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Population and reproductive health issues in the ECE region: the political scene

Background paper for the session on:
Global population and development trends: the European view

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Population and Reproductive Health Issues in the ECE Region: the Political Scene

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List of Acronyms

ABC	Abstinence, <i>Being Faithful</i> , Using Condoms
ACP countries	African, Carribean and Pacific countries
AIDS	Acquired Immunodeficiency Syndrome
DSW	Deutsche Stiftung Weltbevölkerung
ECU	European Currency Unit
EU	European Union
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
MDG	Millenium Development Goal
MEP	Member of the European Parliament
MP	Member of Parliament
MSI	Marie Stopes International
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
UN	United Nations
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
USA	United States of America
USD	United States Dollar
USSR	Union of Socialist Soviet Republics
WHO	World Health Organisation

Preface

The year 2004 marks the very important tenth anniversary of the 1994 International Conference on Population and Development and its so-called Cairo Programme of Action. The decennial review process, however, will take place in troubled waters for many reasons, some of which will be outlined in the subsequent chapters. Financing is always a problem in development co-operation (not to say that it is *the* problem) – but nowadays additional troubled waters come along, *e.g.*, opposition to the concept of reproductive health, lack of commitment to population issues etc.

Nevertheless, in good tradition, the United Nations Economic Commission for Europe has taken on the duty to organise a contribution to the Cairo follow-up process from the perspective of this special and diverse “Greater European” region: the European Population Forum from January 12 to 14, 2004 in Geneva.

It is an honour and a pleasure at the same time for the German Foundation for World Population (*Deutsche Stiftung Weltbevölkerung* – DSW) that we were asked to provide an input to this meeting of distinguished experts and representatives of governments, international organisations, non-governmental organisations, media and the academia. We contribute from our very special perspective of an independent, largely privately funded development organisation that engages in the field of sex education in countries in Africa and Asia, and has a strong involvement in media, public awareness and advocacy work towards the German and European public.¹

Thus, working in the middle between demography and sexual and reproductive health programming, we want to make sure at this stage that we cannot provide the in-depth knowledge of demographic developments as a demographic institute could do. What we have selected merely are the population trends that we deemed helpful in order to make political judgements. This basic information is important if one wants to understand the political debate on the issue as far as the UNECE region and the global impact of countries in this region are concerned.

We, again, would like to express our gratitude to the UNECE secretariat to have given us the opportunity to write the present paper and to colleagues from Marie Stopes International and the International Planned Parenthood Federation – European Network who provided us more than once with very valuable information. It is our hope that the present background paper will foster a lively and fruitful discussion at the European Population Forum.

The Authors

¹ For more information, please visit: <www.dsw-online.de> for an English-language version of our web site.

Introduction

Even though the question may not be among its top priorities, the United Nations Economic Commission for Europe (UNECE) has a tradition of dealing with population and sexual and reproductive health issues:

- A European Population Conference was organised by UNECE in Geneva in 1993 together with the Council of Europe and the United Nations Population Fund (UNFPA). The “Recommendations of the European Population Conference”² were adopted and served as a basis of discussion at the International Conference on Population and Development (ICPD) held in Cairo in September 1994. The focuses of the recommendations are national and regional dimensions of population and sexual and reproductive health issues, as well as international and global development perspectives. This report contributed to the content of the so-called Cairo Programme of Action³, adopted at the ICPD in 1994.
- In 1998, in the context of the quinquennial follow-up process to the Cairo conference, UNECE again took up relevant issues at the Regional Population Meeting in Budapest. This event was organised in co-operation with UNFPA and the Hungarian Statistical Office. Conclusions⁴ on the different relevant topics were agreed upon. They were reflected at the Twenty-First Special Session of the United Nations General Assembly that adopted a resolution on Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development⁵.

As we are approaching ICPD’s tenth anniversary in 2004, UNECE has, again, been asked to convene interested participants to share views and experiences on recent developments in population and sexual and reproductive health issues. The present background paper will try to give an overview on the political scene in this regard. In order to achieve this within limited space, it was necessary to select examples and to focus on some points and leave aside some others. This is even more necessary since UNECE membership⁶ not only bridges three continents – America, Europe, and Asia (including the Middle East) – but also unites some of the most diverse economies and political contexts. Some examples of this multi-faceted diversity are that:

- number 1 at this year’s UNDP Human Development Index rank list and number 113 of this list are both members of UNECE⁷,
- major donor countries for official development assistance on the one hand and receiving countries on the other hand are situated in the region,

² United Nations: Recommendations of the European Population Conference, March 2003; <<http://www.unece.org/ead/pau/rpm/epc.htm>>, accessed on October 20, 2003.

³ United Nations: Report of the International Conference on Population and Development (ICPD), A/CONF.171/13, Cairo 1994 (Chapter V.).

⁴ United Nations Economic Commission for Europe/Government of Hungary/United Nations Population Fund: Report of the Regional Population Meeting, CES/PAU/1998/30, Budapest 1999 (p. 4, Annex I: Conclusions of the Regional Population Meeting).

⁵ United Nations: Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development, Res. A/RES/S-21/2 of July 2nd, 1999.

⁶ Currently, the 55 UNECE members are: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, republic of Moldova, Romania, Russian Federation, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uzbekistan.

⁷ Norway and Tajikistan, *cf.* United Nations Development Programme: Human Development Report 2003, New York 2003, chapter on Indicators for Human Development, No. 1 Human Development Index.

- long standing and well-established democracies and countries where democratic procedures and institutions are fragile and the rule of law, as well as human rights is threatened are members, and
- countries enjoying the privilege of peace, and countries which were affected by armed conflict during the 1990s or even up to today can be found among participants of the Forum, too.

It is hoped that the selection of these few examples gives an insight in UNECE membership and its political challenges without, of course, describing the complete picture.

Building up on experiences from earlier UNECE events – as mentioned above – and from the ICPD-related meetings of the general UN bodies and what was discussed there, the following three dimensions will be examined in this paper:

(1) The national perspective:

Before analysing population and reproductive health issues at the national level a brief overview will be given on recent findings in demography in order to facilitate a better understanding of what is going on nationally.

It will then be examined which demographic/reproductive health developments typically UNECE countries are facing: Ageing, migration and HIV/AIDS. In a second step, the implications of these developments for the political debate are analysed, always taking into account how the Cairo Programme of Action is connected to this.

(2) The regional dimension

In the UNECE region three major international organisations deal with population and sexual and reproductive health and rights on the political level:

- (i) The UNECE,
- (ii) The Council of Europe,
- (iii) The European Union (EU).

The second chapter will, thus, take a closer look at the political activities and processes that take place at these different intergovernmental and supranational institutions. In particular, several documents will be analysed in detail. Some of these documents were adopted at events as the European Population Forum, others during regular legislative processes.

(3) The Current Political Situation

The Cairo Programme of Action was adopted by consensus in 1994. However, nowadays it does face a strong opposition, in particular from the current US Administration. The final chapter will, first, describe what the main features of the actual consensus were, *e.g.*, the concept of reproductive health. Second, the opposition in the USA and in Europe will be analysed. Third, a synopsis of other factors that contribute to the current shortfall in funding for the Cairo topics will be provided.

Finally, some conclusions will be drawn on what kind of action is required on the political scene in the UNECE region and which problems lay ahead according to the preceding analysis.

