuals and the principles of human rights and dignity been at the centre of such policies?
- To what extent has there been progress on the different aspects of the ICPD PoA? Have all issues on population and development raised in the PoA been harmoniously addressed within policy actions or are there some that are lagging behind?
- What are the persistent issues that are still prevalent and may remain beyond 2014? And what are the emerging issues that need to be considered beyond 2014?

Along with protecting fundamental human rights and freedoms, the ICPD PoA emphasizes improving quality of life (Principle 5) and the opportunity for individuals to make the most of their potential (Principle 3). People cannot reach their full potential when they confront insurmountable barriers such as poverty, disability or coercive practices. Policies devised to reduce the effect of such barriers offer individuals opportunities to make choices about their lives. Contemporary societies are evolving, and individuals need to be well informed to make their own decisions. The redefined paradigm of policies is to enable informed choices, by going beyond protecting fundamental human rights to assuring a decent quality of life for all in a prosperous society.

The report is structured in three chapters. Chapter 1 briefly describes the recent trends related to the ICPD PoA based on the indicators in the CIPs and other available data in the region. In particular, it draws greatly on the analytical work and projections for the UNECE countries available in IIASA (2013)¹ as well as in the UNECE Statistical Database. Chapter 2 is the major part of the report. It discusses the results

of the ICPD Beyond 2014 survey in the region. It is based on the information collected in the country questionnaires. Chapter 3 provides a synthesis of the two preceding chapters, highlighting persistent and emerging issues that need to be addressed beyond 2014.

An added advantage of the ICPD review is that it takes place at a time when discussions are going on worldwide to frame the post-2015 development agenda. It is, therefore, important to examine the findings of the ICPD review with an eye on the future and assess how they can potentially inform priorities for a new development framework that fully integrates population dynamics, gender equality and reproductive health and rights issues.

The analysis in the report refers to all countries in the UNECE region in its Chapter 1 and Chapter 3, while Chapter 2 refers mainly to the 45 countries that submitted responses to the global survey questionnaire (marked in italics below are countries for which no reply to the questionnaire was received). Reference is also made to subregions used in this report, which are defined as follows: Central Asia (CA: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, *Uzbekistan*); new EU Member States (EU13: Bulgaria, Croatia, Cyprus, Czech Republic, *Estonia*, *Hungary*, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia); old EU Member States (EU15: Austria, Belgium, Denmark, Finland, France, Germany, *Greece*, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, *United Kingdom*); Eastern Europe and Caucasus (EEC: Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova, Russian Federation, Ukraine); South-Eastern Europe (SEE: Albania, Bosnia and Herzegovina, *Montenegro*, Serbia, The former Yugoslav Republic of Macedonia, Turkey); and non-EU countries with advanced economies (Non-EU): Andorra, *Canada*, *Iceland*, Israel, *Liechtenstein*, *Monaco*, Norway, *San Marino*, Switzerland, and the United States of America).²

¹ Jana Vobecká, William Butz and Gerald Reyes, 'Population Trends and Policy Responses in the UNECE Region: Outcomes, Policies and Possibilities' (Vienna, International Institute for Applied Systems Analysis (IIASA), 2013). Analysis prepared at the request of UNFPA for the UNECE regional conference 'Enabling Choices: Population Priorities for the 21st Century', 1–2 July 2013, Geneva.

² The UNFPA office in Kosovo also supplied a completed questionnaire. It is used in the analysis to broaden the scope of Europe's population. This questionnaire is included in the subregion of South-Eastern Europe

CHAPTER 1

Population and development: trends and tendencies in the UNECE region

The provisions of the 1994 ICPD PoA were implemented at a critical time in the history of the eastern part of the UNECE region: a profound transition towards more democratic and economically dynamic societies had started within the preceding five years. In most of these countries the 1990s were years of economic hardships followed by a recovery during the 2000s. Beyond the economic turmoil the populations in the eastern part of the region experienced significant social changes in value systems and norms, including significant changes in the legislative system. The western part of the region experienced societal changes as well, although more gradually. Economic prosperity grew until the late 2000s when a serious financial and economic crisis began to affect most of the region. Social, political and economic links between the western and eastern parts of the region increased significantly, and many former Socialist countries are today members of the Council of Europe and the European Union (EU). Economically, the UNECE region remains extremely diverse, with some of the richest countries in the world, many middle-income and some low-income countries.

Societal changes had a profound effect on population dynamics. Fertility declined, while life expectancy increased and population ageing accelerated; new forms of families emerged and proliferated; international migration flows increased; and populations became more heterogeneous. These changes prompted the need to focus on the well-being of potentially disadvantaged population groups, in particular adolescents and youth,³ elderly people, women and girls, persons with disabilities, ethnic minorities and poor people. To address the issues mentioned above, Chapter 1 centres on the following three themes:

- population and sustainable development;
- inequities and social inclusion; and
- life course, sexual and reproductive health, and families.

³ The expression 'adolescents and youth' is shortened to 'youth' in this report

A. Population and sustainable development

Population growth

The total population of the UNECE region amounted to 1.24 billion people in 2010, up from 1.18 billion in 2000. The average annual growth over the 10-year period was around 0.5 per cent. The region's proportion of the world population is today around 18 per cent. While the region's population is expected to grow to 1.41 billion by 2050, the growth rate is expected to slow to about 0.05 per cent per year between 2030 and 2050, and the region's proportion of the world population will decrease from 18 per cent to 15 per cent.

In the last 20 years some countries of the UNECE region — notably Israel, Cyprus, Turkey and the Central Asian republics — experienced rapid population growth, ranging from 10 per cent in Kazakhstan to 20 per cent in Cyprus and 22 per cent in Tajikistan between 2000 and 2010. By contrast, countries of Eastern Europe and the new EU Member States experienced net population decreases. The population is expected to decrease further in Eastern Europe and the Caucasus and in the new EU Member States in the coming decades. In the rest of the UNECE region, the population is expected to grow, but by less than in the previous decades.

Fertility

The countries in the eastern part of the region experienced a significant decline in fertility with the start of the transition around 1990. This decline brought the total fertility rate (TFR) down to very low levels such as 1.3–1.4 children for each woman of reproductive age. During the last decade a moderate rebound was observed, with the TFR increasing slightly. Fertility in Western Europe had been in decline for several decades, until an increase, as in Eastern Europe, was observed in a number of countries during the 2000s. Towards 2010 the TFR was below the replacement level (generally assumed as 2.1 children) in all countries except

those in Central Asia, Azerbaijan (2.3), Iceland (2.2) and Israel (3.6). In Ireland and the United States it is at replacement level (2.1), and in several countries it is close to replacement.⁴

Numerous population projections indicate that low fertility will persist in the region during the next few decades. The IIASA projections show a further decline of fertility in SEE, CA and North America and Israel, and a small increase in other subregions.

Postponement of childbearing is a major trend in fertility observed across the region. The mean age of women at the birth of their first child increased, for instance, in Bulgaria from 23.5 in 2000 to 26.2 in 2010, and in Austria from 26.4 to 28.2. In the countries of EEC and CA the increase was smaller: for example, in Belarus from 23.3 to 24.9; in Kyrgyzstan from 22.7 to 23.6.

Postponement of childbearing distorts the conventional interpretation of the TFR as the average number of children per woman. A TFR corrected for this distortion is about 0.3–0.4 higher and will show that fertility in many countries is closer to replacement level than previously assumed.

Fertility changes during the last two decades encompass several other important trends:

- An increase in the number of births outside wedlock: in some countries in the region more than half of all live births are outside wedlock. This trend spread rapidly during the last two decades and is due to the emergence and proliferation of non-marital cohabitation. The number of births outside wedlock increased only modestly in countries with traditional fertility behaviour such as those in CA and where the influence of religion is strong, such as Ireland, Poland and Italy.
- An increase in childlessness: in some countries (e.g. Germany and Austria) around 25 per cent of all women remain childless. Childlessness is low in the eastern part of the region, where the social norm of being a parent is strong.

⁴ For a critical discussion of the indicator, see Jana Vobecká, William Butz and Gerald Reyes, *Population Trends and Policy Responses in the UNECE Region: Outcomes, Policies and Possibilities* (Vienna, International Institute for Applied Systems Analysis (IIASA), 2013). Analysis prepared at the request of UNFPA for the UNECE regional conference 'Enabling Choices: Population Priorities for the 21st Century', 1–2 July 2013, Geneva.

Explanations about the changes in fertility have been extensively discussed:

- The conflict between work for pay and work in the family which mothers face is frequently cited. This conflict arose with the increased participation of women in the labour force.
- The economic consequences of childbearing: for some families it is expensive to raise a child, as they cannot secure a reasonable standard of living; others do not want to lose the income they would forego while the mother would not be working.
- Cultural factors also have an important role: religious families tend to have more children; some ethnic groups such as the Roma have traditionally higher fertility, although it is also on the decline; social capital (the availability of help provided by friends and relatives when necessary) supports decisions to have a child; etc.
- Economic and social uncertainty forces young families to postpone crucial decisions such as having a child to later years. Uncertainty increased significantly during times of intensive globalization, and it played a crucial role in the countries in transition.⁵

According to a UN enquiry carried out in 2009,⁶ 27 governments in Europe evaluated fertility in their country as 'too low', and only 13 assessed it as 'satisfactory'. Thirty governments stated that they have policies related to fertility: 25 with the purpose to 'raise' it, and 5 to 'maintain' its level. Only 9 governments preferred 'no intervention'. 'Too low' and 'raise' are options preferred also in Kazakhstan, Turkmenistan, Armenia, Georgia and Israel; the Canadian government viewed fertility as too low but did not plan any intervention. Tajikistan is the only country in the UNECE region whose government evaluated fertility as 'too high' and planned policies to decrease it.

⁵ H.-P. Blossfeld, E. Klijing, M. Mills and K. Kurz (eds), *Globalisation, Uncertainty and Youth in Society*, (London Routledge, 2005).

⁶ Fifty-two UNECE countries participated in this survey in 2009. United Nations, *World Fertility Policies*, Wall Chart, New York United Nations, 2011; part of the information is included in the CIPs, available at http://www.unece.org/pau/icpd_beyond_2014.html.

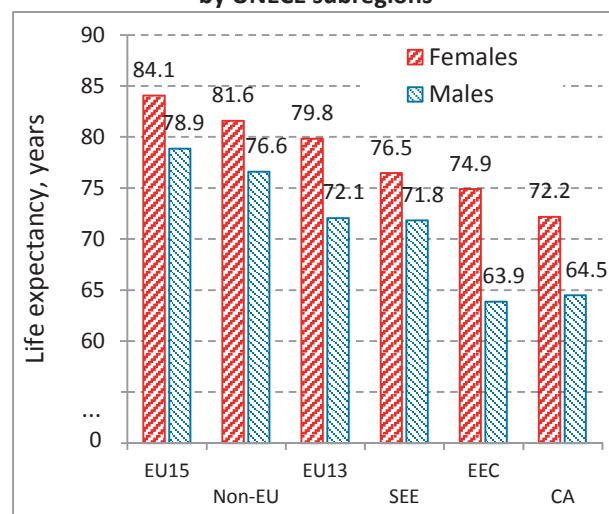
Mortality

Life expectancy at birth grew by five years on average for men and about three years for women in the UNECE region between 1990 and 2010, and this trend is expected to continue. The trend shows the following specifics:

- Life expectancy differs significantly across the region. The main difference is between the western and the eastern parts of it, known as the east–west mortality divide or gap (Figure 1). In the 1990s life expectancy for both sexes, particularly for men, declined in EEC and CA. The largest decline for men was observed in the Russian Federation, where it was 58 years in 1994; a rebound was noted during the 2000s, reaching 62.8 years in 2010. A similar decline and subsequent rebound were noted also in Belarus and Ukraine.
- Although the mortality gender gap persists (Figure 1), it is on the decline, except for the subregions specified above. For the whole UNECE region it decreased from 7.5 years of higher life expectancy for women in 1990 to 6.5 years in 2010.
- Life expectancy differs significantly by level of education. For instance, in the Czech Republic men aged 40 and with education higher than secondary are expected to live 12 years longer than men with lower education; for women this difference is 2.5 years. Similar large differences are observed in other new EU Member States, while for EU15 countries the differences are smaller.
- Infant mortality decreased in all countries during the last two decades. The rates are very low (below 5 deaths per 1000 in 23 countries); levels above 10 per 1000 in 2010 were observed in countries of Central Asia and the Caucasus, along with the Republic of Moldova.

Regional differences in life expectancy and gaps based on gender and education are explained by diverse lifestyle and behavioural factors, such as exercising, diet, alcohol consumption and smoking. Inequalities should not be neglected. Some groups of the population remain disadvantaged and may have an unhealthy diet because of low income; others, such as persons with disabilities or populations living in remote areas, might experience difficulties in reaching hospitals in cases of emergency.

Figure 1: Life expectancy at birth, males and females, by UNECE subregions



Source: UNECE statistical database

Population ageing

With increasing life expectancy and low fertility, the proportion of the population aged 65 and older is growing. During the last two decades it grew at about 2.3 per cent annually and reached 14.1 per cent of the total population in 2010. It is expected to grow further in the coming decades to account for about 20 per cent of the total population by 2030 and 26 per cent by 2050.

The proportion of older persons is relatively low in Central Asia, Azerbaijan and Turkey (around 5–7 per cent in 2010), while in all other subregions it is above 10 per cent and around 18 per cent in EU15. Population ageing is more advanced in the western part of the UNECE region. In Central Asia the proportion will be 15 per cent in 2050 — i.e. at the level observed today in the western part of the region.

Elderly women considerably outnumber men, as they live longer. Many women remain widows and live alone; in Belarus there are five times more women aged 65+ living alone than men.

Health-adjusted life expectancy, which describes how many years of life are spent in good health, is increasing notably in most countries in the region. This reflects the fact that more and more people now live in relatively good health well above the age of 65. In Germany the healthy life expectancy is 72 years. In other Western European countries, Canada and Israel it is between 72 and 75 years, in the new EU Member States about 67 years, but lower in the eastern part of the UNECE region.

All 52 UNECE country governments that participated in the UN 2009 enquiry expressed concerns with respect to population ageing (8 governments expressed minor and 44 major concerns).

At the macrosocietal level, population ageing is often seen as a burden on social and welfare systems, specifically health and pension systems. An increase in healthy life expectancy indicates that a growing number of people older than 65 might be able to continue to participate in the labour market or contribute otherwise. Societies respond by raising the retirement age and keeping older persons in employment.

Individual-level issues become more significant with population ageing. Policies should consider the plight of persons living alone; elderly people living in remote areas away from services and supplies; those who need increased care; and those who fail to find work.

Migration and population distribution

International migration soared at the beginning of the 1990s, with the start of the transition in the eastern part of the region, and remained significant during the 2000s. Several general observations are of note:

- *Migrant stocks* (non-nationals residing in the country): In 2000, Western Europe, North America and Israel had substantially larger stocks of immigrants than the subregions in the east and south. The size of their migrant populations as a proportion of their total populations also grew over the subsequent decade, while they stayed relatively stable in the eastern and southern subregions.
- *Migration flows*: Differences in net migration — the number of immigrants minus the number of emigrants — largely reflect the above picture. Emigration countries are those situated in the eastern part, with the exception of the Russian Federation, where immigration from ex-Soviet republics outweighs emigration. Migration flows declined somewhat during the current financial and economic crisis, when return migration increased.
- *Migration of the better-educated population*: New EU Member States are seen to be losing more than 10 per cent of their population with

tertiary education to other countries. Data show that notable proportions of better-educated people are emigrating from EU15 countries as well, predominantly to other EU countries, especially within the Schengen zone where movements are unrestricted.

- Most of the immigrants to the EU15 arrive from Latin America and Africa. A number of new EU Member States experience large negative net migration, notably Latvia, Lithuania, Bulgaria, Poland and Romania.
- Urbanization was on the increase in a number of countries and declined in others, notably in Central Asia and several new EU Member States.

The main reasons for international migration are economic and educational. However, asylum seekers are also significant in number, mostly in the EU15 countries.

International migration places increasing demands on policymakers about policies which help migrants in the local society and thus achieve better social cohesion. Migrant remittances are particularly important for countries of origin situated in the eastern part of the region.

Between 35 per cent and 40 per cent of all Nomenclature of Territorial Units for Statistics (NUTS2) regions in 31 European countries faced a decline in the working-age population (20–64 years) under favourable economic conditions, and 55–70 per cent experienced a decline under unfavourable economic conditions.⁷ In some areas the population decline is severe. Depopulation leaves behind underserved populations and underutilized infrastructure, roads and arable land.⁸

Environment

The impact of population change on the environment is examined with the following key indicators:

- *Access to a high-quality water source* in satisfactory amounts is almost universal in the

⁷ P. Rees, N. van der Gaag and J. De Beer, "European Regional Populations: Current Trends, future Pathways, and Policy Options", *European Journal of Population*, 2012, 28: 385–416

⁸ A notable link between population shrinking and water supply infrastructure in Germany is discussed by D. Hummel and A. Lux, "Population decline and infrastructure: The case of the German water supply system", *Vienna Yearbook of Population Research*, 2007: 167–191

According to the UN 2009 enquiry, 43 governments in the region declared that they desired a change in the spatial distribution of their population (19 declared major and 24 minor changes), and 9 governments found it satisfactory.

Thirty-seven governments wished to maintain immigration at current levels, and one wished no intervention; 8 would have liked to see a rise in immigration, and 6 a decline. For emigration, 39 governments chose the option 'maintain' or 'no intervention', and 13 would like to lower it.

UNECE region, as it was already in 1990. Some countries, such as Turkey and Georgia, with non-universal access in 1990 have subsequently made significant progress towards universal provision of secure water sources. In some other countries such as Tajikistan, Azerbaijan and Uzbekistan progress has been slower and requires further attention. In Romania the progress is from 75 per cent in 1990 to 84 per cent in 2000; no data are available for 2010.

- *CO₂ emissions per capita* vary greatly in the UNECE region; in general the countries with higher GDP per capita have higher CO₂ emissions than economically less developed countries. The United States produces the most CO₂, 17.3 metric tons per capita per year, while Tajikistan produces the least, 0.4 metric tons. Most of the countries in the western subregions managed to decrease their per capita CO₂ emissions between 1990 and 2010, including the United States. New EU Member States showed positive progress in the 1990s but experienced stagnation or only a small decrease in the 2000s. The largest per capita polluter among the new EU Member States, the Czech Republic, has been relatively successful in decreasing its CO₂ emissions. Further east and south-east, there has been a slight increase in per capita CO₂ emissions in the last two decades.

- *Renewable energy per capita* (measured in kWh) nearly tripled from 1990 to 2010 in the western part of the region, excluding the Nordic countries and Canada which are favoured by nature, and Israel which is disfavoured. In CA and EEC the increase has been very modest.

B. Inequities and social exclusion

Some population groups are potentially subject to inequalities and social exclusion more than others: young people, elderly people, women, migrants, and ethnic and other minorities, especially if they live in poverty. Vulnerable and marginalized groups such as people living with HIV, persons with disabilities, teenage mothers, orphans, ex-prisoners and sex workers should not be neglected.

Inequality and poverty

With perfect equality and complete inequality corresponding to 0.0 and 1.0, respectively, the Gini index is lowest in the old and new EU Member States, where the values are between 0.25 and 0.30, with the exception of the United Kingdom and Portugal, where they are higher (0.34 and 0.35, respectively). Even higher values were observed in the United States and Israel, around 0.37, and the highest values were estimated for The former Yugoslav Republic of Macedonia and Georgia (above 0.40). The index declined between 2000 and 2010 in 29 UNECE countries, although in some countries such as Sweden a high level of equality had already been achieved. Unlike in other comparisons there is no clear east–west divide in inequality, nor can it be associated with the level of GDP. Inequality is much more closely linked to the welfare regimes and the set of social policies protecting the population from inequalities.

The poverty gap,⁹ measured by the proportion of the population living on no more than US\$2 per day, saw a considerable decline in Central Asian countries in the last decade: in Tajikistan from 36 per cent to 7 per cent; in Kyrgyzstan from 23 per cent to 6 per cent; in Kazakhstan from 11 per cent to 0.2 per cent. Significant declines were observed also in Armenia and the Republic of Moldova, but less so in Georgia, where it declined from 15 per cent to 12 per cent. This indicator shows that extreme poverty has declined greatly in the poorer countries in the region during the last 10 years.

The picture drawn by another indicator on those at risk of poverty or social exclusion is not as positive. According to Eurostat,¹⁰ 27 per cent of children in

⁹ The poverty gap measure of \$2 per day is not generally used in developed economies

¹⁰ Eurostat, *Statistics in focus*, 4/2013: "Children were the age group at the highest risk of poverty or social exclusion in 2011."

the 27 EU Member States live at risk of poverty or social exclusion, and in some of the new EU Member States this proportion exceeds 30 per cent (in Bulgaria it is 52 per cent). About 20 per cent of people aged 65 and over are classified as being at risk of poverty or social exclusion; children are worse off than elderly people, although this does not hold in certain countries (in Bulgaria 61 per cent of elderly people are at risk of poverty or social exclusion).

Unemployment: young people and elderly people

A drastic increase in unemployment rates among young people (15–24 years) was observed during the last few years of the economic crisis in Greece and Spain (44 per cent and 46 per cent in 2011, respectively), but the highest rates were reported in Bosnia and Herzegovina and The former Yugoslav Republic of Macedonia (around 55 per cent). A large rise in unemployment among both young men and women was observed in many other countries, although not at these levels. Towards 2010 rates above 30 per cent were registered in 10 countries. No particular differences between subregions can be observed.

In 2010, in 22 UNECE countries — most of which are members of the EU — youth unemployment was higher among men than women, and in 16 countries it was higher among women than men. Similar differences were observed for adult unemployment.

The unemployment rate among persons aged 60–64 is lower than that of young people. It is above 10 per cent only in Spain and in The former Yugoslav Republic of Macedonia. However, a significant increase was noted during the last few years.

Figure 2 shows a remarkable consistency across countries (represented by separate points) in 2000 and 2010: the youth unemployment rate is nearly twice as high as that for persons aged 15 and higher; the correlation coefficient is about 0.9.

Intergenerational equity

Intergenerational solidarity is essential for achieving sustainable development. It is sometimes argued that the younger generations are deprived in contemporary societies because social protection is stronger for elderly people. However, estimates indicate that net intergenerational transfers, both societal and within the family, are directed towards younger members.¹¹

Gender equity and empowerment of women

The hourly gender pay gap declined between 2000 and 2010 in 23 out of 34 countries where statistics are available. The proportion of women aged 25–49 among the population of the same age who have completed tertiary education increased during the last decade. In 2010 this proportion was higher than 50 per cent in most UNECE countries. Data do not reveal any deprivation of men relative to women or any restriction men might have in making their choices. Yet it is a tendency that needs attention.

Women's share of management positions has also increased, and the proportion of seats held by women in national parliaments demonstrated similar tendencies. Nevertheless, in many countries of the region, women remain largely underrepresented both in management positions and in positions of political responsibility.

The proportion of women who experienced physical violence from an intimate partner in the last 12 months was between 2 per cent and 10 per cent. Data at two different points in time were available for three countries only; they show an increase in domestic violence: in Azerbaijan from 8 per cent (2001) to 10 per cent (2006); in the Republic of Moldova from 8 per cent (1997) to 13 per cent (2005), and in Ukraine from 7 per cent (1999) to 10 per cent (2007).

Social exclusion

A recent UNDP report¹² informs about social exclusion and inclusion in several countries in the UNECE region. The report emphasizes social exclusion of specific disadvantaged groups. Persons with disabilities, for example, experience great difficulties in finding a job, and the Roma are socially excluded because of their ethnicity. Societies retain certain negative stereotypes that can place some population groups under double deprivation (i.e. Roma youth). Other studies indicate that this inference is valid for immigrants as well.

¹¹ See articles in: J. Tremmel (ed.), *A Young Generation Under Pressure? The Financial Situation and the 'Rush Hour' of the Cohorts 1970–1985 in a Generational Comparison* (London, Springer, 2010).

¹² United Nations Development Programme, *Beyond Transition: Towards Inclusive Societies*, Bratislava, UNDP, 2011).

