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Content

List of Abbreviations

ART	Assisted Reproduction Technology
BMI	Body Mass Index
CA	Central Asia
CIP	Country Implementation Profiles
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 infection/acquired immunodeficiency syndrome
HPV	Human Papilloma Virus
ICPD	International Conference on Population and Development
IDP	Internally displaced person
IIASA	International Institute for Applied Systems Analysis
IWA	Inclusive Workplace Agreement
MIPAA	Madrid International Plan of Action on Ageing
NGO	Non-governmental organization
Non-EU	non-EU countries with advanced economies
NUTS2	Nomenclature des unités territoriales statistiques
OECD	Organisation for Economic Co-operation and Development
PMTCT	Reference Centre on Prevention of Mother-to-Child Transmission
PoA	Programme of Action
RIS	Regional Implementation Strategy
SEE	South-Eastern Europe
SRH	Sexual and Reproductive Health
SRH&RR	Sexual and Reproductive Health and Reproductive Rights
SRR	Sexual and Reproductive Rights
STI	Sexually Transmitted Infections
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 human rights-based development. 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, pursuing 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 ICPD PoA goals and objectives and initiated a thorough review of the implementation of the PoA 20 years after its adoption. GA resolution 65/234 established a roadmap 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 General Assembly 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 (CIP) 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 socio-economic and demographic context in the UNECE region

The 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 the legislative systems. The western UNECE countries underwent societal changes as well, though more gradual.

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 region's total population. Population growth in the region is expected to slow down in the next few decades while the proportion of 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 by 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. Extra-marital births and childlessness are on the rise in many countries.

Abortion rates have declined considerably across the region, along with a 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 in the beginning of the 1990s with the start of the transition in the eastern part of the region. During the 2000s it remained significant in size. Large negative net migration was characteristic for many new European Union Member States, Central Asia and a number of East and South-East European countries. Western Europe, North America and the Russian Federation saw a surge in positive net migration.

Current socio-economic 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 inequalities, 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. The lasting effects of the financial and economic crisis are seen by many countries as the most important barrier that impedes the implementation of the ICPD PoA.

Key Findings from 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 expand beyond traditional population policies to include social and welfare policies covering vulnerable groups and specifically youth, older people, people 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 implementation has advanced effectively in the UNECE region with regard to empowering people to make individual choices and to realize their human rights. Yet some challenges remain, 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-sectionally 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. Firstly, if a given issue is not identified as a priority in all specific policy areas, it might be accorded less attention than necessary. Secondly, 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 the use of cross-sectional indicators.

The cross-sectional approach is "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. Higher quality research can be conducted with exchange of knowledge and good practices among institutions in the eastern and western parts of the region.

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

through the sustainable development lens, 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 autonomy, quality of life, and dignity of the elderly are essential elements.

Decline in population growth is another important feature in 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. Policies need to enable women to combine their educational and career aspirations with fertility plans.

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.

The importance of investing in education is underlined by all countries. Outreach to vulnerable and disadvantaged children and youth, however, needs to be further strengthened. 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, fighting poverty and creating decent jobs for the unemployed have been recognized by countries as 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 is also persistent, although the trend is slightly towards 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 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 have been vivid expressions of the fact that many people of reproductive age do not find their conditions of life conducive to realizing their desire to have

children. Conditions on the labour market, legal institutions, government support and social norms have been lagging behind the needs of people who wish to combine a career with a family. Reconciliation of work and family life should be more effectively addressed, particularly regarding the availability of public and private childcare 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. Non-married 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.

Young people who experience hardship, incurred by 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 reinforcing.

Sexual and reproductive health and reproductive rights

Provisions for sexual and reproductive health and reproductive rights (SRH&RR) 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 SRH&RR, 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 topics of SRH&RR, 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 services.

Safe abortion, in circumstances where it is not against the law, is generally accessible region-wide. 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 as well as progress in reproductive technology has led to an increased call for artificial reproductive techniques. Further policy attention is required regarding access to sexual and reproductive health (SRH) for persons with disabilities, the poor, migrants, marginalized groups and older persons. Integration of SRH services with HIV-related services and other health services and with the primary health care systems may need further strengthening 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, HIV prevalence (as well as that of other sexually transmitted infections) 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, in particular non-governmental organizations (NGOs). NGOs are today supportive in many ways, such as awareness-raising and social mobilization, as well as 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 strong shift over recent years to involve civil society more strongly, thus generating a stronger sense of ownership of solutions to societal problems.

Citizens' awareness and involvement in upholding the ICPD PoA principles has increased. Raising awareness among potentially disadvantaged groups and specifically ethnic groups and minorities, requires greater attention because these groups are frequently socially 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 PoA. 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 upon common standards and norms, to exchange good practices and to work jointly towards ensuring solid 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 has also to be taken into account.

Policies, programmes and strategies developed in the UNECE region quite comprehensively address human rights, gender equality, sexual and reproductive health and other ICPD PoA issues, although the questionnaire information 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, a strengthened observance and 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 important achievements in contemporary governance need to be furthered. Civil society organizations and particularly NGOs, along with citizens' participation in civic matters are increasingly constructive 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 high return.

Design of policy scope and application requires sound evidence that should be provided by relevant data and rigorous research. Enrichment of monitoring tools is needed. Data collection, including surveys, and support of academic and applied research is an investment that pays off with improved welfare for all.

In the wake of designing the post-2015 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 demographics and population issues primarily from a people's empowerment and human rights-based development perspective. 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 youth, the aged and people with disabilities. Reproductive health was defined holistically as physical, mental and social well-being and not only the absence of disease. Special emphasis was placed on sexual and reproductive health and reproductive rights beyond the classical span of family planning. This enlarged scope required an integrated approach where population issues were considered 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 consisted in entrusting governments with the mandate to intervene through special policies and programmes, including incentives and disincentives, to determine demographic targets and trends such as decline in fertility and mortality. The new paradigm shifted this approach towards investing in the development of people, in particular women and vulnerable groups, so that individual men and women are in a position to take decisions and make choices that would enable them to achieve a higher state of 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 Programme of Action 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 comprised thirteen 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 governments and countries had made in addressing the provisions of the PoA, identified the remaining challenges and made it possible for countries 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 roadmap 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 General Assembly 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 (CIP) 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 formulated and implemented in the countries to address the issues included in the different thematic domains of ICPD PoA.

This UNECE report was prepared in the context of *ICPD Beyond 2014* project. The main purpose of the report is to ascertain the progress in the implementation of the ICPD PoA in the UNECE region. More specifically, the Report was devised to answer the following questions:

- To what extent have UNECE countries implemented the provisions of the ICPD PoA in their policy framework? To what extent have individuals and the principles of human rights and dignity been in the centre of such policies?
- To what extent was there progress along the components of the ICPD PoA? Have all ICPD PoA issues on population and development 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 protection of fundamental human rights and freedoms, the ICPD PoA emphasizes improvement of the 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 among others. Policies formulated to reduce the effect of barriers provide individuals opportunities to make choices about their life. Contemporary societies are evolving and individuals need to be well informed to make their own decisions. *Enabling informed choices* is the redefined paradigm in policies that expands through the protection of fundamental human rights to assure a decent quality of life for all in a prosperous society.

The report is structured in three chapters. The first chapter briefly describes the recent trends related to ICPD PoA issues 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. The second chapter 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. The third chapter provides a synthesis of the two preceding chapters highlighting persistent and emerging issues that need to be enforced or 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 sub-regions used in this report, which are defined as follows: Central Asia (CA: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, *Uzbekistan*); new EU Member

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[1] *Population Trends and Policy Responses in the UNECE Region: Outcomes, Policies and Possibilities*, 2013 (forthcoming), International Institute for applied systems analysis (IIASA). Analysis prepared for the UNECE regional conference "Enabling Choices: Population Priorities for the 21st Century", 1-2 July 2013, Geneva.

States (EU13: Bulgaria, Croatia,[2] 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).[3]

CHAPTER 1 - Population and Development: Trends and Tendencies in the UNECE Region

The provisions of the 1994 ICPD POA were implemented in a critical period in the history of the eastern part of the UNECE region. Within the preceding five years a profound transition towards more democratic and economically dynamic societies started. 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 important changes in the legislative system. The western part of the region experienced societal changes as well, although more gradual. 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 part of the region increased significantly and many ex-communist countries today are members of the Council of Europe and the European Union. Economically, the UNECE region remains extremely diverse: it includes some of the richest states on the globe along with many middle-income and some low-income countries.

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

- Population and sustainable development
- Inequities and social inclusion
- Life course, sexual and reproductive health, and families.

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%. The region's proportion of the world population is today around 18%. While the region's population is expected to grow to 1.41 billion by 2050, the population growth rate is expected to slow to about 0.05% per year between 2030 and 2050 and the region's proportion in the world population will decrease from 18% to 15%.

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[2] Croatia is included in the list of the new EU Member States (EU13) since its membership is expected to start on 1 July 2013.

[3] The UNFPA office in Kosovo supplied a filled questionnaire as well. It is used in the analysis to cover the complete scope of Europe's population. This questionnaire is included in the sub-region of South-Eastern Europe.

In the last twenty years some countries of the UNECE region, notably Israel, Cyprus, Turkey and the Central Asian republics, experienced rapid population increase: the growth from 2000 to 2010 ranged from 10% in Kazakhstan to 20% in Cyprus and 22% in Tajikistan. By contrast, countries of Eastern Europe and the new EU Member States experienced net population decrease. The projected population growth rate is expected to stay negative in Eastern Europe and the Caucasus and in the new EU Member States in the coming decades. In the rest of the UNECE region, population growth is expected to stay positive but smaller 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 per woman of reproductive age. During the last decade a moderate rebound was observed, with the TFR slightly increasing. Fertility in Western Europe had been in decline for several decades, until a rebound, like in Eastern Europe, was observed in a number of countries during the 2000s. Towards 2010 the TFR was below the so-called replacement level (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 (see IIASA (2013) for a critical discussion of the indicator).

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.

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 sub-regions.

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

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

- Increase of births out of wedlock: in some countries in the region more than half of all live births are out of wedlock. This trend spread rapidly during the last two decades; it is due to the emergence and proliferation of non-marital cohabitation. Births out of wedlock increased only modestly in countries with traditional fertility behaviour such as Central Asia and where the impact of religion is strong, such as Ireland, Poland and Italy.

- Increase in childlessness: in some countries (e.g. Germany and Austria) around 25% 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.

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 their reasonable well-being; others do not want to lose the income foregone while the mother will 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 (availability of potential help to be provided by friends and relatives

when necessary) supports realization of 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; it played a crucial role in the countries in transition.[4]

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. In the 1990s life expectancy for both sexes, particularly for men, declined in EEC and CA. The strongest 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, it is on the decline, except for the sub-regions 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 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. Achieved levels are very low (below 5 deaths per thousand in 23 countries); levels above 10 per thousand in 2010 were observed in countries of Central Asia and the Caucasus, along with the former Yugoslav Republic of Macedonia and the Republic of Moldova.

According to a UN inquiry carried out in 2009,[5] 27 governments in Europe evaluated fertility in their country as "too low", and only 13 assessed it as "satisfactory". 30 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 for its decrease.

Regional differences, gender gaps and educational gaps in life expectancies are explained with 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 unhealthy diet because of low income; others, such as people with disabilities or populations living in remote areas, might experience difficulties in reaching hospitals in case of emergency.

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% annually and reached 14.1% of the total population in 2010, and it is expected to grow further in the coming decades to account for about 20% by 2030 and 26% by 2050.

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[4] Blossfeld, H.-P., E. Klijing, M. Mills and K. Kurz, editors (2005), Globalisation, *Uncertainty and Youth in Society, Routledge.*

[5] 52 UNECE countries participated in this survey in 2009. United Nations, 2011. *World Fertility Policies,* Wall Chart, United Nations; part of the information is included in the country implementation profiles, available on http://www.unece.org/pau/icpd_beyond_2014.html

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

At the macro-societal level, population ageing is often seen as a burden to social and welfare systems, specifically health and pension systems. 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 population in employment.

Individual-level issues become more significant with population ageing. Persons living alone; aged persons living in remote areas away from services and supplies; those who need increased care; and those who fail to find work. These are some of the issues where strengthened policy orientation is desirable.