This paper is designed to be a good policy analysis. Even though it will have to be measured against high intellectual standards, scientific resources are consulted, and references are being provided, it is not an academic paper in the narrow sense of the word. This paper is trying to mirror the perspective of a development organisation that is involved in reproductive health programmes as well as advocacy work.

It is the authors' hope that these conclusions will foster the debate at the European Population Forum, that participants will benefit from them, and that some ideas will be taken to from there to governmental and other decision-makers.

1. The National Political Scene

1.1. Global Demographics: The World Divided Into Four Groups

Before analysing some national political debates around population issues, in this first sub-chapter, a brief overview will be provided on recent scientific findings in demography.⁸

For a very long period, international demographic studies highlighted two major facts: in industrialised countries with good health and hygiene infrastructures, with universal primary education, and ready access to contraceptives, people tend to have less children at a later stage in life and they tend to live longer. On the contrary, in developing countries with poor health and hygiene infrastructures, with weak school systems, and where reproductive health supplies were lacking, the fertility rate is high, and the age structure very much like a pyramid with strong segments at the bottom.

However, in the past few years, this has changed. Neither wealthy nor poor countries can be seen as monolithic blocks, as far as their demographic development is concerned. Major research institutes highlight the existence of diverging trends in this area. From an overall viewpoint, the global population dynamic still is relatively high, with a doubling period of 54 years. Insofar the situation is clear: In the year 2050, according to the most recent projections of the United Nations Population Division, the world population will have reached 8.9 billion. However, looking at the world regions, facts are less homogenous and, thus, cannot lead to political conclusions without in-depth analysis. Demographic scientists have developed a model that tries to fit to this new and more diverse picture. In recent publications, countries are divided into four groups of different population developments.

(i) Countries with low fertility and a shrinking population:

This first group is comprised of countries whose fertility rate has been well below the replacement level of 2.1 children per woman for a considerable period of time. Due to the low fertility rate, the population of these countries has already begun to decrease or will do so in the first half of the 21st century. Most industrialised countries are categorised in this group. Moreover, many countries of the former USSR are also in this group. This group of countries is clearly very diverse, yet they show similar traits regarding population growth, however for very different reasons. Whereas in industrialised countries low fertility rates are, in general, due to informed decisions to have a low number of children and the average life expectancy is high due to good health services, in the former Soviet Republics the difficulties of economic transition, poor health systems, and wide-spread sexually transmittable diseases lead to low fertility rates and lower life expectancy. The combination of these factors and, in addition, high (however, decreasing) levels of child mortality result in comparable population dynamics.

E.g., in Sweden the fertility rate is 1.6 children per woman, the child mortality rate 3.7 deaths of children in their first year per 1,000 live births. The overall life expectancy there is 80 years. In Kazakhstan, the fertility rate is 1.8, whereas the child mortality rate amounts to 19 and overall life expectancy is at 66 years only. In both cases, as different as they are, the natural growth rate is very low, 0.0 in the case of Sweden and 0.5 in the case of Kazakhstan.

In this connection it should be noted that around 1 million people are living with HIV in the Russian Federation.⁹ Risky behaviour, such as injecting drug use, drive the

⁸ Basis for this sub-chapter is Population Reference Bureau: 2003 World Population Data Sheet, Washington, D.C. 2003. Figures are quoted from this reference if not mentioned otherwise.

⁹ UNAIDS/WHO: AIDS Epidemic Update. December 2003, Genève 2003, p. 14.

epidemic there. However, due to a lack of sex education, adequate information on HIV/AIDS and due to a lack of reproductive health supplies, such as condoms, there is an additional huge danger that the Russian Federation will be hurt by HIV/AIDS in various ways: economy, politics, security, and population structure.

(ii) Countries with decreased fertility and minor population growth

Countries of this second group are characterised by the expectation that their population will decrease in the second half of the 21st century. The spectrum is, again, very wide. On the one hand, the only industrialised country with a fertility rate that for a very long time remained above the replacement level, the United States, is put in that group. However, recently it has been found out that this has changed and that the fertility is now below the replacement level. It is hard to say into which direction the USA will go, since the effects of immigration are difficult to predict. On the other hand, Eastern Asian countries like China and Taiwan, and both Koreas show equal perspectives in population terms. The common feature of these countries seems to be that life expectancy is high or very high in most of them (USA 77, Canada, 79, Korea 76, China 71 years) whereas child mortality differs considerably (USA 6.9, China 32 deaths of children in their first year per 1,000 life births).

(iii) Countries with slow population growth and rising mortality

The third group consists of countries where growth is advancing slowly and mortality is rising quickly, mainly due to the HIV/AIDS pandemic. Many of these countries are situated in Africa where HIV infection rates can be as high as 39 percent, *e.g.*, in Botswana. Nevertheless, HIV/AIDS is spreading very quickly in Asia and some countries are considered to be “next wave countries”. India is among them and the Russian Federation is one UNECE country in this group (*cf. supra* (i)).

(iv) Countries with rapid population growth

The fourth group is defined as countries with rapidly growing populations. Most of them belong to the group of least developed countries, many of them in sub-Saharan Africa. The population of the least developed countries will grow – according to UN estimates – from 668 million to 1.7 billion until 2050. This will create huge development burdens including the establishment of adequate health and educational infrastructure, the provision of food and economic development. No UNECE members fall into this category.¹⁰

Bearing in mind this categorisation of demographic phenomena the political impact of population issues and matters of reproductive health in countries of the UNECE region will be discussed. The selection of countries that will be examined is, of course, not exhaustive. By highlighting certain developments, which have been applied in more than one country this can lead to political recommendations, which may be commonly used.

1.2. Ageing

Sexual and reproductive health is being taken care of well in most developed countries. Sex education is part of the school curriculum, family planning services and ante- and postnatal medical services are available. In countries of the first group, it is rather the long-term effects of declining fertility rate, which has evolved as a policy issue. The effects of ageing, *e.g.*, can

¹⁰ However, it should be noted, that in the Occupied Palestinian Territories, which under international law fall under the responsibility of Israel (a UNECE member), there is a high-fertility “pocket” with an average 5.7 children per woman.

be studied by looking at European countries such as Germany. A political debate has stemmed from adverse impacts of this development and is currently in its hot phase: The government has proposed a sustainability (*i.e.*, demographic) factor to be added to the official pension system, and to *de facto* cut pensions for 2004. Why is the demographic and reproductive health situation leading to such measures?

The best summary on demographic developments in Germany can be found in the *Zeitschrift für Bevölkerungswissenschaft*, published by the Federal Institute for Population Research:

“82.2 million people lived in Germany at the beginning of 2000, including 7.3 million foreigners or 9% of the population. Population growth has slowed over the past years. There are two reasons for this: a continuing surplus of deaths over births, which was almost 80,000 in 1999 and the smaller surplus of arrivals over departures. [...]

The proportion of the population that is 60 or older is now 23% and the proportion of children and young people under 20 is 21%. In contrast they account for 8 and 27%, respectively, of foreigners living in Germany. If there were to be no further immigration, there would be an accelerating decline in the population in the decades to come, and at the same time the proportion of people aged 60 and over would approach 40%. However, even with immigration preventing too great a decline in the population, one must presume that the proportion of elderly persons over 60 will continue to increase to more than 30%. [...]