Figure 2: Unemployment rate for persons aged 15 and higher (horizontal axis) plotted against youth unemployment rate (vertical axis) for different countries in the UNECE region, 2000 and 2010



Source: UNECE statistical database

Cross-country analyses indicate¹³ that societies with a more equal distribution of incomes have a healthier population and fewer social problems, and are more cohesive than those where the gap between rich and poor people is larger. This position is hotly debated, yet it serves as a warning sign that large income inequalities may cause deprivation and social exclusion, with all their negative consequences.

C. Families and sexual and reproductive health

Families and households

During the last 20 years new family and household forms have emerged and proliferated. Cohabitation without marriage emerged and dispersed swiftly in most of the former Socialist countries after 1990, while in the western part of the region it emerged earlier and dispersed gradually. Useful information is provided by the number of births registered in cohabitation: between 1995 and 2005 the proportion of first births in cohabitation ranged from 55 per cent in Norway, 46 per cent in France, 18 per cent in the Russian Federation and Hungary, to 9 per cent in Italy.¹⁴ For comparison, between

1985 and 1995 this proportion was 31 per cent in France, 7 per cent in Hungary and 4 per cent in Italy.

Other forms of living arrangements also gained in importance. Specifically, the number of single-parent families increased, with single mothers in the majority. According to census data from around 2001, the proportion of single mothers among women aged below 35 and living in a family was about 20 per cent in Estonia, Lithuania and Poland, while the proportion of fathers was negligible (1–2 per cent).¹⁵ Single mothers frequently find it difficult to provide decent care for their children, as they have to combine work and care without support from a partner.

Same-sex couples are an emerging living arrangement in some countries, along with a change in social norms and legislation about partnership and marriage.

Sexual and reproductive health

- *Teenage pregnancies and births at advanced ages*

The proportion of teenage mothers has decreased and is relatively low on average in the region: less than 5 per cent of all children are born to teenage mothers. However, there are significant differences within the region, with the highest proportion in Georgia (13 per cent) and the lowest in Switzerland (2 per cent).

The demand for assisted reproduction technology (ART) services is increasing in part due to the

¹³ R. Wilkinson and K. Pickett, *The Spirit Level: Why More Equal Societies Almost Always Do Better*, (London, Allen Lane, 2009).

¹⁴ B. Perelli-Harris, M. Kreyenfeld, W. Sigle-Rushton, R. Keizer, T. Lappegård, A. Jasilioniene, C. Berghammer, P. Di Giulio, "Changes in union status during the transition to parenthood in eleven European countries, 1970s to early 2000s" *Population Studies*, iFirst, 2012: 1–16.

recent tendency of postponing childbearing and complications in conceiving at advanced age. In 2008 about 4.6 per cent of children were conceived via assisted reproduction in Denmark, and about 0.5 per cent in Turkey.

- *Abortion and maternal mortality*

Abortion rates are declining in the UNECE region. This trend is particularly strong in the eastern part of the region, where the abortion rate was very high in the past. Between 2000 and 2010 the abortion rates declined in the Russian Federation from 1550 (per 1000 live births) to 600, in Belarus from 1300 to 300, and in Romania from 1100 to 480. Countries in Eastern Europe still have a higher number of abortions per 1000 live births than countries in Western Europe. The number of adolescent abortions in Eastern Europe remains a concern, as it is not decreasing.

Forty-three governments stated that abortion is available on request, and in nine countries it is restricted to specific cases such as health reasons or to save a woman's life, as well as social or economic reasons.

Sex ratio at birth is normally around 105–106 boys to 100 girls. In some societies with a strong preference for sons it is skewed, and thus imbalances in the population age structure emerge. This practice might signal an inferior position of women and girls in society. In 2010 skewed ratios above 110 were observed in Armenia (114), Montenegro (114) and Azerbaijan (116), and in 2000 in Albania (113), Tajikistan (113), Azerbaijan (117) and Georgia (118).

The maternal mortality ratio (the number of women who die during pregnancy and childbirth, per 100,000 live births) in the UNECE region has declined during the last two decades. The western part of the region had a very low maternal mortality ratio already in 1990 and has maintained these very low levels (around 7 deaths per 100,000 live births in 2010). Substantial decreases in maternal mortality over the last two decades were also observed in the eastern part of the region. The new EU Member States have made significant progress, with some countries achieving comparable levels

of maternal mortality with the EU15. Estonia championed the decrease in maternal mortality, with the ratio dropping from 48 to 5 in the last two decades. The highest levels are still observed in Central Asia and Georgia, with ratios above 50 (except for Uzbekistan). Although in most countries maternal mortality has decreased over time, the United States was one of the few countries with an increase between 2000 and 2010. The US maternal mortality ratio in 2010 was at a comparable level with Turkey (21 deaths per 100,000 live births).

- *HIV, breast and cervical cancer*

HIV/AIDS and, to a lesser extent, STIs proliferated in the eastern part of the region after the ICPD in 1994 and especially during the last decade. The XIX International Conference on AIDS held in 2012 stated “the epidemic in eastern European and central Asian countries continues to grow at an alarming and accelerating pace.”¹⁶ It is estimated that there are 1.5 million infected persons, more than 10 times higher than the number in 1991. The most affected countries include Ukraine, Estonia and Latvia (although the number has been declining during the last decade in the latter two countries). Injecting drug users are most at risk; reports at the conference indicate that 40–70 per cent of the new cases can be attributed to this behaviour. Other vulnerable groups include men who have sex with men, sex workers, and migrants. In general there is limited coverage of the population with testing services in the region: up to 60 per cent of the population are not being tested because of limited access to services. In Western Europe, however, the number of new infections decreased over the last two decades.

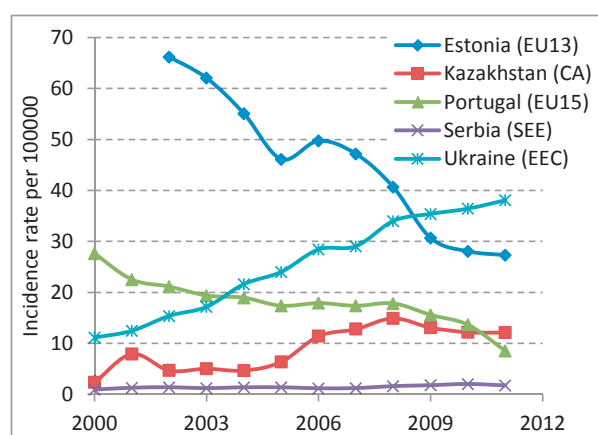
Figure 3 displays the trends in HIV incidence per 100,000 persons in countries with the highest observed levels in the corresponding UNECE subregions in Europe and Central Asia.

The level of the government's concern with HIV/AIDs is ‘major’ in 42 countries and ‘minor’ in 10 countries (UN 2009 enquiry).

¹⁵ D. Philipov, “Portrait of the family in Europe, Policy implications of changing family forms”, (*Population Series 49*, (Strasbourg, Council of Europe Publishing, 2006).

¹⁶ WHO Europe, *AIDS 2012: growing HIV epidemic in eastern Europe and central Asia a concern*, (Copenhagen, WHO Europe, 2012), <http://www.euro.who.int/en/where-we-work/member-states/russian-federation/sections/news/2012/07/aids-2012-growing-hiv-epidemic-in-eastern-europe-and-central-asia-a-concern>.

Figure 3: HIV incidence (per 100,000 persons) in selected countries, 2000 to 2011



Source: WHO Europe, Health for All database

In 2010 the incidence of female breast cancer was above 100 (per 100,000 women) in all countries in the western part of the region. The highest levels were observed in Denmark, the Netherlands and Belgium (around 182 per 100,000 women). The incidence is much lower in the eastern part of the region. Two reasons for this regional difference are the longer lifespan of women and a higher level of cancer detection in the western part of the region. In all UNECE countries the incidence of breast cancer increased between 2000 and 2010.

The incidence of cervical cancer, however, is larger in the eastern part of the region, where it is a major health hazard for women. It declined from 2000 to 2010 in the EU15 countries but increased in all other subregions.

- *Family planning and contraceptive prevalence*

In 2010, around 75 per cent of currently married women aged 15–49 in the EU15 and Non-EU advanced countries used some form of contraception. Similar high levels were observed in the Russian Federation (80 per cent) and Turkey (73 per cent). Low levels were seen in South-Eastern Europe (The former Yugoslav Republic of Macedonia, Bosnia and Herzegovina, Montenegro), the Caucasus and Central Asia, except Uzbekistan where the rate was 65 per cent. In most of these countries, there was a decline in contraceptive prevalence between 2000 and 2010.

Unmet need for family planning is defined as the proportion of women who have regular sexual intercourse, do not want to get pregnant and do

not use contraception. The value of this indicator was about 2–3 per cent in France (2004/2005), 10–15 per cent in about a dozen European countries, Armenia and Georgia, 23 per cent in Azerbaijan (2006) and 30 per cent in Bulgaria.

Twenty-five governments provide direct support to family planning, 19 provide indirect support, and 8 no support. The latter are situated in the western part of the region or are new EU Member States.

Risky health behaviour: smoking, alcohol consumption and obesity

- Smoking has been shown to be positively associated with higher occurrence of several types of tumour, lower fecundity, cardiovascular diseases and other undesirable outcomes. It is more prevalent among men than among women, which is considered a contributing factor to the difference between male and female life expectancy. Over the past 20 years the proportion of regular daily smokers decreased in most of the UNECE countries but still remains at an average of about 25 per cent of the population aged 15 and above.

- Alcohol consumption has stayed relatively unchanged. In 2010, it was about 9.5 litres per capita of population aged 15 and above in the region. In the last two decades, alcohol consumption increased considerably in some countries, notably Belarus, Republic of Moldova, the Russian Federation, Ukraine and the Czech Republic.

- Obesity is known to increase the risk of serious diseases, affecting the quality of life and life expectancy. According to the World Health Organization (WHO), a person is considered obese if he or she has a Body Mass Index (BMI) of 30 or more. Nearly a quarter of the population in the UNECE region were obese in 2008, with slightly more obese women than men. There are significant differences between countries. The lowest level of obesity is in Central Asia, with the lowest level in Tajikistan (10 per cent), while the highest level is in the United States (32 per cent). Some countries exhibit a striking difference between the level of obesity in men and women. In Turkey about 36 per cent of women are obese, compared with 23 per cent of men. The differences are even more pronounced in Armenia and Azerbaijan.

C. Concluding remarks

Since 1994 the populations in the UNECE region have experienced profound changes. Fertility and mortality declined, migration increased, and ageing of the population advanced. Teenage pregnancy receded, and more women than men attained tertiary levels of education. Access to family planning is high in many but not all parts of the region. The number of abortions decreased. Of concern are the rising prevalence of HIV and the incidence of female breast and cervical cancer in some subregions. The positive trends in reducing poverty and inequality seen in the first part of the 2000s have experienced a setback since the recent financial and economic crisis. With an ageing population the sustainability of social protection systems is questioned, and at the same time high unemployment among young people has become a major policy concern.

Most of these trends outline differences between the eastern (and sometimes southern) and the western parts of the UNECE region. Growing differences between the three parts in population development are not new. However, during the last two decades the eastern and southern countries also diverged — for example, with the accession of former Socialist countries to the EU and the emergence of new, differing lines among the EU countries themselves. The biggest development gaps remain in the countries of Central Asia, some countries in Eastern Europe and the Caucasus, and South-Eastern Europe.

CHAPTER 2

The ICPD Beyond 2014 survey in UNECE countries: findings at a glance

As part of the ICPD Beyond 2014 global survey, UNECE countries provided information on the status of implementation of the provisions of the 1994 ICPD PoA. The survey used a standardized questionnaire designed to collect information across countries, accounting for policies and programmes which they formulated in the years after the ICPD, the level of institutionalization, the extent of implementation and the progress made. The questionnaire was sent out to all UNECE Member States, and the information gathered from 46 completed questionnaires was reviewed.

The analysis here is exclusively drawn from the completed questionnaires received and sequentially follows the eight sections therein. The main topics enquired about in the survey are as follows:

- To what extent have the provisions of the ICPD PoA been reflected in relevant policies, programmes and strategies?
- How did UNECE countries and subregions address the ICPD issues being investigated in the questionnaire? What were the measures taken for policy implementation?
- What are the major challenges that UNECE countries are likely to face in the future? What are the issues that require particular attention? What are the emerging priority issues that need to be reflected in future policies?

The survey gathered a wealth of information with respect to the availability of legislative acts and policies, but with rather limited detail on their content. The inferences are, therefore, based on the availability of policies and the short comments related to their implementation. No inferences were made on the effectiveness of policies, as the questionnaire was not designed to collect this information.

The text throughout this chapter includes numerous references to country-specific policies selected to reveal the variety of policy approaches around the region. They are used as examples and do not necessarily include all countries with similar policies.

The UNECE countries' replies to the survey provided useful information on the regulatory framework based on the available legislation, policies, programmes, strategies and plans of action,¹⁷ and their implementation, as well as priorities for the future. It can help countries to learn more about international experience and make their own comparisons.

Section 1: Population dynamics and sustainable development

Sustainable development depends on the balance of three main pillars: economic, social and environmental sustainability. Population matters permeate all three pillars. The social pillar requires that people do not experience adverse social impacts such as impoverishment, social exclusion and deprivation, and that special attention be given to vulnerable groups, including youth, women, elderly people, migrants, and persons with disabilities, among others. It also requires that future generations be able to live in an environment no worse than the contemporary environment. The balance among the three pillars is particularly important during times of financial and economic crises when social and environmental sustainability are at a higher risk of being disrupted.

Although the three pillars were not articulated as such in the ICPD PoA, the questionnaire makes it possible to track the relevant policies and helps better understand the subject of population and sustainable development.

Policies, programmes and strategies

The existence of a national policy, programme or strategy addressing interactions between population and sustainable development was reported in 61 per cent of responses (Annex A, Table 1.1). The response rate was very low among

¹⁷ Further in the text, the general term 'regulation' or 'regulatory documents' will be used when referring to the set of documents that include legislative acts, programmes, policies, strategies, action plans and others.

the Non-EU (0 out of 5) and the EU15 countries (4 out of 13). This could be misleadingly understood as non-compliance with the ICPD PoA and, therefore, requires further clarification.

Germany, for instance, provides the following explanation:

“Questions related to the implementation of the ICPD in section 1 of the enquiry do not relate to the situation in Germany, a country with a very high level of human development and an ageing and shrinking population. The relationship between population, sustained economic growth and sustainable development, in the context of the ICPD, relates to population growth. Germany does not have a national policy aimed at this issue. However, the German Federal Government implemented a coherent policy to maintain economic growth despite the demographic change which is expected to take place over the next decades. Ecological sustainability has already been implemented as a fundamental goal of German policy and consequently, the new demographic strategy will regard it as one of its guiding principles (see <http://www.demografiestrategie.de>)”.

The ICPD PoA may be misperceived to refer mainly to population dynamics in developing countries, where the demographic situation differs notably from that of the economically advanced countries. In fact, as was indicated in Chapter 1, contemporary demographic trends in advanced countries also interact with sustainable development and sustainable growth, particularly when population cohorts are shrinking or ageing. This interaction is particularly important for the achievement of social sustainability — i.e. for curbing poverty, inequality, deprivation and social exclusion.

Certain ICPD provisions are relevant to the recent demographic changes in advanced countries. Moreover, these changes are expected to affect a growing number of people across countries, as globally both fertility and mortality are declining, bringing down population growth and inevitably increasing population ageing.

The topic of sustainable development and its interaction with population issues is part of the EU agenda. In 1997, sustainable development became an overarching strategy of the EU. The European Council of June 2006 adopted a comprehensive

renewed EU Sustainable Development Strategy¹⁸ which built on the Gothenburg Strategy of 2001 and was the result of an extensive review process that started in 2004. This strategy addressed seven key priority challenges:

- climate change and clean energy;
- sustainable transport;
- sustainable consumption and production;
- conservation and management of natural resources;
- public health;
- social inclusion, demography and migration; and
- global poverty and sustainable development challenges.

The last three priority challenges relate to population matters and the ICPD PoA.

According to the EU strategy, the Member States implement the strategic priorities in their respective national policy framework, design concrete actions and monitor their implementation. For example, the Czech Republic's first strategy for sustainable development was adopted in 2004 as a long-term framework for political decision-making. This strategy was designed in the context of the international commitments made by the Czech Republic in connection with its joining the EU in 2004 and its membership of the Organisation for Economic Co-operation and Development (OECD) and the UN.¹⁹ The Czech survey questionnaire states that a Strategic Framework for Sustainable Development in the Czech Republic was adopted by the government with resolution No. 37 in January 2010.

EU Member States have committed to strategies of sustainable development, and their actions are accounted for in the progress reports published every second year since 2007. Thus the EU countries that responded negatively or did not supply a response to this question can still be considered as engaged in implementing the ICPD PoA in matters of population and sustainable development.

The EU is also partnering with other countries in formulating and implementing policies for

¹⁸ <http://ec.europa.eu/environment/eussd/>.

¹⁹ Ministry of the Environment of the Czech Republic, “Sustainable Consumption and Production”, http://www.mzp.cz/en/sustainable_consumption_and_production.

sustainable development. Numerous initiatives are oriented toward collaboration with neighbouring countries, such as Turkey and Eastern European countries. For instance, the EU Eastern Partnership with Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova and Ukraine included, among other provisions, concrete initiatives on improving environmental governance. This programme comprised financial support from the EU and addressed important environmental challenges in the region, such as waste management, water quality and managerial and information capacities regarding environmental issues. The South-Eastern European Cooperation Programme co-funded by the EU also reports similar activities.

Altogether UNECE countries reported about 109 policies, programmes and strategies addressing interactions between population and sustainable development (Annex A, Table 1.2). Programmes and strategies outnumber policies. The status of their implementation, the year of inception and the horizon of implementation vary considerably.

Some of the cited regulatory documents refer to general sustainable development — for example, in Belarus, the Czech Republic, Finland and France. These are overarching legislative acts, usually complemented by others specified by their objects of influence:

- Many reported policies, programmes or strategies refer to the social pillar of sustainable development, such as the reduction or eradication of poverty, issues related to active ageing and ageing in general, youth or social inclusion.
- The environmental pillar is supported by policies, programmes or strategies on biodiversity, climate change, energy consumption and water supply.
- Demographic strategies, policies and programmes exist in most of the countries in the SEE, EEC and CA subregions. These countries cite policies, programmes or strategies related to development of the country's regions.

Policies, programmes or strategies on education are frequently cited. A human capital development strategy is available in Poland; Cyprus has adopted a national curriculum for environmental education/education for sustainable development, noteworthy for the combination of education and environmental protection. It complies with the UN's conception of the achievement of social inclusiveness through

education in matters related to sustainable development.²⁰

Addressing issues highlighted in the ICPD PoA

Under this section, the survey questionnaire covered 10 issues from the ICPD (Annex A, Table 1.5).

The first issue refers to eradicating poverty through income generation and employment. Although combating poverty is left to national governments, the EU has set up a system of recommendations that its members are expected to follow and has initiated a series of campaigns. For example, 2010 was declared the Year of Combating Poverty. The importance of this issue in the EU is also evident by its inclusion as a target in the Europe 2020 strategy. Most of the non-EU countries have addressed this issue.

Three other issues, related directly to the implication of population trends in large urban agglomerations and in ecologically vulnerable areas, including the needs of people living in the latter, have not been frequently addressed in policies, programmes or strategies.

The issue of addressing the needs of people living within or on the edge of fragile ecosystems is relevant in areas such as the Aral Sea and Chernobyl. Countries most affected by these disasters report on relevant policies (Belarus, Ukraine, Russian Federation, Kazakhstan).²¹ This was corroborated in the 10-year review of the ICPD PoA.²²

Fostering sustainable use of resources and preventing environmental degradation is the most frequently addressed of the issues in this section. However, its implementation is relatively slow: only 56 per cent of the countries reported being on schedule or ahead of schedule. Implementation is also behind schedule for measures to improve solid waste management and promote management of environmental resources.

²⁰ United Nations, *“From Transition to Transformation: Sustainable and Inclusive Development in Europe and Central Asia”* (New York and Geneva, United Nations, 2012: 47–48).

²¹ No data are available for Uzbekistan.

²² T. Frejka, “A decade of experience with implementing the ICPD Programme of Action: the UNFPA field inquiry in the UNECE region”, *The New Demographic Regime: Population Challenges and Policy Responses* (New York and Geneva, United Nations, 2005).

Eradicating poverty was selected as the most important issue in the national context. Other issues indicated as important include: reducing territorial inequalities, strengthening food security and improving solid waste management.

Persisting and emerging priorities

In most cases the prospective policies are primarily envisaged at the macroeconomic or macrosocial level, while micro-level policies directed towards individuals are given secondary importance.

- Eradicating poverty and increasing employment are indicated as priorities, for example, in the Czech Republic, Russian Federation and Tajikistan. Increasing income generation is mentioned by Azerbaijan and the Czech Republic.

- Demographic and population policies and strategies (Bulgaria, The former Yugoslav Republic of Macedonia and Serbia): low fertility is considered a problem that requires relevant policies in several countries. In the Russian Federation two quantitative indicators are set as policy aims: to reach a total fertility rate of 1.73 in 2017, and a life expectancy of 74 years in 2018. Increasing life expectancy is also a priority in Belarus.

- Migration, population growth and its implications for spatial development: Switzerland emphasizes their effect on housing/rental prices and the social security system. Integration of immigrants is also cited by Switzerland and France. Belarus, Finland, France and Portugal, among others, mention regulating migration as a priority. Georgia and Lithuania mention territorial distribution of the population as a policy priority.

- Investment in human capital, promoting a better quality of education and environmental education (Albania, Andorra, the Czech Republic, Kazakhstan): health is highlighted by several countries, mainly with reference to health services and reproductive health.

- Reducing social risks for older persons, low-income families and vulnerable population groups by developing an effective social protection system (Azerbaijan).

- Gender equality in terms of the social and economic development of women in rural areas (Spain).

- General issues related to economic growth and sustainable development: the United States emphasizes the importance of general sustainability.

Romania refers to the importance of non-governmental organizations: “The development of social economy by actively involving all relevant stakeholders and by encouraging the social action of non-governmental organizations and civil society groups (social cooperatives, self-help associations, foundations, charities and voluntary services, etc.)”.

Future priorities are dominated by persistent issues such as poverty and unemployment, demographic concerns (raised by slowing population growth, low fertility, high mortality, migration) and issues referred to in other sections, such as education and health. Issues related more directly to interactions between population, on the one hand, and energy consumption, pollution and environmental protection, on the other, did not receive sufficient attention. This observation raises concerns especially in connection with the lagging implementation of policies related to the sustainable use of resources and environmental protection.

Section 2: Population structures: young people, older persons, and persons with disabilities

Young people are represented at the bottom of a population age pyramid, while older ages are situated at its peak. Changes in the population pyramid due to changes in fertility, mortality and migration can have tremendous demographic, economic and social consequences and, therefore, call for appropriate public policy responses. These changes can be anticipated and, therefore, can effectively be used for macro-level planning purposes. Yet at the micro level, young people and elderly people are specific vulnerable groups whose problems require relevant policy action. Disability which affects individuals of both sexes and of all age groups exposes people to added vulnerability. The problems experienced by young people, elderly people and persons with disabilities were thoroughly reflected in the ICPD PoA.

2.1. Addressing the needs of adolescents and youth

In addressing youth, the ICPD PoA focuses on the age group 10–25 years. This group is the subject of many international acts. Children aged below 10 are targeted by other UN documents, in particular the Convention on the Rights of the Child. The Council of Europe supports a range of programmes through

Sustainable consumption: Eco-social shopping in Austria (from the Austrian questionnaire)

“The initiative ‘Conscious Buying’ (‘Bewusst kaufen’) was launched in 2010 by the Austrian Federal Ministry of Agriculture, Forestry, Environment and Water Management. The goal of the initiative is to raise consumer awareness and thus to enhance the sale of sustainable products, in cooperation with retailers. With the label ‘Das bringt’s nachhaltig’ (‘getting there the sustainable way’), thousands of retailers including all major food chains, hardware suppliers and drugstores point the consumer towards healthy, environmentally sound, energy-efficient, regionally processed and/or fairly traded products. The label is used in the advertising material of the participating retailers and at each point of sale in order to inform the consumers on the relevant product lines and to encourage them to shop accordingly.

The campaign has four objectives:

1. To encourage consumers to buy sustainable products
2. To use products and special offers to raise awareness of sustainability and give practical examples of sustainable development
3. To highlight good examples of local sustainable development initiatives
4. To give publicity to the partners (government and retailers) in the media.