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

Old-age 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 west European countries and in 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.

Migration and population distribution

International migration soared in the beginning of the 1990s with the start of the transition in the eastern part of the region. During the 2000s it remained significant in size. Several general observations are necessary:

- *Migrant stocks* (non-nationals residing in the country): In 2000, Western Europe, North America and Israel had substantially larger stocks of immigrants than the sub-regions in the east and south. Their migrant population proportions also gained over the subsequent decade, while they stayed relatively stable in the eastern and southern sub-regions.

- *Migration flows*: Differences in *net migration*—number of immigrants minus 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 higher educated population*: New EU Member States are seen to be losing more than 10% of their tertiary educated population to other countries. Data show that notable proportions of higher 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 poses increasing demands on policy makers about policies which help migrants in the local society and thus achieve better social cohesion. Migrant remittances are of particular importance for countries of origin.

35%–40% of all NUTS2 regions (*Nomenclature des unités territoriales statistiques*) in 31 European countries faced decline in the working age population (20-64 years) under favourable economic conditions, and 55%-70% experienced a decline under unfavourable economic conditions.[6] In some areas the population decline is severe. Depopulation leaves behind underserved populations, underutilized infrastructure, roads, and arable land.[7]

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

37 governments preferred to maintain immigration at current levels, and one preferred no intervention; 8 would have liked to see a rise in immigration, and 6 a decline. Where emigration is considered, 39 governments chose the option "maintain" or "no intervention" and 13 would like to lower it.

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 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 % in 1990 to 84 % 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 highest CO2 polluting country is the United States with 17.3 metric tons of CO2 per capita per year, while the smallest polluter is Tajikistan with 0.4 metric tons. Most of the countries in the western sub-regions 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 subsequent decade. The biggest per capita polluting country 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 dis-favoured. 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: youth, the aged, women, migrants, and ethnic and other minorities. Marginalized groups such as 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

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[6] Rees Ph., N. van der Gaag, J. De Beer (2012), European Regional Populations: Current Trends, future Pathways, and Policy Options, European Journal of Population 28:385-416.

[7] A notable link between population shrinking and water supply infrastructure in Germany is discussed by Hummel, Diana and A. Lux: "Population decline and infrastructure: The case of the German water supply system", Vienna Yearbook of Population Research 2007, pp. 167-191.

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 like 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 the GDP. Inequality is much closer linked to the welfare regimes and the set of social policies protecting the population from inequalities.

The poverty gap,[8] measured by the proportion of population living with not more than two U.S. dollars a day marked a considerable decline in Central Asian countries in the last decade: in Tajikistan from 36% to 7%; in Kyrgyzstan from 23% to 6%; in Kazakhstan from 11% to 0.2%. Significant declines were observed also in Armenia and the Republic of Moldova but not as much in Georgia where it declined from 15% to 12%. 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 at risk of poverty or social exclusion is not as positive. According to Eurostat,[9] 27% of children in the 27 EU members live at risk of poverty or social exclusion and in some of the new EU Member States this proportion exceeds 30% (in Bulgaria it is 52%). About 20% of people aged 65 and over are classified as being at risk of poverty or social exclusion; children worse-off than the elderly, although this does not hold in certain countries (in Bulgaria the elderly at risk of poverty or social exclusion are 61%).

Severe gender inequality is shown by this index: women are worse off than men in all countries where data is available.

Unemployment: youth and the aged

A drastic increase in youth unemployment rates (15-24 years) was observed during the last few years of the economic crisis in Greece and Spain (44% and 46% in 2011, respectively), but the highest rates were reported in Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia (around 55%). A strong 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% were registered in ten countries. No particular sub-regional differentiation can be observed.

In 2010, in 22 UNECE countries youth unemployment was higher among men as compared to women, and in 16 countries it was higher among women relative to men. Most of the former countries are members of the EU. 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% only in Spain and in the former Yugoslav Republic of Macedonia. However a significant increase was also noted during the last few years.

Intergenerational equity

Intergenerational solidarity is essential for achieving sustainable development. It is sometimes argued that the young generations are deprived in contemporary societies because social protection is stronger for the elderly. However, estimates indicate that net intergenerational transfers, both societal and within the family are directed downwards with age.[10]

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

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[8] The poverty gap measure of $2 per day is not generally used in the developed economies.

[9] Eurostat, Statistics in focus, 4/2013, "Children were the age group at the highest risk of poverty or social exclusion in 2011"

[10] See articles in: "A Young Generation Under Pressure? The Financial Situation and the "Rush Hour" of the Cohorts 1970–1985 in a Generational Comparison", editor J. Tremmel, Springer, 2010.

completed tertiary education increased during the last decade. In 2010 this proportion was higher than 50% 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 in management positions has also increased and the proportion of seats held by women in national parliaments marked 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 was between 2% and 10%. Data at two different points in time were available for three countries only; they show an increase in domestic violence: in Azerbaijan from 8% (2001) to 10% (2006); in the Republic of Moldova from 8% (1997) to 13% (2005), and in Ukraine from 7% (1999) to 10% (2007).

Social exclusion

A recent UNDP report[11] informs about social exclusion and inclusion in several countries in the UNECE region. The report emphasizes social exclusion of specific disadvantaged groups. People 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.

Cross country analyses indicate[12] that societies with more equal distribution of incomes have healthier population, fewer social problems, and are more cohesive than those where the gap between the rich and poor is large. This position is hotly debated, yet it serves as a red signal that large income inequalities may enforce 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 emerged and proliferated. Cohabitation without marriage emerged and dispersed swiftly in most of the ex-socialist countries after 1990 while in the western part of the region it emerged earlier and dispersed gradually. Useful information is provided by births registered in cohabitation: during the period 1995-2005 the proportion of first births in cohabitation ranged between 55% in Norway, 46% in France, 18% in the Russian Federation and Hungary, and 9% in Italy.[13] For comparison: during the period 1985-1995 this proportion was 31% in France, 7% in Hungary and 4% in Italy.

Other forms of living arrangements also gained in importance. Specifically single-parent families increased, where the single mother prevails. 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% in Estonia, Lithuania and Poland, while the proportion of fathers was negligible (1%-2%).[14] Single mothers are frequently experiencing problems with providing 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.

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[11] "Beyond Transition: Towards Inclusive Societies", United Nations Development Programme, Bratislava 2011.
[12] Richard Wilkinson and Kate Pickett (2009), "The Spirit Level: Why More Equal Societies Almost Always Do Better". Allen Lane.
[13] Perelli-Harris, Brienna, M. Kreyenfeld, W. Sigle-Rushton, R. Keizer, T. Lappegård, A. Jasilioniene, C. Berghammer, P. Di Giulio (2012), Changes in union status during the transition to parenthood in eleven European countries, 1970s to early 2000s, Population Studies, iFirst, 2012, pp. 1-16.
[14] Philipov, Dimiter (2006): Portrait of the family in Europe. In: Policy implications of changing family forms, Population Series 49, Council of Europe Publishing, Strasbourg.

Sexual and reproductive health

- *Teenage pregnancies and births at advanced ages*:

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

With the postponement of conception to advanced reproductive ages, the risks that women will not succeed in getting pregnant and not carry the pregnancy successfully to term are increasing. Natural sterility or the inability to get pregnant increases slowly after age 30 and progresses much faster after age 40. This effect combined with more women postponing childbearing is increasing the demand for assisted reproduction technology services (ART). In 2008 about 4.6% of children were conceived via assisted reproduction in Denmark and about 0.5% in Turkey.

- *Abortion, sex ratio and maternal mortality*

43 governments stated that abortion is available upon request, and in 9 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.

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. Still today countries in Eastern Europe have a higher number of abortions per 1000 live births than countries in Western Europe.

Sex ratio at birth is normally around 105-106 boys to 100 girls. In some societies with strong preference for sons it may occur that female foetuses are aborted more often, thereby skewing the sex ratio at birth and creating imbalances in the age structure. This practice might signal an inferior position of women and girls in society. As the available data show, 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 (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 (ratio of around 7 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 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 (ratio of 21 per 100,000 live births).

- *Reproductive health and sexually transmitted infections*

The prevalence of HIV in the UNECE region has shown a significant increase, especially in the last two decades. Ukraine and the former Yugoslav Republic of Macedonia, for example, have shown substantially increased HIV prevalence rates between 1990 and 2000. Estonia and Latvia have also seen large increases in HIV prevalence. Routes of HIV transmission and key population groups of concern vary across countries in the region. In Estonia, for instance, injecting drug users are most at risk. In other countries that have shown similar trends, people at risk are intra-venal drug users, men having sex with men, and young people in the age group of 15-24.

In 2010 the incidence of female breast cancer was above 100 (per 100 000 women) in all western countries. The highest levels were observed in Denmark, the Netherlands and Belgium (around 182 per 100 000). The incidence is much lower in the eastern part of the region. One reason for this

regional difference is the longer life span of women in western part of the region. A higher level of cancer detection in the latter is another reason. In all UNECE countries the incidence of breast cancer has increased from 2000 to 2010.

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

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

- *Family planning and contraceptive prevalence*

In 2010, use of any contraceptive methods among currently married women aged 15-49 was around 75% in the EU15 and Non-EU advanced countries. Similar high levels were observed in the Russian Federation (80%) and Turkey (73%). Low levels were seen in SEE (the former Yugoslav Republic of Macedonia, Bosnia and Herzegovina, Montenegro), the Caucasus and Central Asia, except Uzbekistan where the ratio was 65%. In most of these countries, there was a decline in contraceptive prevalence from 2000 to 2010.

> 25 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.

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 contraceptive methods. The value of the indicator was at about 2%-3% in France (2004/2005), 10%-15% in about a dozen European countries, Armenia and Georgia, 23% in Azerbaijan (2006), and 30% in Bulgaria.

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 male and female life expectancy differentials. Over the past twenty years the proportion of regular daily smokers decreased in most of the UNECE countries but still remains at about 25% on average 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 in Belarus, Republic of Moldova, Russian Federation, Ukraine, and the Czech Republic.
- Obesity is known to increase the risk of serious diseases, impacting on 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. National differences are high. The lowest level of obesity is in Central Asia with the lowest level in Tajikistan (10%), while the highest level is in the United States (32%). Some countries exhibit a striking difference between the level of obesity in men and women. In Turkey about 36% of women are obese, compared with 23% of men. Differences are even higher in Armenia and Azerbaijan.

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 attain tertiary levels of education. Access to family planning is

high in many but not all parts of the region. The number of abortions diminished. Of concern are the rising prevalence of HIV and the incidence of female breast and cervical cancer in some sub-regions. The positive trends in reducing poverty and inequality seen in the first part of 2000s experienced a setback since the recent financial and economic crisis. With ageing population the sustainability of social protection systems is questioned and at the same time high unemployment among young people became 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 in the east-south-west directions 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 ex-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-east Europe.

CHAPTER 2 - The ICPD beyond 2014 Survey in UNECE Countries: Findings at a glance

As part of the *ICPD Beyond 2014* Global Survey, the 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. The review of the information gathered was done using 46 questionnaires aggregated in the six sub-regions highlighted in the Introduction.

The review here is exclusively based on the received questionnaires and sequentially follows the eight sections therein. The main Survey issues are as follows:

- To what extent have the provisions of the ICPD PoA been reflected in the population policies in the region?

- How did UNECE countries and sub-regions 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 availability of policies and the short comments related to their implementation. No inferences were made on policy effectiveness as the questionnaire was not designed to collect this information.

The UNECE countries' replies to the Survey provided useful information on the regulatory framework based on available legislation, policies, programmes, strategies, and plans of action,[15] and their implementation, as well as priorities for the future. It can serve countries to learn more about international experience and make their own comparisons.

Section 1: Population Dynamics and Sustainable Development

Sustainable development rests 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,

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[15] 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.

deprivation, and that special attention be given to vulnerable groups, including youth, women, the aged, migrants, and persons with disabilities, among others. It also requires that future generations will be able to live in an environment not worse than the contemporary. 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 policies of concern to them 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% of responses (Annex A, table 1.1). The response rate was very low among the Non-EU (none out of five) and the EU15 countries (4 out of 13). This can be misleadingly understood as a 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 specifically 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 Strategy[16] 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 & production
- Conservation and management of natural resources
- Public health
- Social inclusion, demography and migration
- Global poverty and sustainable development challenges

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[16] http://ec.europa.eu/environment/eussd/

The last three priority challenges relate to population matters that accord with the ICPD PoA.

