

Conference “How Generations and Gender Shape Demographic Change”

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Introduction

Thank you,

Mme Chair, Excellencies, Ladies and Gentlemen, good afternoon

- I am pleased and honoured to have been invited to speak on behalf of the United Nations Population Fund, UNFPA. Allow me to begin by congratulating the Economic Commission for Europe for convening this conference. The programme you have assembled looks highly interesting and your deliberations will be very usefulness for future policy discussions.

ICPD

- The conference is very appropriately held on the eve of what is called ICPD@15, that is, the 15th anniversary of the International Conference on Population and Development, which was held in Cairo in 1994.
- ICPD was visionary in addressing many of the issues which you will be discussing during these next 3 days.
- Therefore, I was asked by the organizers to share what I know about the preparations around the world for this 15th anniversary, so let me begin by doing that.
- The different regions of the world are undertaking a variety of events, each under their respective legislative mandates. Some are convening expert group meetings, some are surveying their respective members. Many are using occasions such as this conference to discuss progress.
- At the global level, at this point, there is no plan for a major stand alone event for ICPD@15, although it is expected to be addressed during the General Assembly.
- However, let me go beyond ICPD itself in its narrowest sense. ICPD has informed many subsequent international consensus documents. Most notably, several ICPD quantitative targets, on mortality and education, were lifted directly into the Millennium Development Goals, the so called MDGs, right from the beginning.
- Another ICPD target, namely access to reproductive health, was originally left out of the MDGs. However, we are pleased that, during this last year, the target on

universal access to reproductive health by 2015 has been included. Four relevant indicators have also been added – adolescent fertility, unmet need for family planning, contraceptive prevalence rate, and antenatal care coverage.

- This in turn is influencing other monitoring frameworks. Thus, the so called “Countdown 2015” process tracks progress in the 68 countries with the poorest health indicators. That process has gradually evolved. When it was first started in 2003 it included only child mortality. Then it added neonatal and maternal mortality. And at its conference held last month in South Africa it was agreed to further include reproductive health in its continuing deliberations towards the 2010 update.

What UNFPA does

- Mme Chair, I was also asked to talk about what UNFPA does, showing some practical examples of how ICPD principles are applied, with special emphasis on Europe.
- UNFPA has three core areas of activity. The first is population and development, that is, supporting countries to gather and analyze population data, and to advocate for their use in policy formulation.
- We have supported countries across in Europe to do so. Thus, we supported several studies and conferences looking at the effects of ageing and low fertility, for example the Moldova Ageing Congress, and major studies or conferences in Russia and in Romania.
- We are also supporting work related to the other end of the age spectrum, for example the survey of youth policies in some 15 countries across the region which will be presented tomorrow. It was a rapid, simple, and low cost survey, very qualitative, which hopefully could be a good complement to the large scale longitudinal generations and gender survey. The authors, and the respondents, were young people, in line with UNFPA’s firm commitment, established with ICPD, that young people should participate in the design, delivery and evaluation of programmes which affect them.
- In this connection I hope this conference will address how to define age groups – which age groupings are most significant for policy decisions? Clearly a 15 year old and a 19 year old do not experience the same situation. Are we being consistent, to the extent desirable, in the various research we are undertaking, to make it more comparable, also with processes in other regions?
- With respect to global advocacy on population and development, since 2006 our Annual flagship publication, the State of the World Population, has had a youth supplement, seeing the report through the eyes of young people, no matter what

the topic (migration, urbanization etc) – that is, beyond only the reproductive health aspects.

- Our second core area of activity is reproductive health, including HIV prevention. One of the main recommendations of the ICPD back in 1994 was to urgently encourage that countries in transition give higher priority to broad reproductive health services. This included a comprehensive range of contraception, to address the reliance on abortion for fertility regulation which was then common in the region (para 7.10). We have supported countries to do so, in Europe and elsewhere. I believe this is an area where there has been considerable progress in many countries across the region.
- In keeping with ICPD, we look at Reproductive Health in a life cycle perspective. For young people and reproductive health, this is the first generation to benefit from the vision of ICPD, which is to engage young people and to give them the information they need to protect their health. We are working with young people's leisure and cultural outlets for health promotion, e.g. in Georgia and Romania.
- At the global level, UNFPA has been systematically incorporating youth advisory panels at HQ and in country offices
- But reproductive health is also important for older generations. To illustrate that point, perhaps I may be permitted to bring a personal anecdote from outside Europe: before coming to Geneva I was UNFPA Representative in China. One FP clinic was trying to see how they could change their care to be more in line with ICPD. Therefore they wanted to introduce a client centred approach, and so they interviewed clients about their needs and preferences. To their surprise, they learned that many women over 50 might no longer need family planning services, but they still had many other needs for reproductive health care. That clinic, and others like it, then resolved to introduce those aspects.
- Our third core area of activity is gender. Apart from the area of reproductive health, which is essential for womens' lives, we advocate for sex and age disaggregated data to help inform gender policies. Here again, permit me to cite personal experience although it is not from Europe – we have worked vigorously to help identify the problems with sex ratio imbalance in China and India, or the importance of analyzing mortality data from humanitarian emergencies by sex to better guide prevention and response.
- Clearly, gender is central to future policies which impact on demography – and in particular the policies which allow women to combine family and work. We have supported a good deal of consultation processes to address this issue, both in Europe and elsewhere.
- I would like to end by noting that I shall particularly be interested in how this conference addresses the issue of intergenerational solidarity. At times, that

concept in translated into: how to convince the young to take care of the old, financially or socially. As mentioned by Mr. Belka in the opening remarks, the issue is rather: how we establish a two way respectful communication, and two way responsibility. That is also what ICPD is about – not only the numbers, but the whole human spirit.

Thank you, Mme Chair.