With the latest sustainability topics, shopping guides and online databases for labels and products, the online platform www.bewusstkaufen.at offers a variety of tools that assist in eco-social shopping.”

its Youth Department, thus assisting young people across its 47 member countries in diverse ways.²³ The EU provides support to youth through diverse initiatives. For example the EU Youth Strategy (2010–18) has two overall objectives:

- to provide more and equal opportunities for young people in education and in the labour market; and

²³ http://www.coe.int/t/dg4/youth/Coe_youth/Structures_en.asp.

- to encourage young people to be active citizens and to participate fully in society.

There is clear commonality between these objectives and the ICPD PoA issues considered below.

Policies, programmes or strategies

Regulation to protect children’s rights exists in many countries (the Czech Republic, Kazakhstan, The former Yugoslav Republic of Macedonia, Romania and Sweden), and it is frequently closely connected with the Convention on the Rights of the Child.

The existence of a policy, programme or strategy addressing the needs of adolescents and youth were reported in 41 out of 46 questionnaires (Annex A, Table 2.1).

The most frequently cited documents centre directly on youth. A law on youth is cited by Azerbaijan, Belarus, Israel, Republic of Moldova, Romania and Serbia. These countries, along with many others, also have a national action plan, a strategy, a policy or a programme addressing the needs of adolescents and youth. For example, Bulgaria has a National Youth Strategy 2012–2020; France has a *Plan interministériel pour la jeunesse*. Specific programmes are reported by Denmark: The Youth Effort; Germany: *Jugend staerken*; and the United States: YouthBuild, which centres on high-school dropouts.

Topics related to young people are also embedded in broader policies such as family, health and labour force policies, territorial development and others.

Specific policies on youth employment are mentioned by Albania, Belarus and The former Yugoslav Republic of Macedonia. The Russian Federation reports support to graduates with vocational training to practise their skills through internships. Other policies/acts address youth poverty (Bulgaria, Serbia) and sexual violence against youth or violence among youth (Croatia, Germany, Italy, Sweden). Norway cites a Manifesto against Bullying.

Addressing issues highlighted in the ICPD PoA

Table 2.5 in Annex A summarizes all responses on the six ICPD PoA issues under this section.

The first issue, ‘Creating employment opportunities for youth’, is addressed in 41 questionnaires, and 37 countries state that they have allocated budgets and have taken implementation measures.

Implementation is reported behind schedule by six countries where unemployment is high. However, reported progress in another 29 countries was not necessarily associated with the level of youth unemployment. This observation serves as an alert for a deeper examination of policies whose implementation is behind schedule.

The least addressed issue refers to data collection.²⁴ The countries that failed to answer this question are concentrated in the EU13 (six) and EU15 (four). These countries, however, have a number of statistical surveys including labour force surveys that provide data on youth aged 15 or 16.

Youth unemployment is the most important issue, indicated by countries mainly in the eastern part of the UNECE region, and also Austria, Norway and Portugal. The issues regarding the adverse effects of poverty, addressing violence, exploitation and abuse, and participation were also mentioned as important. Ending youth homelessness was mentioned by the United States. Education was addressed by Croatia, creating gay–straight alliances at secondary schools by the Netherlands, a job strategy for youth with disabilities by Norway, and engagement and civil participation of young people by France.

Persisting and emerging priorities

The emerging priorities during the next 5–10 years, as revealed in the survey, match the ICPD issues in this subsection, yet the scope of intended policy development is wider, specifically as regards education of adolescents and youth. The priorities highlighted in the survey were as follows:

- Increasing youth employment: in Albania, for instance, this policy is aimed at the young first-time jobseekers. In France it is aimed at ensuring a smoother transition between education and the labour market.
- Increased access to different forms of education: the Czech Republic emphasized the importance of non-formal education and informal learning. Latvia underscored the need for a policy to encourage young people aged 15–19 to return to education. Israel plans to reduce disparities in education. Malta wishes to increase its higher

educational attainment. The Republic of Moldova seeks improved, free access to studies (and health services), and Serbia to health education in schools. Romania centres on ensuring access to all forms of education and lifelong learning. Spain aims to achieve excellence in education, at all stages, to maximize the potential of youth. Turkmenistan plans a further development of educational institutions.

- Fighting poverty among children, adolescents and youth (highlighted by Bulgaria, Croatia, Norway, Poland, Republic of Moldova, Romania and Ukraine).
- Social inclusion and participation: Serbia aims to increase the activity of young people in different aspects of social, economic and political life. The Russian Federation aims at enhancing young people's life skills.
- Provision of social services (Bulgaria, Croatia, Lithuania): the United States aims at “implementing validated screening and assessment tools in order to better target the right set of services to an individual youth”. Lithuania envisages the establishment of youth-friendly services at the municipal level.
- Imparting positive social values: Turkey emphasizes the role of the family. The Russian Federation stresses support for values and patriotic education of children and youth.

Other topics include improvement of adolescent- and youth-friendly legislation (Kyrgyzstan), improvement of the housing situation (Austria, Azerbaijan), and “promotion of local youth NGO activities and youth involvement in social life” (Armenia). France emphasizes the transition from education to employment; access to social rights, especially for the most vulnerable young people; governance of youth policies at local, regional and national level; and the commitment and participation of young people. Ireland seeks to ensure greater coordination in addressing the needs of young people.

The recent unprecedented rise in youth unemployment and poverty may have negative consequences throughout the young people's lives, as they leave an imprint on their personal values. They may remain the ‘scarred generations’ of the future, in contrast to the aims of sustainable development. To counter this impact, young people's needs should be better understood and addressed with relevant policies and strategies. Specifically, unemployed young adults may be motivated to further their education and labour qualifications.

²⁴ “Collecting age- and sex-disaggregated data on the socioeconomic status of adolescents and youth”.

Belgium emphasizes the importance of “Valorisation des compétences des jeunes, orientation et choix de vie” (enhancing young people’s competences, their orientation and life choice). Young people face crucial decisions for their own life with respect to fundamental events such as education, work, leaving the parental home and starting their own family. In times of globalization the set of potential choices faced by individuals increases drastically, and the availability of relevant information for making decisions becomes critical. Some young people may feel disoriented when they do not have sufficient information; uncertainty becomes a leading feature in young people’s lives in contemporary globalizing societies.²⁵

2.2. Addressing ageing and the needs of older persons

The pattern of ageing differs significantly among UNECE countries. In Central Asia, Turkey and, to some extent, Israel ageing is at its inception; in EEC countries it is progressing rapidly after the swift decline in fertility from the early 1990s. In the western parts of the region population ageing has had a longer history. Therefore, while the size of this vulnerable group is on the rise in the eastern part of the region, policymakers and stakeholders can effectively use this time ‘lag’ to devise policies that better meet the needs of the elderly population.

The UN and the UNECE have a rich history in addressing population ageing. The 2002 Madrid International Plan of Action on Ageing (MIPAA) set forth an agenda on ageing for the 21st century. Its implementation in the UNECE was organized with a Regional Implementation Strategy (RIS), which emanated at the ministerial-level conferences in Berlin in 2002 and León in 2007. The UNECE ministerial conference held in Vienna in 2012 reviewed the progress over the last five years and with its declaration outlined the goals for RIS/MIPAA implementation until 2017. The UNECE Population Unit participated in research on active ageing and specifically in the creation of an Active Ageing Index.

It has developed road maps for mainstreaming ageing in Armenia and the Republic of Moldova. A series of policy briefs has been published.²⁶

The 2012 Vienna Ministerial Declaration states a clear commitment of the countries in the region to ageing-related issues. Under the general motto ‘Ensuring a society for all ages: Promoting quality of life and active ageing’ it underlines the significance of the following main areas:

- encouraging a longer working life and maintaining the ability to work;
- promoting the participation, non-discrimination and social inclusion of older persons;
- promoting and safeguarding dignity, health and independence in older age; and
- maintaining and enhancing intergenerational solidarity.

The Declaration encompasses all crucial aspects for older persons: their quality of life, working life, social inclusion and participation in society, dignity and health. Countries are urged to follow the recommendations therein, which are also at the heart of the ICPD agenda.

Policies, programmes and strategies

The questionnaires report a broad spectrum of policies, programmes or strategies regarding ageing and/or the needs of older persons. For example, Armenia has a Strategy for Addressing Issues Stemming from the Consequences of Population Ageing and Social Protection of the Elderly. Austria cites a Federal Plan for Seniors’ Ageing and the Future. The Czech Republic introduced a National Strategy Supporting Positive Ageing for the Period 2013–2017. A similar strategy was adopted in Ireland. Serbia has a National Strategy on Ageing 2006–2015. The Republic of Moldova has a road map on integrating ageing issues into policies.

In the eastern part of the UNECE region, ageing is part of more extensive policies. For instance, in Azerbaijan it is part of the Conception of Demographic Development. In the Russian Federation, it is part of the demographic policy until 2025, which includes measures to support the health and longer working lives of elderly people.

²⁵ H.-P. Blossfeld, E. Klijing, M. Mills and K. Kurz (eds), *Globalisation, Uncertainty and Youth in Society* (London, Routledge, 2005).

²⁶ More information and relevant documents can be found on the website of the UNECE Population Unit: <http://www.unece.org/pau/welcome.html>

In EEC and CA countries population policies have an explicit social character and do not necessarily refer to population change at the macro level.

Beyond general regulation, countries cite policies that refer to specific issues, such as pensions, health care and housing. For instance, Sweden has a law on dignity in elderly care. The Czech Republic devised a Concept for Technology Development and Assisted-living Services for Seniors. Denmark identified five key values for its policies: impact on own life; respect for difference; humanity; good experiences every day; and a dignified end of life. France set up an interministerial task team for the adaptation of French society to demographic ageing. Malta devised a Dementia Strategy. The Netherlands adopted a National Care for the Elderly Programme for long-term care and cure. Norway passed an Inclusive Workplace Agreement (IWA), Goal 3: Extended work life among seniors aged 50–70. Poland adopted a Government Programme for Senior Citizens' Social Activity for 2012–2013. Portugal devised a Housing Comfort Programme for Older People and provides incentives to the employment of older workers. Ukraine passed a law on basic principles for social protection of retired workers and other elderly people.

Addressing issues highlighted in the ICPD PoA

Providing social services to elderly people is the most frequently addressed ICPD issue (Annex A, Table 2.16). Fewer than half the completed questionnaires (22 out of 46) made reference to preventing discrimination against older persons. A low response was observed for the following issues: enabling older persons to make full use of their skills and abilities; addressing neglect, abuse and violence against older persons; and instituting concrete procedures and mechanisms for older persons to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives. These issues deserve more attention in the future.

Reported progress on implementation was slow on average, particularly for promoting employment opportunities for older workers, which may be a consequence of the recent economic crisis. Providing support to families caring for older persons also deserves more attention.

Implementation is also slow with regards to measures taken to prevent discrimination against older persons, especially widows.

Persisting and emerging priorities

- Most priorities are directed towards the needs of elderly people, rather than at macro-level policies. They include: improving the legal foundations of retirement, pension reforms or changes in retirement age (Israel, The former Yugoslav Republic of Macedonia, Turkmenistan, Austria and Spain). Increasing pensions or providing other material support is planned in many countries including Belarus, Georgia, Kazakhstan and Switzerland.

- Improving regulations that refer to elderly people. (Albania raises the need for a coordinating body that should monitor enactments of laws and their execution).

- Improving health care (Austria, Romania, Sweden), especially in rural areas (Romania).

- Training staff and providing personnel for health care and social services (Armenia, Azerbaijan, Switzerland). The need for geriatricians is highlighted.

- Promoting employment and extending the working lives of elderly people is emphasized in at least 10 questionnaires.

- Improving the quality of social services and extending their scope (Azerbaijan, Belgium, Belarus, the Czech Republic, Tajikistan and Turkmenistan).

- Ensuring the financial sustainability of elderly care (Belgium, the Netherlands, Romania, Serbia).

- Lifelong learning (Czech Republic and The former Yugoslav Republic of Macedonia). The latter reports about a third-age university adjoined to the University Ss. Cyril and Methodius.

- The necessity of protecting the rights of older persons (United States).

Many countries seek to provide care for elderly people in their own homes. Moreover, some countries (Croatia, Ukraine) give priority to home care over placing older persons in specialized homes. This approach reflects a generally preferred choice of the older persons themselves: they often wish to stay in the home where they have lived for a long time, in a familiar neighbourhood, close to relatives and friends, rather than to be institutionalized.

While an individual-based policy approach is common in addressing aspects of care for elderly people in the UNECE region, retirement is ruled by macro-level legislation. A mandatory retirement age is stipulated in the majority of countries with

little room for flexibility. Finding a balance between macro- and individual-level policies in addressing these matters would serve the interests of older persons.

2.3. Addressing the needs of persons with disabilities

On 13 December 2006 the UN adopted the Convention on the Rights of Persons with Disabilities. The Convention stresses social inclusion of persons with disabilities, respect for their human dignity and ensuring their self-realization and self-determination. Human values should be achievable for everyone in an inclusive society, thus embracing persons with disabilities.

The Convention was signed by all UNECE countries and ratified by many of them, as well as by the EU. Its ratification turns it into a law which then provides guidance to the country's legislative system to specify concrete measures for its implementation.

Policies, programmes and strategies

All but three of the 46 completed questionnaires reported the existence of national-level legislation on disability (Annex A, Table 2.23). In most cases the regulatory documents cited were enacted before the ratification of the Convention.

A large number of questionnaires report on the availability of a national strategy or plan related to persons with disabilities. They address a wide range of issues: health, care, working facilities, protection against discrimination, institutionalization and others. Many questionnaires cite, often in addition to the acts mentioned above, regulatory documents aimed at social inclusion, social integration, equal opportunities and human rights. The Convention itself is cited by Germany, Norway, the Russian Federation and Ukraine. The questionnaires report also on regulations designed to support specific needs of persons with disabilities. Most frequently they refer to physical disability, mental illness, blindness and other disabilities.

Addressing issues highlighted in the ICPD PoA

ICPD issues related to disability are presented in Annex A, Table 2.27. The response rate to the issues is higher than that for addressing the needs of young people and elderly people.

Creating employment opportunities for persons with disabilities is the most frequently addressed

issue (mentioned in 40 out of 46 completed questionnaires). About 80 per cent of related measures have been implemented.

The development of infrastructure for persons with disabilities is either on schedule or ahead of schedule in two thirds of the 33 responses received. Appropriate infrastructure is costly but crucial for ensuring social inclusion of persons with disabilities. Application of the principle of 'universal design' is particularly important so that the infrastructure can be effectively used by all persons regardless of their disability status.

Where civil participation was mentioned, it was reported along with advanced implementation. This area is not as costly as development of infrastructure and can receive higher attention at times of economic crisis.

Persistent and emerging priorities

The questionnaires underscored the following priorities:

- harmonizing or improving legislation in accordance with the Convention on the Rights of Persons with Disabilities;
- improving infrastructure;
- creating jobs and equal labour market opportunities;
- ensuring inclusive education; and
- providing equal access to health and other social services, and strengthening rehabilitation services.

Other items include:

- increased involvement in public and political life;
- collecting data on the situation of persons with disabilities;
- providing support to families caring for persons with disabilities;
- recognizing the sexual and reproductive human rights of persons with disabilities;
- preventing violence against persons with disabilities; and
- supporting independent living and providing care at home and non-institutional forms of care.

Several countries highlight priorities of policies related to independent living, deinstitutionalization and providing support at home (Belgium, Ireland, The former Yugoslav Republic of Macedonia, Switzerland, and Tajikistan). These policies are in line with Article 19 of the Convention on the Rights of Persons with Disabilities. With this approach, persons with disabilities can have the choice to remain at home in the surrounding of their social network; to participate more actively in community life; and to be more autonomous. This approach is similar to the one described above for elderly people.

Section 3: Urbanization and internal migration

In the framework of the ICPD PoA, urbanization and internal migration affect population and sustainable development. They differ greatly between more developed and less developed countries. Internal migration often causes population growth in cities and puts pressure on existing social and health services in urban centres. It can also lead to deepening disparities among regions within a country.

Policies, programmes and strategies

Two thirds of all questionnaires (31 out of 46) reported the existence of a national policy, programme or strategy addressing urbanization and internal migration (Annex A, Table 3.1). Most of the countries that did not respond were EU Member States. This, however, should not imply that internal migration is not important to these countries.

The EU tackles problems of rural and urban development through the Regional Policy (also known as the Cohesion Policy). This policy is implemented at the regional level in all EU countries and is adhered to by EU candidates. Its goal is to improve political, social and economic situations in an effort to avoid and reduce disparities among regions. The current EU Regional Policy covers 2007–2013 and has three main objectives: convergence, regional competitiveness and employment, and European territorial cooperation. The European Commission (EC) has adopted a draft package which will frame the policy for 2014–2020. Most countries

have incorporated the EU Regional Policy in their national development plans, and its implementation is experiencing good progress. The policy promotes multilevel governance and is based on regionally tailored operational programmes that support local initiatives. Many operational programmes in lower-income regions focus on increasing the dynamics of small and medium-sized towns and developing human capital in rural and remote areas.

Bulgaria, one of the countries that did not respond to this survey question, is classified by the EC as a convergence country where the development of underdeveloped regions is a priority. The country has incorporated the Regional Policy in its national operational programmes in areas such as transport, environment and regional development. In Spain, a country which does not report a national policy, areas such as Andalucía, Galicia and Extremadura are eligible for funding support for rural and urban development activities. These regional programmes have an indirect impact on the territorial distribution of the population, although they are not directed explicitly at internal migration. Serbia, not an EU member, is following the EU Regional Policy strategy of developing rural areas in response to a depopulation surge. The Ministry of Resources of Serbia has developed a draft strategy for rural development for 2009–2013.²⁷

It can be concluded that while UNECE countries have various regulatory documents that refer to territorial and regional issues, this is less so where urbanization and internal migration are explicitly considered.

Addressing issues highlighted in the ICPD PoA

The survey collected data for eight ICPD PoA issues related to urbanization and internal migration (Annex A, Table 3.5). Two areas were most frequently mentioned: the development of smaller and medium-sized urban agglomerations, and rural development strategies. The main purpose is to decrease the effect of push factors that encourage migration from rural areas and to mitigate their adverse impact on already large urban centres. Both issues were addressed with dedicated budgets, and the progress of implementation is generally on schedule.

²⁷ M. Todorović and M. Drobnjaković, “Peripheral Rural Areas in Serbia – the Result of Unbalanced Regional Development”, *Geographica Timisiensis*, 2010, Vol. 19, No. 2: 207–219.

Fewer countries have tried to decrease the pressure on urban agglomerations either through decentralization or by promoting environmental management of urban agglomerations, and implementation is behind schedule in 7 out of the 17 countries that reported on it.

Issues related to facilitating the integration of migrants from rural to urban areas, offering services to internally displaced persons and proactive planning for urban population growth were only addressed by 7, 11 and 13 countries, respectively. When addressed, the implementation is also reported as being behind schedule.

It is worth noting that poverty in Section 1 and poor people in urban areas in the present section are among the issues that have been mentioned most frequently and where policy implementation is reported to be on schedule. Poverty is recognized as a key issue across the region.

Persistent and emerging priorities

Priorities mentioned for the next 5 to 10 years include:

- Improvement of the infrastructure, such as road networks (Czech Republic, Albania).
- National territorial or urban development plans (Azerbaijan, Luxembourg, Poland, Tajikistan, and Turkey).
- Development of rural and/or small urban settlements; territorial decentralization with the aim to ease the pressure on large urban areas (Czech Republic, Kyrgyzstan, Lithuania, Luxembourg, Norway, Poland, Ukraine). Spain cites “rehabilitation of deprived neighbourhoods as a tool to improve employment”. Armenia intends to decrease disparities between rural and urban settlements.
- Addressing depopulation of rural areas (Armenia).
- Declining population is addressed in the Dutch questionnaire with an emphasis on peripheral areas; Slovakia addresses depopulation in eastern parts of the country.
- Reference to housing (Albania, Croatia and the United States). The latter emphasizes: “strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life”.

A specific case for policy action in the future is raised in the Belgian questionnaire: “Keeping young families in the larger cities”. It refers to a rising preference among young families to leave the cities. This outward migration trend may lead to an imbalanced population age structure, with a prevalence of older persons in the cities, and cause a corresponding imbalance in the provision of services.

Other plans for policies include: provision of financial resources; development of an adequate legal framework (Bosnia and Herzegovina); elimination of poverty as a tool to decrease internal migration (Azerbaijan); and stimulating labour mobility (Russian Federation).

The Swiss questionnaire states that “Policies on urbanization and internal migration are not relevant to Switzerland”, but it also mentions “agglomeration policy in Switzerland”, “agglomeration programme for transport and settlement”, “programme for urban projects” and “new regional policies”. The accent is on regional development without explicitly referring to any population group. Policies aiming at regional development are broader than public policies directed towards migrants or population groups specified by place of residence. The same policy approach is observed in other countries in the region such as the Netherlands, where a region-specific approach is designed to alleviate population decline in peripheral areas, with policies related to housing, transport and quality of services. The broader policy perspective aims to increase individual choices with its direct effect on ‘push’ factors on migration.

Section 4: International migration and development

Since the 1990s many countries in the EEC and CA subregions have experienced significant in- and out-migration flows. Migrants and their families require support to adapt to a new economic, social and cultural environment with full respect of their human rights.

Policies, programmes and strategies

International migration is usually regulated through legal acts, which manage issues such as permissions to emigrate or immigrate, duration of stay and visas. Such acts also regulate the status of migrants. In

many countries, the provision of basic social services for migrants such as employment, education and housing is embedded in broader legal acts that refer to all individuals without differentiating them by nationality, ethnicity, religion, culture or other attributes that might distinguish migrants from the local population, in which case specifying public policies for migrants is redundant. Yet migrants face particular challenges — namely, those related to integration or reintegration which may require targeted efforts on the part of governments. For example, the Czech questionnaire cites the Czech Development Cooperation, a broad and comprehensive policy covering various forms of development cooperation, including work with migrants, their communities, returnees etc.

Policies, programmes and strategies refer either to international migration in general or to specific migration-related issues.

General regulating acts:

- Strategies on migration in general have been developed in Albania, Azerbaijan, Georgia, Kyrgyzstan, Serbia and Tajikistan. Migration in a broader sense, along with asylum seeking, is cited in the questionnaires for Bosnia and Herzegovina, Bulgaria and the Republic of Moldova. A few strategies are still being drafted, but most of them are already being implemented.

- Policies on migration are being drafted in Croatia, Poland, Turkmenistan and Ukraine; France, Kazakhstan and Lithuania have reported immigration policies as already being implemented. The former Yugoslav Republic of Macedonia has developed and adopted a migration policy and its action plan for 2009–2014.

- Kyrgyzstan has implemented a state programme for the regulation of migration for 2007–2010.

- Bilateral and multilateral agreements: Switzerland reports partnerships on migration with a number of countries; Armenia, Georgia and the Republic of Moldova refer to agreements with EU partners. These agreements cover matters such as liberalization of visa regimes, countering illegal migration, trafficking in human beings, family reunification, remittances, migration for economic reasons, and education.

Among specific issues on migration it is worth noting the following:

- Foreigners, immigration and integration: Romania has an immigration strategy; in Albania the Law ‘On emigration of Albanian citizens for employment purposes’ of 2006 has been recently amended. The questionnaires for Bulgaria, Cyprus, the Czech Republic and Portugal also cite normative documents on these issues.

- Returnees are considered, for example, in Turkey and Serbia (Strategy for the Reintegration of Returnees Pursuant to the Readmission Agreements).

- Remittances, for example, are addressed with a strategy in Turkey, and in a national action plan in Albania.

- Asylum seekers or refugees are part of the strategies developed in Latvia, The former Yugoslav Republic of Macedonia, Republic of Moldova, Serbia, Turkey, Turkmenistan and the United States.

Addressing issues highlighted in the ICPD PoA

In addressing the root causes of migration, the development of small and medium-sized urban areas and rural areas is mentioned as a measure to alleviate the push factor that drives migrants away from these areas. Another measure is to provide information to potential migrants about the risks of migration, particularly of illegal migration. The human rights of migrants (Issue b, Table 4.5 of Annex A) are usually considered in the overall framework of human rights on an equal basis for nationals and immigrants. For example, in Belgium the anti-discrimination law of 10 May 2007 forbids discrimination on the basis of age; sexual orientation; civil status; birth; wealth; faith; philosophical or political beliefs; membership of trade unions; language; present or future health status; disability; physical or genetic features; and social origin. Implementation measures include, among others, plans for the integration of migrants (National Integration Plan in Germany); information provided by immigrant NGOs on how to react to violations of their rights (Albania), and increasing immigrants’ awareness of their rights. This issue is one of the most widely addressed across the questionnaires, and progress in implementation of measures is stated as high.