As per 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 Sustainable Development Strategy 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 new membership in the EU (from 2004) and its membership in OECD and UN.[17] The Czech Survey questionnaire informs 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. Hence 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 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 improvement, and increase in 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 varies 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 situated in the sub-regions SEE, EEC and CA. 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 conception for the achievement of social inclusiveness through education in matters related to sustainable development.[18]

Achievements and progress

Under this section, the Survey questionnaire covered ten ICPD issues (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 recommended

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[17] http://www.mzp.cz/en/sustainable_consumption_and_production
[18] From Transition to Transformation: Sustainable and Inclusive Development in Europe and Central Asia, United Nations, New York and Geneva, 2012, pp. 47-48.

rules that its members are expected to follow and initiated a series of campaigns. For example, the year 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.

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.

The issue of addressing 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).[19] This was corroborated in the 10-year review of the ICPD PoA.[20]

Fostering sustainable resource use and preventing environmental degradation was addressed in 36 questionnaires: the most frequently mentioned among all issues under this section. However its implementation is relatively slow: only 56% of the countries reported being on schedule or ahead of schedule. Implementation is also behind for measures taken to improve solid waste management and promote environmental resources management.

Eradicating poverty was selected as the most important issue in the national context in 12 questionnaires. Other issues indicated as most important were: reducing territorial inequalities (5 questionnaires), and strengthening food security and improving solid waste management (4 questionnaires).

Persisting and emerging priorities

In most cases the prospective policies are primarily envisaged at the macro-economic or macro-social level while micro-level policies directed towards individuals are given secondary importance.

- Eradication of poverty is a priority for the Czech Republic, Russian Federation and Tajikistan. Rise in income-generation is mentioned by Azerbaijan and the Czech Republic. Increase in employment was indicated as a priority in several countries.
- 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 life expectancy of 74 years in 2018. Increase in 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 policy priority.
- Investment in human capital, promoting better quality education and environmental education (Albania, Andorra, the Czech Republic, Finland, Kazakhstan and Portugal). Health is underlined by several countries, mainly with reference to health services and reproductive health.
- Reducing social risks for old age groups, low-income families and vulnerable groups of population by developing effective social protection system (Azerbaijan).
- Gender equality in terms of the social and economic development of women in rural areas (Spain).

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[19] No data is available for Uzbekistan.
[20] Frejka, Tomas (2005). A decade of experience with implementing the ICPD Programme of Action: the UNFPA field inquiry in the UNECE region. In: The New Demographic Regime: Population Challenges and Policy Responses, United Nations, New York and Geneva.

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 co-operation 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 fair 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."

• General issues related to economic growth and sustainable development. The United States underlines 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 organisations 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 (slowing population growth, fertility, 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 side and energy consumption, pollution, environment protection, on the other, did not get much attention. This observation raises concerns especially in connection with the lagging retarded implementation of policies related to sustainable use of resources use and environmental protection.

Section 2: Population Structures: Youth, the Aged, the Disabled

Youth 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 planning purposes. Disability, however, affects individuals of both sexes and at all age groups and exposes people to added vulnerability. Issues of concern to youth, the elderly and people 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 with other UN documents, in particular the Convention on the Rights of the Child. The Council of Europe supports a range of programmes through its Youth Department, thus assisting in diverse ways young people across its 47 member countries.[21] The EU provides support to youth through diverse initiatives. For example the EU Youth Strategy (2010-18) has two overall objectives:

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[21] http://www.coe.int/t/dg4/youth/Coe_youth/Structures_en.asp

- To provide more and equal opportunities for young people in education and in the labour market
- To encourage young people to be active citizens and to participate fully in society.

The commonality of these objectives with the ICPD PoA issues considered below is clear.

Policies, programmes or strategies

Legislation directed towards protecting the rights of the child is available in many countries (the Czech Republic, Kazakhstan, the former Yugoslav Republic of Macedonia, Romania, and Sweden), and it seems to be 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 (strategy on youth in general). 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.

Youth are also frequently embedded in broader policies such as family policies, health policies, labour force policies, territorial development and others.

Specific policies on youth employment are mentioned by Albania, Austria, Belarus, and the former Yugoslav Republic of Macedonia. The Russian Federation reports about support to graduates with vocational training to practice their skills through internships. Other youth-specific policies/acts address youth poverty (Bulgaria, Serbia) and youth violence (Croatia, Germany, Italy, Sweden). Norway cites a "Manifesto against bullying".

Out of 95 policies, programmes or strategies reported, 54 were conceived between 2008 and 2013 (Annex A, table 2.2). The horizon of action is concentrated in the short and mid-term (until the end of 2019).

Achievements and progress

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 inform 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 other 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.[22] Non-response is concentrated in EU13 (six) and EU15 (four) countries. These countries, however, have a number of statistical surveys including labour force surveys that provide data on youth as of age 15 or 16.

Many questionnaires referred to youth unemployment as the most important issue in the future 5-10 years, mainly from the eastern part of the UNECE region, in addition to Austria, Germany, Norway and Portugal. The issues regarding the adverse effects of poverty, addressing violence, exploitation and abuse, and participation were mentioned by five countries each. Ending youth homelessness was mentioned by the United States. Education was addressed by Croatia, creating gay-straight alliances at secondary schools by the Netherlands, job strategy for the youth with disabilities by Norway, and engagement and civil participation of youth by France.

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[22] "Collecting age and sex disaggregated data on the socio-economic status of adolescents and youth".

Persisting and emerging priorities

The emerging priorities, as revealed in the Survey, match the ICPD issues discussed above, yet the scope of intended policy development is larger, 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 states increase in 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 life-long learning. Spain aims to achieve excellence in education, at all stages, to maximise 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 activity of the young people in different aspects of social, economic and political life. The Russian Federation aims at furthering the life skills of youth.

- 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 for youth". Lithuania envisages the establishment of youth-friendly services at 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 adolescents and youth-friendly legislation (Kyrgyzstan); improvement of the housing situation (Austria, Azerbaijan), support to young people in establishing NGO (Armenia),

Belgium places stress on "Valorisation des compétences des jeunes, orientation et choix de vie" (Enhancement of competences of youth, 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, starting an own family. In times of globalization the set of potential choices faced by individuals increases drastically, and the availability of relevant information for making proper decisions becomes critical. Some young people may feel disoriented when they do not have sufficient information; uncertainty becomes a leading feature in youth's life in contemporary globalizing societies.[24]

and raising awareness for social rights and decrease of youth migration and of "brain-drain" (France). Ireland seeks to ensure greater coordination in addressing the needs of young people.

Four ICPD issues included in the questionnaire[23] refer to policies that address children, adolescents and youth in circumstances where they need support: unemployment; poverty; violence, exploitation and abuse; and access to sexual and reproductive health services.

The recent unprecedented rise in youth unemployment along with poverty may have negative consequences throughout their life as they imprint on their values and attitudes. They may remain the "scarred generations" of the future, in contrast to the aims of sustainable development. To counter this impact the needs of the youth should be better understood and addressed with relevant policies or strategies. Specifically unemployed young adults may be motivated to further their education and labour qualification.

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[23] Table 2.5, issues a, b, c and e.

2.2. Addressing Ageing and the Needs of Older People

Addressing ageing differs significantly among the 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 as from the early 1990s. In the western parts of the region population ageing has had a longer history.

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, 2002 and Léon, 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.[25]

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:

- Encourage longer working life and maintain ability to work
- Promote participation, non-discrimination and social inclusion of older persons
- Promote and safeguard dignity, health and independence in older age
- Maintain and enhance intergenerational solidarity

The Declaration encompasses all crucial aspects for older people: their quality of life, working life, social inclusion and participation in society, dignity, 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 reported altogether 145 policies, programmes, or strategies regarding ageing and/or the needs of older people. 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 national positive ageing strategy was adopted in Ireland. Serbia has a "National strategy on ageing 2006-2015". The questionnaire for the Republic of Moldova cites a road map on integration of ageing issues in policies.

In the eastern part of the UNECE region, ageing is part of broader 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 for supporting health and longer working life of the elderly. In EEC and CA countries population policies have an explicit social character and do not necessarily refer to macro-population change.

Beyond general legislative acts, 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, i.e. "Impact on own life", "Respect for difference", "Humanity", "Good experiences every day" and "A dignified end of life". France set up an inter-ministerial 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-

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[24] Blossfeld, H.-P., E. Klijing, M. Mills and K. Kurz, editors (2005), Globalisation, Uncertainty and Youth in Society, Routledge.

[25] More information and relevant documents can be found on the web-site of the UNECE Population Unit: http://www.unece.org/pau/welcome.html

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 Program 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 veterans of labour and other elderly.

Achievements and progress

Notwithstanding the above, some ICPD issues related to older people have not been addressed as widely as expected. For instance, providing social services to the elderly was mentioned in only 38 out of 46 questionnaires (Annex A, table 2.16). Reference to preventing discrimination against older persons was made in less than half the questionnaires (22/46). A lower response (below 30) was also 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. Participation of the elderly in decision-making regarding their own issues is a topic that deserves more attention in the future.

Reported progress in 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 people deserves more attention as well.

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 older people, rather than at macro-level policies. They are as follows: Improving the legal foundations of retirement, pension reforms, changes in retirement age (Israel, the former Yugoslav Republic of Macedonia, Turkmenistan, Austria, and Spain). Rise in pensions or providing other material support is planned in many countries including Belarus, Georgia, Kazakhstan, and Switzerland.
- Improving regulations that refer to the elderly. (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 working lives of the elderly is emphasized in at least 10 questionnaires.
- Improving social services and enlarging their scope and quality (Azerbaijan, Belgium, Belarus, the Czech Republic, Tajikistan, and Turkmenistan).
- Ensure financial sustainability of elderly care (Belgium, the Netherlands, Romania, Serbia).
- Life-long 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 elder rights protection (the United States).

Many countries seek to provide care for the elderly at their own homes. Moreover, some countries (Croatia, Ukraine) give priority to home care as compared to placing older people in specialized homes. This reflects a generally preferred choice of the older people themselves: they often wish to stay in the home where they have long lived, in the familiar neighbourhood, close to relatives and friends. Support can be provided to help them live independently and stay active. To the extent possible, elderly should be empowered to make their own choices.

While individual-based policy approach is common in addressing care aspects for the elderly in the UNECE region, the retirement is ruled by macro-level legislation. Mandatory retirement age is

stipulated in majority of countries with little room for flexibility. Finding a balance between macro- and individual-level policies in addressing these matters would serve to the interest of all people.

2.3. Addressing the Needs of Persons with Disabilities

On 13 December 2006 the United Nations adopted a Convention on the Rights of Persons with Disabilities. The convention stresses social inclusion of persons with disabilities, respect of their human dignity and strife towards self-realization and self-determination. Human values should be achievable for all in an inclusive society, 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

Except for three, all other 43 questionnaires reported the existence of national-level legislation on disability (Annex A, table 2.23). In most cases the cited regulatory documents were enacted before the ratification of the Convention.

In addition to the reference to the Convention, the questionnaires reported a total of 163 policies, programmes or strategies as well as many laws (Annex A, table 2.24). These can generally be distributed as follows:

- 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 is cited by Germany, Norway, the Russian Federation and Ukraine.

Nearly half of the stated regulatory documents are policies (47%, Annex A, table 2.24). The questionnaires report also on regulations designed to support specific needs of the persons with disabilities. Most frequently they refer to the invalidated, mentally ill, the blind and others.

Achievements and progress

Disabled-related ICPD issues are presented in Annex A table 2.27. The response rate to the issues is higher compared to that for addressing needs of the previous two population groups, youth and the elderly.

Creating employment opportunities for persons with disabilities is the most frequently addressed issue (40 out of 46 questionnaires). The progress of implementation of measures related to it (80%) could have been higher; the crisis seems to have a negative effect as it did for employment of youth and elderly persons.

