CHAPTER 13

A DECADE OF EXPERIENCE WITH IMPLEMENTING THE ICPD PROGRAMME OF ACTION: THE UNFPA FIELD INQUIRY IN THE UNECE REGION*

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Introduction

The International Conference on Population and Development (ICPD), which took place in Cairo in 1994, was fifth in the series of world conferences of the second half of the 20th century. It distinguished itself in three ways. The agenda embraced by this conference was broader, the involvement of non-governmental organisations was far greater, and, while difficult to measure (some would argue), its impact on national and international policies and programmes was more powerful than ever before.

The conferences in 1954 and 1965, convened by the United Nations in collaboration with the International Union for the Scientific Study of Population (IUSSP), brought together experts from UN member countries to discuss scientific and population policy issues. Starting with the Bucharest conference in 1974 the focus shifted away from scientific inquiry to that of population policy (Finkle and Crane, 1975; Demeny, 1985). The conferences became intergovernmental; their purpose was to make governments more aware of their population problems and to assist in dealing with the issues. The preparations for the 1994 Cairo conference, the event itself and its aftermath were, in addition, marked by a prominent and effective involvement of a wide variety of non-governmental organisations, most notably women's NGOs (Finkle and McIntosh, 2002).

The Programme of Action (PoA) adopted by the ICPD "endorses a new strategy that emphasises the integral linkages between population and development and focuses on meeting the needs of individual women and men, rather than achieving demographic targets" (United Nations, 1995). The guiding principles of the Programme of Action are full respect for human rights, particularly the rights of women, the empowerment of women and genuine gender equity. A wide range of population issues are covered, such as ageing, care for the elderly, family-sensitive policies, international migration, the status of indigenous populations, as well as international cooperation. These are inextricably linked to broader issues, such as the elimination of poverty, provision of education (especially for women), securing employment and supporting a viable environment. Family planning programmes are to be fully geared towards clients' needs and are to encompass sexual and reproductive health, which includes not only the provision of and access to contraceptives, but also protection against and treatment of sexually transmitted diseases and HIV/AIDS infections, and attention to the needs of adolescents (United Nations, 1995).

The experience with implementing the broad spectrum of policies and programmes of the ICPD Programme of Action over the past ten years is now being evaluated. At the most general level, not only has the ICPD had a profound impact on population policies and programmes, but arguably its impact has been greater than any of the previous conferences. The 1954 and 1965 conferences were to a large extent scientific gatherings that evaluated and discussed the state of affairs at that time. Based on those discussions, family planning programmes started to be organised in a few countries: these initially reflected the wisdom, foresight and intentions of private policy-making entities, such as foundations, then increasingly the interests of developed and developing countries, as expressed in the 1967 founding of the United Nations Fund for Population Activities (UNFPA). The Bucharest 1974 conference saw clashes of ideologies and opinions on how to fulfil the need for economic and social development in the developing countries: how to develop a "new international economic order" where "development is the best contraceptive". However, it had little effect on changing the basic nature of the principal policy instrument - family planning programmes - which continued to spread throughout the developing world.

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Similarly, following the controversies at the 1984 Mexico conference (where population growth was implied to be a "neutral phenomenon" with little or no effect on economic growth), family planning programmes continued to spread and provide valuable services throughout the developing countries (Finkle and Crane, 1985). Over the years many deficiencies and flaws were highlighted and widespread innovations introduced, such as community-based distribution of contraceptives, social marketing and operations research. It was not until the 1990s, particularly as a consequence of the ICPD, that population-related activities and programmes started to encompass a much wider range of issues, and the focus was changed to be on the needs of the individual (McIntosh and Finkle, 1995; Finkle and McIntosh, 2002).

This paper begins with a section of background information, including a brief description of the UNFPA Field Inquiry, which was designed as an instrument to evaluate progress in implementing the ICPD Programme of Action. The sections that follow briefly describe the socio-economic and political environments in the transition countries and in the western countries and their experience in implementing the ICPD Programme of Action, as gleaned from the responses to the Field Inquiry questionnaires. The final section provides some concluding thoughts.