For roughly 25 years, the fertility level has been roughly one third below replacement level. For 1998 this gives rise to a total fertility rate of 1.41 births per 100 women in Western Germany. [...] Of all 35- to 39-year-old women, 26% were childless whilst 13% of married women were childless. Childlessness is even more widespread in the cities where today up to one third of women who are almost 40 are unmarried. [...]

Life expectancy, the most highly summarising measure of mortality trends, has increased further. For new born boys it is now 74 and 80 years for girls. A 60-year-old man can expect to live almost another 19 years according to the 1996/1998 life table, and a woman of the same age can expect another 23 years. This means that for 60-year-olds, life expectancy has increased by roughly four years in the past 25 years or so. According to the 1996/1998 life table only 14% of men and 7% of women die before the age of 60. The significance of this trend for the pensions systems, the healthcare system and care of elderly is obvious and serious. This, however, also impacts the structure of employment potential, family, culture and the power structures within society.”¹¹

Apart from providing all relevant demographic details this text discusses the three decisive points when analysing political implications:

- How can pay-as-you-go pension systems be reformed?
- How can health care systems be financed with ever more elderly people in need of medical services?
- To what extent can immigration be a solution of industrialised countries' ageing problem?

Up to now, two policy options in Germany (and other industrialised countries with similar demographic patterns) were perceived as feasible and are – at least partly – implemented or being proposed as reform steps. The first option is to provide incentives for having children or, respectively, reducing existing disadvantages for families with children. Overall aim is to raise fertility in order to keep a feasible support ratio, *i.e.*, the ratio between the age group 15-64 and 64 and above. Provisions include, but are not limited to parental leave, family

¹¹ Schwarz, Karl: Bericht über die demographische Lage in Deutschland – Abstract, *Zeitschrift für Bevölkerungswissenschaft* 1/2001 (Vol. 26), p. 50 *et seq.* [Original in English].

allocations and benefits (as high as 1,000 Euros per month and for each child were proposed in the 2002 election campaign) and child care systems in *crèches*, *kindergarten* and pre-school institutions. The other option that has recently been discussed is to keep the support ratio by extending the work life of people to 67 or possibly even higher.

The second policy option is to cut benefits: As a long term remedy, pensions will (in Germany) in 2030 sink to 63-67% of most-recent net salary from its current level of 70%. Even at this lower level, keeping pension contributions below 20% of gross income will still remain a problem. As a short-term means, it was proposed to put the yearly pension increase on hold and that retired people should be required to contribute more to their healthcare costs.

It is not hard to imagine that such measures are unpopular since it is not easy to tell people that developments, such as a considerable prolongation of life expectancy that are welcomed by everybody do have some adverse impacts as well.

Apart from these exclusively internal measures to counter the adverse impacts of population decline, many countries think about immigration as one potential remedy.

1.3. Immigration

The perception of immigration differs greatly within the UNECE member countries:

- For some, like the United States, Canada, and, for very different historic reasons, Israel, immigration constitutes a *raison d'être*, as these countries have been born out of a migratory impetus.
- For other countries, such as those in Southern and Eastern Europe and the Balkan States, emigration has been an issue, for both economic and political reasons. And for Turkey and the Russian Federation, emigration is still an issue.
- For a third group of countries, however, immigration has been a topic of passionate discussion regarding ethnicity, historical burden, integration and assimilation, unemployment and alleged social expropriation, xenophobia and racism, charity and humanitarianism, self-confidence, pride and outside perception – altogether a bunch of psychological and hard-to-solve problems.

These latter countries have, at the beginning of the 21st century, in general accepted that immigration must be one of the tools used to counter the demographic challenges described above, such as the impact of an ageing population. Since migration is a topic that reflects reproductive health and development issues (one chapter of the Cairo Programme of Action is devoted to it) as well as population issues, some more lines will be dedicated to it.

The US National Intelligence Council argues that immigration in low-fertility countries in Europe could “ameliorate labour force and military manpower shortfalls”, thus, help to stabilise the threatened pension systems and economic growth.¹² Prior to this statement, the UN Population Division had published an article titled “Replacement Migration: Is It a Solution to Declining and Ageing Populations?”¹³ The results of this study are astonishing.

The experts project different scenarios for the period 2000-2050, most importantly:

¹² US National Intelligence Council: Global Trends 2015: A Dialogue about the Future with Nongovernment Experts, on <www.via.gov/nic/pubs/index.html>, October 27, 2003.

¹³ United Nations Population Division: Replacement Migration: Is It A Solution to Declining and Ageing Populations?, New York 2000.

- (1) In one scenario, immigration required to maintain the size of the population at the highest level (after 1995, without emigration),
- (2) In another scenario immigration required to maintain the size of the working-age population,
- (3) In a third, immigration required to maintain the potential support ratio, *i.e.*, the ratio between the labour force and the old-age population of 65 and older.

Looking at an average UNECE country like Italy, the following number of immigrants would be required

- (1) to maintain population size: a total of 12.5 million or 251,000 annually
- (2) to maintain the labour force: a total of 18.5 million or 372,000 annually
- (3) to maintain the support ratio: a total of 113.3 million or 2.2 million annually.

In the case of Germany, the numbers are even more dramatic: (1) 17.1 million, (2) 24.3 million, (3) 181.5 million, respectively. These numbers tell us that migration cannot be more than one small part of the whole solution. Many complementary policy measures must be taken in order to ensure that many of the long-standing social welfare states in a number of the UNECE countries will survive – at least as their core features are concerned. In Germany, *e.g.*, an Independent Commission “Immigration” chaired by Professor Dr Rita Süßmuth specifically dealt with the various forms and consequences of immigration into a country that was not, traditionally, seen as country of immigration. The conclusions of this commission include but are not limited to demographic suggestions, since they also cover the social dimension and questions related to the integration of large numbers of migrants.¹⁴

Nevertheless, it makes sense to take a closer look to one UNECE country whose demographics are strongly influenced by immigration and whose fertility patterns usually differ from those of most other industrialised countries: the United States.

With an actual population of 291.5 million, the USA has a natural growth rate of 0.6 and an overall fertility rate of 2.0 children per woman. This drop of the fertility rate below the replacement level is remarkable, because the USA was the last industrialised country with a fertility rate of above 2.1 children per woman. The age structure is, of course, influenced by this fact, and the under-15 population is slightly larger than in other industrialised countries.

Due to these specific features, immigration seems to be a relatively feasible policy option for the USA to at least partially secure the welfare system and keep a rather balanced age structure. To maintain a constant labour force (15-64 year olds) an annual 359,000 immigrants would be required. However, even for the USA, limitations are obvious: To maintain the support ratio, 11.9 million immigrants would have to be welcomed every year, a total of 592.5 million until 2050.

¹⁴ Unabhängige Kommission “Zuwanderung”: Zuwanderung gestalten – Integration fördern, Berlin 2001, <<http://www.bmi.bund.de/Downloads/Zuwanderungsbericht.pdf>>.

1.4. The Next Wave – HIV/AIDS as a Growing Problem of Reproductive Health in the UNECE Region

In 2002, UNAIDS published another survey on HIV/AIDS prevalence prospects for the future.¹⁵ At the same time, reports from the USA Central Intelligence Agency and other intelligence sources suggested that HIV/AIDS would no longer be limited to be a personal health problem, but it would turn into a security problem.¹⁶ The survey said that the security of emerging and potentially emerging countries could be affected by the continued spread of the virus among the under-50 population, and more particularly, the male population. Among the countries that were called “countries of the next wave” analysed were Nigeria, Ethiopia, India, and the Russian Federation.