Development of infrastructure for the disabled is either on schedule or ahead of schedule in two thirds of the 33 responses received. Development of infrastructure is costly but it is 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.

When 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 crisis.

Persistent and emerging priorities

A large number of questionnaires underscored the following priorities:
- Harmonising or improving legislation in accordance with the Convention on the Rights of Persons with Disabilities

Several countries underline priorities of policies related to independent living, deinstitutionalization, 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 the disabled can have the choice to remain at home in the surrounding of their social network; to participate more actively in the community life; to be more self-determined and autonomous. This approach is similar to the one described above for old-age people.

- Improving infrastructure
- Creating job and equal labour market opportunities
- Ensuring inclusive education
- Providing equal access to health and other social services
- Strengthening rehabilitation services

Other items emphasized by a smaller number of countries include:

- Increased involvement in public and political life;
- Collecting data on the situation of the disabled;
- Providing support to families caring for persons with disabilities;
- Recognizing sexual and reproductive human rights to persons with disabilities;
- Prevent violence against disabled;
- Support independent living and provide care at home and non-institutional forms of care.

Section 3: Urbanization and Internal Migration

In the framework of the ICPD PoA, urbanization and internal migration relate to population and sustainable development. They differ greatly between more developed and less developed countries. Internal migration often causes population growth of 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 national policy, programme or strategy addressing urbanization and internal migration (Annex A, table 3.1). A high non-response rate was concentrated among EU Member States. This however should not imply that internal migration is not important to these countries.

In fact, the EU tackles problems of rural and urban development through the Regional Policy (also known as Cohesion Policy). This policy is implemented at the regional level in all EU countries and is adhered to by EU candidates. The goal of this policy is to improve political, social and economic situations in an effort to avoid and reduce disparities among regions. The current EU Regional Policy covers the period 2007-2013 with 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 cohesion policy for 2014-2020. Most countries have incorporated the EU Regional Policy in their national development plans, and its implementation seems to be experiencing good progress. The EU Regional 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 dynamics in small and medium sized towns and human capital development in rural and remote areas.

Bulgaria, one of the countries that did not respond to this survey question, is classified by EC as a convergence country where the development of lagging 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 population although they are not directed explicitly at internal migration. Serbia, not

a 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 the period of 2009-2013.[26]

The number of reported policies, programmes or strategies is lower when compared to the preceding sections: 85 in total. Strategies are about ten points below policies and programmes.

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.

Achievements and progress

The survey collected data for eight ICPD PoA issues related to urbanisation and internal migration (Annex A, table 3.5). Two areas were most frequently mentioned: development of smaller and medium sized urban agglomerations, and rural development strategies. The main purpose is to decrease the effect of the push factors 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.

Decreasing the pressure on urban agglomerations with either decentralization or promoting environmental management of urban agglomerations have been addressed by fewer countries, and implementation is behind schedule in 7 out of the 17 countries that reported on it.

Issues related to facilitating the integration of rural to urban migrants, offering services to the internally displaced and pro-active 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 the urban poor 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 certainly an important issue across the region.

Persistent and emerging priorities

Mentioned policies for the next five to ten years are of a wide diversity:

- Improvement of the infrastructure, i.e. road networks: Czech Republic, Albania.
- National territorial or urban development plans: Azerbaijan, Luxembourg, Poland, Tajikistan, and Turkey along with others.
- Development of rural and/or of small urban settlements; territorial decentralization with the purpose to ease the pressure on large urban areas: Czech Republic, Kyrgyzstan, Lithuania, Luxembourg, Norway, Poland, Ukraine. Spain cites "Rehabilitation of deprived neighbourhood as a tool to improve employment". Armenia intends to decrease disparities between rural and urban settlements.
- Addressing the depopulation of the rural areas: Armenia.
- Declining population is addressed in the Dutch questionnaire with a stress on peripheral areas; Slovakia addresses depopulation in the eastern parts of the country.
- Reference to housing is made by 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".

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).

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[26] http://www.geografie.uvt.ro/old/cercetare/publicatii/geographica/abstracte/Geographica2010-2/18. Todorovic%20final.pdf

The Swiss questionnaire states that "Policies on urbanization and internal migration are not relevant to Switzerland", but it also cites "Agglomeration policy in Switzerland"; "Agglomeration program for transport and settlement"; "Program for urban projects", "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 opens opportunities to individual choices with its direct effect on "push" factors on migration.

> A specific case for policy action in the future is raised in the Belgian questionnaire: "Keeping young families in the larger cities". This 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 induce a corresponding imbalance in the provision of services.

Section 4: International Migration and Development

Since the 1990s many countries in EEC and CA 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, provision of basic social services for migrants such as employment, education, and housing is imbedded 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 specification of public policies for migrants is redundant. Yet migrants face specific 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."

Countries report numerous policies, programmes and strategies in this respect (Annex A, table 4.2). Policies dominate in number over programmes and strategies. 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 domain, 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, the former Yugoslav Republic of Macedonia, Poland, Turkmenistan, and Ukraine. France, Kazakhstan and Lithuania, on the other hand, have reported immigration policies as implemented. The former Yugoslav Republic of Macedonia has developed and adopted Migration Policy and its Action Plan for the period 2009-2014.
- Kyrgyzstan has implemented a State Program for the regulation of migration over the period 2007-2010.
- Bilateral and multilateral agreements: Switzerland reports about partnership on migration with a number of countries; Armenia, Georgia and the Republic of Moldova refer to agreements with the 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 and 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.

Achievements and progress

In addressing the root causes of migration development of small and medium urban areas as well as rural areas are mentioned as measures to alleviate the push factor. 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 considered usually 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; philosophic and political positions; position to 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 violation 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 inform about taking gender and age into account in formulating immigration policies. In France and Italy, specific attention is given on unaccompanied minors; in Poland on access to education of immigrant children; in Norway on 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 have 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 implementation of foreseen measures (lowest among 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 the centre of a broad range of policies, both in sending and host countries. Such policies could be divided into three groups.

A - Policies aimed at improving 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 issuance of visas and other legal documents. Switzerland seeks to reduce the time for processing asylum requests. Improvement in asylum and naturalization policies is also envisaged in Slovakia.

- Enhancement of international cooperation through exchange of information, statistical data collection, joint monitoring and research on migration flows and combatting trafficking in human beings. Sweden chairs the Global Forum on Migration and Development 2013-2014 where the promotion of positive aspects of migration and development are endorsed. France looks forward to a global and regional management of international migration. Through enhancement of 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 the push factor 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 attunes its migration policy with that of the EU.

B - 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:

- Integration of migrants and reintegration of returnees were recognized as important issues. The Russian Federation seeks to develop the appropriate infrastructure via the provision of general information, legal support, and language and culture education. Turkmenistan highlights the importance of integrating displaced persons. Tajikistan plans the development of 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 around immigrants.

- Fighting illegal migration and trafficking in human beings was addressed in the survey by 10 countries. The former Yugoslav Republic of Macedonia plans to develop "clear and effective procedures aimed at peventing 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).

- Strengthening the ties with the diaspora in the countries of origin (Finland); contribution and role of the diaspora to migration and development (Sweden), support of diaspora groups (the former Yugoslav Republic of Macedonia, Kyrgyzstan and Georgia).

C - Policies addressing specific migration issues:

- Labour migration is indicated as a primary form of migration and is the subject of policies aimed at its facilitation and improvement (Poland, Spain, Turkmenistan). The Russian Federation and Austria aim at the immigration of 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 countries of origin (Ukraine) and host 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).

Section 5: Family, Individual and Social Well-being

The last two decades brought about 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, family formation patterns, forms of unions, single parenthood, and others. In some UNECE countries, the number of "skip generation households" consisting of grandparent(s) and grandchild (grandchildren) multiplied. Postponement in starting a family or having a child emerged. Childlessness also increased mainly in the western part of the region.

These rapidly evolving trends can expose some families and individuals to undesirable effects such as poverty and social exclusion, unemployment, worsening health, or exit from education. New family forms can be legally vulnerable with respect to their status and rights. Special attention is required for single parents. The ICPD PoA issues centre mainly on family-related vulnerability and human rights.

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). Regulatory documents, whether policies, programmes, or strategies, are universally available across the region (Annex A, table 5.2). The issues they address can be summarised in the following groups:

Families

"Turkey encourages expatriate Turks to establish NGOs in order to voice their views vis-a-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."

Broad-spectrum family matters are regulated with legal acts such as family code, national family policy, strategy or conception (reported in many questionnaires). Bosnia and Herzegovina has a strategy for family development; the Russian Federation has a Programme on Family Support for the period 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; 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 widely supported by relevant regulation throughout the UNECE region. For example Denmark has an Act on Family Allowances and Child Benefits; Norway seeks a 100% provision of kindergartens for children, which helps both parents enter the labour force.

Other regulatory documents refer to poverty in the family, education, health issues, gender inequality, and care for the disabled. These issues are also considered in other sections of this report.

Germany, for instance, monitors family development with a special report issued every year: 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; public child care system.

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

Achievements and progress

Family needs and well-being of individuals are reflected in the set of ICPD PoA issues presented in table 5.5 in annex A. 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 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 like family strategies (discussed above). Beyond the general, specific normative acts are available and 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 orphan-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 possible to plan family and working life according to each family's needs and preferences. France planned opening 200,000 crèches over the period 2009-2012. In the Russian Federation, among other measures, parents of three or more children as well as 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 re-qualification. 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, child care and labour participation of parents of young children in the direction towards releasing family care for their children (for example Poland introduced significant changes in 2009).

Providing financial and social protection schemes to single parent families is a topic of increasing attention, both because the number of single

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".

parent families is rising and because their needs increase. Countries report a variety of approaches regarding this issue, including implementation of general family policies or legislation on poverty, education, or housing among others. Albania for example, accentuates the provision of housing to single parent families. Many countries provide special benefits to single parent families.

The above issue is not addressed according to eight questionnaires and may require more attention in the future in certain countries in the UNECE region.

Developing the capacity to monitor the impact of policies on the well-being of families. This issue is not addressed in 12 out of 37 country responses and may therefore also require more attention. Monitoring is usually done by departments at the ministries and other institutions who 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 on-going 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 of mothers with a migration background.

The issue of *preventing child abuse and neglect and providing assistance to children victims of abuse, neglect or abandonment including orphans* is widely addressed in the questionnaires. Child abuse and neglect are covered by regulatory documents in many specific aspects. 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 (2012) in Azerbaijan. In the Netherlands there is an Advice and Reporting Centre for Child Abuse and Neglect with a task to remove 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. Among a diversity of measures adopted in the Russian Federation, the following might be mentioned: availability of an internet portal on "responsible parenthood" and an all-Russian child "trust" telephone.

Assisting families caring for family members with disabilities, and family members living with HIV. Policies and implemented measures by and large overlap with descriptions in Section 2 on persons with disabilities. Widely used measures are like the one practiced in Latvia: special state allowances for families caring for a child with disabilities or an adult with disabilities as well as state funded services for persons with disabilities (attendant's service, psychologist's consultations for parents whose child has been diagnosed with disability for the first time, etc.). Day-care centres for disabled persons are available for families who need them but there is a tendency towards providing day-care services at 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. Provision of education at home or in hospitals is also organized.

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 infection and their families. In Romania a person affected by AIDS is entitled to receiving care by 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 monitoring and HIV prevention.

Ensuring good quality early childhood care and education for working families, including extended day programmes. Early childhood care is emphasized by many countries. In some countries (Austria), kindergarten attendance at age 5 is obligatory and provided free of charge by the state and local communities - it is considered as a pre-school year. As specified above, Norway seeks to provide 100% kindergarten coverage and thus supports labour participation for both parents.

Supporting and assisting vulnerable families. This support is usually guaranteed by law, for example in Denmark with the Act on Social Service (Serviceloven). Municipalities are cited as being involved in provision of this support.

Supporting educational programmes concerning parental roles, parental 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 centre". 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 five to ten 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.

A - 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; assisting families caring for members with disabilities.
- Improving capacities to monitor the impact of policies on the well-being of families is less accentuated as 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.

B - Specific issues. A broad range of specific issues have been underlined by the countries; some are listed below.