Background

During 2003 UNFPA carried out a global Field Inquiry in collaboration with governments, to review the implementation of the ICPD Programme of Action in developing and developed countries. This ten-year review focuses on the operational dimensions of population and reproductive health policies and programmes, assesses what progress countries have made in achieving the ICPD goals, and describes the obstacles they face.

Two Field Inquiry questionnaires (FIQ) were prepared, one for developing countries, and a second one for developed countries. The former covers: (i) policies and programmes in population and development; (ii) gender equality, equity and women's empowerment; (iii) reproductive rights and reproductive health; (iv) HIV/AIDS; (v) adolescents/youth; (vi) behavioural change and advocacy; (vii) partnerships and resources; (viii) data and research; and (ix) best practices and emerging issues. The FIQ for the developed countries focuses on (i) priority population concerns; (ii) gender issues; (iii) reproductive health, including HIV/AIDS; (iv) partnerships with civil society; and (v) international assistance to population and reproductive health programmes.

This paper summarises the information gathered from all countries belonging to the United Nations Economic Commission for Europe (UNECE) which have over one million inhabitants (Luxembourg was the exception). Countries with economies in transition were invited to complete the FIQ for the developing countries, and western countries the developed country FIQ (Slovenia was included in this group). Twenty-three of the 27 countries in transition completed the FIQ, and 14 of the 21 western countries, i.e. an 85 and a 67 per cent completion rate, respectively.

The western countries fit the demographic characterisation of 'developed' countries adequately, whereas the case of the transition countries is complicated. Most Central and East European, formerly socialist, countries had reached low fertility by the middle of the 20th century and were labelled as demographically developed countries at that time. On the other hand, there were a number of countries that had not experienced the demographic transition by the mid-20th century and still had high fertility; these were the central Asian and the Caucasian republics, as well as Albania and FYR Macedonia.[1] Political, social and economic developments in the formerly Soviet bloc differed from both the developed and the developing countries. They were considered to be part of the 'Second' World (Sauvy, 1952). Demographic developments were influenced by the politically authoritarian and the centrally planned economic system. During the 1990s, following the break-up of the USSR, population developments had unique characteristics, primarily unprecedented rapid fertility declines (Frejka and Sardon, 2004; Macura and MacDonald, 2003; Sobotka, 2003a and 2003b) combined with equally unprecedented mortality increases in many countries (see paper by Nolte et al. elsewhere in this volume). This provides part of the explanation why some countries might have had difficulty completing certain parts of the FIQ.

Understandably, the Field Inquiry is not without limitations resulting from differences in the quality of responses. The potential complexity of situations and events might not always be captured and the narratives could be distorted due to misunderstandings or possibly due to vested interests of the respondents. In some countries they erred on the side of describing enacted legislation and established institutions, but covered implementation and activities casually, superficially or only in a limited fashion. The causes of the limitations are several.

Countries used a broad spectrum of approaches in order to answer questions in the survey, e.g.:

(1) an inter-institutional/multi-sectoral response committee/group (including non-governmental organisations and international agencies working in the country);

(2) several government institutions;

[1] With the exception of Albania, which had been independent throughout, these countries gained independence in the 1990s.

(3) a committee/group from one institution;

(4) a response from one focal individual.

Some degree of subjective judgment was likely to be reflected in the responses. Depending on the individuals or institutions, the answers to the questionnaire could be unintentionally or intentionally distorted. The individual or institutional respondent might have had incomplete knowledge regarding particular issues, events or processes. Alternatively, the individual or institutional respondent might have felt that it was in the interest of the country to present a relatively positive description of a particular issue, event or process, because a realistic description might be undesirable or harmful to the interests of the country.

The inquiry was conducted in English and at times that could have been a problem. In several countries the respondents had language difficulties. They might have understood the questions; however, they had difficulties formulating the answers. In other countries, the respondents might have even misunderstood questions and had major problems expressing themselves in English.