The Russian Federation was and, indeed, is warned today by different sources of a possible HIV/AIDS crisis. Although intravenous drug injection is the predominant method of spreading HIV, in comparison to most other countries, unprotected sexual contact is still an important transmission method. Hence, sexual and reproductive health and activities related to the Cairo Programme of Action in the Russian Federation must be examined. In the UNECE context, it is clear that one must not only look at the Russian Federation, but equally at most of the other former Soviet republics, which are politically, socially, and economically in a comparable situation.

The Russian Federation currently has a population of 145.5 million. Child mortality is at an estimated 15 per 1,000 life births in their first year, the overall fertility rate is 1.3 (in Ukraine, to add another example from the UNECE region, 1.1). Life expectancy is relatively low at 65. Therefore, on the one hand we have comparable reproductive choices as we have in Western Europe and North America. On the other hand, however, results are different: there is no support ratio problem due to low life expectancy figures caused by problems in maintaining stable and reliable health systems.

The most recent available UNAIDS epidemiological figures on HIV/AIDS from 2003 suggest that prevalence in Russia is 1,000,000 people living with HIV/AIDS. According to the CIA data, this will dramatically worsen: “Driven by widespread drug use, inadequate healthcare infrastructure, and the government’s limited capability to respond, the number of HIV positive people probably will rise to 5 to 8 million by 2010. This condition would reflect an adult prevalence rate of around 6 to 11 percent, exacerbating Russia’s population decline.”¹⁷ Taking into account the characteristics of the spread of HIV/AIDS in this country, it is clear that this has the potential to be a devastating security problem. More than 80% of the people in Russia and the region who are HIV-positive have not yet turned 30 – a generation which has already been severely affected by the growing prevalence of tuberculosis in Russia. It will be difficult in a country with declining fertility rates to recruit sufficient staff for its military services. Russia will share this problem with other, smaller countries, however, taking into consideration its status, the consequences are especially visible.

Whereas the above paragraphs gave an exemplary view on some features and some countries and, thus, contributed to a better understanding of the overall population and reproductive health situation in the UNECE region the following chapter will now look at the regional organisations and their policy debates on the issue.

2. The Regional Dimension

¹⁵ Please consult < <http://www.unaids.org/en/resources/epidemiology.asp>> for further details.

¹⁶ Central Intelligence Agency: The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, China, Washington, D.C. 2000., *cf.* <http://www.cia.gov/nic/pubs/other_products/ICA%20HIV-AIDS%20unclassified%20092302POSTGERBER.htm>.

¹⁷ *Cf.* footnote above.

2.1. The UNECE

UNECE is active in many areas, such as economic analysis, environment and human settlements, statistics, sustainable energy provision and use, trade, industry and enterprise development, timber and transport. Historically, UNECE was the only organisation, in which the East and West worked together to set standards on economic questions to facilitate trade and economic exchange between the two sides of the iron curtain.

Population issues are included in economic analysis. Accordingly, economic questions have been discussed at different conferences organised by UNECE in this regard, as mentioned above.

The European Population Conference took place from March 23rd to 26, 1993 in Geneva. Major topics discussed include:

- International migration
- Fertility and the family
- Health and mortality
- Population growth and age structure
- International co-operation in the field of population.

Population and development were included in the third paragraph of the final document (“Recommendations”)¹⁸ already. However, this text concentrates primarily on the UNECE member countries and discusses problems of developed countries or countries in transition. Migration is mentioned as a rather new feature in Europe and it seems to have been a very pressing one: 17 Recommendations are dedicated to the issue. Armed conflicts are addressed as the largest threat to transition countries, which reflects the European reaction to the Balkan wars.

The 74 Recommendations listed include many diverse points:

- Recommendations 3-7 call for stronger support of the family in order make it easier for parents to have children. Examples mentioned include better and more affordable provision of child-care facilities, the promotion of flexible working-time schedules such as temporary part-time work for young parents, tax incentives for parents *etc.*).
- Recommendations 8-11 call for a strengthening of parents’ rights to decide freely on the number and spacing of their children and for an improvement in access to family planning methods.
- Recommendations 12-21 call for the promotion of general levels of health, particularly focusing on health infrastructure and qualification of health personnel. Additionally, the tackling of specific health problems is mentioned, such as HIV/AIDS, tobacco/alcohol/drug use, women’s and children’s health.
- Recommendations 22-28 deal with selected consequences of ageing. They affirm that immigration alone cannot be seen as a solution, and that the development of human resources must be increased in quality and quantity as one complementary remedy. The reforms of social security and pension programmes (as described as current, hotly debated developments in 2003 *supra*) are additional complementary instruments to deal with the effects of ageing societies.

¹⁸ United Nations: Recommendations of the European Population Conference, March 2003; <<http://www.unece.org/ead/pau/rpm/epc.htm>>, accessed on October 20, 2003.

- Recommendations 29-46 discuss migration. This is an example of how contemporary events have long-term impacts, since Western Europe at the time of writing these recommendations had to cope with a refugee influx from the Balkan states. Nowadays migration would probably not be perceived as such a prominent issue. The readiness to accept immigrants is equally reflected in these recommendations on uncontrolled migration, immigration schemes, refugees as particularly vulnerable group, the dangers and consequences of illegal migration as the fear of an uncontrollable immigration process to the “Fortress Europe”.
- The final policy-oriented Recommendations 47-64 call for more political commitment in the field of development co-operation and population activities. This is necessary between the North and South and the West and East since all countries must rely on assistance. Rapid population growth does hinder economic development and the improvement of services in health, education, and housing. The topic of rapid population growth is of high priority in development assistance, for many reasons, including the supply shortage in family planning services. The improvement of the status of women is seen to be a major key to better family planning, thus, no coercive, discriminate or prejudicial programmes should be set up. Sex education and access to family planning are regarded as human rights. General issues that are mentioned in these recommendations include production and consumption patterns and a favourable international economic environment.

With this *tour d’horizon* which was inspired by the Rio Agenda 21, the UNECE meeting delivered a substantial message to the Cairo conference in 1994. Many of these issues were addressed in the final document there, especially concerning migration and the North-South dimension. Additionally, the strong arguments for the right to family planning were also reflected in the Cairo Programme of Action. Moreover, access to and provision of counselling and quality family planning services are considered appropriate means to reduce the number of induced abortions.

In continuation of the accompanying work, the Regional Population Meeting organised by UNECE, December 7-9, 1998 in Budapest (Hungary). It was part of the review process five years after the Cairo Programme of Action. The Government of Hungary through the Hungarian Central Statistics Office and UNFPA were the co-organisers of the event that had a high level of participation and was concluded with an official final document.¹⁹ Annex I of this document contains “Conclusions” (instead of recommendations) on the following agenda items: General demographic and policy issues; fertility, family and gender issues; reproductive rights and sexual and reproductive health; mortality and health; population ageing; international migration; and international co-operation. It was agreed that these conclusions should be “supportive of, consistent with, and based on” the 1993 Recommendations and the Cairo Program of Action.