- Decentralizing services to local government units (Georgia, the Netherlands among others).
- Improvement and expansion of family-home services (Albania, Belarus).
- Improving cooperation with NGOs (Croatia).
- Advancement of inter-sectoral cooperation and integrated services to the family (Bosnia and Herzegovina, Bulgaria).
- Little emphasis is placed on the needs of old-age people, whether in families or when living alone. Ukraine plans an increase in the quality of life of single persons aged 80 and over.

> 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 disabled persons; (c) expansion of shelters for women who are victims of violence and for their children; (d) provide interest-free credits to vulnerable families; (e) develop family hostels for vulnerable families.

- Support care for orphans and their adoption by families (Russian Federation); care deinstitutionalization of (orphan) children in Bulgaria (i.e. find a foster home or help them start a new life after they come of age).

C - 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.

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. Modern contraceptives started to replace traditional contraceptive methods, and data show that induced abortion is much scarcer today in these sub-regions compared to the beginning of the 1990s (see Chapter 1). Unmet needs of family planning however persists.

Policies, programmes and strategies

Table 6.1 in Annex A shows a broad coverage of the topic in this section across the UNECE region. No specific differences exist among the sub-regions. Table 6.2 additionally points to the dominance of reported programmes over strategies and particularly over policies. It also shows that a considerable part of the policies, programmes or strategies have been initiated more than five years ago.

Regulations related to sexual and reproductive health (SRH) as well as sexual and reproductive rights (SRR) include 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. A few examples are listed below:

- A National Strategy on Reproductive Health and Family Planning 2008-2015 has been adopted in Azerbaijan. National strategies on reproductive health have been adopted in Belarus and the former Yugoslav Republic of Macedonia. Kyrgyzstan has adopted a national strategy for the protection of reproductive health which is 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 program 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.
- 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 titled "Gezondheid dichtbij" ('Health in our grasp') on improving young people's sexual health and improving their lifestyle so they can make free, healthy, and safe choices.

Another approach is providing relevant education and information, the good practices of which are less cited. Cyprus reports a health education programme for HIV/AIDS, and a health education programme "Learning about contraception and sexually transmitted diseases". 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 European Union.

Achievements and progress

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 sexually transmitted diseases. Belarus raises awareness of modern contraceptives. NGOs collaborate 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 the disabled that face barriers to access services. This support is usually provided for free. Access to HPV (Human Papilloma Virus) 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 People with Disabilities was developed and distributed in cooperation with NGOs.
- Increasing women's access to comprehensive SRH services, regardless of marital status or age, is cited most frequently as the most relevant to a country's situation.
- Pregnancy. Medical examination for infertility is provided in Armenia. Social support to pregnant girls is provided in Kazakhstan by social workers along with health care personnel. Information booklets and other materials are being distributed. Additional nutrition is provided for anaemic pregnant women. Vitamin complex is provided to pregnant women living in regions close to Chernobyl in Ukraine. 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 (issues o, q). 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 25-60 years old women are screened for cervical cancer).

- Abortion. Induced abortion is a sensitive matter in many UNECE countries. Relevant 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 pregnancies. In Poland there is an Act of 7 January 1993 on family planning, human foetus protection and conditions of permissibility of abortion. This law is known as the "anti-abortion law" and 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 increasing access of persons with disability to comprehensive sexual and reproductive health, integration of SRH and HIV services, and prevention and management of the consequences of unsafe abortion. Each one of these issues was addressed by less than 10 countries.

Progress of implementation needs to be speeded 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 means of addressing the issues. These topics are of primary importance and need further development in the future.

ICPD PoA issues on sexual and reproductive health and rights

A - 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, 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, Lithuania, and Poland report cases brought to the European Court on Human Rights: Ireland on the grounds that restrictions on abortion in Ireland were in breach of their human rights;; Poland on the matter of lack of access to prenatal testing, which led to the inability to perform an abortion.
- Italy reports an agreement between the state and the regions on access to HIV testing by prisoners.
- In Lithuania claims related to SRH services usually refer to the 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 non-provision of health services to pregnant women, among others (the lack of statistics does not allow linking them 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.

B - 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).

The Irish Government recently approved the implementation of the judgment 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 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"; Bosnia and Herzegovina and the Netherlands have a law with a similar title; in Croatia it is titled "Act on Health Measures for Decision Making on Child Birth"; in the Czech Republic and in Finland there is an act on abortion; in Germany "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; the same level of regulation is reported for Lithuania. In the United States this is a state-level issue.

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.

C - A broad range of SRH services is currently being offered through the primary health care (Annex A, table 6.15). In general, counselling and provision of information are offered for all services except for two, i.e. obstetric fistula services and female genital mutilation/cutting.

- Among contraceptive services, access to male and especially female condoms can be considered as being offered relatively rarely.
- Maternity care services are available while safe abortion requires more attention in some countries.
- Although services related to sexually transmitted diseases are available, more services are required for HIV, especially where treatment is considered. The 12 countries that responded negatively to this issue are situated in diverse sub-regions.
- 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.
- Female genital mutilation/cutting is unlikely to be frequently practiced in the region, yet 15 questionnaires inform that prevention services are available and 12 questionnaires inform that treatment and care are provided.

D - The questionnaires report on the existence of strategies/actions to address SRH as an integral part of 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 (4 out of 6 responding) and CA (2 out of 4), did not yet have an SRH costed package integrated into primary health care provision.

The relatively high levels of negative responses refer to participation of community-based organizations and the monitoring 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 medicine list includes the full range of SRH medicines defined by the World Health Organization (WHO), 30 out of 39 questionnaires responded positively. Sweden remarked that it does not have a national essential medicine list.

E - SRH and HIV programmes aimed at groups with special needs are shown in Annex A, table 6.18. A high rate of negative response is observed, except for HIV-related groups and adolescents and youth. Negative responses are concentrated mainly among EU countries, where SRH programmes are available for the general public. Further attention is required to make such services available to persons with disabilities, older persons, undocumented migrants and the poor in general.

F - 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.

G - 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.

H - Mechanisms that are in place to ensure implementation of programmes to monitor maternal morbidity and mortality (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 is not introduced in at least 10 countries for all other listed mechanisms.

Countries reported the extent to which they considered selected HIV related issues as 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 table 6.18 as being addressed with SRH programmes across the UNECE region. One notable item with a low level of priority by a majority of countries is increased access to and use of female condoms.

Persistent and emerging priorities

A broad range of ICPD PoA issues, priority areas and special topics were reflected in countries' priorities for public policy in the SRH area during the next five to ten years. 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.

- Improvement in sexual education of adolescents and youth and of socially excluded and vulnerable groups was emphasized for example by the former Yugoslav Republic of Macedonia, Italy, Latvia, Malta, Poland and Turkmenistan.

- Integration of SRH services, HIV health services and other health services were emphasized by the former Yugoslav Republic of Macedonia and the Republic of Moldova.

- Eliminating mother-to-child transmission of HIV is mentioned by Ukraine and Norway; 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.

Some topics raised in the questionnaires were not in the list of ICPD PoA issues and priority areas. One such topic refers to provision of sexual health services to specific groups such as LGBT, 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 to improve 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 to achieve pregnancy with the ART. However 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 broad range of gender issues, not only 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 to exercise all their rights as full human beings free of 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 an equal opportunity- and discrimination- and violence- free society, 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 had fared rather well in terms of women's empowerment and upholding women's social, economic and political rights, the dynamics of gender relations in the eastern part of the UNECE region during the last two decades was not as swift as it was for other population issues. Although traditional gender relations in the family persist, they gradually give 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. Table 7.2 in Annex A displays a wide variety of policies, programmes and strategies. These can be summarized as follows:

- Gender equality is the focus of national strategies or policies in many countries. Action Plans on gender equality are also available in many countries such as Austria, Belarus, Bosnia and Herzegovina, Finland, Georgia, and Kyrgyzstan, and the former Yugoslav Republic of Macedonia. Ireland has a National Women's Strategy. In Cyprus equality between men and women at the work place is explicitly emphasized.

- 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. In Georgia and Serbia, "equal pay" is governed by law. Equal pay for women is also addressed in the United States. In Austria, an Amendment to the Equal Treatment Act was introduced in 2011.

The continuous relevance of gender equality topic is illustrated by the following 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 responsible institution for its fulfilment is the Ministry for Women's Rights.

- Gender mainstreaming is part of legislative documents in many countries. Belgium has a federal plan for gender mainstreaming. It is addressed also in Denmark, Germany and Sweden.

- Domestic violence and violence against women are addressed in regulatory documents in nearly all reporting countries in the region.

- Harmful traditional practices such as genital mutilation and forced marriages are a matter of legislation, policies, strategies and action plans (Portugal, Austria, and Norway among others). Trafficking in human beings is also reported as it relates to violence against girls and women (Serbia).

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 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.

Achievements and progress

The ICPD PoA issues related to gender equality and empowerment of women are listed in Annex A, table 7.5. They bear some commonalities and for this reason are discussed below in four groups.

A - 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. Campaigns are carried out in Albania, Azerbaijan and Croatia, to mention but a few.
- Encouragement for women's entrepreneurship (Armenia, Azerbaijan, Portugal and Slovenia).
- Support to mothers returning to work through requalification courses.
- Flexible forms of employment: advocated for instance in Cyprus and the Czech Republic.
- Sweden introduced earned income tax credit designed to help women and encourage them to work.
- Quotas for women in parliaments and management boards have been introduced (Slovenia, Turkey and Turkmenistan). In Norway: "Each sex must make up at least 40% of board representatives in public limited companies, inter-municipal companies and state-owned companies from 2003. The rule was extended to apply for cooperative companies in 2008 and for municipal companies in 2009."

B - Improving sex and age disaggregated data; collection and analysis of data on the social and economic status of women. Necessity of reliable indicators, such as gender equality indicators, is underlined in several questionnaires. Countries indicate that data are gathered through 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 are published in specialized yearbooks as well as in booklets, brochures and other materials aimed at the public; many are available on-line.
- Germany produced an Atlas on Gender Equality.

C - 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); 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 hot lines (Belarus, Russian Federation and Ukraine).
- Collaboration with the Council of Europe on implementing the Convention on Action against Trafficking in Human Beings (Armenia).

D - Harmful traditional practices: ending child marriage and forced marriages, ending genital mutilation. The reported measures include: booklets and brochures (Austria: "Zero tolerance" to genital mutilation); preventing child marriage among the Roma population (Romania); increase the minimum age at marriage from 16 to 17 years (Kyrgyzstan).

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

Project Connect (United States)

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.

Ending child marriage/forced marriage and ending female genital mutilation/cutting 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.[27] As to domestic violence and trafficking in human beings, they are addressed in nearly all reporting countries.

Survey results on priority issues of gender equality and empowerment of women are summarised 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 breast-feeding mothers require further consideration mainly among the new EU Member States, but also in SEE and EEC countries. The issue of genital mutilation of girls is not addressed through legislation in the above countries. Laws regarding the provision of paid paternity leave are still lagging. Questionnaire data (Annex A, table 7.11) reveals that specific attention is needed regarding eliminating 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 five to ten years.

In addition the following topics were cited as requiring further policy attention:

- Reduce the socio-economic gender inequalities, bridge the pay gap and increase the social and economic participation of women. Ireland seeks to bridge the gender gap in pensions, and Kazakhstan plans to achieve an average women's salary of 70% relative to that of men by 2020.
- Increase women's participation and ensure a balanced representation in decision making positions in management and governance

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[27] Studies show that these practices persist amongst some immigrant communities in the EU. Health Care for Women International; Volume 27, Issue 4, 2006.

- Address 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 a pertinent task (Belgium, Denmark, Georgia, Luxembourg, Malta and Slovenia).
- Need to promote work and family reconciliation (Latvia, Malta, Portugal, the Netherlands, and Spain).
- The importance of changing (combatting) gender stereotypes (Cyprus, the Czech Republic, France, Latvia, Norway, and the Republic of Moldova).
- Adequate budget: Austria enshrined the concept of gender budgeting in the Austrian Federal Constitution.

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

Although legislation that regulates gender equality is in place in most UNECE countries, malpractices continue to exist. In order to detect and address them, data collection, research and subsequent monitoring of policies needs to be enhanced.