Certain aspects in the design of the FIQs could be questioned. As indicated above, there were only two types of questionnaire: one for the developing countries and one for the developed ones. The questionnaire designed for developing countries was applied to the countries in transition. While this might have been reasonably appropriate, say, in the Central Asian countries, potential respondents in Central European countries might have found these questionnaires ill fitted for their respective conditions.

Some respondents might have found it difficult to formulate answers to a number of questions in concise summary form. There were, for instance, questions requesting a description of how the cultural context contributed to, or constrained, desired progress on a certain issue. The respondents may have believed that such questions were too broad and that adequate answers would require a long and detailed elaboration. They would have wanted to describe attitudes as they had developed during the history of the country, which were possibly different among various strata of the population. The contemporary situation might vary in different parts of the country or among different groups of the population, etc. Even with the best of intentions, the actual responses might not have captured the most important features of the present complex situation.

Countries in transition

Introduction

Early in the 21st century the transition countries were relatively poor, but their populations had two important characteristics: they were well educated and reasonably healthy. In a few transition countries the 2001 gross domestic product (GDP) per capita in purchasing power parity was between $10,000 and $17,000, but in the majority it was below $8,000 and not infrequently around $4,000 or less (table 1). In most western countries GDP per capita was around $25,000 or more, with the exception of Southern Europe where it was between $17,000 and $25,000.

In contrast to the economic deprivation, the level of general education was almost comparable to western countries; rates of secondary school enrolment ratios were not much lower in the transition countries. Overall health conditions in the transition countries were inferior, but reasonably favourable in the global context. This state of affairs was the result of political, social and economic progress, especially in the second half of the 20th century, followed by the unprecedented transitions experienced by these countries after the collapse of their authoritarian political systems around 1990. These have to be taken into account when reviewing the implementation of the ICPD Programme of Action.

There were major differences among the individual transition countries. The countries of Central Europe and the Baltic republics had relatively better overall conditions than most of the other countries, especially those of the Caucasus region and Central Asia. The latter were among the poorest in the world, yet even there the educational levels were relatively high.

Many countries had adopted comprehensive approaches to issues of population and development, gender equality, reproductive rights and reproductive health, as well as the involvement of non-governmental organisations and civil society. Romania provides a good example. There "strategies, programmes and national plans of action have been elaborated, specific institutional capacities have been created and substantial public funds have been allocated aiming at achieving the goals of the Programme of Action adopted by ICPD". More specifically, this concerns the following areas: reduction of poverty, unemployment and social exclusion; improving the social assistance system; reform of the public pension system and other social insurance rights; health system reform; educational system reform; central and local public administration and regional development reform; and a national action programme aimed at the protection of the environment. In addition, strategies were developed for various population categories, such as child protection, social protection and promotion of youth, women's rights promotion and equity between sexes, elderly social protection, and upholding multicultural development and cultural and social integration of ethnic communities, with special emphasis on improving the conditions of the Roma population.

Efforts to deal with population issues are taking place in the context of the transition of the political, social and economic systems. Any judgments and