The questionnaires rarely provide any information about whether and how gender and age are taken into account in immigration policies. In France and Italy, specific attention is paid to unaccompanied

minors; in Poland to access to education for immigrant children; in Norway to women at risk.

The issues of forced migration, including internal displacement, refugees and trafficking in human beings are also generally addressed. A notable implementation measure here is related to international negotiations and agreements, mainly among neighbouring countries.

Facilitation of remittances is another important issue. In some UNECE countries, remittance receipts are very high in relation to GDP. They can raise the living standards of families left behind, or be used to initiate businesses in the country of origin. In the latter case, providing information on the local rules about starting/conducting a business has been found useful. Facilitation of bank transfers is frequently referred to. It has been addressed by 18 UNECE countries, two thirds of which reported slow progress in implementing foreseen measures (the lowest rate of all issues).

In Annex A, Table 4.7 lists a range of priorities on migration and provides information about the extent to which specific priorities, based on the ICPD PoA, are being addressed in the countries.

Persisting and emerging priorities

During the next 5–10 years international migration will be at the centre of a broad range of policies, both in sending and receiving countries. Such policies could be divided into three groups.

1. Policies aimed at improving the management of migration through the legal system and international cooperation. They include:

- Development and strengthening of legal mechanisms and their implementation — in the United States such legal mechanisms refer to labour migration. Turkmenistan plans to improve procedures for issuing visas and other legal documents. Switzerland seeks to reduce the time for processing asylum requests. Slovakia also envisages improving asylum and naturalization policies.

- Enhanced international cooperation through exchange of information, statistical data collection, joint monitoring and research on migration flows and combating trafficking in human beings — Sweden chairs the Global Forum on Migration and Development 2013–2014, which endorses the promotion of positive aspects of migration and development. France looks forward to global and

regional management of international migration. Through enhanced international cooperation the United States aims “to ensure humane and effective border management that facilitates safe, controlled, regular migration, discourages irregular migration, and ensures access to legal protection and respect for human rights for all migrants”. Switzerland, Romania, Republic of Moldova and Poland also raise the importance of international cooperation.

- Poverty reduction was emphasized as a strategy to act on push factors and curb migration. Sweden refers to provision of support to developing countries in designing their poverty reduction strategies.

- Several EEC countries indicate cooperation with the EU. Armenia is aligning its migration policy with that of the EU.

2. Policies aimed at improving the situation of migrants through integration, reintegration, protection of human rights, and fighting trafficking in human beings and at counteracting illegal migration:

- The integration of migrants and reintegration of returnees were recognized as important issues. The Russian Federation seeks to develop the appropriate infrastructure by providing general information, legal support, and language and cultural education. Turkmenistan highlights the importance of integrating displaced persons. Tajikistan plans to develop a programme for the reintegration of returning labour migrants. Along with the overall integration of immigrants, especially from developing countries, Slovakia pointed to the importance of improving the social climate for immigrants.

- Ten countries addressed fighting illegal migration and trafficking in human beings in their survey answers. The former Yugoslav Republic of Macedonia plans to develop “clear and effective procedures aimed at preventing illegal border crossing, cross-border crime, trafficking in persons and smuggling of migrants”. Italy seeks to “improve the procedures in place for the protection of unaccompanied immigrant children”.

- Protection of the human rights of migrants (Croatia, Finland, Slovakia and Serbia); prevention of xenophobia (Croatia); protection of refugees and displaced persons (Romania, the Netherlands and Ireland).

- Diaspora issues were also underlined: strengthening the ties with the diaspora in the countries of origin (Finland); the contribution and role of the diaspora to migration and development (Sweden); support for diaspora groups (The former Yugoslav Republic of Macedonia, Kyrgyzstan and Georgia).

3. Policies addressing specific migration issues:

- Labour migration is indicated as a primary form of migration and is the subject of policies aimed at facilitating and improving it (Poland, Spain, Turkmenistan). The Russian Federation and Austria aim to encourage immigration by highly qualified specialists.

- Environmental issues linked with migration are raised by Finland (climate change and migration and development) and France (environmental migration).

- Facilitating flows of remittances is considered important for both sending countries (Ukraine) and receiving countries (Sweden).

- Alleviating negative aspects of migration by addressing the root causes of migration.

- Improving data and research on migration (Serbia, Romania, Poland, Georgia).

- Facilitating voluntary repatriation (Ireland and Armenia).

The countries in the UNECE region report numerous regulative documents and policy priorities related to international migration. Beyond regulation, countries emphasize the necessity of intensifying international cooperation related to displaced migrants, flows of remittances, diaspora, voluntary repatriation; exchange of statistical and other information about migration; and cooperation on scientific research. International cooperation is of crucial importance in times of globalization when moves across boundaries are expected to intensify.

Section 5: Family, individual and social well-being

The last two decades have seen important changes in family lifestyle and individual well-being. The societal transition in EEC and CA countries reinforced these changes during the 1990s. Changes were observed in living arrangements, new family forms, types of unions, single parenthood, and others. In

Turkey encourages expatriate Turks to establish NGOs in order to voice their views vis-à-vis the local public opinion and for establishing direct contacts with the destination governments. The alliance of the NGOs on common goals and interests as umbrella organizations will help them express their demands more effectively. This will enable them to become influential actors in the contemporary pluralist societies that they are dwelling in. The basis of Turkey's cooperation with the destination governments is the perception of integration constituted on giving the immigrants a strong background of their native culture and providing mutual recognition by immigrants and local societies of each other's culture, traditions and characteristics. Within the framework of this understanding, Turkey has been encouraging expatriate Turks and destination countries to establish new bonds with each other which will lead to the formation of prosperous societies enjoying cultural diversities. Turkey defines integration as active participation of migrants to the social, economic, cultural and political life of the destination countries while maintaining their ties to their motherlands, mother tongue, and original cultures and living as happy, prosperous, successful individuals respecting local laws and customs. For the next five to ten years this public policy will continue. To this end, necessary measures will be taken including the conclusion of bilateral labour force and social security agreements.

some UNECE countries, the number of 'skipped generation households' consisting of grandparent(s) and grandchild(ren) multiplied. The number of people postponing starting a family or having children increased significantly. Childlessness also increased, mainly in the western part of the region.

The issues addressed in the ICPD PoA centre mainly on family-related vulnerability and human rights, both of the family and of individuals within the family. New family forms can be legally vulnerable with respect to their status and rights, as the corresponding legal framework might lag behind their rapid development.

Policies, programmes and strategies

According to the survey data, countries in the region are highly committed to the issues of family and well-being (Annex A, Table 5.1), with a diversity of regulatory documents. The issues they address can be summarized in the following groups:

Families

Broad-spectrum family matters are regulated with legal acts such as a family code, national family policy or strategy (reported in many questionnaires). Bosnia and Herzegovina has a strategy for family development; the Russian Federation has a programme on family support for 2010–2015. Beyond this general regulation, family matters are considered in some countries in national demographic policies, programmes or strategies — for example, in Belarus, Lithuania, The former Yugoslav Republic of Macedonia and the Republic of Moldova.

Social protection and support

Social protection, including protection of families and children, is addressed in relevant regulatory documents. Kyrgyzstan cites a strategy for the development of social protection, including social protection of families and children in need. Armenia reports a series of regulatory documents related to children: the Law ‘On Social Assistance for Children Left without Parental Care’; Annual Programme for Protecting Children’s Rights, 2010; the 2006–2010 Strategy for Reforms in Social Support of Children in Difficult Life Situations; and the Policy Concept on Providing State Support to Families with Three and More Children.

The broad field of social welfare encompasses another range of legal acts that relate to the life of the family. In the scope of the ICPD PoA it is considered, for example, in Finland’s National Development Programme for Social Welfare and Health Care 2012–2015. The Netherlands reports a social support act.

Support for families with children rests on three main pillars: fund transfers including child allowances, parental leave, and childcare. All three pillars are extensively supported by relevant regulation throughout the UNECE region. For example, Denmark has an Act on Family Allowances and Child Benefits; Norway seeks a 100 per cent provision of kindergartens for children, which helps both parents return to the labour force.

Other regulatory documents refer to poverty in the family, education, health issues, gender inequality, and care for persons with disabilities. These issues are also considered in other sections of this report. Germany, for instance, monitors family development with a special report issued every year, the ‘Family Report’ (*Familienbericht*). Practical support to families is cited by Cyprus (with seminars to parents), and the Netherlands (with youth and family centres). Austria states indirect financial benefits: free transport to school; free textbooks for school; family counselling centres at the regional level; parental education programmes; and a public childcare system.

A common feature of all the cited legal acts is that they have been either developed or amended during the last five years. In fact, they often replace or complement the existing ones, to adapt to the dynamics of family changes. A conspicuous overall trend in these amendments, less visible in the ICPD+10 report (fn. 20), is that they expand the scope of the legal system — for example, by increasing parental leaves or childcare facilities, or enlarging the scope of families eligible for support.

Addressing issues highlighted in the ICPD PoA

The needs of families and well-being of individuals are reflected in the set of ICPD PoA issues presented in Annex A, Table 5.5. These issues were addressed widely across the UNECE region. Progress of implementation appears to be satisfactory. Exceptions regarding a few issues are addressed below.

Increasing efforts to ensure that health, education and welfare services function collaboratively and effectively

These are embodied in general regulatory documentation and in its implementation that refers to general matters such as family strategies (discussed above). Beyond the general, specific normative acts are available and being implemented. For example, Bulgaria reports the implementation of the Social Inclusion Project that provides integrated services for early childhood development for children aged 0–7 and their families. In Latvia, educational and training activities are being implemented to raise the qualification of different specialists working with children and families. Tajikistan has established an educational centre, *Charogi hidojat*, for orphaned girls.

Facilitation of compatibility between labour force participation and parental responsibilities

One approach is to protect women's employment while they are on maternity leave. Other approaches are directed mainly towards raising opportunities for flexible, part-time work and towards enlarging and improving childcare systems. Countries suggest a wide variety of these approaches. In Denmark, the day-care system provides families with flexibility and options for various types of facilities and subsidies. It makes it possible for each family to plan its family and working life according to its individual needs and preferences. France planned to open 200,000 crèches between 2009 and 2012. In the Russian Federation, among other measures, parents of three or more children and parents of children with disabilities are supported in finding work, and women who return to work after parental leave can attend courses for qualification and requalification. Sweden grants parents a 'gender equality bonus' to stimulate an even distribution of parental leave between the two parents.

Nearly all countries report changes in regulating documents on this issue. Updates refer to family allowances, parental leaves, childcare and labour participation of parents of young children with a view to release family care for their children (for example, Poland introduced significant changes in 2009).

Germany has designed a special business programme, Success Factor Family, whose objectives are: "(a) to convince enterprises of the usefulness of a family-oriented personnel policy; (b) to establish family-friendliness as a management topic; and (c) to make family-friendliness a hallmark of the German economy." Slovenia issues a Family-Friendly Enterprise Certificate.

Providing financial and social protection schemes to single-parent families

This is a topic of increasing attention, both because the number of single-parent families is rising and because their needs are increasing. Countries report a variety of approaches regarding this issue, including implementing general family policies or legislation on poverty, education or housing, among others. Albania, for example, emphasizes the

provision of housing to single-parent families. Many countries provide special benefits to single-parent families.

Developing the capacity to monitor the impact of policies on the well-being of families

Monitoring is usually undertaken by departments at the ministries and other institutions that are in charge of implementing the corresponding laws. Digitization and reporting in matters related to the family and social security is mentioned in the Polish questionnaire. Germany issues an annual report on the family; in the Russian Federation, annual state reports are issued on 'the situation of children'; 'the situation of families'; and as of 2012 'the situation of children and families with children'. Related ongoing research and evaluations are carried out in the United States.

Providing effective assistance to families and the individuals within them who are affected by specific problems

Bulgaria reports that "under the Social Assistance Act social assistance is provided in a manner that preserves individuals' dignity and is based on social work, while applying a personalized approach and making an integrated needs assessment of individuals and families." Germany points to support for mothers with a migration background.

Preventing child abuse and neglect and providing assistance to children victims of abuse, neglect or abandonment including orphans

This issue is widely addressed in the questionnaires. Regulatory documents cover many specific aspects of child abuse and neglect. Georgia underlines specific measures against child abandonment, and foster care is provided for children in need. Two booklets called 'Do not be a victim of trafficking in human beings' and 'Protect your children' were published in Azerbaijan in 2012. In the Netherlands there is an Advice and Reporting Centre for Child Abuse and Neglect tasked with removing children from unsafe environments. Norway has developed specific institutions such as child protection services, crisis shelters and family counselling services. Counties in Romania are involved in the prevention of child abuse and neglect. A wide range of measures adopted in the Russian Federation include an Internet portal on 'responsible parenthood' and an all-Russian child 'trust' telephone service.

Assisting families caring for family members with disabilities, and family members living with HIV

The policies and measures implemented by and large overlap with descriptions in Section 2 on persons with disabilities. Measures that are extensively used include the one practised in Latvia: special state allowances for families caring for a child or an adult with disabilities as well as state-funded services for persons with disabilities (attendants' service, psychologists' consultations for parents when their child is diagnosed with a disability for the first time etc.). Day-care centres for persons with disabilities are available for families who need them, but there is a tendency towards providing day-care services in the homes of persons with disabilities. In Turkmenistan families with children with disabilities have the right to improved housing conditions in accordance with relevant norms and individual needs. Education is also provided at home or in hospitals.

Portugal reports that in the last five years, 15 projects were funded to promote home support, residential support and psychosocial support to people living with HIV, and their families. In Romania a person affected by AIDS is entitled to receive care from a personal assistant who can be a member of her/his family. The personal assistant is employed by the local authorities. In the Russian Federation there is a system for HIV monitoring and prevention.

Ensuring good-quality early childhood care and education for working families, including extended day-care programmes

Early childhood care is emphasized by many countries. In some countries (Austria), kindergarten attendance at age 5 is obligatory and supported financially by the State and local communities — it is considered a preschool year. As specified above, Norway seeks to provide 100 per cent kindergarten coverage and thus supports both parents to return to the labour market.

Supporting and assisting vulnerable families

This support is usually guaranteed by law — for example, in Denmark with the Act on Social Service (*Serviceoven*). Municipalities are cited as being involved in providing this support.

Supporting educational programmes on parental roles, parenting skills and child development

Parental education is organized in some countries. For example, in France, systems are designed

to support parents in their parenting role. The former Yugoslav Republic of Macedonia provides counselling for mothers and children at risk. The Netherlands provides courses for parenting, managed by 'youth and parent centres'. Among others, Portugal and the Russian Federation support a training programme for adoption.

Persistent and emerging priorities

The priorities for family-related public policy during the next 5–10 years are broad and include amendments to general legislation such as family codes, and specific actions such as increased cooperation with NGOs. A variety of policy priorities are linked with ICPD PoA issues.

1. ICPD PoA issues:

- The issues discussed above are strongly emphasized by many countries among their priorities: reducing poverty, especially among families with children; reconciliation between work for pay and work in the family; providing protection to single-parent families; and assisting families caring for members with disabilities.

- Improving capacities to monitor the impact of policies on the well-being of families is considered less of a policy priority in the future. It was also less frequently reported as being addressed during recent years; this issue needs greater attention in the future.

2. Specific issues — countries have underlined a variety of specific issues, including the following:

- decentralizing services to local government units (Georgia, the Netherlands among others);
- improving and expanding family-home services (Albania, Belarus);
- improving cooperation with NGOs (Croatia);
- enhancing intersectoral cooperation and integrated services for the family (Bosnia and Herzegovina, Bulgaria);
- little emphasis is placed on the needs of elderly people, whether in families or when living alone. Ukraine plans to improve the quality of life of single persons aged 80 and over; and
- support care for orphans and their adoption by families (Russian Federation); and care deinstitutionalization of (orphaned) children in Bulgaria (i.e. by finding a foster home or helping them start a new life after they come of age).

3. A macro-level policy approach is envisaged in some countries. The Republic of Moldova seeks to increase birth rates. Serbia plans the development of a comprehensive population strategy.

The Tajikistan questionnaire underlines the development of the following specific policies: (a) provision of grants to women with disabilities and to women who care for children with disabilities; (b) creation of working places at home for women of migrants and of women who care for persons with disabilities; (c) expansion of shelters for women who are victims of violence and for their children; (d) provision of interest-free credits to vulnerable families; and (e) development of family hostels for vulnerable families.

The rise and spread of new family forms requires that they be reflected in regulative acts. This is particularly important for cohabitation: while in some countries legislation regards it as a family form equal to one based on a marriage, in many countries it is still outside the scope of legislation. This delay in updating legislation procedures may place an increasing number of children born in cohabitation in a status that does not correspond to their real family situation. The same applies to same-sex couples, whose existence is increasingly tolerated and accepted in contemporary societies.

Section 6: Reproductive health, reproductive rights and health, morbidity and mortality

After 1994, the population in EEC and CA countries underwent sweeping behavioural changes related to sexual and reproductive health (SRH). Modern contraceptives started to replace traditional contraceptive methods, and data show that induced abortion is much scarcer today in these subregions than at the beginning of the 1990s (see Chapter 1). Unmet needs of family planning persist, however.

Policies, programmes and strategies

Table 6.1 in Annex A shows a broad coverage of the topic in this section across the UNECE region. There are no specific differences among the subregions.

Regulations related to SRH as well as sexual and reproductive rights (SRR) are addressed in general and specific regulating acts. General acts include SRH and SRR in a broader framework. For example,

they are included in the general provision of health services in a country, or in general acts that protect fundamental human rights. Some questionnaires cite the country's constitution as a legislative act that refers to SRR.

General legislative acts are supported by specific policies, programmes and strategies. For example, Bulgaria has a National Health Strategy for the Period 2008–2013, and Latvia a Public Health Strategy 2011–2017. These provisions help to adapt general regulations to specific and emerging needs, especially among vulnerable groups. Countries also develop general strategies such as demographic strategies, which include issues of SRH and SRR (Russian Federation, Belarus).

A variety of regulatory documents in the region are addressing issues related to SRH and SRR. These include:

- Azerbaijan has adopted the National Strategy on Reproductive Health and Family Planning 2008–2015, and The former Yugoslav Republic of Macedonia a national strategy on reproductive health. Kyrgyzstan has adopted a national strategy for the protection of reproductive health which is being implemented in two stages: 2006–2010 and 2011–2015.
- Croatia has a national programme for the early detection of cervical cancer (2012) and a similar programme for breast cancer (2006); Bulgaria reports a programme on primary prevention of cervical cancer 2012–2016.
- Ireland's Health Service Executive Crisis Pregnancy Programme covers a broad range of issues related to crisis pregnancy.
- The National Programme on Prevention and Control of HIV/AIDS/STI in the Republic of Moldova.
- Norway has a strategy for the prevention of unwanted pregnancy and abortion, and a strategy on HIV named Acceptance and Coping.
- The Dutch questionnaire cites a policy paper on sexual health, including HIV/STIs; national HIV/STI prevention programmes; and a policy entitled *Gezondheid dichtbij* ('Health in our grasp') on improving young people's sexual health and improving their lifestyle so that they can make free, healthy and safe choices.

Provision of relevant education and information is less widely cited, probably because it is included in general documents. Cyprus reports a health

education programme for HIV/AIDS, and a health education programme called Learning about Contraception and Sexually Transmitted Infections. Italy promotes communication campaigns for the protection of women's health. Denmark's support is oriented towards socially vulnerable groups and ethnic minorities.

Some countries cite international conventions — for example, the Convention on the Rights of the Child — and other documents which regulate relations with UN organizations and the EU.

Addressing issues highlighted in the ICPD PoA

Table 6.3 in Annex A accounts for policies, programmes or strategies directed towards four specific HIV-related issues. The UNECE countries report a high level of coverage of all four issues with relevant policies.

ICPD PoA issues related to SRH and SRR (Annex A, Table 6.6) are summarized in six groups as follows:

- *Information and counselling:* Provision of information and counselling is reported in diverse forms. Booklets are distributed to populations at risk in many countries. For example, Armenia distributes education/information materials on maternal and child health care, and on preventing HIV and STIs. Belarus raises awareness of modern contraceptives. NGOs perform activities in the provision of information and counselling. For example, in Cyprus support is provided by the Family Planning Association funded by the Ministry of Health.

- *Access to services:* Countries frequently state that access to services is guaranteed for the whole population on an equal basis. However, some disadvantaged groups need special support, such as Roma, without health insurance in some countries, and persons with disabilities that face barriers to access services. This support is usually provided for free.

- o Access to Human Papilloma Virus (HPV) vaccine is provided for all women aged below 26 years in Denmark. Support provided by NGOs to women with disabilities is recognized, for example, in Kazakhstan. In The former Yugoslav Republic of Macedonia, a 'Guide to Sexual Rights for Persons with Disabilities' was developed and distributed in cooperation with NGOs.

- *Pregnancy:* Medical examinations for infertility are provided in Armenia. Social workers and health-care personnel provide social support to pregnant girls in Kazakhstan. Information booklets and other materials are being distributed. Additional nutrition is provided for anaemic pregnant women. Pregnant women living in regions close to Chernobyl in Ukraine receive vitamin complex. Regulation of iron and iodine supplementation is available in Albania. With respect to referrals to obstetric care, the Lithuanian questionnaire reports: "health-care institutions providing obstetric and neonatology services were divided into three levels in accordance with the levels of obstetric and neonatology medical treatment, the scale of activities and quality indicators. Depending on pregnancy risk, a woman is referred to a health-care institution of a respective level." Also in Lithuania, adolescent girls below the age of 18 receive state insurance for the provision of pregnancy care.

- *HIV/AIDS:* Albania reports the establishment of a Reference Centre on Prevention of Mother-to-Child Transmission (PMTCT). Express diagnostics for HIV is available in Kazakhstan. In other countries, notably Lithuania, pregnant women are requested to be tested for HIV twice during pregnancy. All pregnant women are screened in Denmark.

- *Cancer:* Teaching self-examination for breast cancer is frequently cited; mammography is regularly provided. Obligatory screening of women was introduced in Kazakhstan in 2008; many other countries report screening (in Lithuania screening for breast cancer is offered at least once every two years for women aged 50–69, and women aged 25–60 are offered screening for cervical cancer every three years).

- *Abortion:* Induced abortion is a sensitive matter in many UNECE countries. Legislation covers a wide spectrum: from a strict ban to free abortion. State and private abortion clinics are available in some countries (e.g. Cyprus). The Republic of Moldova cites the development of a national clinical protocol for abortion. Denmark and Germany provide counselling services in cases of unintended pregnancy. In Poland the Act of 7 January 1993 on 'family planning, human foetus protection and conditions of permissibility of abortion' is known as the 'anti-abortion law', as it bans abortion on social grounds; abortion remains permitted in strictly defined medical cases. The position in the United States is: "Abortion is a legal health-care service

in the United States. States generally establish laws and regulations regarding facilities providing abortion care as well as the qualifications needed by providers who offer this service. Some, although not all, private insurance plans cover abortion services. However, no federal funding goes to the provision of abortions except in extremely limited circumstances. In general, private health-care plans as well as public insurance cover medical management issues related to post-abortion care.”

Issues that require more attention include improving access for persons with disabilities to comprehensive SRH, and prevention and management of the consequences of unsafe abortion. Each one of these issues was addressed by fewer than 10 countries.

The progress of implementation needs to speed up for issues that refer to access to SRH services for indigenous groups, minorities and persons with disabilities, as well as for cervical cancer screening and treatment.

Some countries report monitoring mechanisms or collection of data as a means of addressing the issues. These topics are of primary importance and need further enhancement in the future.

ICPD PoA issues on SRH and SRR: additional topics

1. The questionnaires provide information on four accountability mechanisms to address people’s claims related to SRH and SRR (Annex A, Table 6.9). For example:

- Albania, Finland, Kyrgyzstan, Latvia and Poland report the involvement of an ombudsman.
- In Croatia, national human rights institutions provided recommendations to the government on the necessity for interventions in legislation and on the need to implement health and SRH education in public schools. Parliamentary commissions involved civil society in discussions about the Medically Assisted Reproduction Bill.
- Ireland (see box right), Lithuania and Poland report cases brought to the European Court of Human Rights — Poland on the matter of the lack of access to prenatal testing, which made it impossible to perform abortions.
- Italy reports an agreement between the State and the regions on access to HIV testing for prisoners.
- In Lithuania claims related to SRH services usually refer to service delivery; they can be submitted

to the Commission on Evaluation of the Damage Caused to the Health of Patients operating under the Ministry of Health.