> Belarus stresses the role of fathers and responsible fatherhood. Denmark emphasises "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 non-governmental organizations, 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.

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 only a diploma; achievement of 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; easy, and 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). Policies are slightly more predominant, mainly because national laws on education were classified as policies (Annex A, table 8.2)

More than half of the questionnaires referred to national laws on education. In addition, the countries mention laws regarding specific educational levels: pre-school, 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 developed in Georgia and the Czech Republic. National strategies for education and sustainable development are cited in the questionnaires of Armenia and Austria. Finland cites a policy and Romania a strategy on education and research. Poland adopted strategies for human and social capital. Switzerland has a program for the promotion of education, research and innovation, and an act for university promotion and coordination.

A lot of regulatory documents refer to specific educational matter:
- Life-long learning (Austria, Bulgaria, Latvia, Poland, Romania and Spain).

- National strategies, programmes or policies against school dropouts (Austria, Bulgaria, Romania and Turkey where attendance management programme for pupils aged 6-13 is 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.
- Reducing violence in schools: 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 developed in Georgia.

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% of the newly enrolled college students and 60% 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% of the students are girls. Girls' higher enrolment in higher education is statistically documented in many countries (Chapter 1).

- A decision for co-financing transport of pupils to schools is implemented in Croatia; another decision refers to (boarding) dormitories. In Poland a ministerial regulation refers to safe and hygienic conditions in schools.

Achievements and progress

A number of measures are taken for the implementation of acts and decisions regarding the ICPD issues of concern to education (Annex A, table 8.5):

- *Access of girls and adolescents to education*.[28]

The questionnaires commonly reported 100% coverage for primary and to a large extent secondary education. Portugal notes that attendance to school levels is 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, Austria). Scholarships are provided for Roma students in the former Yugoslav Republic of Macedonia in order to reduce early dropouts.

Switzerland focuses on equal chances for men and women in education through its programmes, for example: Federal programme for equal chances of women and men in universities; Federal programme for equal chances of women and men in higher professional schools.

- *Improving educational infrastructure; adequate transportation facilities.*

A primary instrument for the improvement of infrastructure in buildings and around buildings is the availability of sanitary norms. Their fulfilment is being controlled (Azerbaijan, Belgium, 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 programmes 2009-2012 and 2013-2017".

- *Facilitating school completion for pregnant girls*

Ukraine reports about the existence of external, distance, and evening forms of schooling. Evening schools are available in Azerbaijan and Belgium. 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 on their way in and out of school*

A variety of measures have been applied. A manual about protection in and around schools is designed in Albania, and Armenia has a child-friendly school programme. Police and school authorities

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[28] The exact formulation of the issues can be found in Annex A, table 8.5.

cooperate to protect children in Portugal. In Kyrgyzstan escorts for children going to school in non-safety territorial 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 textbooks to reflect these topics in countries such as 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 has carried out an evaluation of textbooks on issues of gender in 2008 and in 2011. "Healthy life style" for grades 8-11 is a subject of teaching in Albania.

- *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 adults' literacy. In Austria help is provided to adults to complete unfinished education. Ireland has an adult-literacy programme. Poland refers to the implementation of the European Agenda for Adult Learning. Centres for adult education are 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.

Life-long learning initiatives are adopted in Croatia and re-training courses for jobseekers (through the Labour Office) are offered in the Czech Republic.

- *Comprehensive sexuality education and sexual and reproductive health.*

The main cited measure implemented to address this issue is curricula revisions. In Ireland, these issues are discussed in core subjects such biology and anatomy, or in new subjects such as "Healthy life style" for grades 8-11 in Albania, and "Basics of health" for grades 1-9 in Turkmenistan.

Another approach is raising 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 for raising awareness are 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. "Education for career and ability for life" is a curriculum available in Albania. Education and healthy life style issues are incorporated in the national education plan and curricula 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 under preparation 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 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 most frequently mentioned priorities, arranged in three groups: improvement in quality of education, broadening the scope of education, and enforcement of educational forms and disciplines.

Improving 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 quality of education including providing evidence-based knowledge. Spain is oriented towards an increase in academic performance.

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

- Introduction of modern technologies; digitalization, information communication technologies and improvement in the infrastructure is high on the agenda in Albania, Kazakhstan, Ireland, Kyrgyzstan, Latvia, Russian Federation, Spain, Turkmenistan and Ukraine.

- Improvement of teachers' qualification; teaching and evaluation of teachers; improvement of personnel potential were stressed (Cyprus, France, Norway, Portugal, Sweden, and the former Yugoslav Republic of Macedonia).

- Allocation of budget is emphasized by Armenia, Kazakhstan, Latvia and Romania.

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. This priority was mentioned 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 Austria, the Republic of Moldova, Tajikistan and Ireland.

- Early dropout, especially from secondary education, is an important issue during the next 5-10 years. It has been emphasized in the questionnaires of Austria, Belgium and Bulgaria (planning a reduction down to 11% towards 2015), Denmark, Norway, Romania, Spain and the former Yugoslav Republic of Macedonia.

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

Enhancement of specific educational forms and disciplines:

- Strengthening of 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 of "Modernization of the infrastructure and the content of vocational education, in relation to the new technologies and innovation, to tackle possible future skills shortage and mismatches."

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 drop-out rates, but also in excellence of learning. This was not envisaged as an issue by the ICPD PoA, which focuses on better access of girls to education.

- Improvement of specific subjects was reported as a priority: technical education in the Czech Republic; natural sciences and technologies in Norway; and 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.

Partnership of Governments with Civil Societies 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 civil society organization (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 partnership of governments with civil society organizations; 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 form of partner CSOs. International NGOs are of a relatively higher number 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). Partnership with international NGOs in the area of sustainable development is relatively high because this area relates to issues that go beyond boundaries of countries. 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. Startlingly no partnership with youth groups is included in 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. 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 highly relevant scientific information.

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

Area of involvement

Survey indicates that the activity of monitoring and legal counsel is least cited as an area of partnership between governments and CSOs in all sections. Monitoring and legal counsel require high-level expertise; governments may wish to consider co-funding the CSOs who need resources for performing this activity.

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 which is less frequently cited for government and CSOs partnership is research and data collection. This is an activity which is inherent to CSOs of academic or research centres.

Awareness raising and social mobilisation is an area where CSOs are very active. It helps citizens to be aware of their human rights as well as about the available choices for crucial decisions in their life. The same inferences hold for the area "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 specifically 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.
- Private sector and public-private partnerships were also indicated as a facilitator in a few questionnaires, while a number of questionnaires reported the complexity of the legislation 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 at the outset that the findings from the I*CPD beyond 2014 Global Survey* are limited due to the fact that information reported by the countries is restricted to the headings and titles of the 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.

In spite of these limitations *ICPD beyond 2014 Survey* results in the UNECE region are revealing and to a certain extent reflect the trends discussed in the Chapter 1.

The review of country responses to the Survey showed that countries across all UNECE sub-regions have been quite advanced 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., in the old EU Member States and non-EU developed countries), the 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 sub-regions 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 sub-regions has to a large extent reflected the ICPD PoA premise of human-centred development and human rights-based approach and significantly invested in the provision of basic health, education and social services aimed at the fulfilment of dignified life. This occurred at a time when society in the UNECE region has 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 sub-regions. The questionnaires have indeed identified various sources of inequality particularly in the eastern part of the region.

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

Chapter 3. Policies and Persistent and Emerging Issues: Population Priorities for the 21st Century

This chapter seeks to highlight the persistent and emerging population and development issues of relevance to the region beyond 2014, as they emerge from the trend analysis and were reported in the questionnaires. It will do so by following the three main topics of Chapter 1 and covering the content of the eight sections of Chapter 2. It therefore summarizes the preceding two parts and provides a list of policy matters for the future.

A - Population and Sustainable Development

Population dynamics and the environment

The most pertinent change in the demographic structure, particularly in the western part of the UNECE region, is the continued and expanding ageing of the population. Some countries of the region, however, will still benefit from a demographic window of opportunity allowing societies to ease the demographic burden and invest resourcefully in young people. In both contexts, population and social policies addressing the development needs of the young and of the older people and those especially aimed at bridging inequalities in access to basic social, education and health services should be maintained, enhanced and expanded to groups that are structurally at a disadvantage. This includes young people, people with disabilities, women (including elderly women), ethnic groups, migrants and the poor.

Research (IIASA 2013, ftn. 1) indicates that current demographic trends are not necessarily a threat, and societies can prosper without growing populations; macro-level policies aiming at influencing demographic trends in a desirable direction might be redundant. An appropriate response, however, is the investment in human capital, gender equality and the improvement of living conditions for all.

Although a decline in national population growth is not necessarily a threat, population shrinking and even depopulation observed in certain regions within countries raise concern, because productive land is underutilized and infrastructure deteriorates, and the quality of services provided to the remaining population may decline.

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. As regards CO_2 emissions, most western UNECE countries managed to decrease their per capita CO_2 emissions between 1990 and 2010. Progress is however insufficient, and in some countries it has stalled. Further attention to the reduction of CO_2 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.

Finally, environmental protection also includes actions that aim at preventing specific diseases. To this end, environmental norms designed to prevent concentrated air and noise pollution (including air pollution with micro-particles) are essential. These norms should continuously be revised and adjusted to more rigorous requirements.

Fertility

As low or slightly below replacement fertility is likely to prevail in the region in the next decade or so, it is critical that countries concerned with this phenomenon devise rights-based and human-centred policies aimed at alleviating or eventually removing the health, economic, financial and social barriers that prevent families and individuals from realizing their fertility desires. Such policies should enable individuals coming from different backgrounds and horizons of life to make free and informed choices about the number and the timing of their children.

Ageing

While ageing in the UNECE region is the result of sustained achievements in human development and a source of celebration for an extended lifespan, it should however be accompanied with adequate policies to ensure active and healthy ageing for all, curbing inequality and ensuring autonomy, quality of life, and dignity of the elderly. 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.

Urbanization

Urbanization is increasing across many countries of the region and is likely to expand over new territories. This development can have negative effects in terms of sustainable development and requires the attention of policy makers.

Urbanization and internal migration are in general well addressed across most countries of the region. 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 individuals and families related to housing, employment, and health and social services in urban areas have to be 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.

Migration

Human rights of migrants are indivisible. Special attention is required to address different forms and practices of violation of human rights of migrants. 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, may also need to devise 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 may in particular need additional support furthering their education and professional qualifications, learning the local language and other enabling skills that would facilitate their integration.

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. However, policies aimed at reaching out to underserved, vulnerable and disadvantaged children and youth are still required. Special attention is necessary with respect to improving the quality of education, and matching labour market needs with appropriate educational, vocational and life-long 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.

B - Inequities and Social Exclusion

Gender Issues

The analysis has revealed commendable achievements in bridging gender gaps in most countries of the UNECE region. The proportion of girls who complete secondary and higher education is today

higher than that of boys. And the proportion of women with tertiary level education is larger than that for men. School dropout rates among boys are higher than those for girls. Attending to the education needs of boys in this context requires special attention

Remaining gender gaps however have been reported with respect to education in terms of malpractices and adverse social traditions among the poor and minority groups. Other more prominent gender-gaps have to do with persistent and in some countries increasing manifestations of violence against women.

The hourly gender pay gap is also persistent although the trend is slightly towards reduction. The resulting gender gap in old age pensions requires further attention.

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.

Broader issues of inequity and inequality

The analysis revealed that many population groups such as youth, older persons, persons with disability, and ethnic and other minority groups continue to be at a structural disadvantage and stand to suffer more from unemployment and poverty in a number of countries. This reality implies that population and social policies may need to be devised in a way to address the particular needs of the above groups and establish specific indicators to monitor the progress and impact of these policies on their well-being.

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

Fighting poverty and creating decent jobs for the unemployed have been recognized as persistent issues that require major policy attention in the future. Rise in education has been mentioned as an important tool in fighting unemployment and poverty. Provision of diverse forms of education including formal and non-formal as well as vocational training can enhance the return to education among those who left school.

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, the Life Course, and Sexual and Reproductive Health

Families and the life course: policies and issues

There is a rich experience in developing family policies in the region. These policies broadly cover different family needs and have been expanded to cover vulnerable families.