TABLE 1

Selected social, economic and demographic measures, transition countries

Country and region	Human development index value 2001	GDP per capita: Dollars purchasing power parity 2001	GDP per capita: Annual growth rate 1990-2001	Seats in parliament held by women (in per cent of total) 2003	1995-2000: Total fertility rate	1995-2000: Life expectancy at birth	1995-2000: Infant mortality rate	Maternal mortality ratio (per (100 000 live births) 1995	Secondary school enrollment ratio 2000-2001	Telephone mainlines (per 1,000 people) 2001
Central Europe and Baltic states										
Czech Republic	0.861	14 720	1.3	15.7	1.18	74.3	7	14	88	378
Estonia	0.833	10 170	1.6	17.8	1.28	70.1	11	80	83	354
Hungary	0.837	12 340	2.1	1.38	1.38	70.6	10	23	87	375
Latvia	0.811	7 730	-1.0	1.17	1.17	69.3	16	70	74	307
Lithuania	0.824	8 470	-1.6	1.38	1.38	71.4	11	27	89	313
Poland	0.841	9 450	4.4	1.48	1.48	72.8	10	12	91	295
Slovak Republic	0.836	11 960	1.9	1.40	1.40	72.2	10	14	75	289
Eastern Europe										
Belarus	0.804	7 620	-0.6	18.4	1.27	68.5	12	33	76	288
Moldova	0.700	2 150	-8.2	12.9	1.56	67.3	20	65	62	146
Russian Federation	0.779	7 100	-3.5	6.4	1.25	66.1	17	75	–	243
Ukraine	0.766	4 350	-7.4	5.3	1.25	68.1	15	45	–	212
West Balkan countries										
Albania	0.735	3 680	4.3	5.7	2.43	72.8	28	31	74	50
Bosnia and Herzegovina	0.777	5 970	–	12.3	1.35	73.3	15	15	–	111
Croatia	0.818	9 170	2.1	16.2	1.60	73.3	10	18	79	383
Macedonia	0.784	6 110	-0.9	18.3	1.92	72.7	18	17	81	263
Slovenia	0.881	17 130	3.0	12.2	1.25	75.2	6	17	–	402
Serbia and Montenegro	–	–	–	–	1.77	72.2	15	15	–	–
East Balkan countries and Turkey										
Bulgaria	0.795	6 890	-0.6	26.3	1.14	70.9	15	23	70	359
Romania	0.773	5 830	-0.1	9.9	1.32	70.5	20	60	80	184
Turkey	0.734	5 890	1.7	4.4	2.70	69.0	47	55	–	285
Caucasus										
Armenia	0.729	2 650	-1.3	3.1	1.14	70.9	15	29	64	140
Azerbaijan	0.744	3 090	–	10.5	1.32	70.5	20	37	78	120
Georgia	0.746	2 560	-5.5	7.2	2.70	69.0	47	22	73	174
Central Asia										
Kazakhstan	0.765	6 500	-1.9	8.6	2.10	64.6	58	80	83	121
Kyrgyzstan	0.727	2 750	-3.9	6.7	2.89	66.9	43	80	–	78
Tajikistan	0.677	1 170	-9.9	12.4	3.72	67.2	57	120	76	36
Turkmenistan	0.746	4 320	-6.1	26.0	3.03	65.4	55	65	–	80
Uzbekistan	0.729	2 460	-1.5	7.2	2.88	68.3	41	60	–	67

Source: United Nations Development Programme 2003, United Nations 2003 a.

evaluations of the progress made in transforming the political systems are extremely complex to summarise. Democratic and market economy systems are apparently functioning reasonably well in the Central European and Baltic countries, as well as possibly in other ones. Evidence is provided by the decision of the European Union to incorporate eight of these countries in 2004 and to consider the inclusion of other countries later.

At the other end of the spectrum are countries where the political system still has many deficiencies and/or where ethnic and other tensions are of such magnitude that they have led to civil unrest and armed conflicts. In Azerbaijan, for instance, there are large numbers of refugees and internally displaced persons comprising around 10 per cent of the population. Most of these live in unsuitable dwellings and have limited income-generating opportunities.

The economic transition has been difficult, often painful. Gross domestic products contracted substantially in all transition countries during most of the 1990s (United Nations, 2003; table 1). By the late 1990s recoveries were under way; however, the GDP in 2002 had surpassed the 1989 level only in the Central European countries. In a number of countries, such as Georgia, Moldova, Tajikistan and Ukraine, GDP in 2002 had not reached even half of its 1989 size.

Demographic trends were rather tumultuous, marked especially by an extraordinarily rapid fertility decline. At the outset of the 21st century total fertility rates in almost all the countries in transition were below

replacement, often substantially. Health conditions were inferior to western countries (table 2). For instance, infant mortality rates in the Central Asian countries in the late 1990s were between 40 and 60 deaths per 1,000 births. However in most other South-Central Asian countries (e.g. Afghanistan, Bangladesh, India, Nepal, Pakistan,) these rates were even higher (UNDP, 2003). The state of maternal mortality was similarly worrying.