- In the Republic of Moldova the most common issues that have been analysed are forced sterilization and the lack of health services for pregnant women, among others (the lack of statistics does not allow them to be linked with proper accountability mechanisms).
- Portugal introduced a mandatory Complaints Book in all establishments.
- In Slovenia most of the accountability mechanisms referred to vaccination, including against HPV.

2. The promulgation and enforcement of national laws responding to selected ICPD PoA priority areas are at an advanced level across the UNECE region (Annex A, Table 6.14). Legislation on safe abortion is either part of legislation on health in general or specific. The latter is reported for Albania’s Law for Voluntary Interruption of Pregnancy; the Netherlands has a law with a similar title; in Croatia it is called the Act on Health Measures for Decision-Making on Childbirth; in the Czech Republic and in Finland there is an act on abortion; in Germany the Pregnancy Conflict Act; Latvia informs about the Cabinet of Ministers Regulation of 28 October 2003 ‘Organizational Procedures for the Termination of Pregnancy’ under the Sexual and Reproductive Health Law; and the same level of regulation is reported for Lithuania. In the United States this is a state-level issue.

The Irish government recently approved the implementation of the judgement of the European Court of Human Rights (16 December 2010) in the A, B and C v Ireland case (in which it was argued that restrictions on abortion in Ireland were in breach of their human rights) by way of legislation with regulations. The government also agreed to make appropriate amendments to the criminal law in this area.

Legislation on the other items listed in Annex A, Table 6.14 can be characterized in the same way: in some countries laws (or acts) are of a general type, and in others they are issue-specific.

3. A wide range of SRH services is currently being offered through primary health care (Annex A,

Table 6.15). In general, counselling and provision of information are offered for all services listed in the table except for two: obstetric fistula services and female genital mutilation/cutting (FGM/C).

- Among contraceptive services, access to female condoms can be considered as being offered relatively rarely.

- Maternity care services are widely available, but safe abortion requires more attention in some countries.

- Although services related to STIs are available, more services are required for HIV, especially where treatment is considered. The 12 countries that reported a lack of services on this issue are situated in diverse subregions.

- Reproductive cancer prevention and treatment services are broadly available. HPV vaccination is not yet common in some countries, mainly in EEC and CA.

- At least half of the negative responses on obstetric fistula services come from EU countries.

- FGM/C is unlikely to be commonly practised in the region, yet 15 questionnaires state that prevention services are available, and 12 questionnaires state that treatment and care are provided. The target population includes immigrants.

4. The questionnaires report on the existence of strategies/actions to address SRH as an integral part of the primary health-care system. This integration is recommended in the ICPD PoA. Table 6.16 in Annex A shows some items with a relatively high number of negative answers. Several countries, mainly from EEC (four out of six responding) and CA (two out of four), did not yet have an SRH costed package integrated into primary health-care provision. High levels of negative responses refer to mechanisms to guarantee participation of community-based organizations and the monitoring of quality of SRH services. It has been noted earlier in this report that monitoring requires greater attention; this is one of numerous important findings of the survey.

Regarding whether the national essential medicines list includes the full range of SRH medicines defined by the WHO, 30 out of 39 questionnaires responded positively. Sweden remarked that it does not have a national essential medicines list.

5. SRH and HIV programmes aimed at groups with special needs are shown in Annex A, Table 6.18.

A high rate of positive responses is observed for people living with HIV, populations at high risk of HIV, and adolescents and youth. Negative responses are concentrated mainly among EU countries. Further attention is required to make such services available to persons with disabilities, older persons, undocumented migrants, and poor people in general.

6. Strategies under the current national policy/programme on SRH to reduce financial barriers to SRH services are reflected in Annex A, Table 6.19. Negative answers are noted from new EU Member States; there is no obvious explanation for this observation. Revenues from taxation of tobacco and alcohol are used to reduce financial barriers in 20 countries, as a form of cross-subsidization; interestingly, only 11 countries state that they used the latter. 'Free services at point of care' is the only strategy whose application dominates throughout the region. In brief, strategies to reduce financial barriers have remained scarce.

7. Specific programmes to ensure access of adolescents and youth to SRH information and services that warrant and respect privacy, confidentiality and informed consent were reported in 35 questionnaires out of the 43 that addressed the issue. Programmes are available in all areas listed in Annex A, Table 6.21.

8. Mechanisms are in place to ensure implementation of programmes to monitor maternal morbidity and mortality (Annex A, Table 6.24). National health information systems, direct obstetric case fatality rate monitoring and mandatory notification of maternal death monitoring are the three most frequently reported monitoring mechanisms across the UNECE region. Monitoring has not yet been introduced in at least 10 countries for all other listed mechanisms.

9. Countries reported the extent to which they considered selected HIV-related issues a priority in national programming (Annex A, Table 6.29). High priority is given in the majority of responses to the protection of the human rights of people living with HIV, populations at risk and adolescents and youth. The same three groups were identified in Annex A, Table 6.18 as being widely addressed with SRH programmes across the UNECE region. One notable item considered a low priority by a majority of countries is increased access to and use of female condoms.

10. Finally, Table 6.32 is informative about the areas of health, morbidity and mortality considered priorities in countries' national health policy framework. Priority is rarely assigned to malaria and tropical diseases, as they are rarely observed. Obesity is also rarely prioritized.

Persistent and emerging priorities

Countries' priorities for public policy in SRH during the next 5–10 years include numerous ICPD PoA issues, priority areas and special topics that were discussed above. An incomplete list of future priorities is given below as an illustration.

- Improved access to preventive SRH care and improved information on SRH care were highlighted, among other issues, by Turkmenistan, Sweden, Slovakia, Serbia and Norway.
- SRH care services to adolescents and youth were highlighted by many countries (for example, Sweden and the United States).
- Curbing maternal mortality is a priority for Romania, Tajikistan and Ukraine.
- Improving sexuality education for adolescents and youth was emphasized, for example, by The former Yugoslav Republic of Macedonia, Italy, Latvia, Malta, Poland and Turkmenistan.
- The integration of SRH services, HIV health services and other health services was emphasized by The former Yugoslav Republic of Macedonia and the Republic of Moldova.
- Ukraine and Norway mentioned eliminating mother-to-child transmission of HIV; it is one of the components in the mother–child certificates used in Austria.
- Fighting cancer related to reproduction is addressed by France, Republic of Moldova, Slovakia, Sweden and Ukraine.

Although the scope of topics covered in this section is broad, they all are unified with respect to prevention measures that countries have undertaken. Specifically, countries in the eastern part of the UNECE region report intensive implementation of regulatory documents aiming to increase the spread of relevant information and adequate education on the issues of SRR, SRH and morbidity in general. Thus it can be expected that stigmatizing attitudes towards STIs will soften, and an increasing number of people will start seeking screening and medical support. However, this development may identify a number of 'new' cases

and lead to a rise in incidence rates: a likely result of effective policy action. Research and data are necessary to monitor similar processes.

Some topics raised in the questionnaires were not in the list of ICPD PoA issues and priority areas. One such topic refers to the provision of sexual health services to specific groups such as lesbian, gay, bisexual and transgender (LGBT) people, sex workers, and drug users (Malta, Sweden). Another specific topic is fighting infertility with the use of assisted reproduction technology (ART). Latvia mentions the necessity of improving the legal system related to ART. Ireland reports that legislation will be enacted to clarify the law surrounding assisted human reproduction. In some countries an increasing number of women postpone pregnancy to later years of life when fecundity declines and they rely on ART to become pregnant. However, the effectiveness of ART also declines with age. Information on the effectiveness of ART should become widely available. The use of ART to fight infertility is an emerging issue which requires increased attention.

Section 7: Gender equality, equity, and empowerment of women

The ICPD PoA includes a variety of gender issues beyond those related to SRHR. It acknowledges that the empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself and is essential for the achievement of sustainable development.

Gender relations are embedded in traditions and social norms. As such they have a bearing on the status of women and girls in the family and in society at large. They also determine and are determined by the extent to which women acquire full autonomy, enjoy their individual social, economic, political and reproductive rights, are enabled to occupy public space and participate actively on an equal footing with men in public life, and are capable of exercising all their rights as full human beings free from coercion and gender-based violence.

The ICPD marked a significant paradigm shift, particularly in terms of gender equity and equality.

At the individual level this shift materialized in the full acknowledgement of women's reproductive health and rights and their empowerment and well-being. At the community/national/macro level the PoA laid the foundations for a society with equal opportunities and free from discrimination and violence, where both women and men are equally empowered to make their own choices and lead a dignifying life.

While the western part of the UNECE region fared rather well in terms of women's empowerment and upholding women's social, economic and political rights, the evolution of gender relations in the eastern part of the UNECE region over the last two decades was not as swift as other population issues. Although traditional gender relations in the family persist, they are gradually giving ground to increased gender equality in the family, at work and in all areas of life. This change is part of the overall evolution in norms and values related to gender.

Policies, programmes and strategies

The UNECE countries report a multitude of legislative acts (Annex A, Table 7.1). Nearly all questionnaires report that gender issues are subject to regulatory instruments.

Gender equality is the focus of national strategies or policies in many countries (for example, Ireland has a National Women's Strategy). Action plans on gender equality are available in many countries such as Austria, Belarus, Bosnia and Herzegovina, Finland, Georgia, Kyrgyzstan and The former Yugoslav Republic of Macedonia; in Cyprus equality between men and women in the workplace is explicitly emphasized.

The continuous relevance of the topic is illustrated by the action plan in France: *Une troisième génération des droits des femmes: vers une société de l'égalité réelle* ('A third generation of women's rights: towards a society with real equality'). The institution responsible for its fulfilment is the Ministry for Women's Rights.

Typically, gender equality is expressed mostly in terms of equal opportunities for men and women and gender mainstreaming. Equal opportunities for women and men are underlined in regulatory documents in Kazakhstan, Latvia, Republic of Moldova, Slovenia, Poland, Spain and Tajikistan. An 'equal pay' programme is being developed in

Finland and in Austria. Georgia and Serbia state that 'equal pay' is governed by law. Equal pay for women is also addressed in the United States. Belgium has a federal plan for gender mainstreaming, which is addressed also by Denmark, Germany and Sweden.

Domestic violence and violence against women are addressed in regulatory documents in nearly all reporting countries in the region. Trafficking in human beings is also reported as it relates to violence against girls and women (Serbia). Harmful traditional practices such as FGM/C and forced marriages are a matter of legislation, policies, strategies and action plans (in Portugal, Austria and Norway, among others).

Many countries report specific approaches that are not necessarily part of regulatory documents but help manage gender issues:

- Croatia has a position of ombudsman for gender equality.
- Switzerland emphasized the Post-Beijing Action Plan on gender equality as a reference in addressing gender issues.
- The German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth in 2011 published the first report on gender equality: 'New Pathways — Equal Opportunities. Gender Equality over Women's and Men's Life Courses'.
- Portugal introduced the mandatory adoption of gender equality plans in state-owned enterprises.
- At the programme level, Croatia, Denmark, Armenia and Austria provide support to women to enter the labour market and entrepreneurship, and the Netherlands convenes family group conferences, which target poorly educated women.

Addressing issues highlighted in the ICPD PoA

Twelve ICPD PoA issues related to gender equality and empowerment of women are listed in Annex A, Table 7.5. They demonstrate some similarities, so are discussed below in five groups.

1. Increasing women's participation in the formal and informal economy and in political representation and public life. The following measures have been undertaken to address these issues:

- Awareness-raising campaigns aimed at curbing gender-stereotyped behaviour that prevents women from participation are being carried out in Albania, Azerbaijan and Croatia, to mention but a few.

- Women's entrepreneurship is encouraged in Armenia, Azerbaijan, Portugal and Slovenia.

- Support is provided to mothers returning to work through requalification courses.

- Flexible forms of employment are advocated, for instance, in Cyprus and the Czech Republic.

- Sweden introduced an earned income tax credit designed to help women and encourage them to work.

- Measures to ensure women's representation in political bodies (Turkmenistan) and management boards have been introduced. In Norway "both sexes are represented in government in equal numbers", and "each sex must make up at least 40 per cent of board representatives in public limited companies, inter-municipal companies and state-owned companies from 2003. The rule was extended to apply to cooperative companies in 2008 and municipal companies in 2009."

2. Improving the collection, analysis, dissemination and use of sex- and age-disaggregated data, including data on the social and economic status of women, and the necessity of reliable indicators, such as gender equality indicators, is underlined. Countries indicate that data are gathered through the following main statistical sources:

- population censuses;

- specialized surveys including Demographic and Health Surveys carried out in some EEC and CA countries, time-use surveys which inform about time use by women and men, and other specialized surveys sponsored by international organizations and donors (UNFPA, UNICEF, USAID);

- data published in specialized yearbooks as well as in booklets, brochures and other materials aimed at the public, many of which are available online; and

- Germany produced an 'Atlas on Gender Equality'.

3. Domestic violence and trafficking in human beings:

- Preventive measures include distribution of information booklets and brochures ('Tradition and violence against women' in Austria) and awareness-raising campaigns.

- Help to victims is available beyond physical health care, such as psychological care; access

to shelters (Turkey); and social rehabilitation programmes (Latvia and Portugal).

- Support groups to those who are vulnerable to violence such as persons with disabilities, immigrants and sexual minorities.

- Telephone hotlines (Belarus, Russian Federation and Ukraine).

- Collaboration with the Council of Europe on implementing the Convention on Action against Trafficking in Human Beings (Armenia).

4. Harmful traditional practices: ending child marriage and forced marriages, ending FGM/C. The reported measures include: booklets and brochures (Austria: 'Zero tolerance to genital mutilation'); preventing child marriage among the Roma population (Romania); and increasing the minimum age for marriage from 16 to 17 years (Kyrgyzstan).

5. Issues related to age- and gender-specific population groups: improving the welfare of the girl child, improving the situation of rural women, engaging men and boys in equal sharing of responsibilities such as care work. The measures applied are similar to the measures listed above, with the main idea to advocate for family care among young boys and men: awareness-raising campaigns, booklets and brochures, films, workshops on care and upbringing (Austria).

Project Connect (USA)

The Office on Women's Health and the Administration for Children and Families at the Department on Human Health and Services funds Project Connect: a coordinated public health initiative to prevent violence against women. This is a national initiative to change how adolescent health, reproductive health and home-visiting programmes respond to sexual and domestic violence, and is one of the only programmes offering a national coordinated public health model to improve the health response to domestic and sexual violence. Project Connect sites provide much-needed services for women in abusive relationships including historically medically underserved communities that have high rates of domestic and sexual violence, such as rural/frontier areas, immigrant women and Native Americans.

Issues related to harmful traditional practice (ending child marriage/forced marriage and ending FGM/C) are rarely addressed (Annex A, Table 7.5). While Non-EU advanced countries and new EU Member States have shown relatively low interest, higher interest was reported by EU15 and EEC countries.²⁸ Domestic violence and trafficking in human beings are addressed in nearly all reporting countries.

Survey results on additional issues of gender equality and empowerment of women are summarized in Annex A, Tables 7.8, 7.10 and 7.11. Various monitoring mechanisms (Table 7.8) are cited in the vast majority of questionnaires, with national commissions on women being reported least frequently.

Several areas require higher attention. Day-care centres for breastfeeding mothers require further consideration, mainly among the new EU Member States, but also in SEE and EEC countries. Laws regarding the provision of paid paternity leave are still lagging. Questionnaire data (Annex A, Table 7.11) reveal that specific attention is needed for measures to eliminate discrimination against working women.

Persistent and emerging priorities

Many countries cite women's participation in the formal and informal economy and their representation in political processes and public life as priorities anticipated to receive further public policy attention in the next 5–10 years. In addition, the following topics were cited as requiring further policy attention:

- Reducing socioeconomic gender inequalities, bridging the pay gap and increasing the participation of women — Germany seeks to bridge the gender gap in pensions, and Kazakhstan plans to achieve an average women's salary of 70 per cent of men's by 2020.
- Increasing women's participation and ensuring a balanced representation in decision-making positions in management and governance.
- Addressing violence against women — Germany ratified in 2011 the Council of Europe Convention to prevent and combat violence against women and domestic violence (Istanbul Convention).

- Mainstreaming gender is an ongoing task (Belgium, Denmark, Georgia, Luxembourg, Malta and Slovenia).

- Promoting work and family reconciliation (Latvia, Malta, Portugal, the Netherlands, and Spain).

- Combating harmful gender stereotypes (Cyprus, the Czech Republic, France, Latvia, Norway, and the Republic of Moldova).

- Adequate budget — Austria emphasizes the importance of gender budgeting, and Georgia of a budget line for gender-related matters.

Other issues include preventing sex-selective abortion (Armenia), and equal property rights for women (Kosovo questionnaire).

Gender mainstreaming and reconciling work and family are two gender-related areas that dominate legislation and its implementation over the whole UNECE region. They frequently confront culture-based harmful gender stereotypes practised mainly among some minorities which require specified enactment. To detect and address them, data collection, research and subsequent monitoring of policies need to be enhanced. Work with minorities may require a specific approach in line with their specific culture.

Belarus stresses the role of fathers and responsible fatherhood. Denmark emphasizes 'gender equality for and with men', and Slovakia stresses the importance of the participation of fathers in childcare. Many countries address gender equality between men and women without emphasis on one of the two genders. No emphasis is placed, however, on men's rights as fathers. Fathers' rights movements, usually in the form of NGOs, exist mainly in countries in the western part of the UNECE region. They fight against unjustified court decisions on child custody, which they feel are depriving them of their rights as fathers.

²⁸ Studies show that these practices persist among some immigrant communities in the EU. See Health Care for Women International, Volume 27, Issue 4, 2006.

Section 8: Population, development and education

Equal access to quality education synthesizes the importance of education to human capital, its effect on economic growth and on healthier and longer lives of individuals.

Education is not just a diploma; achieving higher-quality and enabling education matters. Quality education (formal and non-formal, as well as informal learning) entails a range of requirements: high-quality infrastructure in and around schools (including universities); high-quality teaching; friendly social environments in schools; and easy, sustained and equal access to schools for all. ICPD PoA issues refer to these important components in organizing and managing education.

Policies, programmes and strategies

All questionnaires report the existence of policies, programmes or strategies on education (Annex A, Table 8.1).

More than half of the questionnaires referred to national laws on education. In addition, the countries mention laws regarding specific educational levels: preschool, primary school, secondary school, vocational schooling, colleges and universities.

Laws are being applied with relevant national strategies and programmes, cited by many countries. The Swedish questionnaire refers to the adoption of a new education act. National curricula are being developed in Georgia and the Czech Republic. A national strategy for education and sustainable development is cited by Austria, and a similar programme by Armenia. Finland cites a policy and Romania a strategy on education and research. Poland has adopted strategies for human and social capital. Switzerland has a programme for the promotion of education, research and innovation, and an act for university promotion and coordination.

Many of the regulatory documents refer to specific aspects of education, such as:

- lifelong learning (Austria, Bulgaria, Latvia, Poland, Romania and Spain);
- national strategies, programmes or policies against school dropouts (Austria, Bulgaria, Romania and Turkey, where an attendance management programme for pupils aged 6–13 has been adopted);

- inclusive and integrated education: Bulgaria and Ireland (action plan for educational inclusion), Republic of Moldova;
- integration in education of children of minorities: Bulgaria;
- promoting multicultural and intercultural education: Cyprus, Ireland and Spain; and
- reducing violence in schools: The former Yugoslav Republic of Macedonia and Romania.

Several specific programmes are informative:

- A state programme for the study of Russian and English languages is available in Tajikistan.
- Ukraine has adopted a state programme to introduce information technologies in schools.
- A programme for education in prisons is being developed in Georgia.
- A decision for co-financing school transport for pupils is being implemented in Croatia, and a similar decision covers boarding schools. In Poland a ministerial regulation refers to safe and hygienic conditions in kindergartens and schools.

Addressing issues highlighted in the ICPD PoA

A number of measures are being taken to implement acts and decisions regarding issues highlighted in the ICPD regarding education (Annex A, Table 8.5):

Access of girls and adolescents to education²⁹

The questionnaires commonly reported 100 per cent coverage of primary and, to a large extent, secondary education. Portugal notes that levels of school attendance are similar for girls and boys.

Special arrangements are made for some minorities such as the Roma population, where negative gender stereotypes prevail (for example, in Albania and Austria). Scholarships are provided for Roma students in The former Yugoslav Republic of Macedonia to reduce early dropouts.

Switzerland focuses on equal chances for men and women in education through its programmes, for example: the Federal Programme for Equal Chances of Women and Men in Universities and the Federal Programme for Equal Chances of Women and Men in Higher Professional Schools.

²⁹ A detailed description of the issues can be found in Annex A, Table 8.5.

While the main concern in the ICPD PoA is about education of girls, countries raise concerns with boys, whose dropout rate is higher. In the Czech Republic, 52 per cent of the newly enrolled college students and 60 per cent of graduates are girls, who seem to have lower dropout rates than boys. Denmark reports that a range of different initiatives have been taken to address the dropout rates of adolescents, with a particular focus on boys, since girls have high completion rates. In Kyrgyzstan, 54 per cent of the students are girls. Girls' higher enrolment in higher education is statistically documented in many countries (Chapter 1).

Improving educational infrastructure, and providing adequate transportation facilities

The main way to improve the infrastructure in and around buildings is through sanitary norms. This is being undertaken in Azerbaijan, Belgium and Croatia. Transportation is provided in numerous countries such as Azerbaijan, Belgium, Croatia, Portugal and the Republic of Moldova; Lithuania reported the adoption of the Yellow School Bus Programme for 2009–2012 and 2013–2017.

Facilitating school completion for pregnant girls

Ukraine reports the existence of external, distance and evening forms of schooling. (Evening schools are available in Belarus). Home tuition grants to facilitate the retention of pregnant girls are used in Ireland. In Spain teaching at home is provided.

Improving the safety of pupils, especially girls, in and on their way to and from school

A variety of measures have been applied. A manual about protection in and around schools has been designed in Albania, and Armenia has a child-friendly school programme. Police and school authorities cooperate to protect children in Portugal. In Kyrgyzstan escorts for children going to school in unsafe areas are used. Safety Education in Schools awards are available in Spain.

Revising the contents of curricula to make them more gender-sensitive, and to incorporate population issues

Widely used measures are training seminars for teachers and requirements for textbooks to reflect these topics (Albania, Armenia, Austria, Belgium,

Croatia and Portugal). The topic of population is included in subjects related to social sciences in Armenia, Austria, Azerbaijan and Romania, among others. Tajikistan carried out an evaluation of textbooks on issues of gender in 2008 and in 2011.

Promotion of non-formal opportunities for education and literacy, and providing training and employment opportunities to out-of-school girls and illiterate adults

Measures under this theme concern adult literacy. In Austria help is provided to adults to complete unfinished education. Ireland has a programme for free-of-charge adult literacy. Poland refers to the implementation of the European Agenda for Adult Learning. Centres for adult education have been established across regions in Tajikistan. Vocational training is available, for example, in The former Yugoslav Republic of Macedonia. Some employers in the social economy sector suggest specific employment opportunities in Belgium. Specific attention is given to disadvantaged groups in Albania.

Lifelong learning initiatives have been adopted in Croatia, and retraining courses for jobseekers (through the Labour Office) are offered in the Czech Republic.

Comprehensive sexuality education and SRH

The main way this issue is being addressed is by revising curricula. Ireland and Turkmenistan, for example, report that the issue is included in core subjects such as Biology and Anatomy, or in new subjects such as 'Healthy lifestyle' for grades 8–11 in Armenia and 'Basics of health' for grades 1–9 in Ukraine.

Another approach is to raise awareness with booklets and other printed material, films and information through mass media. Teachers enrich their knowledge with specific workshops.

Information and campaigns on population issues and gender-based violence

Campaigns to raise awareness are being implemented across UNECE countries. More specific campaigns are discussed in previous sections related to population and sustainable development issues as well as gender-based violence.