- Under the heading fertility, family and gender issues (paragraphs 12-15), the major conclusion is that measures taken by governments to motivate parents to have more children should particularly address the burdens faced by women, who, in most instances were still principally responsible for raising children. In general, governments are encouraged to further continue with such measures.
- Reproductive rights and sexual and reproductive health (paragraphs 15 and 16): This section more specifically discusses the right of “access to adequate education, information and a full range of services throughout the lifespan”, which was emphasised particularly for adolescents. In reference to the Cairo Programme of Action, the importance of

¹⁹ United Nations Economic Commission for Europe/Government of Hungary/United Nations Population Fund: Report of the Regional Population Meeting, UN Doc. CES/PAU/1998/30, Geneva 1999.

international co-operation and, moreover, the role of NGOs was highlighted. The topic of HIV/AIDS was discussed, however, no notice was given to the varying infection rates in different UNECE countries or the responsibility of Eastern European states to raise awareness about the HIV/AIDS pandemic.

- The section on mortality and health (paragraphs 17-19) focuses primarily on the high mortality rates in Eastern Europe. The Newly Independent States are experiencing a so-called “mortality crisis”. Inequalities in the mortality and health between different strata in society or between genders in all countries must also be tackled.
- Ageing (paragraphs 20-23): These paragraphs note that mortality rates are not only higher in transition economies, but that the quality of life for older people is substantially lower as well. The challenges to ageing societies are again discussed including topics, such as countering the trend to early retirement, reforming social security and national health system schemes, and provision of care.
- International migration (paragraphs 24-28): In comparison to earlier UNECE documents, migration seems to have lost some of its importance and the perspective has changed. The emphasis is rather on the protection of the rights of migrants, especially asylum-seekers and refugees, and on the eradication of the reasons why for people leave their homes. The 1951 Geneva Convention Relating to the Status of Refugees and the corresponding Protocol from 1967 are quoted. The conclusion calls for strengthened development co-operation and promotion of the respect of human rights.
- In the conclusions dealing with new co-operation opportunities (paragraphs 29-33), the global interrelation between population issues and development as recognised by ICPD in 1994 is acknowledged explicitly. Equally acknowledged is the fact that the Cairo Programme of Action considerably rose awareness in this regard. Information, education, and communication are as important as the final *de facto* access to services and commodities in the area of sexual and reproductive health. Conclusion 30 underlines the fact “that support to multilateral agencies is key to a coherent global response”.

An additional annex calls upon statisticians in the UNECE region to include certain research areas in their regional co-operation in population analysis, which correspond to the items reflected in the conclusions.

Apart from accompanying the Cairo preparation and the follow-up process, UNECE has organised a Ministerial Conference on Ageing, which took place in Berlin (Germany) from September 11-13, 2002 and was attended by high-ranking policy level representatives. This conference aligns with the International Conferences on Ageing and, takes up issues of particular importance to most countries of the region. The Regional Implementation Strategy, adopted at this conference²⁰ contains a commitment by UNECE ministers to take steps to implement the Madrid International Plan of Action on Ageing²¹ in their respective areas of responsibility. These activities focus on raising the quality of life of older people and balancing the effects of ageing for the society as a whole. International development-related issues or issues related to reproductive health are not mentioned.

Altogether, UNECE has substantially contributed to the Cairo preparation and follow-up process, providing a strong statement in favour of sexual and reproductive health and rights and pointing out that information on and access to family planning are crucial for the

²⁰ United Nations: Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002, UN Doc. ECE/AC.23/2002/2/Rev.6, Berlin 2002.

²¹ United Nations: Report of the Second World Assembly on Ageing (Madrid, 8-12 April 2002), UN Doc. A/CONF.179/9, New York 2002.

fulfilment of these rights. Moreover, the standpoint that – in the end – this will contribute to a demographic development, which is favourable to sustainable economic development has also been very clear and is reflected in the documents that were internationally adopted in Cairo and New York (Cairo + 5), respectively.

2.2. The Council of Europe

The Council of Europe is the oldest intergovernmental organisation in Europe. It aims to foster co-operation in the area of democracy, human rights and protection of minorities, and cultural exchange. The most impressive of its achievements was, at the very beginning of its existence in 1953, the adoption of the European Convention on the Protection of Human Rights and Fundamental Freedoms creating thereby the first court in history where individuals could sue their country under international law. Its membership developed according to political changes in the region. The Council of Europe was originally made up of Western European countries, which were also members of the European Community, as well as few more countries such as Switzerland. After 1989, all of “Greater Europe” – including the Russian Federation – joined this organisation.

The institutions of the Council of Europe, which is based in Strasbourg (France) are:

- The Committee of Ministers: This is made up of the Foreign Ministers of the 45 member states and they meet twice a year.
- The Parliamentary Assembly, consisting of 626 members of the national parliaments, who are delegated to represent them in Strasbourg.
- The European Court of Human Rights is a treaty body of the above-mentioned convention and, thus, related to the Council of Europe.
- Observer delegations include the USA, Canada, Mexico, Japan, and the Holy See.

In order to deal with population issues, the Parliamentary Assembly of the Council of Europe set up a Committee on Migration, Refugees and Demography. The terms of reference of the Committee read as follows: “The Committee shall consider: i. questions relating to migration and refugees in Europe and other parts of the world, including the problem of asylum-seekers; ii. population trends in Europe and in other parts of the world, and the social and economic effects of those trends; iii. community relations in multicultural societies, including the situation and integration of migrant workers and their social, economic and political rights; iv. humanitarian issues. [...]”²²

Since these areas are much too wide to be analysed in-depth in this paper, the focus will be on activities directly connected to the Cairo Programme of Action.

Through this Committee, the Council of Europe has a long-standing record of involvement in the area of population and sexual and reproductive health and concerning the Cairo process. “Demographic Change and Sustainable Development” were already dealt with in Recommendation 1243 (1994) of the Parliamentary Assembly²³.

²² Web site of Council of Europe Parliamentary Assembly: <assembly.coe.int>.

²³ Council of Europe, Parliamentary Assembly: Recommendation 1243 (1994) on Demographic Change and Sustainable Development, adopted by the Assembly on June 28, 1994.

- In the resolution, the Assembly stresses the link between population growth and deterioration of the environment (as well as the impact of production and consumption patterns) and the importance of the status of women for family planning.
- Ageing is also among the issues mentioned.
- Donor governments are called upon to include population/sexual and reproductive health elements in their development co-operation programmes. These governments are, at the same time, called upon to provide the necessary resources for development purposes.

Order No. 498 (1994)²⁴ further asks the Committee to follow-up the Cairo Conference, to inform the Assembly, and to organise an inter-parliamentary conference, together with national parliaments, the European Parliament and the Organisation of Economic Co-operation and Development (OECD) on population and development.

The second text specifically referring to the Cairo Conference is Recommendation 1260 (1995) of the Parliamentary Assembly²⁵. Reflecting the outcomes of this conference, the Recommendation calls upon national governments to promote women's human rights, to intensify their effort to allocate sufficient means (0.7 of GDP) to development assistance, and, in general, to "make family planning services available to all those who need them". In addition, the Assembly brings the difficult situation in Central and Eastern Europe to the attention of the Committee of Ministers and calls for their support. HIV/AIDS is, surprisingly, only mentioned once in the penultimate paragraph.