The measure reflecting gender equality in tables 1 and 2 is far from perfect, but it does provide an indication of real relationships. In over one third of the countries in transition, fewer than 10 per cent of the seats in parliament are held by women, and in only four of the 27 countries do women hold more than 20 per cent of the seats. On average this is considerably less than in the western countries.

The low number of telephone lines, in particular in the central Asian and Caucasian countries, indicates the degree of difficulty the majority of the population has in obtaining current information.

A crude overall measure of well-being of populations is provided by the Human Development Index (HDI).[2] Practically all countries in transition are above the global average of 0.722 and about half of these countries are in the top third (table 1). As a rule it tends to be the relatively high level of education, counteracting the relatively low economic status of individual countries in transition, which elevates their HDI.

We will now turn to examining the development of policies and achievements of the transition countries while implementing the ICPD Programme of Action, as gleaned from the Field Inquiry survey.

Adopted policies and measures

Significant progress has been made in the transition countries in achieving the objectives of the ICPD Programme of Action. However, a description of the successes often needs to be tempered by a list of qualifications.

- A legislative basis was created and appropriate institutions were established to deal with issues of population, gender equality and reproductive health in all the transition countries.
- Population and development issues - especially the reduction of poverty, environmental degradation, population ageing and care for the elderly, as well as care for refugees and internally displaced persons – are particularly difficult to deal with, because they are closely related to progress in economic growth and the availability of resources. These issues are on the political agenda of all governments, but the responses in the FIQ documents reflect the limited options for achieving measurable results in the short-term, given the lack of resources and the economic difficulties the transition countries have been facing during the past decade. At the same time progress can be anticipated because these populations are well educated, the educational and health systems are functioning reasonably well and economic growth has been, for the most part, promising in the early years of the 21st century.
- The virtual absence of gender discrimination in education provides a good basis for gender equality and empowerment of women. Various ways of educating children and young people on gender and reproductive health matters have been developed or improved.
- Another favourable circumstance in most countries is a generally liberal attitude towards the central issues of reproductive health: contraception, induced abortion and reproductive health education.
- The availability of contraceptives has been greatly improved and contraceptive choice expanded.
- Special attention is being paid to combat socially undesirable phenomena, such as gender and child violence, and the trafficking in human beings. In the central Asian republics even infanticide, especially of baby girls, still occurs. Violence against women is widespread and has been dealt with extensively, although more effectively in some countries than in others. Measures have included information campaigns and awareness raising, and crisis centres for victims are being established, often with the help of non-governmental organisations.
- Trafficking in human beings is a matter of serious concern. Governments are being assisted by the International Organization for Migration (IOM) in their efforts to combat trafficking. Activities include prevention, awareness raising, capacity-building and legislation, as well as the protection and assistance needs of individual victims of trafficking, including their voluntary return to and re-integration into their countries of origin.

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2 The human development index is a summary composite index that measures a country's average achievements in three basic areas of human development: longevity, education and standard of living. Longevity is measured by life expectancy at birth; education is measured by a combination of the adult literacy rate and the combined primary, secondary and tertiary gross enrolment ratio; and standard of living by GDP per capita in purchasing power parity $ (UNDP, 2003).

- Networks of facilities to provide reproductive health services are being built or existing facilities upgraded. The quality of maternal and child health institutions has been improved. Consequently there is easier access to these services. Various measures to reduce infant and maternal mortality have been introduced and the respective rates are declining.
- Measures have been implemented to limit the spread of sexually transmitted diseases, including HIV/AIDS. Nevertheless, in a number of the East European and Central Asian countries these efforts are inadequate, and governments are increasingly aware of that. Significant ongoing assistance from international institutions may bring improved results in this endeavour.
- Numerous new non-governmental institutions have been created. NGOs have been influential in promoting the gender and reproductive health agenda, and frequently NGOs have also been providing services.
- Governmental and non-governmental institutions have collaborated effectively in many activities, including the formulation of legislation and provision of services.
- All forms of communication media, including the internet and telephone help lines, have been utilised to disseminate knowledge and to educate the population, especially young people. A variety of activities have been carried out to correct misconceptions and to stamp out unhealthy traditional gender and reproductive health behaviour.
- Data collection and analysis systems have been significantly improved. Activities of research institutions have been expanded and their output utilised for policy-relevant purposes.
- Resources allocated for gender and reproductive health matters have been increased, especially those from international institutions.