Incorporating life-planning skills in formal education

Questionnaires provide a variety of information on this issue. It is present in the subject 'World and personality' in Bulgaria and 'Education for career and ability for life' in Albania. Healthy lifestyle issues are incorporated in the national education plan and curriculum in Georgia. Curricula addressing this issue are designed along with teacher and relevant training materials for teachers in Ireland. 'Decisions for a healthy lifestyle' is a curriculum currently being prepared in the Republic of Moldova.

The slowest progress of implementation concerns reaching out to young people with SRH information in non-formal education, vocational training and to those who are out of school (Annex A, Table 8.5). It is important to note that reaching out to out-of-school youth with SRH information showed the least progress, indicating the need to focus on this group in future policies.

Persistent and emerging priorities

There were a few aspects under this section that countries reported as priority issues for the next 5–10 years. Below is the list of the most frequently mentioned priorities, arranged in three groups: improving the quality of education, broadening the scope of education, and promoting specific forms of education and disciplines.

Improving the quality of education

- Provision of higher-quality education (Albania, Armenia, Austria, Azerbaijan, Belarus, Bulgaria, Denmark, Ireland, Romania, Spain, Sweden, Turkey and Turkmenistan). Sweden seeks to improve the quality of education including by providing evidence-based knowledge. Spain is oriented towards increasing academic performance.

- Citizens' education (education towards active citizenship) is advocated for in Croatia and Finland.

- Introducing modern technologies: digitalization, information communication technologies and improved infrastructure are high on the agenda in Albania, Kazakhstan, Ireland, Kyrgyzstan, Latvia, Russian Federation, Spain, Turkmenistan and Ukraine.

- Improving teachers' qualifications, teaching and evaluation of teachers, and improving the potential of teaching personnel were stressed (Cyprus, France, Norway, Portugal, Sweden and The former Yugoslav Republic of Macedonia).

- Armenia, Kazakhstan, Latvia and Romania emphasized the need to allocate an adequate budget to education.

Broadening the scope of education: inclusion in education, access to education, education at all ages

- Increased access to education either for all levels or specifically for higher education was mentioned as a priority in the questionnaires of Albania, Armenia, Belarus, Belgium, Georgia, Denmark, Turkey, Turkmenistan, Ukraine and the United States. Croatia indicated support to children and adolescents with special needs. Inclusive education was indicated as an important topic by the Republic of Moldova, Tajikistan and Ireland.

- Early dropout, especially from secondary education, is an important issue for the next 5–10 years. It was emphasized in the questionnaires of Austria, Belgium and Bulgaria (planning a reduction to 11 per cent by 2015), Denmark, Norway, Romania, Spain and The former Yugoslav Republic of Macedonia.

- Lifelong learning is being widely addressed with relevant policies. It is not among the issues raised in the ICPD PoA but emerges as an important priority in the future. It was indicated by Bulgaria, Croatia, Lithuania and Poland ("make lifelong learning a reality") among others. It is also a priority item on the agenda of the EU.

Promoting specific forms of education and disciplines

- Strengthening vocational training (Croatia, Latvia, Portugal, Republic of Moldova, Spain and The former Yugoslav Republic of Macedonia). The link between vocational education and the labour market is emphasized. The Spanish questionnaire highlights this in particular. Latvia states the need for "modernization of the infrastructure and the content of vocational education, in relation to the new technologies and innovation, to tackle possible future skills shortages and mismatches."

- Improving specific subjects was reported as a priority: technical education in the Czech Republic; natural sciences and technologies in Norway; and the Portuguese language, mathematics and sciences in Portugal.

- Internationalization of education is intended in Latvia; the importance of international knowledge is emphasized in Sweden; and learning foreign languages in Spain.

- Environmental education discussed in Section 1 should be added here. Civic education needs more emphasis.

The Danish questionnaire raises an important problem: “Reducing the gender gap in academic results, thus improving the conditions for boys, who are currently lagging behind.” Boys are doing worse than girls not only with regard to dropout rates but also in the quality of their learning. This was not envisaged as an issue by the ICPD PoA, which focuses on better access to education for girls.

Government partnership with civil society organizations

The ICPD PoA in its Chapter XV, 15.1 explicitly states: “To address the challenges of population and development effectively, broad and effective partnership is essential between governments and non-governmental organizations.”

The survey collected information about partnership with CSOs, posing a specific question in each section of the questionnaire. Tables based on the response to these questions are included in Appendix B. The questionnaire asks about government partnership with CSOs; about the type of CSOs and about the area of their involvement. Up to three CSOs were considered, so the total number of CSOs in a table does not reflect the number of CSOs in the region that deal with the relevant topic.

Type of CSO

All responses indicate that NGOs, particularly national NGOs, are by far the most frequent type of partner CSO. There are relatively more international NGOs in areas involving adolescents and youth (Annex B, Table 2.9), international migration (Annex B, Table 4.10), family and well-being (Annex B, Table 5.10) and education (Annex B, Table 8.11). The number of partnerships with international NGOs in the area of sustainable development is relatively high because this area relates to issues that go beyond national boundaries. The reported number of international NGOs in the area of gender equality and empowerment of women (Annex B, Table 7.12) is relatively low. This is rather unexpected, because it is a traditional area of activities for national and international NGOs.

Youth groups are rarely included as partners of governments. It is startling that no partnership with youth groups is included in the areas of internal and international migration (Annex B, Tables 3.12 and 4.10), although the bulk of migrants are people aged 18–30 years who migrate for reasons such as continuing education or employment. Youth groups are mentioned relatively more frequently in relation to persons with disabilities (Annex B, Table 2.31).

Academic and research centres are the fourth form of CSOs considered in the survey. The most frequently mentioned partnerships are on issues of international migration and gender equality. No partnership with these centres was reported under the topic of persons with disabilities (Annex B, Table 2.31); only one centre was indicated in the area of HIV/AIDS (Annex B, Table 6.30), and two in the area of education (Annex B, Table 8.11). This is rather unexpected, because education and investment in human capital play a crucial role in population and development, and governments are expected to value relevant scientific information highly.

Cultural organizations/associations, associations of employers, councils, trade unions and NGO platforms are also mentioned as partners.

Area of involvement

The survey responses indicate that the activity of monitoring and legal counsel is the least cited as an area of partnership between governments and CSOs in all sections. Monitoring and legal counsel require high-level expertise, and governments may wish to consider co-funding the CSOs that need resources to perform this activity.

A relatively low level of attention to monitoring has been noted several times in the report. Evidently this is an area that calls for stronger consideration by both governments and CSOs.

Another area in which governments and CSOs work together less frequently is research and data collection. This is an activity which is inherent to CSOs of academic or research centres.

Awareness-raising and social mobilization is an area where CSOs are very active. It helps citizens to be aware of their human rights and the available choices for crucial decisions in their life. The same is true of ‘education and training’.

Advocacy and policy formulation is another area which is frequently addressed by NGOs and other

CSOs. This is an area where partnership with governments seems to be particularly strong.

Facilitators and barriers

Whenever countries reported progress, or the lack thereof, in the questionnaire, they were asked to comment on the facilitators that had made progress possible or the barriers that had delayed or impeded the implementation of policies, programmes or actions. The review of responses across all sections of the questionnaire and across all country questionnaires showed that:

- the most frequently reported facilitators were effective partnership with stakeholders at the national level, actions taken/support provided by the government to different organizations, and involvement of civil society and community organizations; whereas the global financial and economic crisis, national budget constraints and the existing economic/political environment were often mentioned as barriers; and

- the private sector and public–private partnerships were also mentioned as a facilitator in a few questionnaires, while a number of questionnaires reported the complexity of the legislative system and bureaucracy as barriers. The lack of specialized teachers in schools or other specialized personnel in various institutions was also mentioned as a barrier in a few questionnaires.

Concluding remarks

It is important to note that the findings from the ICPD Beyond 2014 global survey are limited because the information reported by the countries is restricted to the headings and titles of policies, strategies and programmes that were described therein. No inference could be made on their effectiveness, and the implementation progress is reported as assessed by countries in the questionnaires.

Despite these limitations the survey results in the UNECE region reveal a significant commitment to the ICPD PoA.

The review of country responses to the survey showed that countries across all UNECE subregions have made quite good progress in implementing the provisions of the ICPD POA, primarily at the policy and the institutional level. In the western part of the region (i.e. the old EU Member States and non-EU developed countries), implementation of the policies, strategies and programmes regarding the range of issues related to population dynamics, SRH and SRR, gender equality, urbanization and migration had been initiated either before or soon after the adoption of the PoA in 1994. The other subregions have made tremendous investment and achieved commendable results in introducing policies and establishing institutions to address the above issues during the years of transition and over the last decade. It is worth mentioning that ICPD PoA issues have been addressed through a variety of policy instruments.

The policy and institutional framework adopted across all UNECE subregions has to a large extent reflected the ICPD PoA premise of human-centred development and an approach based on human rights, and has significantly invested in the provision of basic health, education and social services aimed at the fulfilment of dignified life. This has occurred at a time when societies in the UNECE region have been witnessing momentous economic, social and cultural change affecting social behaviours and values and demographic dynamics and outcomes at both the micro/behavioural and macro/structural levels.

The questionnaires have revealed that while policies, strategies and programmes have been made available across the board, access to such programmes and services has not been entirely universal in all the subregions. The questionnaires have indeed identified various sources of inequality, particularly in the eastern part of the region.

A number of persistent and emerging issues have been highlighted throughout the review and have been outlined taking into account the circumstances and contexts of the different subregions. They are addressed in more detail in Chapter 3.

CHAPTER 3

Policies and persistent and emerging issues: population priorities for the 21st century

The rich information about strategies, policies and programmes related to the ICPD PoA issues provided in the questionnaires consisted of document titles, sometimes accompanied by brief descriptions. The questionnaire was not designed to collect information about their impact, therefore it is difficult to evaluate the effectiveness of policies and programmes.

Policy effectiveness can be assessed indirectly and indicatively by matching the information on trends and their causes and consequences, as presented in Chapter 1, with the policy-related information in Chapter 2. The match can reveal whether crucial causes and consequences of the trends are adequately addressed by relevant policies. When this is the case, some trends can demonstrate positive changes, except those trends (such as ageing) which are irreversible in the short term. However, it is worth noting that policies whose implementation leads to an increase in population coverage may incur an improved registration of cases that otherwise would have remained unknown. This may cause a temporary increase in some negative trends but is a result of policy effectiveness.

The ICPD PoA issues reflect the main causes and consequences of undesirable trends; thus they are at the centre of the analysis presented here.

This chapter consists of two main parts. The first will compare trends and policies by following the three main topics of Chapter 1 complemented by a fourth section on governance. The second provides answers to the three main questions posed in the introduction that serve as a summary of all findings. In conclusion the future of ICPD-relevant policy development is briefly discussed.

A. Population and sustainable development

Interactions between population and sustainable development require that special attention be attributed to population dynamics and its effect on the environment.

Population growth

In 28 countries in the UNECE region the government's policy to population growth is towards its increase, and in 10 countries it is towards maintaining the current level of growth. However, recent research (IIASA, 2013: fn. 1) indicates that current demographic trends are not necessarily a threat, and societies can prosper without growing populations. So macro-level policies aiming at influencing population growth might be redundant. A more appropriate response is to invest in human capital and to improve living conditions for all.

Fertility

Its low level is likely to prevail over the coming decades. Some countries in the eastern part of the region report that they have pronatalist policies. Low fertility signals that families and/or individuals are experiencing obstacles that restrict their choices about the number and timing of their children. Some important obstacles are the focus of family policies discussed in Section C below. It is important to note that by tackling obstacles family policies aim to increase the well-being of families; they are not pronatalist, although they might lead to an increase in childbearing.

Ageing

This process cannot be reversed in the near future; therefore, policies need to adapt to its consequences. Countries report as high priorities issues related to retirement, such as changes in the age of retirement and size of pensions. Priority is given to increasing employment among elderly people. Some ICPD PoA issues, however, require increased attention in the future — specifically, with respect to curbing inequality, ensuring the autonomy of elderly people, and improving health care, care and services for single people (Chapter 2, Section 2). The countries of the region have committed themselves to the 2012 Vienna Ministerial Declaration on Ageing, which requires the development of appropriate policies to ensure successful implementation of the Declaration's goals.

Urbanization and internal migration

For countries situated mainly in the western part of the region, regulatory frameworks are usually part of larger national spatial planning and urban management strategies or programmes. The needs of migrants related to housing, employment and health and social services in urban areas are addressed through public policies with no distinction between resident populations and migrants. Countries situated mainly in the eastern part of the UNECE region with less developed regulatory frameworks may need to include policies explicitly addressing the needs of migrants in urban settings. While policies aim to alleviate the effect of push factors in small-size settlements, less is being done with respect to decentralization of urban agglomerations.

International migration

Migrants have undeniable human rights, and special attention is needed to prevent specific ways in which they are violated. Combating illegal migration and trafficking in human beings; improving the social and economic rights of migrants; enhancing migrants' integration; and promoting international cooperation to manage international migration are the areas that require further attention in the region.

Countries in the region, whether they are countries of migrants' origin or destination, need to strengthen policies that address the root causes of migration, facilitate the flow and productive investment of remittances, and develop the capacity of migrant community groups that further the integration of migrants into their host society. Migrants need additional support in furthering their education and professional qualifications, learning the local language and other enabling skills that would facilitate their integration. While the availability of information useful to migrants is widely reported, specific information might be important to some migrant groups whose traditional stereotypes hinder their integration into the receiving population.

Education

It is commendable that the education systems in UNECE countries are premised on the human right to equal access to education regardless of gender, age, ethnicity, religion, social status, origin or place of birth. Inclusive education is a main aim across countries; however, policies aimed at reaching out

to underserved, vulnerable and disadvantaged children and youth are still required. Early school dropout, especially among boys, remains a problem. Special attention is needed with respect to improving the quality of education, introducing modern technologies and matching the needs of the labour market to appropriate types of education including vocational and lifelong learning.

Civic education as a social investment in forming citizens is an important form of education that needs further strengthening. The same applies to comprehensive sexuality and life skills education. Environmental education is an emerging need that should be addressed through existing or special curricula.

Population and the environment

Although a decline in population growth is not necessarily a threat, population shrinking and even depopulation observed in certain regions within countries raise concerns because productive land is underutilized and infrastructure deteriorates, and the quality of services provided to the remaining population may decline. This emerging issue requires increased attention in the future.

Access to high-quality water sources is currently near universal in the UNECE region. Yet some Central Asian countries still need to accelerate progress in this area, especially in view of population growth. As regards CO² emissions, most western UNECE countries managed to decrease their per capita CO² emissions between 1990 and 2010. Progress is, however, insufficient, and in some countries it has stalled. Further attention to the reduction of CO² emissions and the mitigation of climate change is required across the whole UNECE region.

Policies and programmes regarding populations living in ecologically vulnerable areas and those living within or on the edge of fragile ecosystems are scarce and require further attention.

B. Inequities and social exclusion

Poverty, unemployment and vulnerable groups

Extreme poverty has declined in the poorest countries in the region; still the risk of poverty and social exclusion is high even in the EU countries. The issue is reasonably well addressed with policies, but they can hardly be expected to have been effective during the recent financial crisis. Therefore,

countries see this issue as persistent and a high priority during the next 5–10 years.

Creating decent jobs for unemployed people and improving education are seen as key ways to reduce poverty. Yet unemployment increased during times of crisis. Country comparisons showed that the unemployment rate is lower where relevant policies are at a more advanced stage of implementation. Therefore, policies do matter, and their timely implementation can help curb this negative trend.

The analysis revealed that some population groups such as youth, older persons, persons with disabilities, and ethnic and other minority groups continue to be at a structural disadvantage and stand to suffer more from unemployment and poverty than others in a number of countries. These groups need greater attention with respect to access to and inclusion in education, including lifelong learning. Continuing education is especially appropriate among young people, among whom unemployment is very high. Another future policy priority is their social inclusion and participation and full coverage with social services. Further improvement is needed in the care for elderly people and persons with disabilities, and attention is increasingly being paid to non-institutional care.

Gender issues

Statistical data on gender issues reveal significant achievements in bridging gender gaps in most countries of the UNECE region. The proportion of girls who complete secondary education is today higher than that of boys, and the proportion of women with tertiary-level education is larger than that of men. School dropout rates among boys are high, and higher than those for girls. Representation of women in politics and governance is on the rise, and the gender wage gap is declining.

However, gender gaps remain, and the issues raised by the ICPD PoA persist. The education needs of boys require special attention. Gaps in education have also been reported in terms of harmful practices and adverse social traditions among poor people and minority groups. The hourly gender pay gap also remains, although the trend is slightly positive. The resulting gender gap in old-age pensions requires increased attention. Countries report progress in women's participation in the formal and informal economy, but it remains a major priority for the future.

Child marriages and forced marriages, resulting in births at an early age, and FGM/C are on the decline and only exist among some minorities. Combating these harmful traditional practices can continue even after 'zero new cases' reporting is reached, until the practices are ultimately rejected by today's proponents. The data on domestic violence show an increase during the last decade in some countries, although the availability of policies and programmes is reported. This tendency should be considered carefully because when policies and information campaigns among vulnerable populations are effective, they may lead to a higher level of reporting violence than before. Thus effective policies may result in a temporary negative trend. Therefore, more research is necessary before concluding that gender-based violence is on the rise.

Gender mainstreaming has been achieved in a number of public policies. However, it is difficult to monitor the gender component in each and every policy. Gender-sensitive monitoring instruments are, therefore, recommended to identify the remaining gender inequality gaps.

An emerging issue is the need to support fathers' rights, especially after a couple's separation.

Social exclusion

Policies are also required to enable participation and social inclusion of those structurally at a disadvantage through cross-sectoral strategies that include protection against gender-based violence and child abuse; creating employment opportunities for youth, older persons and persons with disabilities; supporting young people in making informed decisions about their lives; raising awareness about their social rights and facilitating their access to social services; and preventing discrimination, stigmatization and other forms of social exclusion.

Minority groups, including the Roma populations, can be subject to double deprivation due to stigmatization and harmful practices and, therefore, require further policy attention in the countries concerned.

C. Families and sexual and reproductive health

Families and households

It is reassuring to note a wide range of family and welfare policies around the region and that they have been frequently updated during the recent few years.

Increasing numbers of new forms of living arrangements for families and households require relevant policies to be expanded and modified. Families and households experiencing new living arrangements such as cohabitating couples, including those with children, and same-sex couples require further policy attention that factors in upholding and protecting the human rights of all concerned.

The pervasiveness of the dilemma between paid work in the labour force and unpaid family work indicates that policies extensively address the reconciliation between work and family life, related mainly to parental leave, economic support and childcare. The supply of the latter, however, does not meet the demand.

Poor families with children need more attention to avoid the vicious cycle of reproduction of poverty. Single-parent families require continued support; they are vulnerable to poverty especially when the single parent is the mother.

Families in vulnerable groups need specific attention. These include provision of assistance to families with family members with disabilities, family members with HIV, and single-person households. Young generations that experience hardships, incurred by lasting economic crisis and long-term joblessness, remain 'scarred' in their subsequent life. This issue has not attracted sufficient attention. More rigorous research and policy monitoring instruments and subsequent knowledge-based policy action may be needed.

More attention is necessary on how to alleviate the effect of uncertainty that families may experience about childbirth. Combating the effect of adverse traditions that might provoke child or forced marriage with policies and information campaigns is also a future priority.

Sexual and reproductive health and rights

It is promising that a range of negative SRH trends, such as teenage pregnancy and maternal mortality,

are declining significantly. Yet there is space for further improvement, especially among population groups linked with traditions of child and teenage marriages. Abortion rates have declined considerably across the region, due to a sustained availability and use of contraception particularly in the eastern part of the region. Induced abortion is generally accessible across the region. In a few countries it is legal only for rigorously defined medical reasons or specific cases such as rape.

The increased prevalence of HIV and STIs in the eastern part of the region calls for an adequate strengthening of relevant policy and action. Indeed, many significant achievements have been reported from the countries in the region, including its western part. Provisions for SRHR have been incorporated in general legal and other regulatory documents. Most of the relevant laws were established more than five years ago. There have also been frequent amendments over the last five years. Policies and programmes have been recently implemented to enlarge the scope of the services provided and to increase their quality, as well as to broaden the coverage of population groups to ensure wider inclusion of vulnerable and underserved groups.

The provision of information and counselling on SRHR is widely reported. It is delivered in many ways, such as through the distribution of booklets and other materials, and advocacy and counselling provided by specialized institutions. NGOs have also been involved in this activity.

Education, mainly in secondary schools, has included topics of SRH and SRR, but specially designed curricula on these topics remain rare. WHO has developed sexuality education guidelines and minimum standards that might be adapted to the local context and used more widely. Specific teaching techniques and training are offered to families waiting for the birth of a child, for self-examination of breast cancer and others.

Access to SRH services is provided by most of the countries for the whole population on an equal basis under the main objective of ensuring health for all, independently of gender, age, religion, ethnicity and origin. Persons without social or health insurance should be able to receive the health and reproductive health services they need (including for the mother and child in cases of pregnancy). Contraceptives are available for free among vulnerable groups such as poor people.

However, in addition to maintaining and upholding SRHR, further policy attention is required regarding access to SRH for persons with disabilities, poor people, migrants, marginalized groups and older persons. SRH services may need further integration with HIV and other health services and with the primary health-care systems across all countries. Further efforts are required to reduce financial barriers to access to quality SRH services, particularly in some new EU Member States and countries in Central Asia.

Another important topic is the relevance of SRHR to specific groups such as sex workers, men who have sex with men, and drug users. Information on the health and social implications of behavioural and health risks should be made available to similar at-risk groups.

While SRH services are available, it is difficult to ascertain their quality. Better monitoring of the quality of services is, therefore, vital.

The positive development of policies and action related to SRR and SRH seems to contradict the observed spread of HIV in the eastern part of the UNECE region. Part of the increased incidence in HIV and also in cervical cancer might be due to the increased population coverage and spread of information. Medical advances might additionally contribute to an earlier diagnosis of the virus, thus temporarily increasing the number of new cases. Therefore, policy effectiveness might have contributed to a temporary increase in these trends.³⁰

Countries need to enforce data collection efforts to monitor and evaluate the effectiveness of policies. Also, rigorous research and monitoring is necessary to establish the deep causes and identify the necessary interventions and regulatory frameworks to reverse negative trends.

³⁰ Data for Belarus provide persuasive evidence. The number of new HIV cases doubled from 2000 to 2012 (remaining low when compared to other countries). The peak in 2000 was in the age group 20–24 years, while in 2012 it moved up to those aged 30–34. It is hard to expect that the mean age of the most vulnerable groups has increased; rather, new cases registered in 2012 might include individuals who became HIV-positive some years earlier (Source: data supplied by the Department of HIV/AIDS Prevention of the Republican and Regional Centre of Hygiene, Epidemiology and Public Health).

D. Governance

Non-governmental organizations

The survey shows that the involvement of and government partnership with CSOs, in particular NGOs, is a most effective way to implement the ICPD PoA. The high level of approval of this partnership is solid proof of the important and effective role of NGOs in meeting its objectives. This is one of the significant achievements in governance during the last 20 years. Indeed, the number of NGOs in the eastern part of the UNECE region has increased considerably since 1994. NGOs today offer support in many ways, such as by raising awareness and through social mobilization as well as advocacy and policy formulation. NGOs provide information and help citizens defend their rights; they also alert governments about violations of human rights.

As the scope of human rights expands with normative and societal change, institutions of civil society can play a crucial role in highlighting and advocating for these changes. NGOs were reported to be less active, however, in the area of monitoring and evaluation of policy implementation: an important matter because it enables citizens to oversee the functioning of the government and other public institutions.

Private-sector organizations

Governments find it mutually beneficial to partner with private-sector organizations mainly in service delivery, awareness creation and social mobilization. The issues highlighted in the ICPD PoA related to education and training are an area of particularly close partnership between governments and private-sector organizations.

In the health system, private service providers (including clinics) also offer services related to SRH including ART and abortion. Their development is market-oriented. Expanding the availability of private facilities delivering reproductive health and childcare services may be considered, particularly where public supply is below demand and insufficient in quality.

Involving citizens in the public domain

Social investment increases quality of life in diverse ways, either through improved health or increased human capital. It also leads to heightened awareness about population and development issues. The strengthening of values such as solidarity, tolerance

and others that support acceptance of dynamically changing societies in the interest of all citizens is relevant for the UNECE countries beyond 2014.