However, families experiencing new living arrangements such as cohabitating couples including those with children, and same-sex couples may require further policy attention that factors in upholding and protecting the human rights of all concerned.

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 where the single parent is the mother. The rights related to fatherhood are an emerging issue which calls for attention.

The pervasiveness of the dilemma between paid work in the labour force and unpaid family work indicates that work and family life reconciliation should be more effectively addressed, particularly regarding the availability of public and private child-care facilities. The supply of the latter is below the needs.

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.

Human rights of children, individuals and couples have been observed and enforced. In some cases, however, legislation and policies do not fully escape the influence of adverse traditions and unquestioned social norms such as child or forced marriages. These issues require further research and appropriate policy responses.

Sexual and reproductive health and rights

Many important achievements have been reported from the countries in the region. Indeed, provisions for sexual and reproductive health and rights (SRHR) have been incorporated in general legal and other regulatory documents. Most of the relevant laws have been established more than five years ago. Amendments during the last five years have also proven to be frequent. Policies and programmes have been recently implemented to enlarge the scope of services provided and increase their quality, as well as to broaden the coverage of population groups to ensure larger inclusion of vulnerable and underserved groups.

Provision of information and counselling on SRHR is widely reported. They are delivered in a diversity of forms, such as distribution of booklets and other materials, and advocacy and counselling provided by specialized institutions. Non-governmental organizations have also been involved in this activity.

Education, mainly in secondary grade, has included topics of SRH and SRR but specially designed curricula on these topics remains rare. WHO 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 prerogative to assure health for all, independently of gender, age, religion, ethnicity and origin. Persons without social or health insurance should be able to get needed health and reproductive health services (including the services for the mother and child in cases of pregnancy). Contraceptives are made available for free among vulnerable groups such as the poor.

Induced abortion is generally accessible region-wide. In a few countries it is legal only for rigorously defined medical reasons or specific cases such as rape. Abortion rates have declined considerably across the region, along a sustained availability and use of contraception particularly in the eastern part of the region.

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

While SRH services are available, it is difficult to ascertain their quality. Better monitoring of the quality of services is therefore vital. Countries also need to enforce data collection efforts to monitor and evaluate the effectiveness of policies.

The ICPD PoA did not address artificial reproductive techniques (ART) as a means to address infertility. Postponement of births to later years of life as well as progress in reproductive technology has led to

an increased call for ART. Another important topic is the relevance of SRHR to specific groups such as sex workers, men having sex with men and drug users. Information on health and social implications of behavioural and health risks should be made available to the public and specific groups of concern.

Although policies and actions on HIV/AIDS issues are widespread, HIV prevalence (as well as that of other STIs) has increased considerably across countries. Rigorous research and monitoring is necessary to establish the causes and identify the necessary interventions and regulatory frameworks to reverse these negative trends.

D - Governance

Non-governmental organizations

The survey shows that the most effective facilitating factor for implementing the ICPD PoA is the involvement of and partnership with CSOs, in particular NGOs. The high level of approval of this partnership is a solid proof of the important and effective role of NGOs in meeting the objectives of the ICPD PoA. 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 are today supportive in many ways, such as awareness creation and 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. This is very important because it enables citizens to oversee the functioning of the government and other public institutions.

Private sector organisations

Governments find it mutually beneficial to partner with private sector organizations mainly in service delivery, awareness creation and social mobilization. The ICPD PoA issues 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 child-care services may be considered, particularly where public supply is below demand and insufficient in quality.

Involving citizens in the public domain

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

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

Social investment increases quality of life in diverse ways, either through improved health, or increase in 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.

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 a matter of regular statistics.

Additional data can be gathered with large-scale cross-sectional and panel surveys. There exist 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 early 2000s, but more recently available only for Armenia, Kyrgyzstan, and Tajikistan as well as for Albania constitute still a main source of related information in these countries.

Survey-based micro-level information allows to make inferences about individuals' problems and needs and helps tracking of the influence of relevant policies on people's well-being.

Research on issues related to the ICPD PoA is taking place mainly at the national level. Analysis at the sub-national level is equally important and should not be neglected, as vulnerability may be higher among persons living in remote or underdeveloped areas.

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 boosting and strengthening. This can be achieved with exchange of knowledge and good practices among institutions in the eastern and western parts of the region.

Concluding Remarks

To what extent has the ICPD new paradigm for population policies been applied in the region? Is the individual in the centre of population policies? Are human rights and dignity in 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 on poverty encompass different groups such as youth, older persons and other groups. The youth poverty, in turn, is also addressed in a cross sectional way through a range of policies dealing with poverty, education, employment or family.

The cross sectional approach to a specific population issue across numerous "population-related" policies 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. This has been noticed with gender mainstreaming, where the dispersion of gender issues across various laws may make them less visible. 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 the construction of cross sectional 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 pro-natalist policies. Policies aimed at specific macro-level indicators are common. However, the implementation of such policies is often difficult as the issues are cross sectional and care should be taken that such policies do not compromise the rights of individuals and couples.

Has the implementation of the PoA advanced in all its components? Are all ICPD PoA issues on population and development harmoniously addressed with policy action or are some lagging behind others?

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, bridging 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 ICPD issues need to be updated so that their actuality becomes evident for 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 in the world as both fertility and mortality decline globally leading to population growth deceleration and increasing ageing.

Which are the issues that persist although they have been addressed with relevant policies? What issues have emerged during the recent two decades and that need to be considered in an update of the PoA?

The discussion throughout this report outlined numerous persistent and emerging issues.

Many issues persist for reasons other than policy ineffectiveness. Persistence can be due to the progress in society, which usually raises challenges towards satisfying people's needs. Without such challenges, a lot of issues would remain within their historical value. Changing contents of issues is a dynamic process, which will continue in the future. Vulnerable population groups will continue to exist, as will some inequality and social exclusion as well as diseases: their contents and manifestations may change but 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.

Analogously, demand for a full protection of human rights will sharpen and spread. Fundamental human rights such as the right to the timing and number of children 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 the progress.

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. This field is an extension of the domain of policies related to population and development when the latter are considered only within the scope of protection of human rights.

Policies related to opening new and informed choices aim at providing higher quality of life and complement as such those policies that are directly related to human rights.

Raising human capital and education was 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 enforce societal efforts to reach a sustained equitable and rights based population and development harmony.

ANNEX TABLES

Annex A: Selected tables by Sections of the Global Survey Questionnaire

Annex B: Partnerships of Governments with Civil Society Organizations

Appendix A includes tabulations of selected questions in the GSQ. The table numbers correspond to those of the questions.

The 45 countries which submitted questionnaires were divided in six sub-regions as follows:

1. Central Asia (CA): Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan (4 countries)

2. Eastern Europe and Caucasus (EEC): Armenia, Azerbaijan, Belarus, Georgia, Republic of Moldova, Russian Federation, Ukraine (7 countries).

3. New EU Member States (EU 13): Bulgaria, Croatia, Cyprus, Czech Rep., Latvia, Lithuania, Malta, Poland, Romania, Slovakia, Slovenia (10 countries)

4. Old EU Member States (EU 15): Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden (13 countries).

5. South-Eastern Europe (SEE): Albania, Bosnia and Herzegovina, FYROM, Serbia, Turkey (6 countries)

6. Non-EU members with advanced economies (Non-EU): Andorra, Israel, Norway, Switzerland, United Sates (5 countries)

Sub-regions EU-15 and Non-EU include the economically most advanced countries in the UNECE region. Croatia is included in the list of the new EU countries (EU13) because at the time of writing this Report its membership is expected to start on 1 July 2013. The questionnaire for Kosovo submitted by UNFPA is additionally included in sub-region South-Eastern Europe (SEE). The analysis centers therefore on 46 questionnaires.

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Annex A: Selected tables by Sections of the Global Survey Questionnaire

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 %
CA	4	0	0	4	100.0
EEC	7	0	0	7	100.0
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 1.2: Number of policies, programmes or strategies addressing interactions between population and sustainable development*

	Drafted	Implemented	Total**	Per cent	Year of inception***		Horizon***	
					<2008	2008-2013	2013-2019	2020+
Policies	8	9	17	15.6	10	3	2	1
Programs	22	24	46	42.2	6	17	9	1
Strategies	15	27	42	38.5	10	18	6	7
Others	1	3	4	3.7	0	2	0	2
Total	46	63	109	100	26	40	17	11

(*) Maximum 7 per questionnaire

(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.

(**) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

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 (**)		Percent on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
a) Eradication of poverty with special attention to income generation and employment strategies	31	4	11	29	30	5	20	80.0
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	68.0
d) Reducing territorial inequalities	26	6	14	24	22	6	14	70.0
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	64.0
g) Foster sustainable resource use and preventing environmental degradation	36	0	10	33	32	11	14	56.0
h) Address the population trends/dynamics in ecologically vulnerable areas.	14	12	20	9	12	6	6	50.0
i) Address 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	50.0

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

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

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 %
CA	4	0	0	4	100.0
EEC	7	0	0	7	100.0
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	100.0
Total	41	2	3	46	89.1

Table 2.2: Number of policies, programmes or strategies addressing the needs of adolescents and youth*

| | Drafted | Implemented | Total** | Per cent | Year of inception*** | | Horizon*** | |
					<2008	2008-2013	2013-2019	2020+
Policies	17	30	49	29	15	14	7	1
Programs	21	43	67	39.6	16	18	9	1
Strategies	18	32	51	30.2	10	21	11	1
Others	1	1	2	1.2	0	1	1	0
Total	57	106	169	100	41	54	28	3

(*) Maximum 7 per questionnaire
(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(***) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

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 (**)		Percent on schedule
	Yes	No	No resp.	Yes		(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 socio-economic 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

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

Region:	Yes	No	No response	Total	Yes %
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 2.13: Number of policies, programmes or strategies addressing ageing and/or the needs of older persons*

	Drafted	Implemented	Total**	Per cent	Year of inception***		Horizon***	
					<2008	2008-2013	2013-2019	2020+
Policies	10	38	49	33.8	19	16	3	0
Programs	19	24	43	29.7	11	8	1	1
Strategies	20	20	41	28.3	6	12	2	1
Others	1	11	12	8.3	1	5	1	0
Total	50	93	145	100	37	41	7	2

(*) Maximum 7 per questionnaire
(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(**) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

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 (**)		Percent 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 socio-economic 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

Under embargo until Monday 1 July, 9 a.m. CET

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 %
CA	4	0	0	4	100.0
EEC	7	0	0	7	100.0
EU13	10	0	1	11	90.9
EU15	11	0	2	13	84.6
Non-EU	5	0	0	5	100.0
SEE	6	0	0	6	100.0
Total	43	0	3	46	93.5

Table 2.24: Number of policies, programmes or strategies addressing the needs of persons with disabilities*

	Drafted	Implemented	Total**	Per cent	Year of inception***		Horizon***	
					<2008	2008-2013	2013-2019	2020+
Policies	23	51	76	46.6	25	16	2	0
Programs	17	23	40	24.5	11	11	7	0
Strategies	8	31	39	23.9	10	19	16	4
Others	1	7	8	4.9	1	3	2	0
Total	49	112	163	99.90	47	49	27	4

(*) Maximum 7 per questionnaire
(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(**) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

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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 (**)		Percent on schedule
	Yes	No	No resp.	Yes		(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 living 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 extend 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

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

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 (**)		Percent on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
Providing support to families caring for persons with disabilities	35	5	6	30	32	4	25	86.2
Collecting data on the civil, political and socio-economic status of persons with disabilities disaggregated on the basis of sex, age, place of residence, ethnic, social origin or any other status.	31	9	6	23	26	6	18	75
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 %
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 3.2: Number of policies, programmes or strategies addressing urbanization and internal migration *

	Drafted	Implemented	Total**	Per cent	Year of inception***		Horizon***	
					<2008	2008-2013	2013-2019	2020+
Policies	9	22	32	37.6	12	4	2	1
Programs	11	15	29	34.1	6	7	1	0
Strategies	8	15	23	27.1	7	7	4	2
Others	0	1	1	1.2	1	0	1	0
Total	28	53	85	100	26	18	8	3