Main issues requiring attention

All the issues in which progress was achieved require continued attention. An analysis of the responses in the questionnaires, however, points to the following issues as being of fundamental importance:

- Reduction of poverty requires special attention, because living standards of large sections of the population in many countries of the region are very low. This is a major obstacle to progress in many of the gender equality and reproductive health issues.
- Living conditions of the elderly are as a rule considerably lower than those of the rest of the population; this justifies special attention being given to various forms of care for the elderly.
- The status of women and gender equality in many countries and among various strata of the population is incompatible with the standards of modern societies. Among other consequences, it is reflected in the relatively high prevalence of gender violence. Furthermore, a number of transition countries in the UNECE region are among those where trafficking in human beings, particularly of women and children, is extensive. These phenomena have complex roots and reasons and require comprehensive and long-term attention.
- In a number of countries, sexually transmitted diseases, especially HIV/AIDS, are spreading at a faster rate than elsewhere and could pose a considerable danger not only to health, but also to long-term economic and social development.
- Reproductive health knowledge among the general population, and sex education of the young generations, lag far behind what is desirable for healthy lifestyles. Moreover, personal attitudes and the cultural environment that would support improvements in dealing with issues of gender equality and reproductive health are often old fashioned, traditional or ill-informed. Ongoing education and advocacy are required to gradually remedy this situation.

Principal constraints

The following appear to be the principal constraints to fulfilling the objectives of the ICPD Programme of Action and were cited in virtually in every country document:

- Lack of financial, human and material resources.
- Lack of experience in dealing with the issues.
- Vestiges of patriarchal beliefs and behaviour regarding gender relationships and reproductive health.
- Some countries in transition were encumbered by armed conflicts and consequently had to take care of large numbers of refugees and internally displaced persons. Resources employed towards these ends could not be used for other purposes, including population and reproductive health matters.

Western countries

Introduction

At the beginning of the 21st century, western countries were the wealthiest, best educated and healthiest in the world. With the exception of a few countries in Southern Europe, their per capita gross domestic product in purchasing power parity was around $25,000 or more; almost all children acquired a secondary school education; the average life expectancy at birth was between 75 and 80 years; only about 4 to 7 per 1,000 babies died during their first year of life and maternal mortality was almost non-existent (table 2). The relatively high numbers of telephone lines indicate easy access to relevant information. The comparatively high representation of women in parliaments is one indication of a higher degree of gender equity than elsewhere. Finally, the superior values of the human development index in the western countries, which rank them at the top of the global list, confirm their overall high standard of living.

Such a generally favourable situation does not imply that these societies do not suffer from numerous social, economic and political problems, but in comparison to the countries in transition or the developing countries, the majority of the population in western countries enjoys comfortable lives with reasonable material conditions, and with satisfactory health care in a culturally agreeable environment. Despite a recession around the year 2000, all of the western countries experienced economic growth during the period 1990-2001 (table 2).

Adopted policies and measures

Many western governments take a broad and comprehensive approach to population, gender and reproductive health issues in the spirit of the ICPD agenda. However, governments often feel obliged to assert that they do not have explicit population policies.