In the context of the ICPD PoA, social solidarity and participation is of particular relevance to disadvantaged groups such as young people, elderly people, persons with disabilities, ethnic minorities and migrants.

Citizens' awareness has increased, also through NGO activities. However, raising awareness among the potentially disadvantaged groups and, specifically, ethnic groups and minorities, requires meticulous attention because they are frequently socially excluded and can remain alienated from societal development.

Data and research

Research and regularly produced good-quality statistical data are vital for planning, monitoring and evaluation. Information is particularly crucial to reach out to vulnerable groups whose specific situations are not covered by regular data collection.

Additional data can be gathered with large-scale cross-sectional and panel surveys. There are various international surveys, in particular in the EU, but survey information is scarce in the eastern part of the UNECE region. Demographic and Health Surveys carried out in most countries of Eastern Europe, the Caucasus and Central Asia through the early 2000s, but more recently available only for Armenia, Kyrgyzstan, Tajikistan and Albania, still constitute a main source of related information in these countries.

Research on issues related to the ICPD PoA is taking place mainly at the national level. Analysis at the subnational level is equally important and should not be neglected, as people in remote or underdeveloped areas may be particularly vulnerable.

Research and data collection are necessary for both targeted policy planning and evaluation of the impact of policies and programmes. This requires relevant research institutions, sustained capacity development and adequate funding. Research institutes on population and development exist in a number of UNECE countries; the quality of research in some countries, however, requires further improvement. This can be achieved if institutions in the eastern and western parts of the region exchange knowledge and good practices.

Concluding remarks

The answers to the three questions posed in the introduction are briefly as follows.

To what extent has the ICPD's new paradigm for population policies been applied in the region? Is the individual at the centre of population policies? Are human rights and dignity at the centre of policies?

Most advanced western countries of the UNECE region do not have explicit population policies. Population issues, however, have been part and parcel of broader social and economic policies. For example, policies to reduce poverty encompass different groups such as youth, older persons and other groups. Youth poverty, in turn, is also addressed in a cross-sectoral way through a range of policies dealing with poverty, education, employment or family.

The cross-sectoral approach to a specific population issue across numerous 'population-related' policies ensures that human rights and the dignity of individuals are at the centre of policies. Yet it raises two challenges. First, since the issue is not a priority in a specific policy area, it might be addressed with less attention than necessary.³¹ Second, monitoring a specific population issue in such circumstances requires the consideration of a variety of policies, which makes analysis more complex. One way to address this challenge is to construct cross-sectoral indicators such as the indicators on human development or active ageing.

Countries in the eastern part of the region have had a different experience with population policies, particularly with pronatalist policies. Policies aimed at specific macro-level demographic indicators are common. However, the implementation of such policies is often difficult, as the issues are cross-sectoral, and care should be taken that such policies do not compromise the rights of individuals and couples.

Has there been progress in implementing all aspects of the PoA? Are all issues on population and development raised in the ICPD PoA being harmoniously addressed with policy action, or are some lagging behind others?

³¹ This has been noticed with gender mainstreaming, where addressing gender issues in a number of different laws may make them less visible.

Individual human rights and dignity are at the centre of the issues highlighted by the ICPD PoA. They are all adequately reflected in relevant policies in the UNECE countries. Further achievements, recognized by countries, are expected with respect to vulnerable groups, and specifically young people, elderly people, migrants, minorities and ethnic groups.

The ICPD PoA is not only relevant for developing countries. Contemporary demographic trends in advanced countries (such as population decline or ageing) determine development processes and outcomes. This interaction is important for the achievement of social sustainability — i.e. maintaining low levels of poverty, reducing inequality, fighting deprivation and social exclusion, and preserving intergenerational equity. Population and development issues are as relevant to this region as they are to any other.

In this context, it is suggested that the issues raised in the ICPD need to be updated to reflect the evolving demographic dynamics across countries including those that are economically advanced. This is all the more relevant as such dynamics are likely to concern an increasing number of populations as both fertility and mortality decline globally, leading to a deceleration in population growth and increasing ageing.

Which are the issues that persist, even though they have been addressed with relevant policies? What issues have emerged over the last two decades that need to be considered in an update of the PoA?

During the two decades since the ICPD, societies and standards of living have undergone significant changes that redefine our understanding of human rights and individual needs. Vulnerable population groups will continue to exist, as will some inequality and social exclusion and diseases. They may change, but the challenges of ensuring well-being and a dignified life for all, particularly those who are at a structural disadvantage, will persist and will, therefore, always require relevant policy commitment and adjustment. Thus the dynamic nature of societies means that certain of the issues highlighted in the PoA will persist, even if their characteristics may change.

Similarly, the demand for the full protection of human rights will grow and spread. Recognition of fundamental human rights will expand with social

change. Change in upholding and exercising human rights will always be reflected in an adjustment in the corresponding issues: this is indeed part of progress. Progress, however, is uneven, and during particular periods such as the recent economic and financial crisis certain human rights need particular attention.

New issues emerge along with societal change. New family forms such as cohabitation, the spread of HIV in the eastern part of the region, and new forms of gender inequality are some examples among others discussed in this report that require a broader understanding of the issues addressed in the PoA and relevant policy action.

In a final observation, the questions raised received positive answers throughout this report; yet they have also shed light on new issues that require increased policy attention in the future.

Enabling choices has been considered throughout the report. Policies related to offering new and informed choices aim to provide a higher quality of life and as such complement those policies that are directly related to human rights. Beyond protecting human rights, policies can help people by alleviating barriers that make it harder for them to realize their personal choices in life.

Raising human capital and improving education were also emphasized frequently throughout this report. Investment in education can have high economic returns. It also reinforces citizenship along with heightened awareness and willingness to participate in societal life. NGOs and community organizations emerge out of this awareness and drive societal efforts to reach sustained equitable and rights-based development.

This regional report offers valuable input into the design of the post-2015 agenda. It provides important information on individual human rights and dignity related to population and development, which the Millennium Development Goals did not particularly address.

Three of the five main topics in the report of the High Level Panel for the post-2015 agenda are inherent in this regional report. One is 'Leave no one behind', reflected in the strong emphasis on vulnerable and structurally disadvantaged groups. Another is 'Put sustainable development at the core', with the

emphasis on interactions between population and sustainable development.

The third topic is 'Forge a new global partnership'. The report outlined a significant subregional divide, crudely into western and eastern parts of the UNECE region. It is recommended to aim to reduce regional disparities, which can be achieved with broad international partnership based on the principles of solidarity and cooperation.

APPENDIX TABLES

Appendix A: Sections

Appendix B: Government partnerships with civil society organizations

Appendix A includes tabulations of selected questions in the global survey questionnaire. The table numbers correspond to the numbers of the questions.

The 45 countries which submitted questionnaires were divided into the following subregions:

1. Central Asia (CA): Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan (4 countries)
2. New EU Member countries (EU13): Bulgaria, Croatia, Cyprus, Czech Republic, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia (10 countries)
3. Older EU Member countries (EU15): Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden (13 countries)
4. Eastern Europe and Caucasus (EEC): Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova, Russian Federation, Ukraine (7 countries)
5. South-Eastern Europe (SEE): Albania, Bosnia and Herzegovina, The former Yugoslav Republic of Macedonia, Serbia, Turkey (6 countries)
6. Non-EU members with advanced economies (Non-EU): Andorra, Israel, Norway, Switzerland, United States (5 countries)

The EU15 and Non-EU subregions include the economically most advanced countries in the UNECE region. The UNFPA questionnaire for Kosovo is additionally included in the SEE subregion. The analysis centres, therefore, on 46 questionnaires.

Appendix A: Sections

SECTION 1

Table 1.1: Does the country have a national policy, programme or strategy that explicitly addresses the interaction between population and sustainable development? (number of questionnaires)

Region	Yes	No	No response	Total	Yes as %
CA	4	0	0	4	100
EEC	7	0	0	7	100
EU13	8	2	1	11	72.7
EU15	4	4	5	13	30.8
NON-EU	0	5	0	5	0.0
SEE	5	1	0	6	83.3
TOTAL	28	12	6	46	60.9

Table 1.5: Responses to ICPD issues on population and sustainable development (number of questionnaires*)

ICPD issues related to the interaction of population and sustainable development	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?			Budget allocated to the issue	Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.			(1)	(2)	
a. Eradicating poverty with special attention to income generation and employment strategies	31	4	11	29	30	5	20	80
b. Strengthening food security	23	9	14	20	20	4	15	78.9
c. Promoting environmental resources management	31	4	11	28	27	8	17	68
d. Reducing territorial inequalities	26	6	14	24	22	6	14	70
e. Achieving fair trade relations	19	7	20	15	16	3	13	81.3
f. Improving solid waste management	32	3	11	28	31	9	16	64
g. Fostering sustainable resource use and preventing environmental degradation	36	0	10	33	32	11	14	56
h. Addressing the population trends/dynamics in ecologically vulnerable areas	14	12	20	9	12	6	6	50
i. Addressing the implications of population trends in large urban agglomerations	17	11	18	9	12	2	10	83.3
j. Addressing the needs of people living within or on the edge of fragile ecosystems	15	11	20	12	12	7	4	36.4
k. Other	2	4	40	1	2	1	1	50

(*) five out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

SECTION 2

Table 2.1: Does the country have a national policy, programme or strategy addressing the needs of adolescents and youth (10–24 years)? (number of questionnaires)

Region	Yes	No	No response	Total	Yes as %
CA	4	0	0	4	100
EEC	7	0	0	7	100
EU13	9	0	2	11	81.8
EU15	11	1	1	13	84.6
NON-EU	4	1	0	5	80.0
SEE	6	0	0	6	100
TOTAL	41	2	3	46	89.1

Table 2.5: Responses to ICPD issues regarding adolescents and youth (number of questionnaires*)

ICPD issues regarding adolescents and youth	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?			Budget allocated to the issue	Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.			(1)	(2)	
a. Creating employment opportunities for youth	41	0	5	37	37	6	29	82.9
b. Addressing the adverse effects of poverty on adolescents and youth	32	6	8	26	28	3	21	87.5
c. Addressing the violence, exploitation and abuse of children, adolescents and youth, including sexual exploitation and commercial sexual exploitation	38	1	7	31	33	5	25	83.3
d. Instituting concrete procedures and mechanisms for adolescents and youth to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives	35	3	8	26	30	5	25	83.3
e. Ensuring that adolescents and youth have the same rights and access to sexual and reproductive health services, including HIV prevention services	37	2	7	28	29	5	24	82.8
f. Collecting age- and sex-disaggregated data on the socioeconomic status of adolescents and youth	26	9	11	18	20	4	18	81.8
g. Other, specify	5	3	38	4	5	1	4	80

(*) Two out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

SECTION 2

Table 2.12: Does the country have a national policy, programme or strategy addressing ageing and/or the needs of older persons? (number of questionnaires)

Region	Yes	No	No response	Total	Yes as %
CA	3	1	0	4	75.0
EEC	7	0	0	7	100.0
EU13	8	1	2	11	72.7
EU15	11	0	2	13	84.6
NON-EU	3	0	2	5	60.0
SEE	5	1	0	6	83.3
TOTAL	37	3	6	46	80.4

Table 2.16: Responses to ICPD issues regarding ageing and/or the needs of older persons (number of questionnaires*)

ICPD issues regarding ageing and/or the needs of older persons	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?		Budget allocated to the issue		Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
a. Enabling older persons to live independently as long as possible	35	4	7	30	29	8	24	75
b. Providing social services including long-term care	38	1	7	35	36	8	25	75.8
c. Enabling older persons to make full use of their skills and abilities	29	6	11	24	26	7	18	72
d. Extending or improving old-age allowances/pensions and/or other income support schemes for older persons, including non-contributory pensions	34	3	9	30	31	2	27	93.1
e. Providing affordable, appropriate and accessible health care to meet the needs of older persons	33	2	11	27	28	7	19	73.1
f. Addressing neglect, abuse and violence against older persons	28	7	11	21	23	5	16	76.2
g. Preventing discrimination against older persons, especially widows	22	10	14	14	17	5	11	68.8
h. Promoting employment opportunities for older workers	30	7	9	18	23	10	14	58.3
i. Providing support to families caring for older persons	30	7	9	21	25	9	19	67.9
j. Collecting age- and sex-disaggregated data on the socioeconomic status and living conditions of older persons	36	0	10	23	24	7	19	73.1
k. Instituting concrete procedures and mechanisms for older persons to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives	28	7	11	11	22	4	18	81.8
l. Other, specify _____	3	3	40	3	2	0	2	100

(*) five out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

SECTION 2

Table 2.23: Does the country have a national policy, programme or strategy addressing the needs of persons with disabilities? (number of questionnaires)

Region	Yes	No	No response	Total	Yes as %
CA	4	0	0	4	100
EEC	7	0	0	7	100
EU13	10	0	1	11	90.9
EU15	11	0	2	13	84.6
NON-EU	5	0	0	5	100
SEE	6	0	0	6	100
TOTAL	43	0	3	46	93.5

Table 2.27: Responses to ICPD issues regarding the needs of persons with disabilities (number of questionnaires*)

ICPD issues regarding persons with disabilities	Was this issue addressed in any existing policy/programme/strategy or through an institutional entity?			Budget allocated to the issue	Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.			(1)	(2)	
a. Ensuring a general education system where children are not excluded on the basis of disability	38	1	7	35	36	3	29	90.6
b. Creating employment opportunities for persons with disabilities	40	0	6	37	37	7	27	79.4
c. Ensuring that persons with disabilities have the same rights and access to sexual and reproductive health care, including family planning information and services and HIV prevention services	33	3	10	24	27	5	20	80
d. Developing infrastructure to ensure that persons with disabilities have access, on an equal basis with others, to the physical environment, to transportation, to information and communications, and to other facilities and services open or provided to the public	37	1	8	31	36	10	22	68.8
e. Strengthening and extending comprehensive habilitation and rehabilitation services and programmes for persons with disabilities	38	1	7	33	37	5	27	84.4
f. Instituting concrete procedures and mechanisms for persons with disabilities to participate in the planning, implementation and evaluation of development activities that have a direct impact on their lives	34	6	6	23	31	2	28	93.3
g. Guaranteeing to persons with disabilities equal and effective legal protection against discrimination on all grounds	36	2	8	24	32	6	24	80
h. Promoting equality by taking all appropriate steps to ensure that reasonable accommodation is provided in all aspects of economic, social, political and cultural life	33	5	8	22	26	7	21	75
i. Providing support to families caring for persons with disabilities	35	5	6	30	32	4	25	86.2
j. Collecting data on the civil, political and socioeconomic status of persons with disabilities disaggregated on the basis of sex, age, place of residence, ethnicity, social origin or any other status	31	9	6	23	26	6	18	75
k. Other, specify _____	9	1	36	8	9	0	6	100

(*) Two out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

SECTION 3

Table 3.1: Does the country have a national policy, programme or strategy addressing urbanization and internal migration? (number of questionnaires)

Region	Yes	No	No response	Total	Yes as %
CA	3	1	0	4	75.0
EEC	6	1	0	7	85.7
EU13	6	1	4	11	54.5
EU15	7	2	4	13	53.8
NON-EU	4	1	0	5	80.0
SEE	5	0	1	6	83.3
TOTAL	31	6	9	46	67.4

Table 3.5: Responses to ICPD issues regarding urbanization and internal migration (number of questionnaires*)

ICPD issues regarding urbanization and internal migration	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?			Budget allocated to the issue	Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.			(1)	(2)	
a. Promoting the growth of small or medium-sized urban centres	25	6	15	22	24	4	18	81.8
b. Promoting rural development strategies to decrease push factors on urbanization	23	7	16	22	22	4	16	80
c. Promoting decentralization	18	9	19	12	16	7	10	58.8
d. Ensuring land, housing, services and livelihoods of poor people in urban areas	18	10	18	17	18	4	12	75
e. Facilitating the integration of rural-to-urban migrants	7	20	19	5	6	2	4	66.7
f. Promoting environmental management of urban agglomerations	16	9	21	15	16	4	11	73.3
g. Promoting health, education, training and employment support for internally displaced persons (where relevant)	11	13	22	10	11	4	6	60
h. Proactive planning for urban population growth	13	15	18	12	12	4	8	66.7
i. Other, specify_____	3	3	40	1	1	1	1	50

(*) 12 out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

SECTION 4

Table 4.1: Does the country have a national policy, programme or strategy addressing international migration and development?

Region	Yes	No	No response	Total	Yes as %
CA	4	0	0	4	100
EEC	7	0	0	7	100
EU13	9	1	1	11	81.8
EU15	7	6	0	13	53.8
NON-EU	3	2	0	5	60.0
SEE	6	0	0	6	100
TOTAL	36	9	1	46	78.3

Table 4.5: Responses to ICPD issues on international migration and development (number of questionnaires*)

ICPD issues regarding international migration and development	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?		Budget allocated to the issue	Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No			(1)	(2)	
a. Addressing the root causes of migration so that migration is by choice, not necessity	21	16	9	17	18	4	77.8
b. Protecting migrants against human rights abuses, racism, ethnocentrism and xenophobia	37	5	4	30	31	4	87.1
c. Taking gender and age into account in formulating immigration policies	17	24	5	11	16	3	83.3
d. Addressing the factors that contribute to forced internal displacement	15	21	10	12	15	3	76.9
e. Strengthening support for international activities to protect and assist refugees and displaced persons	34	8	4	28	32	3	88.5
f. Combat trafficking and/or smuggling of migrants	38	3	5	33	34	2	93.5
g. Facilitate the flow and use of remittances to support development	18	20	8	12	13	5	68.8
h. Strengthening dialogue and cooperation between countries of origin, transit and destination	32	7	7	25	30	3	89.3
i. Improving disaggregated data on international migration (including forced migration) taking age, sex and other equity and vulnerability variables into account	25	14	7	17	21	6	72.7
j. Other, specify _____	5	2	39	4	5	0	100

(*) Three out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

SECTION 4

Table 4.7: Level of priority of international migration issues (number of questionnaires)

International migration issues	Extent of being addressed			
	1=low	2=somewhat low	3=somewhat high	4=high
Sending countries				
a. Addressing the root causes of migration and making remaining in one's country a viable option for all people	6	9	8	9
b. Facilitating inflows of remittances with sound economic policies and adequate banking facilities	11	7	10	3
c. Making provisions for voluntary repatriation and safe return of migrants, including forced migrants	0	6	13	16
d. Facilitating exchange of information on migration policies	1	3	20	13
e. Facilitating the reintegration of migrants	2	8	13	12
f. Creating mechanisms for promoting diaspora investments and contributions to the communities of origin	7	9	10	7
Receiving countries				
g. Ensuring the same treatment to documented migrants and members of their family accorded to nationals with regard to basic human rights	1	3	8	39
h. Protecting women and children who migrate as family members from abuse and denial of their human rights	1	2	12	27
i. Working towards integration of family reunification into national legislation	3	2	21	17
j. Preventing racist and xenophobic actions and policies	1	5	8	26
k. Preventing the exploitation of undocumented migrants and protecting their basic human rights	2	4	11	23
l. Preventing international trafficking in migrants; and protecting them against racism, ethnocentrism and xenophobia	2	2	8	28
m. Making potential migrants aware of the legal conditions for entry, stay and employment in host countries	1	4	17	22
n. Facilitating the integration of migrants, including forced migrants	1	7	12	21
o. Preventing discrimination against migrants on the basis of age, sex, race, HIV status, religion or disability	1	3	12	23

Table 4.7: Level of priority of international migration issues (number of questionnaires) (continued)

All countries				
p. Engaging in bilateral or multilateral negotiations on, inter alia, readmission agreements that protect the basic human rights of undocumented migrants in accordance with relevant international instruments	1	1	23	17
q. Strengthening support for international activities to protect and assist refugees and displaced persons	-	3	17	22
r. Providing access to health services, including sexual and reproductive health services, to migrants, internally displaced persons and refugees	2	2	18	17
s. Supporting the data gathering and monitoring of stocks and flows of migrants	1	3	15	24

SECTION 5

Table 5.1: Does the country have a national policy, programme or strategy addressing the needs of the family and the well-being of individuals?

Region	Yes	No	No response	Total	Yes as %
CA	4	0	0	4	100
EEC	7	0	0	7	100
EU13	10	0	1	11	90.9
EU15	11	0	2	13	84.6
NON-EU	5	0	0	5	100
SEE	6	0	0	6	100
TOTAL	43	0	3	46	93.5

Table 5.5: Responses to ICPD issues on the needs of the family and the well-being of individuals (number of questionnaires*)

ICPD issues addressing the needs of the family and the well-being of individuals	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?		Budget allocated to the issue		Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
a. Increasing efforts to ensure health, education and welfare services function collaboratively and effectively	38	3	5	30	35	5	29	85.3
b. Facilitating compatibility between labour force participation and parental responsibilities	37	3	6	31	35	5	29	85.3
c. Providing financial and social protection schemes to single-parent families	32	8	6	31	30	4	24	85.7
d. Developing the capacity to monitor the impact of policies on the well-being of families	25	12	9	21	24	3	20	87
e. Providing effective assistance to families and the individuals within them who are affected by specific problems	38	4	4	35	35	4	31	88.6
f. Preventing children's abuse and neglect and providing assistance to children victims of abuse, neglect or abandonment, including orphans	40	0	6	31	36	3	32	91.4
g. Assisting families caring for family members with disabilities or living with HIV	33	5	8	28	31	7	21	75
h. Ensuring good-quality early childhood care and education for working families, including extended day-care programmes	34	4	8	29	30	5	24	82.8
i. Supporting and assisting vulnerable families (very poor, victims of humanitarian crisis, drought etc.)	34	5	7	27	31	7	23	76.7
j. Supporting educational programmes concerning parental roles, parenting skills and child development	36	4	6	30	33	7	26	78.8
k. Others, please specify	5	3	38	3	4	0	4	100

(*) Two out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

SECTION 6

Table 6.1: Does the country have a national policy, programme or strategy addressing sexual and reproductive health and reproductive rights? (number of questionnaires)

Region	Yes	No	No response	Total	Yes as %
CA	4	0	0	4	100.0
EEC	6	0	1	7	85.7
EU13	9	1	1	11	81.8
EU15	11	2	0	13	84.6
NON-EU	4	0	1	5	80.0
SEE	5	0	1	6	83.3
TOTAL	39	3	4	46	84.8

Table 6.3: Does the national policy, programme or strategy on sexual and reproductive health (SRH) and rights include the following HIV-related issues? (number of questionnaires)

HIV-related issue	Yes	No	No response	Total
Voluntary counselling and testing within family planning	35	3	8	46
Behaviour change communication on HIV within SRH services	35	3	8	46
Preventing mother-to-child transmission of HIV	34	3	9	46
Sexually transmitted infection and HIV prevention services	37	2	7	46

Table 6.6: Responses to ICPD issues on the sexual and reproductive health and reproductive rights (number of questionnaires*)

ICPD issues regarding sexual and reproductive health and reproductive rights	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?			Budget allocated to the issue		Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.	Yes	No		(1)	(2)	
a. Increasing women's access to information and counselling on sexual and reproductive health	39	5	2	29		33	7	27	79.4
b. Increasing women's access to comprehensive sexual and reproductive health services, regardless of marital status and age	36	7	3	24		30	7	24	77.4
c. Increasing indigenous people's and cultural minorities' access to comprehensive sexual and reproductive health services, regardless of marital status and age, including access to contraception	32	9	5	18		23	7	16	69.6
d. Increasing access of persons with disabilities to comprehensive sexual and reproductive health services, regardless of marital status and age, including access to contraception	27	10	9	15		20	8	13	61.9
e. Increasing men's access to sexual and reproductive health information, counselling and services	32	9	5	18		23	8	19	70.4
f. Provision of adequate food and nutrition to pregnant women (including nutrition supplementation)	25	13	8	15		20	6	16	72.7
g. Referrals to essential and comprehensive emergency obstetric care (EmOC)	34	4	8	20		27	1	26	96.3
h. Access to antenatal care	37	2	7	25		28	4	24	85.7
i. Increasing access to comprehensive sexual and reproductive health services for adolescents	38	3	5	27		34	6	26	81.3
j. Providing social protection and medical support for adolescent pregnant women	33	6	7	20		23	3	22	88