The basis for Recommendation 1515 (2001) of the Parliamentary Assembly²⁶ was the Interparliamentary Conference on Demographic Change and Sustainable Development in Bucharest (Romania) on October 21st-22nd, 1999:

- Referring back to the 1994 Recommendation, it was again stressed that the ecological dimension should be taken more into account at the next Cairo review. Looking at the explanatory memorandum one can see that this was of particular importance for the *rapporteur* of the Committee.
- Another point of reference for the Parliamentary Assembly is the United Nations General Assembly Special Session on Cairo + 5 in June/July 1999. Alongside campaigning for countries to meet the 0.7% target, the Parliamentary Assembly calls for 4% of the ODA budget to be spent exclusively on reproductive health. This figure was suggested in the preparatory process to the ICPD already. However, it was not included in the final statement there. If fulfilled, this would result at least in a clear labelling of population/sexual and reproductive health programmes by governments. Nevertheless, this claim has – unfortunately – not been very popular outside Council of Europe circles until now.
- Governments are urged to promote – through their respective development programmes – the status of women, the fulfilment by men of their obligations in family planning, and the fight against female genital mutilation. The Assembly also urges governments to make sure that modern family planning methods are accessible to all.

²⁴ Council of Europe, Parliamentary Assembly: Order No. 498 (1994) on Demographic Change and Sustainable Development, adopted by the Assembly on June 28, 1994.

²⁵ Council of Europe, Parliamentary Assembly: Recommendation 1260 (1995) on the International Conference on Population and Development (Cairo, 5-13 September 1994): Follow-up By the Council of Europe and Its Member States, adopted by the Assembly on February 3rd, 1995.

²⁶ Council of Europe, Parliamentary Assembly: Recommendation 1515 (2001) Demographic Change and Sustainable Development, adopted by the Assembly on April 27, 2001.

- Interparliamentary co-operation gained a lot of momentum at the Bucharest Conference. In paragraph 9, the Assembly “urges its members to promote awareness of population and development issues in the national parliaments [...]. For this purpose, members are invited to propose the setting up of all-party groups on population and development where these do not yet exist and to support the establishment of regional parliamentary networks and exchanges. In this context, the Assembly strongly supports the setting up of an inter-European parliamentary forum on population and development.”

This latter “Inter-European Parliamentary Forum on Population and Development (IEPPFD)” was – not least through the political support it received from bodies such as the Council of Europe’s Parliamentary Assembly – founded in this same year 2001. It provides a crucial forum for parliamentarians across Europe to exchange views and share experience in this area. It organises meetings and study tours and – through its secretariat – provides in-depth knowledge of policy discussions on the subject.²⁷

In subsequent statements by the Council of Europe, a purely extrinsic phenomenon wins more and more ground even though this phenomenon does not appear for the first time on the stage of international politics. US President George W Bush during his first days in office reinstated a policy that withdrew funding from all foreign organisations that provide abortion-related information or that carry out abortions abroad – whether or not abortions are legal in the respective country. The historical background and actual consequences of this policy will be further discussed below.

In documents by the Council of Europe, however, this policy receives no warm welcome. In 2002, the Parliamentary Assembly adopted Recommendation 1564 (2002) on the “State of the World Population”²⁸. This Recommendation refers to the 2001 State of the World Population Report and enumerates the already well-known claims listed above. Moreover, the Assembly recommends that the Committee of Ministers examines “the role of religion and international policy making by consulting specialist opinions from all sectors of society” and monitors “funding of population and ICPD issues, especially bilateral and multilateral funds earmarked for UNFPA, [and] the International Planned Parenthood Federation [...]”

In Order No. 581 (2002)²⁹ the Assembly asks its committees “to continue work on the impact of the Mexico City Policy of US President George W Bush on European non-governmental organisations”.

This certainly is a very strong statement from the Council of Europe Parliamentarians, since the United States, having an observer status at the Council, is openly accused of contributing to the high numbers of child and maternal deaths discussed in the Recommendation. This, however, cannot be seen as an isolated policy issue. Some do argue that it rather illustrates how the policies of the current Bush administration differ from views in many other countries of the UNECE region, not only on the matter of sexual and reproductive health and rights. The Council of Europe does take this issue further:

On September 30, 2003, the Parliamentary Assembly adopted a resolution that addresses Order No. 581 (2002). MP Ann Zwerver undertook a study tour to Armenia on the issue and drafted a resolution accordingly. The resolution on the “Impact of the ‘Mexico City Policy’ on the Free Choice of Contraception in Europe”³⁰ calls upon European governments to take

²⁷ Please visit <www.europarlvoyces.org> for more information.

²⁸ Council of Europe, Parliamentary Assembly: Recommendation 1564 (2002) on the State of the World Population, adopted by the Standing Committee, acting on behalf of the Assembly, on May 29, 2002.

²⁹ Council of Europe, Parliamentary Assembly: Order No. 581 (2002) on the State of the World Population, adopted by the Standing Committee, acting on behalf of the Assembly, on May 29, 2002.

³⁰ Council of Europe, Parliamentary Assembly: Recommendation 1347 (2003) of September 30, 2003.

measures to reverse the negative impact of the Mexico City Policy in Europe, and in programmes of international co-operation. It further tries to initiate an “informed debate” about the consequences of the Mexico City Policy between Council of Europe member states and the United States and hopes that this will encourage the current administration to “rescind it”.

The Council of Europe does not have any means of policy implementation or law enforcement for resolutions of the Parliamentary Assembly. It can only rely on the impact it has on national governments, mainly through their participation in the Committee of Ministers, to national parliaments through the delegated MPs, or through media and public opinion, which takes up the Council’s concerns and recommendation. Thus, a much more interesting institution, both on internal and external affairs in sexual and reproductive health, is the European Union.

It should be noted that the Council of Europe has initiated another organ, however non-political that deals with population matters. The European Population Committee consists of 15 (rotating) senior national officials responsible for analysing population trends or other specialists called upon by their government. Main tasks of this European Population Committee are:

- to publicise the report “Recent Demographic Developments in Europe,
- to analyse population trends in Europe
- to organise policy-oriented workshops on this matter and
- to propose technical assistance in this field.³¹

2.3. The European Union

The European Union is a unique supranational organisation. Its member states have deliberately ceded national sovereign rights to the organisations and institutions, which, together, build the European Union. The main organs are:

- The European Parliament: Its members have been elected through direct vote since 1978. It represents the citizens of the European Union and is the only organ directly legitimised through a democratic procedure. It has gained much power since its foundation. However, many say that it still needs to be strengthened in order to make the European Union truly democratic.
- The Council of the European Union may be called the “Upper House,” since it represents the governments of the member states. The Council has a big share of the EU’s law-making powers. There are different configurations according to the theme discussed (*e.g.*, general and foreign affairs – foreign ministers, public health – health ministers *etc.*).
- European Council: Two to four times each year the heads of state and government meet to set the policy agenda and to discuss matters of overarching importance.
- The European Commission is often called the EU government branch, since it has “ministers” called Commissioners and “ministries”, called Directorates-General. Its composition has to be accepted by, both, parliament and council.

³¹ For more information visit: <http://www.coe.int/t/e/social_cohesion/population/European_population_committee/>.

- European Court of Justice and Court of First Instance: Judicial bodies of the EU.