(*) Maximum 7 per questionnaire
(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(***) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

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 (**)		Percent on schedule
	Yes	No	No resp.	Yes		(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 livelihood of urban poor	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 IDPs (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 %
CA	4	0	0	4	100.0
EEC	7	0	0	7	100.0
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	100.0
Total	36	9	1	46	78.3

Table 4.2: Number of policies, programmes or strategies addressing international migration and development *

| | Drafted | Implemented | Total** | Per cent | Year of inception*** | | Horizon*** | |
					<2008	2008-2013	2013-2019	2020+
Policies	15	35	50	47.6	12	16	4	1
Programs	10	11	23	21.9	2	7	3	0
Strategies	7	20	29	27.6	3	15	4	3
Others	1	2	3	2.9	1	1	0	0
Total	33	68	105	100	18	39	11	4

(*) Maximum 7 per questionnaire
(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(***) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

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 (**)		Percent on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
Addressing the root causes of migration so migration is by choice not necessity	21	16	9	17	18	4	14	77.8
Protecting migrants against human rights abuses, racism, ethnocentrism and xenophobia	37	5	4	30	31	4	27	87.1
Taking gender and age into account in formulating immigration policies	17	24	5	11	16	3	15	83.3
Addressing the factors that contribute to forced internal displacement	15	21	10	12	15	3	10	76.9
Strengthening support for international activities to protect and assist refugees and displaced persons	34	8	4	28	32	3	23	88.5
Combat trafficking and/or smuggling of migrants	38	3	5	33	34	2	29	93.5
Facilitate the flow and use of remittances to support development	18	20	8	12	13	5	11	68.8
Strengthening of dialogue and cooperation between countries of origin, transit and destination	32	7	7	25	30	3	25	89.3
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	16	72.7
Other, specify¬¬¬_____	5	2	39	4	5	0	4	100

(*) Three out of 46 questionnaires did not address any issue
(**) 1-deficient or behind schedule; 2-on schedule or ahead of schedule

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

International migration priorities	Extent of being addressed			
Sending countries	1=low	2=some-what low	3=some-what high	4=high
a) Address the root causes of migration and make remaining in one's country a viable option for all people.	6	9	8	9
b) Facilitate inflows of remittances by sound economic policies and adequate banking facilities.	11	7	10	3
c) Make 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) Facilitate 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	1=low	2=some-what low	3=some-what high	4=high
g) Ensure 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) Protect women and children who migrate as family members from abuse and denial of their human rights.	1	2	12	27
i) Work towards integration of family reunification into national legislation	3	2	21	17
j) Prevent racist and xenophobic actions and policies.	1	5	8	26
k) Prevent the exploitation of undocumented migrants and protect their basic human rights	2	4	11	23
l) Prevent international trafficking in migrants; and protect 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) Facilitate the integration of migrants, including forced migrants	1	7	12	21
o) Preventing discrimination of migrants on the basis of age, sex, race, HIV status, religion or disability	1	3	12	23

Table 4.7: Level of priority for international migration priorities (number of questionnaires) (continue)

International migration priorities	Extent of being addressed			
All countries	1=low	2=some-what low	3=some-what high	4=high
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) Strengthen support for international activities to protect and assist refugees and displaced persons.	-	3	17	22
r) Provide access to health services, including sexual and reproductive health services, to migrants, IDPs and Refugees.	2	2	18	17
s) Support 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 wellbeing of individuals?

Region:	Yes	No	No response	Total	Yes %
CA	4	0	0	4	100.0
EEC	7	0	0	7	100.0
EU13	10	0	1	11	90.9
EU15	11	0	2	13	84.6
Non-EU	5	0	0	5	100.0
SEE	6	0	0	6	100.0
Total	43	0	3	46	93.5

Table 5.2: Number of policies, programmes or strategies addressing the needs of the family and the wellbeing of individuals *

	Drafted	Implemented	Total**	Per cent	Year of inception***		Horizon***	
					<2008	2008-2013	2013-2019	2020+
Policies	15	53	68	41.2	26	9	2	1
Programs	13	38	52	31.5	16	17	12	1
Strategies	10	28	38	23	7	18	13	2
Others	2	4	7	4.2	1	1	0	0
Total	40	123	165	99.9	50	45	27	4

(*) Maximum 7 per questionnaire
(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(***) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

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

ICPD issues addressing the needs of the family and the wellbeing 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 (**)		Percent 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 wellbeing 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 provide 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, and family members 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 programs	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, parental 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 %
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 6.2: Number of policies, programmes or strategies addressing sexual and reproductive health and reproductive rights *

	Drafted	Implemented	Total**	Per cent	Year of inception***		Horizon***	
					<2008	2008-2013	2013-2019	2020+
Policies	9	30	42	25	18	8	3	1
Programs	18	48	68	40.5	27	22	12	0
Strategies	14	40	54	32.1	10	28	16	3
Others	0	4	4	2.4	0	3	0	0
Total	41	122	168	100	55	61	31	4

(*) Maximum 7 per questionnaire
(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(**) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

Table 6.3: 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 diseases 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		Percent on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
a) Increasing women's accessibility 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 disability 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

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

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		Percent on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
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) Breast cancer screening and treatment	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) Cervical cancer screening and treatment	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	Accounting 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)

Accountability mechanisms	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) Counseling	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) Post-natal 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 counseling	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 counseling and testing	42	1
u) Treatment	30	12

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) - (continue)

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) Contraceptives services for people living with HIV	36	6
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 counseling	42	0
ii) Services (including access to contraceptives)	37	3
jj) Adolescent and youth friendly comprehensive SRH services (that are confidential, private and affordable by 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 costed 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 GBV screening (including FGM/C)	28	9
k) Mechanisms to monitor quality of SRH service delivery	27	9
l) Health personnel trained in elimination of stigma and discrimination towards key populations, including young people, people living with HIV, sex workers and clients, men having 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

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

Group	Yes	No
a) Adolescents and youth	22	1
b) Extremely poor	11	10
c) Indigenous people	8	11
d) Ethnic minorities	19	4
e) Documented migrants	16	6
f) Undocumented migrants	10	10
g) IDPs	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 programmine

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) People 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/ un-documented 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

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

ICPD issues regarding HIV	Level of priority (1=low, 2=somewhat low, 3-somewhat high, 4=high)			
	1	2	3	4
h) HIV prevention services, primary healthcare 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 are partners in HIV programming	1	8	7	23
n) Prevention of stigma and discrimination towards people living with HIV and people affected by HIV through awareness raising	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 %
CA	4	0	0	4	100.0
EEC	6	1	0	7	85.7
EU13	11	0	0	11	100.0
EU15	12	0	1	13	92.3
Non-EU	4	1	0	5	80.0
SEE	6	0	0	6	100.0
Total	43	2	1	46	93.5

Table 7.2: Number of policies, programmes or strategies addressing gender equality and empowerment of women *

	Drafted	Implemented	Total**	Per cent	Year of inception***		Horizon***	
					<2008	2008-2013	2013-2019	2020+
Policies	9	30	42	25	18	8	3	1
Programs	18	48	68	40.5	27	22	12	0
Strategies	14	40	54	32.1	10	28	16	3
Others	0	4	4	2.4	0	3	0	0
Total	41	122	168	100	55	61	31	4

(*) Maximum 7 per questionnaire
(**) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(**) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

Table 7.5: Responses to ICPD issues on gender equality and empowerment of women (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 (**)		Percent on schedule
	Yes	No	No resp.	Yes		(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 staus 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 rural women	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 countries)

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: Promulgated and/or enforced national laws responding to the following 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
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 breast-feeding mothers (public sector)	24	15	21	8
s) Day-care centres /facilities breast-feeding mothers (private sector)	22	17	20	7
t) Discourage polygamy	29	7	22	6

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

Priorities	Level of priority(*)			
	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 GBV and FGM/C)	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

(*) 1=low; 2=somewhat low; 3=somewhat high; 4=high

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 %
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 8.2: Number of policies, programmes or strategies addressing education issues *

	Drafted	Implemented	Total**	Per cent	Year of inception***		Horizon***	
					<2008	2008-2013	2013-2019	2020+
Policies	13	50	63	35.6	20	25	6	0
Programs	17	35	53	29.9	17	12	10	0
Strategies	16	40	57	32.2	16	21	19	6
Others	0	3	4	2.3	0	1	0	0
Total	46	128	177	100	53	59	35	6

(*) Maximum 7 per questionnaire
(*) The total may be larger than the sum of drafted and implemented because of non-response in the latter.
(**) The number of policies/programs/strategies with stated year of inception or horizon is lower than the total because of non-response.

Table 8.5: Responses to ICPD issues on education in the national context (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 (**)		Percent 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 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 on education in the national context (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 (**)		Percent on schedule
	Yes	No	No resp.	Yes		(1)	(2)	
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

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Annex B: Partnerships of Governments with Civil Society Organizations

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

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

Type of CSO	Number	Area of involvement *	Number
1) National non-governmental organization (NGO)	44	1) Service Delivery	17
2) International NGO	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 mobilisation	34
9) Other	4	5) Monitoring and legal counsel	16
		6) Education and training	28
		9) Other	2

* One CSO can be involved in several areas

Table 2.9 Civil society organizations (CSOs) whom the government has partnered with 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 organization (NGO)	75	1) Service Delivery	43
2) International NGO	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 mobilisation	65
9) Other	2	5) Monitoring and legal counsel	23
		6) Education and training	55
		9) Other	10

* One CSO can be involved in several areas

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

Type of CSO	Number	Area of involvement *	Number
1) National non-governmental organization (NGO)	68	1) Service Delivery	42
2) International NGO	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 mobilisation	51
9) Other	8	5) Monitoring and legal counsel	23
		6) Education and training	28
		9) Other	11

* One CSO can be involved in several areas

Table 2.31 Civil society organizations (CSOs) whom the government has partnered with
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 organization (NGO)	67	1) Service Delivery	46
2) International NGO	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 mobilisation	54
9) Other	6	5) Monitoring and legal counsel	32
		6) Education and training	36
		9) Other	10

* One CSO can be involved in several areas

Table 3.12 Civil society organizations (CSOs) whom the government has partnered with
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 organization (NGO)	22	1) Service Delivery	14
2) International NGO	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 mobilisation	17
9) Other	1	5) Monitoring and legal counsel	13
		6) Education and training	15
		9) Other	3

* One CSO can be involved in several areas

Table 4.10 Civil society organizations (CSOs) whom the government has partnered with 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 organization (NGO)	50	1) Service Delivery	43
2) International NGO	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 mobilisation	37
9) Other	7	5) Monitoring and legal counsel	27
		6) Education and training	31
		9) Other	10

* One CSO can be involved in several areas

Table 5.10 Civil society organizations (CSOs) whom the government has partnered with 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 organization (NGO)	67	1) Service Delivery	54
2) International NGO	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 mobilisation	55
9) Other	10	5) Monitoring and legal counsel	27
		6) Education and training	40
		9) Other	5

* One CSO can be involved in several areas

Table 6.26 Civil society organizations (CSOs) whom the government has partnered with in the area of sexual 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 organization (NGO)	66	1) Service Delivery	38
2) International NGO	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 mobilisation	65
9) Other	2	5) Monitoring and legal counsel	22
		6) Education and training	60
		9) Other	4

* One CSO can be involved in several areas

Table 6.30 Civil society organizations (CSOs) whom the government has partnered with 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 organization (NGO)	73	1) Service Delivery	63
2) International NGO	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 mobilisation	80
9) Other	0	5) Monitoring and legal counsel	44
		6) Education and training	76
		9) Other	4

One CSO can be involved in several areas

Table 7.12 Civil society organizations (CSOs) whom the government has partnered with 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 organization (NGO)	83	1) Service Delivery	60
2) International NGO	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 mobilisation	72
9) Other	9	5) Monitoring and legal counsel	44
		6) Education and training	62
		9) Other	14

One CSO can be involved in several areas

Table 8.11 Civil society organizations (CSOs) whom the government has partnered with 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 organization (NGO)	53	1) Service Delivery	20
2) International NGO	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 mobilisation	40
9) Other	8	5) Monitoring and legal counsel	18
		6) Education and training	52
		9) Other	1

One CSO can be involved in several areas