Table 6.6: Responses to ICPD issues on the sexual and reproductive health and reproductive rights (number of questionnaires*) (continued)

k. Increasing access to STI/HIV prevention, treatment and care services for vulnerable population groups and populations at risk	42	1	3	33	39	6	31	83.8
l. Increasing access to voluntary and confidential HIV testing	41	2	3	32	37	3	33	91.7
m. Eliminating mother-to-child transmission of HIV and treatment for improving the life expectancy of HIV-positive mothers	40	2	4	27	37	6	27	81.8
n. Integration of SRH and HIV services	30	10	6	18	25	6	19	76
o. Screening and treatment for breast cancer	41	2	3	31	37	7	30	81.1
p. Prevention and management of the consequences of unsafe abortion	28	11	7	17	21	6	18	75
q. Screening and treatment for cervical cancer	37	4	5	28	32	11	22	66.7
r. Access to safe abortion services to the extent of the law	30	6	10	17	23	4	21	84
s. Other , specify _____	7	3	36	3	4	1	6	85.7

(*) Three out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

Table 6.9: Accountability mechanisms used to address people's claims on sexual and reproductive health and reproductive rights

Accountability mechanisms	Accountability mechanisms used?	
	Yes	No
a. Judiciary	22	9
b. National human rights institutions	18	15
c. Parliamentary commissions	18	14
d. Administrative mechanisms of protection	24	9

Table 6.14: Promulgation and enforcement of national laws responding to selected ICPD issues (number of questionnaires)

ICPD priority area	Promulgation		Enforcement	
	Yes	No	Yes	No
a. National law protecting the right to the highest attainable standard of physical and mental health, including sexual and reproductive health	37	3	34	1
b. Access to safe abortion	37	5	32	2
c. Non-discrimination in access to comprehensive sexual and reproductive health services, including HIV services	34	6	32	1
d. Protection against coercion, including forced sterilization, forced marriage etc.	33	6	27	1
e. Protecting the rights of people living with HIV	33	5	29	2

Table 6.15: Sexual and reproductive health services currently being offered through the primary health care system in the public sector (number of questionnaires, no response in 4)

Service	Yes	No
Contraceptive services		
a. Counselling	42	0
b. Information	42	0
c. Access to at least 3 contraceptive methods	38	4
d. Access to emergency contraception	35	7
e. Access to male condoms	35	7
f. Access to female condoms	23	17
Maternity care		
g. Information about maternity care, including delivery with a skilled attendant	42	0
h. Prenatal care	42	0
i. Essential obstetric care	41	1
j. Emergency obstetric care	39	2
k. Postnatal care including contraceptive services	41	1
l. Infertility services (including prevention, diagnosis, treatment and referral)	35	4
m. Safe abortion to the extent of the law	34	8
n. Post-abortion counselling	38	2
o. Post-abortion care	37	3
Sexually transmitted infections		
p. Prevention	42	0
q. Detection/testing	40	2
r. Treatment and care	40	2
HIV		
s. Prevention	43	0
t. Voluntary counselling and testing	42	1
u. Treatment	30	12
v. Care and support	37	6
w. Prevention of mother-to-child transmission and treatment for improving the life expectancy of HIV-positive mothers	35	8
x. Contraceptive services for people living with HIV	36	6

Table 6.15: Sexual and reproductive health services currently being offered through the primary health care system in the public sector (number of questionnaires, no response in 4) (continued)

Reproductive cancers (including breast, cervical and prostate)		
y. Prevention	40	1
z. Detection/testing	40	1
aa. Treatment and care	32	7
bb. HPV vaccination	26	14
cc. Services to detect and treat the consequences of sexual violence	32	5
Obstetric fistula services		
dd. Prevention	26	10
ee. Detection	26	10
ff. Referral for treatment	27	9
gg. Reintegration for women who undergo fistula repairs	23	13
Adolescent sexual and reproductive health, including HIV		
hh. Information and counselling	42	0
ii. Services (including access to contraceptives)	37	3
jj. Adolescent- and youth-friendly comprehensive SRH services (that are confidential, private and affordable for adolescents and youth)	34	6
Female genital mutilation/cutting		
kk. Prevention	15	15
ll. Treatment and care	12	15

Table 6.16: Existence and availability of strategies/actions to address sexual and reproductive health as an integral part of primary health care system (number of questionnaires; no response in 4)

Service/action existing and available	Yes	No
a. Standards for SRH service delivery, including maternity care, family planning and STIs/HIV	36	4
b. Guidelines for SRH service delivery, including maternity care, family planning and STIs/HIV	36	2
c. Existence of an SRH costing package integrated into primary health care provision	22	15
d. Referral mechanisms for SRH services	34	2
e. Health information system disaggregated by age	31	5
f. Health information system disaggregated by sex	32	3
g. Health personnel trained in SRH, including midwifery skills	37	2
h. Health personnel trained in HIV/AIDS counselling	40	2
i. Health personnel trained in reproductive rights	32	6
j. Health personnel trained in screening for gender-based violence (including FGM/C)	28	9
k. Mechanisms to monitor quality of SRH service delivery	27	9
l. Health personnel trained in elimination of stigma towards and discrimination against key populations, including young people, people living with HIV, sex workers and clients, men who have sex with men, transgender people and people who use drugs	35	6
m. Mechanisms to guarantee participation of community-based organizations	26	10
n. Standards, guidelines and training for health care providers on informed contraceptive choice and provision of non-coercive services	30	6

Table 6.18: Special sexual and reproductive health programmes and initiatives including those related to HIV, aimed at reaching specific target groups (number of questionnaires; no response in 22)

Group	Yes	No
a. Adolescents and youth	22	1
b. Extremely poor people	11	10
c. Indigenous people	8	11
d. Ethnic minorities	19	4
e. Documented migrants	16	6
f. Undocumented migrants	10	10
g. Internally displaced persons	10	10
h. Refugees	15	6
i. People living with HIV	22	2
j. Key populations at higher risk of HIV	21	2
k. Persons with disabilities	11	9
l. Older persons	10	10

Table 6.19: Strategies used under the current national policy/programme on sexual and reproductive health to reduce financial barriers to services (number of questionnaires; no response in 4)

Strategies	Yes	No
a. Cross-subsidization	11	18
b. Government taxation (tobacco, alcohol)	20	9
c. Targeted pro-poor subsidies	16	14
d. Social marketing	15	13
e. Community-based services	21	11
f. Peer outreach	19	13
g. Demand creation (e.g. conditional cash transfers)	2	23
h. National health insurance	29	8
i. Community insurance schemes	4	21
j. Free services at point of care	31	5
k. Universal free care	17	15

Table 6.21: Specific programmes available to ensure the access of adolescents and youth to sexual and reproductive health information and services that warrant and respect privacy, confidentiality and informed consent (number of questionnaires; no response in 12)

Areas where programmes are available	Yes	No
a. Contraceptives	30	1
b. Sexual violence/sexual exploitation	27	2
c. STIs, including HIV	33	0
d. Gender-based violence and harmful traditional practices	24	5
e. Respect, tolerance and non-discrimination of sexual minorities	24	5
f. Intimate partner violence	26	4
g. Safer sex	30	1

Table 6.24 Mechanisms in place to ensure implementation of policies and programmes to monitor maternal morbidity and mortality (number of questionnaires; no response in 8)

Monitoring mechanisms		
a. National health information system	35	3
b. Direct obstetric case fatality rate monitoring	32	4
c. Mandatory notification of maternal deaths	36	2
d. Routine maternal death reports at the national level	25	10
e. Routine data collection on obstetric fistula (indicators collected in national health information system)	10	23
f. Routine data collection on post-partum care	24	12
g. Public independent inquiries (by national human rights institutions, parliamentary commissions, commissions on women etc.)	19	16
h. Policy and budget monitoring surveys (PETS, QSDS, CSCs, social audits etc.)	15	18

Table 6.29: Level of priority of ICPD issues regarding HIV in national programming

ICPD issues regarding HIV	Level of priority (1=low, 2=somewhat low, 3=somewhat high, 4=high)			
	1	2	3	4
a. Protection and promotion of the human rights of individuals:				
1. People living with HIV	0	3	10	26
2. Key populations at higher risk*	0	4	10	26
3. Adolescents and youth	0	6	17	17
4. HIV orphans	10	4	6	9
5. Persons with disabilities,	7	10	14	6
6. Racial, religious, ethnic, linguistic or other minorities	5	7	17	8
7. Indigenous people	10	2	5	9
8. Prisoners and other detained persons,	1	9	13	15
9. Migrants/ undocumented migrants/mobile populations	3	8	18	8
10. Refugees	4	13	14	7
11. Internally displaced persons	10	7	6	5
b. Voluntary and confidential HIV testing and counselling	0	1	10	28
c. Increase of female condom access and use	14	9	6	9
d. Increase of male condom access and use	1	0	15	24
e. Elimination of mother-to-child transmission of HIV and improving the life expectancy of HIV-positive women	1	2	6	30
f. Provision of antiretroviral therapy for adults	0	0	6	33
g. Provision of antiretroviral therapy for children in paediatric formulation	1	3	4	31
h. HIV prevention services, primary health care services and other health services, provide non-judgemental, non-stigmatizing and relevant services for people living with HIV, key populations at higher risk and young people	0	4	9	27
i. Provision of services for the comprehensive management of sexually transmitted infections (STIs)	0	5	14	19
j. Access to user-friendly prevention, treatment, care and support services for key populations at higher risk	0	4	13	22
k. Management of TB/HIV co-infection	0	2	16	21
l. Outreach to key populations at higher risk	0	6	11	22
m. Support community-led organizations of key populations at higher risk of HIV, young people, people living with HIV and people affected by HIV as partners in HIV programming	1	8	7	23
n. Prevention of stigma towards and discrimination against people living with HIV and people affected by HIV by raising awareness	0	5	16	18

**Table 6.32 Areas on health, morbidity and mortality considered as priorities in the country's national health policy framework or strategy
(number of questionnaires; no response in 6)**

Area	Yes	No
a. Prevention of maternal mortality	31	5
b. Prevention of maternal morbidity	34	3
c. STIs	34	2
d. HIV	38	0
e. Prevention/elimination of gender-based violence	28	4
f. Child mortality	31	5
g. Immunization	33	4
h. Malaria	7	22
i. Tuberculosis	27	9
j. Communicable diseases	30	5
k. Non-communicable diseases	29	7
l. Neglected tropical diseases	4	24
m. Nutrition	30	7
n. Obesity	23	12
o. Mental health	29	6

SECTION 7

Table 7.1: Does the country have a national policy, programme or strategy addressing gender equality and empowerment of women? (number of questionnaires)

Region	Yes	No	No response	Total	Yes as %
CA	4	0	0	4	100
EEC	6	1	0	7	85.7
EU13	11	0	0	11	100
EU15	12	0	1	13	92.3
NON-EU	4	1	0	5	80.0
SEE	6	0	0	6	100
TOTAL	43	2	1	46	93.5

Table 7.5: Responses to ICPD issues on gender equality and empowerment of women (number of questionnaires*)

ICPD issues regarding gender equality and empowerment of women	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?			Budget allocated to the issue		Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.	Yes	No		(1)	(2)	
a. Increasing women's participation in the formal and informal economy	44	1	1	32		41	10	30	75
b. Increasing women's representation in political processes and public life	37	4	5	21		36	9	24	72.7
c. Ending gender-based violence	45	0	1	38		43	8	30	78.9
d. Improving the collection, analysis, dissemination and use of sex- and age-disaggregated data	44	0	2	30		39	3	32	91.4
e. Collection and analysis of data on the social and economic status of women	35	6	5	25		27	4	24	85.7
f. Ending child marriage/forced marriage	22	15	9	14		21	4	15	78.9
g. Preventing trafficking and smuggling in persons, particularly girls and women	41	0	5	31		36	7	25	78.1
h. Improving the welfare of the girl child, especially with regards to health, nutrition and education	26	11	9	20		21	4	18	81.8
i. Improving the situation of and addressing the needs of women in rural areas	30	9	7	25		27	7	19	73.1
j. Engaging men and boys to promote male participation, equal sharing of responsibilities such as care work	36	4	6	20		27	8	23	74.2
k. Ending female genital mutilation/cutting	12	21	13	9		10	1	6	85.7
l. Other, specify_____	7	3	36	4		7	2	6	75

(*) All questionnaires addressed this issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

Table 7.8: Monitoring mechanisms to ensure the implementation of policies and programmes promoting gender equality and empowerment of women and addressing gender-based violence (number of questionnaires; no response in 3)

Mechanisms available	Yes	No
a. National commissions on women	27	12
b. National human rights institutions	32	5
c. Parliamentary commissions	34	4
d. Social accountability mechanisms and/or administrative mechanisms	29	4
e. Gender statistics dissemination and publications/gender statistics integrated into management information systems	38	2
f. Conducting periodic population-based surveys	31	4
g. Other mechanisms	15	5

Table 7.10: Promulgation and/or enforcement of national laws responding to particular ICPD priority areas related to gender equality and empowerment of women (number of questionnaires; no response in 3)

ICPD priority area	Promulgation		Enforcement	
	Yes	No	Yes	No
a. Women's property rights, including right to own, buy, and sell properties or other assets equally with men	35	5	29	3
b. Access to financial services, including credit and negotiation of contracts in woman's own name	34	5	27	7
c. Legal equal rights for women to inheritance	36	4	28	3
d. Protection of women's property through harmonized laws on marriage, divorce, succession and inheritance	37	3	30	3
e. Provision against gender discrimination at work (in hiring, wages, benefits etc.)	41	0	41	1
f. Provision against sexual harassment	39	2	36	5
g. Measures against trafficking and smuggling of persons, particularly women and girls	42	0	39	0
h. Provision for paid maternity leave	39	3	38	1
i. Provision for paid paternity leave	34	8	34	3
j. Criminalization of rape and other forms of sexual exploitation	43	0	36	1
k. Criminalization of marital rape	37	5	30	4
l. Criminalization of intimate partner violence	41	1	33	4

Table 7.10: Promulgation and/or enforcement of national laws responding to the following ICPD priority areas related to gender equality and empowerment of women (number of questionnaires; no response in 3) (continued)

m. Ensuring men's financial support to their children	39	3	32	2
n. Provision regarding minimum legal age at marriage for females of less than 18	38	1	31	3
o. Criminalization of sexual exploitation of young people, particularly girls	42	0	34	2
p. Preventing the use of children in pornography	41	0	34	2
q. Protecting the girl child against harmful practices, including FGM/C	27	13	19	7
r. Day-care centres /facilities for breastfeeding mothers (public sector)	24	15	21	8
s. Day-care centres /facilities breastfeeding mothers (private sector)	22	17	20	7
t. Discouragement of polygamy	29	7	22	6

Table 7.11: Priorities on gender equality and empowerment of women addressed in the current national context

Priorities	Level of priority (1=low, 2=somewhat low, 3=somewhat high, 4=high)			
	1	2	3	4
a. Increasing women's access to banking and credit	10	10	11	7
b. Institutionalizing gender-responsive budgeting	12	17	7	5
c. Eliminating discrimination against working women, including pregnant working women	1	8	13	19
d. Increasing provisions to enable both spouses to take family leave	5	7	11	16
e. Promoting equal access and control over household resources	6	13	8	10
f. Increasing participation of men and boys in promoting gender equality and empowerment of women (including prevention of gender-based violence and female genital mutilation/cutting)	1	10	15	14
g. Promoting policies to encourage involved fatherhood including for care work	4	9	14	12
h. Addressing skewed sex ratios	10	8	6	11
i. Promoting grass-roots and community-based participation in the implementation of policies/programmes on gender equality	3	7	15	15
j. Informing communities about the consequences of child marriage and early childbearing	10	15	7	4

SECTION 8

**Table 8.1: Does the country have a national policy, programme or strategy addressing education issues?
(number of questionnaires)**

Region	Yes	No	No response	Total	Yes as %
CA	4	0	0	4	100.0
EEC	7	0	0	7	100.0
EU13	8	0	3	11	72.7
EU15	11	0	2	13	84.6
NON-EU	4	0	1	5	80.0
SEE	6	0	0	6	100.0
TOTAL	40	0	6	46	87.0

Table 8.5: Responses to ICPD issues regarding education in the national context (number of questionnaires*)

ICPD issues regarding education	Was this issue addressed in any existing policy/programme/ strategy or through an institutional entity?		Budget allocated to the issue		Implementation measures were taken	Assessment of progress of implementation (**)		Percentage on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
a. Keeping more girls and adolescents in secondary schools	29	6	11	26	28	3	26	89.7
b. Ensuring equal access of girls to education at all levels (primary, secondary and tertiary)	30	6	10	26	25	1	29	96.7
c. Improving educational infrastructure, such as separate toilet facilities and adequate transportation	27	8	11	24	24	3	25	89.3
d. Facilitating school completion for pregnant girls	16	19	11	8	14	5	15	75
e. Improving the safety of pupils, especially girls, in and on their way to and from school	22	14	10	20	20	3	22	88
f. Revising the contents of curricula to make them more gender-sensitive	32	5	9	22	27	9	22	71
g. Revising the contents of curricula to incorporate population issues, where appropriate	23	14	9	15	19	3	20	87
h. Promoting non-formal opportunities for education and literacy	30	6	10	23	25	4	24	85.7
i. Providing training and employment opportunities to out-of-school girls and illiterate adults	28	7	11	24	21	6	21	77.8
j. Promoting age-appropriate sexuality education and counselling in schools	29	7	10	20	25	3	24	88.9
k. Incorporating population and SRH information into the teachers' training curricula	20	15	11	13	13	6	12	66.7
l. Conducting information campaigns on population issues in the context of a national population policy	12	18	16	9	12	2	9	81.8
m. Addressing gender-based violence and bullying in schools	27	8	11	20	25	5	18	78.3

Table 8.5: Responses to ICPD issues regarding education in the national context (number of questionnaires*) (continued)

n. Incorporating comprehensive sexuality education into young people's formal education	27	8	11	16	22	6	16	72.7
o. Incorporating life planning skills into young people's formal education	29	6	11	18	23	8	18	69.2
p. Incorporating sexual and reproductive health and life planning skills into non-formal education and vocational training for young people	16	17	13	9	13	7	10	58.8
q. Reaching out-of-school youth with SRH information and services	11	20	15	8	10	8	6	42.9
r. Other, specify _____	3	4	39	2	2	1	1	50

(*) Seven out of 46 questionnaires did not address any issue

(**) 1 = deficient or behind schedule; 2 = on schedule or ahead of schedule

Appendix B: Government partnerships with civil society organizations

(Table numbers correspond to the number of the tabulated question. The first digit in the table number indicates the section in which the question is located.)

Table 1.12: Civil society organizations (CSOs) with which the government has partnered in the area of sustainable development (information missing in 20 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	44	1. Service delivery	17
2. International NGOs	11	2. Research and data collection	30
3. Youth groups	1	3. Advocacy and policy formulation	35
4. Academic/research centres	4	4. Awareness-raising and social mobilization	34
9. Other	4	5. Monitoring and legal counsel	16
		6. Education and training	28
		9. Other	2

* CSOs may be involved in several areas

Table 2.9: Civil society organizations (CSOs) with which the government has partnered in the area of adolescents and youth over the past five years (information missing in 7 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	75	1. Service delivery	43
2. International NGOs	14	2. Research and data collection	33
3. Youth groups	6	3. Advocacy and policy formulation	51
4. Academic/research centres	3	4. Awareness-raising and social mobilization	65
9. Other	2	5. Monitoring and legal counsel	23
		6. Education and training	55
		9. Other	10

* CSOs may be involved in several areas

Table 2.20: Civil society organizations (CSOs) with which the government has partnered in the area of ageing and/or the needs of older persons (60+) over the past five years (information missing in 10 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	68	1. Service delivery	42
2. International NGOs	6	2. Research and data collection	23
3. Youth groups	3	3. Advocacy and policy formulation	43
4. Academic/research centres	5	4. Awareness-raising and social mobilization	51
9. Other	8	5. Monitoring and legal counsel	23
		6. Education and training	28
		9. Other	11

* CSOs may be involved in several areas

Table 2.31: Civil society organizations (CSOs) with which the government has partnered in the area of persons with disabilities over the past five years (information missing in 8 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	67	1. Service delivery	46
2. International NGOs	3	2. Research and data collection	25
3. Youth groups	10	3. Advocacy and policy formulation	57
4. Academic/research centres	0	4. Awareness-raising and social mobilization	54
9. Other	6	5. Monitoring and legal counsel	32
		6. Education and training	36
		9. Other	10

* CSOs may be involved in several areas

Table 3.12: Civil society organizations (CSOs) with which the government has partnered in the area of urbanization and internal migration over the past five years (information missing in 29 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	22	1. Service delivery	14
2. International NGOs	7	2. Research and data collection	16
3. Youth groups	0	3. Advocacy and policy formulation	24
4. Academic/research centres	6	4. Awareness-raising and social mobilization	17
9. Other	1	5. Monitoring and legal counsel	13
		6. Education and training	15
		9. Other	3

* CSOs may be involved in several areas

Table 4.10: Civil society organizations (CSOs) with which the government has partnered in the area of international migration and development over the past five years (information missing in 6 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	50	1. Service delivery	43
2. International NGOs	27	2. Research and data collection	37
3. Youth groups	0	3. Advocacy and policy formulation	32
4. Academic/research centres	11	4. Awareness-raising and social mobilization	37
9. Other	7	5. Monitoring and legal counsel	27
		6. Education and training	31
		9. Other	10

* CSOs may be involved in several areas

Table 5.10: Civil society organizations (CSOs) with which the government has partnered in the area of the family and the well-being of individuals over the past five years (information missing in 6 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	67	1. Service delivery	54
2. International NGOs	19	2. Research and data collection	43
3. Youth groups	0	3. Advocacy and policy formulation	56
4. Academic/research centres	6	4. Awareness-raising and social mobilization	55
9. Other	10	5. Monitoring and legal counsel	27
		6. Education and training	40
		9. Other	5

* CSOs may be involved in several areas

Table 6.26: Civil society organizations (CSOs) with which the government has partnered in the area of sexual and reproductive health and reproductive rights over the past five years (information missing in 13 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	66	1. Service delivery	38
2. International NGOs	9	2. Research and data collection	44
3. Youth groups	2	3. Advocacy and policy formulation	45
4. Academic/research centres	6	4. Awareness-raising and social mobilization	65
9. Other	2	5. Monitoring and legal counsel	22
		6. Education and training	60
		9. Other	4

* CSOs may be involved in several areas

Table 6.30: Civil society organizations (CSOs) with which the government has partnered in the area of HIV over the past five years (information missing in 9 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	73	1. Service delivery	63
2. International NGOs	8	2. Research and data collection	53
3. Youth groups	9	3. Advocacy and policy formulation	70
4. Academic/research centres	1	4. Awareness-raising and social mobilization	80
9. Other	0	5. Monitoring and legal counsel	44
		6. Education and training	76
		9. Other	4

* CSOs may be involved in several areas

Table 7.12: Civil society organizations (CSOs) with which the government has partnered in the area of gender equality and empowerment of women over the past five years (information missing in 5 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	83	1. Service delivery	60
2. International NGOs	3	2. Research and data collection	61
3. Youth groups	3	3. Advocacy and policy formulation	68
4. Academic/research centres	7	4. Awareness-raising and social mobilization	72
9. Other	9	5. Monitoring and legal counsel	44
		6. Education and training	62
		9. Other	14

* CSOs may be involved in several areas

Table 8.11: Civil society organizations (CSOs) with which the government has partnered in the area of education over the past five years (information missing in 12 questionnaires)

Type of CSO	Number	Area of involvement *	Number
1. National non-governmental organizations (NGOs)	53	1. Service delivery	20
2. International NGOs	14	2. Research and data collection	33
3. Youth groups	2	3. Advocacy and policy formulation	34
4. Academic/research centres	2	4. Awareness-raising and social mobilization	40
9. Other	8	5. Monitoring and legal counsel	18
		6. Education and training	52
		9. Other	1

* CSOs may be involved in several areas

ICPD Beyond 2014: The UNECE Region's Perspective

Twenty years after the International Conference on Population and Development (ICPD) held in Cairo in 1994, the United Nations prepares to report on achievements and setbacks in the implementation of the ICPD Programme of Action (PoA), drawing on the results from the ICPD Beyond 2014 review process. UNECE and UNFPA conducted the review in the UNECE region, which resulted in this report and the encouraging outcome of the ICPD Beyond 2014 High-level Regional Conference held in Geneva on 1–2 July 2013.

The report examines the implementation of the provisions of the ICPD PoA across the region, based on survey results from 45 UNECE Member States complemented by relevant existing studies and data provided in country implementation profiles.

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