- Ageing is the principal concern in western countries. Two strategies are proposed to deal with this issue. On the one hand, family-friendly policies which are intended to mitigate the tensions between raising a family and following a career are being implemented. Western governments presume that such policies will raise fertility and thus generate a more favourable age structure and retard the population ageing process. On the other hand, numerous measures addressing the well-being of the elderly are being promoted and implemented.
- Family-friendly policies include family and child financial benefits, tax relief, extended parental leave, expanded childcare facilities and flexible work-time arrangements.
- Policies concerning the elderly include adequate pension systems, health care provision, social services, appropriate housing conditions, transport services, employment opportunities, volunteering, assistance to family caregivers and special forms of multi-generation housing arrangements, including for people not related to each other.
- The main principles governing international migration policies are to manage migration flows in an orderly fashion, to promote immigration which benefits the recipient country, and to prevent entry to those who pose a threat to security. Family reunification tends to be a priority consideration, as is the protection of refugees. Governments are actively involved in preventing the trafficking of human beings.
- Gender equality has been promoted, utilising, among other means, the positive experience of the Nordic countries. Ideally this involves a wide range of facets: an equal division of power and influence of women and men; the same opportunities and conditions for women and men to achieve economic independence, to establish their own business, to work, and to develop their career; equal access to education and the development of personal ambitions, interest and talents; shared responsibility for work in the home and with children; and freedom from gender-related violence.
- Much progress can be observed throughout the western countries in dealing with many central reproductive health issues, namely: curbing the spread of sexually transmitted diseases, in particular HIV/AIDS; the promotion of safe sex; a reduction in the number of unwanted pregnancies and abortions; dealing with gender-related violence; and broadening the general knowledge of the public about reproductive health issues, including improvements in sex education. With rising immigration from developing countries, new issues have emerged, such as the prevention of female genital mutilation.
- Access to reproductive health services has been improving, and in most countries these services are low cost or free of charge for the client.
- Reproductive health services and education for young people have been expanding, often utilising innovative approaches.
- Activities dealing with HIV/AIDS deserve to be singled out. Progress is being made in developing medications, improving treatment, educating people, working with particularly vulnerable segments of the population, and

TABLE 2

Selected social, economic and demographic measures, western countries

Country and region	Human development index value 2001	GDP per capita: Dollars purchasing power parity 2001	GDP per capita: Annual growth rate 1990-2001	Seats in parliament held by women (in per cent of total) 2003	1995-2000: Total fertility rate	1995-2000: Life expectancy at birth	1995-2000: Infant mortality rate	Maternal mortality ratio (per (100 000 live births) 1995	Secondary school enrollment ratio 2000-2001	Telephone mainlines (per 1,000 people) 2001
Northern Europe										
Denmark	0.930	29 000	2.0	38.0	1.50	75.9	6	15	89	722
Finland	0.930	24 430	2.6	36.5	1.74	77.2	4	6	95	548
Norway	0.944	29 620	2.9	36.4	1.85	78.1	5	9	95	732
Sweden	0.941	24 180	1.7	45.3	1.56	79.3	4	8	96	739
Western Europe										
Belgium	0.937	25 520	1.9	24.9	1.36	77.9	4	8	–.	498
France	0.925	23 990	1.5	11.7	1.60	78.1	6	20	92	573
Ireland	0.930	32 410	6.8	14.2	1.90	76.1	6	9	–	485
Luxembourg	0.930	53 780	4.2	16.7	1.73	77.4	6	0	78	780
Netherlands	0.938	27 190	2.3	33.3	1.60	77.9	5	10	90	621
United Kingdom	0.930	24 160	2.5	17.1	1.70	77.2	6	10	94	587
West Central Europe										
Austria	0.929	26 730	1.8	30.6	1.36	77.7	5	11	89	468
Germany	0.921	25 350	1.2	31.4	1.34	77.4	5	12	88	634
Switzerland	0.932	28 100	0.3	22.4	1.47	78.6	5	8	88	732
Southern Europe										
Greece	0.892	17 440	2.0	8.7	1.30	77.8	7	2	87	529
Italy	0.916	24 670	1.4	10.3	1.21	78.2	6	11	91	471
Portugal	0.896	18 150	2.6	19.1	1.77	75.2	7	12	85	425
Spain	0.918	20 150	2.2	26.6	1.19	78.4	6	8	94	434
North America										
Canada	0.937	27,130	2.1	23.6	1.56	78.7	5	6	98	676
United States	0.937	34 320	2.1	14.0	2.05	76.2	7	12	88	667

Source: United Nations Development Programme 2003, United Nations 2003 a.

attending to the social and psychological aspects and circumstances of sufferers.