Population issues and sexual and reproductive rights play a role in the EU internal policy debate and in the Union's development policy.

Internal policy on population issues and sexual and reproductive rights:

- In demographic issues, the European Community only has limited responsibility under **Article 143** of the Treaty on the Establishment of the European Community, which is in the chapter dealing with social policy. The Commission is asked to provide an annual report on demographic developments in the European Union, which is then discussed in respective bodies.
- The competence of the EU in internal public health issues is governed by **Article 152** of the Treaty on the Establishment of the European Community. This article does not give much responsibility to the European Community and power remains in the hands of the member states to adopt and implement their own health policies. However, the EU shall foster co-operation in this matter and play a co-ordinating role for member states. Sexual and reproductive health is not explicitly mentioned. The European institutions have taken up the specific issue of sexual and reproductive health under the heading of women's health in one report.
- On May 22nd, 1997, the European Commission put together a report on the women's health in the EU.³² This report contains, apart from general health information on women, interesting information on maternal mortality (7 deaths per 100,000 women in 1992), contraception (between 71 and 81 percent use contraception methods) and abortion (5.4 per 1,000 women undergo abortion in Spain, 18.3 per 1,000 in Sweden). The conclusion is that women in the European Union are on average relatively healthy. However, it is merely a report and it does not contain any proposal or implementation section. There was no reaction on the policy level.
- Since the election of President Bush, the United States policy to massively withdraw funding from family planning measures has led to wide-spread opposition. European Parliamentarians upset by this decision adopted the "Resolution of the European Parliament on Sexual and Reproductive Health and Rights"³³. The European Parliament stresses in this resolution the human rights approach of the Cairo Programme of Action and refers to the Fourth World Conference on Women (Beijing 1995). It also elaborates on the standard of sexual and reproductive health and rights within the European Union. The main argument is that in order to avoid abortions in the first place it should be possible for every person to avoid unwanted pregnancies through access to family planning methods including sex education for adolescents, via peer educators. Access to all types of contraceptives would be a better prevention of sexually transmittable diseases. This is particularly emphasised because of the high HIV/AIDS prevalence in some accession countries and especially in their Eastern European neighbouring countries. The resolution urges member states to take steps to improve sexual and reproductive health services and, at the same time, not to promote abortion as a means of family planning. In its final paragraphs the resolution refers to its original trigger: the fierce opposition of the US government to the concept of reproductive health, the reinstatement of the Mexico City Policy, and the position of the US government during the Special Session of the United Nations General Assembly on Children in May 2002. The Bush Administration did not agree to include the right of access to sex education in the right to education in the final

³² European Commission: Women's Health in the European Union, Doc. COM(97) 224 of May 22nd, 1997.

³³ European Parliament: Resolution of the European Parliament on Sexual and Reproductive Health and Rights (2001/2128(INI)) of July 3rd, 2002.

document there. Interestingly enough and even though the Cairo Programme of Action is explicitly mentioned in the preliminary paragraphs, the rest of this resolution does not mention the relation between population and development (in a global sense) and solely focuses on the human rights dimension of reproductive health within the European Union. As can be seen from this resolution, the human rights dimension of access to family planning is strongly supported, however, it is dangerous to ignore the connection between population and development (rather outside the EU, *i.e.*, in developing and particularly least developed countries).

- On September 23rd, 2002, the Council of the European Union and the European Parliament adopted a Programme of Community Action in the Field of Public Health (2003-2008)³⁴. This programme does not make any substantial reference to sexual and reproductive health. It strictly obeys the EU principle of subsidiarity mentioned in Article 152 and, therefore, does not contain many action-oriented points. Even HIV/AIDS – certainly one of the most dangerous infectious diseases, which, due to its communicable character should call for a union-wide approach – does not attract much attention and is mentioned only twice in the programme.

There are several statements by EU institutions on population issues and sexual and reproductive health and rights, concerning the external relations of the EU, and, in particular, **development co-operation**:

- Surprisingly, in its Resolution of September 29, 1994³⁵ the Parliament uses the word “overpopulation” – a term that has largely been banned from the international vocabulary. It regrets that the Holy See’s and some Muslim countries’ attitudes have dominated the debate in religious and moral terms, but without reference to the sustainability problems, and stresses the pivotal role of women in this area.
- The European Parliament, in its Resolution on Population and Environmental Measures and Programmes³⁶, primarily refers to the Cairo conference and to the interdependence of population, environmental sustainability and the strong responsibility of wealthier countries, since they consume the biggest share of energy and other resources. It calls upon the EU and the African, Caribbean and Pacific countries (ACP countries) to better co-operate in this matter. It particularly recalls the Council of the European Union and the European Commission to live up to their financial commitments adopted in the Programme of Action.
- In 1996, the European Parliament took up Cairo-related issues again, re-affirmed the fundamental decisions made at that conference, and further developed the details regarding budget lines to be used and how the participation of women should be secured.³⁷
- The Council, in 1997, adopted a regulation³⁸ intended to implement the commitments made in Cairo. In this regulation, the Council decided that the EU would fund population projects in developing countries up to ECU 35 million. This can be seen as a major step,

³⁴ European Parliament and Council of the European Union: Decision No. 1786/2002/EC of the European Parliament and of the Council of September 23rd, 2002 adopting a programme of Community action in the field of public health (2003-2008).

³⁵ European Parliament: Resolution on the outcome of the Cairo International Conference on Population and Development of September 29, 1994.

³⁶ European Parliament: Resolution on Population and Environmental Policy of July 13, 1995.

³⁷ European Parliament: Resolution on the Outcome of the Cairo Conference of July 4, 1996.

³⁸ Council of the European Union: Council Regulation (EC) No 1484/97 of July 22nd, 1997 on Aid for Population Policies and Programmes in Developing Countries.

since it is – contrary to many other texts adopted at the EU – a text that potentially could have a meaningful impact on development programmes.

- Most recently, in July 2003, Council and Parliament adopted a new regulation on the same issues that repeals the older one.³⁹ In this regulation, a more important role is ceded to the supply problem of reproductive health commodities, such as condoms or contraceptives. For the first time, logistical problems are dealt with in detail. Some general conclusions are included in the regulation. They reflect the growing debate on the legitimacy of family planning methods other than abstention. By conviction, the EU, however, continues to be a crucial donor in this area: the financial framework is detailed in Chapter III, Article 10 and totals Euro 73.95 million.

This synopsis of statements by the EU bodies affirms the consensus that was reached in Cairo on population, development, and sexual and reproductive health and rights issues. The repeated references to the opposition – most prominently from the US administration – seem to lead us most naturally to a more detailed analysis of the concept of sexual and reproductive health and rights and to a brief overview on what the actual opposition is and where it comes from.

In addition, it should be noted that there are other international organisations that do play a very important role in population issues and sexual and reproductive health and rights within the UNECE region. Their contributions to debates and co-operations with the organisations that are described and with national institutions is crucial for the Cairo follow-up process. However, organisations like UNFPA, the WHO and the International Planned Parenthood Federation cannot be seen as regional policy organisations *strictu sensu*. Thus, their activities in the region are not analysed in this paper.

³⁹ European Union: Regulation (EC) No. 1567/2003 of the European Parliament and of the Council of 15 July 2003 on Aid for Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries, Brussels 2003.