- Non-governmental organisations have been playing an important role in advancing gender equality and reproductive health within their own countries, in development work in other countries, and in international forums. Frequently NGOs work with special groups, such as adolescents, migrants or victims of gender violence. NGOs also tend to be major players in the prevention of STIs, particularly HIV/AIDS. Many NGOs working in this sphere pre-dated the ICPD, but their activities have expanded in recent years. For the most part, there is good collaboration between governmental and non-governmental institutions.

- Parliamentary groups concerned with population, gender and reproductive health are functioning in virtually every country. Many of their activities are coordinated by the Inter-European Parliamentary Forum on Population and Development.

- International assistance in population and reproductive health has risen to the top of national and international political agendas and it has become an integral component of poverty reduction strategies. It has increasingly included a broader array of substantive areas, and become a more integrated part of development assistance in general. International development agencies are utilising poverty reduction strategies and related national processes to promote ICPD goals. The Millennium Development Goals provide the reference framework for multilateral cooperation and bilateral cooperation agreements; at the same time it has been realised that the implementation of the goals of the ICPD Programme of Action are effective tools for reaching the MDGs.

- Certain issues, such as sexuality education and abortion, are the subject of controversy in international assistance, at times hampering the promotion of the ICPD Programme of Action. The controversies have, however, also generated

a stronger resolve of some governments to support the ICPD agenda.

- Funding provided for international assistance to further the goals of the ICPD Programme of Action is uneven. The contributions of the Nordic countries and some other governments are generally in line with the expectations of the Programme of Action. However, in general, the financial objectives set out in 1994 are not being fulfilled.

Main issues requiring attention

- As with the countries in transition, all the issues listed above, even when success has been achieved, require ongoing attention.
- Population ageing is on the top of the agenda in a majority of countries. Governments are concerned about the growing numbers and proportion of the elderly, and how the necessary resources will be secured to guarantee future needs in housing, health and social care. This task is complex and of gargantuan proportions but pales in comparison with the task of attempting to retard the process of population ageing, which could be attained essentially only by increased childbearing.
- In most countries in the region fertility is considerably below replacement level, and it appears that it will remain at this low level for the foreseeable future (Frejka and Sardon, 2004). Such levels of fertility will cause rapid population ageing (United Nations, 2003). Western countries are seeking and implementing family-friendly policies to lessen the tensions between child-raising and work obligations. However, the effects on childbearing to date are marginal at best.

Principal constraints

Western governments and non-governmental organisations do not list any major constraints with regard to fulfilling the objectives of the ICPD Programme of Action in their own countries. It is when collaborating with developing country governments in the implementation of the Programme of Action that western governments and NGOs encounter various constraints. These include:

- Traditions, taboos and unfavourable cultural contexts.
- Weak institutional and administrative infrastructures, especially weak health systems.
- Lack of funds and qualified personnel.
- Widespread poverty and unequal distribution of political power.
- Inequalities between women and men, especially unequal participation in decision-making.
- Unequal access to education.
- Pressure by fundamentalist and faith-based groups which deny the sexual and reproductive rights of women and adolescents.

Concluding thoughts

Governments and civil society throughout the UNECE region will continue to face formidable and numerous challenges on the path towards meeting the objectives of the ICPD Programme of Action.

A large number of issues, if not all, are of concern to both the transition countries and western countries, although the degree of urgency to deal with particular issues in the foreseeable future might differ, or the aspects that require special attention might be different.

So far population ageing is more of a concern to western countries, although certainly for countries in transition it is also a matter of considerable importance. By contrast, poverty reduction and environmental degradation are issues of utmost urgency in most of the countries in transition, yet they are also relevant to many western countries. Many aspects of gender equity, the empowerment of women, reproductive health and gender-related violence are not satisfactorily resolved, although in some countries a great deal of success has been achieved. The need to ease the tensions between child-rearing and work is likely to persist as a perennial concern for all. In the case of international migration, people will more commonly be leaving or passing through the transition countries and will be aiming for western countries. Similarly, the victims of human trafficking tend to be recruited in the transition countries, and they are then exploited in the western countries.

These considerations point to a final conclusion: countries can learn a great deal from each other, and there is an obvious need for coordination and collaboration.

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