3. The Current Political Situation: A UNECE Region Divided?

3.1. Main Features of the Cairo Program of Action

Before analysing the opposition to the principles as they were agreed upon at the ICPD it is important to recall the main achievements in Cairo. After the Cold War, international governmental conferences completely changed their character. It was expected that now, fundamental changes were possible where formally the debate was stuck at a dead end. The increasingly active civil society and internationally co-ordinated NGOs were present at these conferences and tried to further stipulate this momentum. At the Children Summit in 1990 finally a Convention on the Rights of the Child could be adopted (it is ratified by all states – apart from Somalia and the USA); Agenda 21 was adopted at the Earth Summit in Rio de Janeiro (Brazil); and the World Conference on Human Rights in Vienna (Austria) conciliated civil and political rights, as well as economic, social and cultural rights. In this overall environment, the ICPD adopted the Cairo Programme of Action⁴⁰ with three major breakthroughs:

- Population issues were, for the first time at the international level, seen in the context of development and sustainability.
- Population targets were abandoned and governments accepted that the best way to reduce overall fertility to a sustainable level was (a) to secure access to information on contraceptives, as well as (b) a means of contraception, and (c) to empower women to decide themselves how many children they would like to have – thus, to make ends meet from the development and the human rights perspective. Nevertheless, it is clearly stated that “Abortion is no means of family planning. Where it is legal it should be offered under safe conditions.”
- The 179 countries agreed on a financial framework in order to fully implement the measures set out in the Cairo Programme of Action. Developing countries would have to contribute two-thirds to the financial targets and donor countries the remaining third for family planning, reproductive health, prevention of sexually transmittable diseases and basic research in this area.

As a consequence of this shift of paradigm, the major focus was now explicitly on sexuality, and not on population which is a comparatively neutral term. Sex, however, is always a tricky issue to talk about, because it has a special meaning to most individuals and, additionally, it is something that is – maybe more than other phenomena discussed internationally – embedded in a framework of family-related, cultural, and religious values and rules. Therefore, religion also had an influence on the debates in Cairo.

Islamic countries with strong legal influence from the Sharia raised concerns about the concept of empowerment since it would affect the legal role of women in these states, in which women often have less rights than men.

The Catholic Church that is represented at the UN level by the Holy See had and continues to have concerns about the use of contraceptives. It argues that it is the responsibility of each person, if they want to refrain from pregnancy, to do so by natural means, which is defined as abstinence during the fertile days of the woman. Moreover, the Holy See fears that through easily accessible sex education and information, adolescents are being motivated to engage in sexual relationships instead of refraining themselves from having sex before marriage.

⁴⁰ Cf. footnote no. 3.

However, the Holy See representative finally joined the conference in accepting the Programme of Action in principle and only added a reservation to some core paragraphs. Still, the consensus was not affected by this.

3.2. The Point of View of the Current US Administration

Religion does play a very important role in the United States of America, too. Motivated by religious groups, US President Ronald Reagan decided during the World Population Conference in Mexico, D.F., to withdraw all funding from foreign agencies or organisations that were involved in abortions outside the USA – be it providing abortions services or counselling women on whether or not to perform an abortion.⁴¹ Reagan’s so-called Mexico City Policy is preceded by the Foreign Assistance Act of 1961 and by a regulation of 1973, which both went in the same direction. However, it expanded their outreach considerably. On January 22nd, 1993, the policy was repealed by President Clinton in his first days in office. His memorandum to the chief executive of the Agency for International Development stated that the Mexico City Policy had “undermined efforts to promote safe and efficacious family planning programmes in foreign nations.”⁴²

Again, in his first days in office, President George W Bush issued a memorandum to the same person with the subject line: “Restoration of the Mexico City Policy”⁴³. Moreover, in any programme on sexual and reproductive health, US governmental agencies are now not allowed to support the famous trio of ABC – *abstain, being faithful, or using condoms* – but to merely promote abstinence as the only viable option. As a consequence many people in developing countries do not get the highest possible standard of education on contraception, something, which goes without saying in most the UNECE region countries.

The leading international body that deals with population issues and sexual and reproductive health and rights, the United Nations Population Fund (UNFPA), has not received funding from the USA since 2002. It was accused of involvement in coercive abortion practices in the People’s Republic of China – a claim that several observer missions from the USA and other official institutions could not only not confirm, but which they had to flatly contradict. This lack of funding – normally approximately USD 34 million per year – leads, according to the UNFPA web site, to two million unwanted pregnancies, nearly 800,000 abortions, 4,700 maternal deaths and 77,000 infant and child deaths.⁴⁴

The World Health Organisation (WHO) is equally affected by the US government’s shift in policy since its Human Reproduction Programme was refused a grant of USD 3 million.

US foreign representation very consistently implemented the Mexico City Policy on the political level:

- At the UN Special Session on Children in May 2002, the US representatives joined Iran, Iraq, Libya, Sudan, and the Holy See in refusing to refer to reproductive health information and services for young people in the final document.

⁴¹ It should be noted at this point that abortions have been ruled legal for the United States by the US Supreme Court.

⁴² Clinton, William J: Memorandum for the Acting Administrator of the Agency for International Development, as published by the Office of the Press Secretary on January 22nd, 1993.

⁴³ Bush, George W: Memorandum for the Administrator of the United States Agency for International Development, as published by the Office of the Press Secretary on January 22nd, 2001.

⁴⁴ Cf. <<http://www.unfpa.org/support/friends/faqs.htm>>.

- At the Rio + 10 World Summit for Sustainable Development in Johannesburg, September 2002, again, a reference on reproductive health and population activities (which is dealt with in a special chapter in Agenda 21) was successfully opposed by the USA and the Holy See.
- At the 5th Asian and Pacific Population Conference in December 2002, where the USA was represented as well, the US diplomats tried again to object a reference to the notion of reproductive rights. This time, however, these objections were superseded by the other countries' strong position in favour of the Cairo Programme of Action.

In other fora, *e.g.*, in the Global Fund to Fight AIDS, Tuberculosis and Malaria, the strong US influence (in this case the chairmanship of US Secretary of Health and Human Services, Tommy Thompson) has not yet led to the adoption of an “Abstinence Only” policy. Condoms are still financed by this body.

3.3. The Cairo Consensus in Europe

In Europe, as discussed above, majorities in the “European” institutions, such as the Council of Europe or the bodies of the European Union, support the Cairo consensus. Moreover, European donor countries do not only support the Cairo Programme of Action but also take measures to implement – at least partly – what was defined as their share of activities.

However, there is a minority of Members of the European Parliament (MEPs), which has a strong standpoint, mainly on abortion but at the same time on the wider concept of sexual and reproductive health. In November 2002, 46 MEPs wrote a letter to the EU Commissioner for Development and Humanitarian Aid, Mr Poul Nielson, in which they investigated about EU-funded reproductive health programmes. These MEPs mainly come from predominantly Catholic countries. The proposed increase in the development budget was, thus, blocked. Again, in January 2003, Irish MEP Dana Scallon raised the issue of reproductive health in claiming that resources amounting to Euro 50 million intended for Marie Stopes International (MSI), an NGO with reproductive health projects – including abortions where legal – in many developing countries were diverted to fishery subsidies. Commissioner Nielson made clear that this was not true and stressed that the EU would continue to engage in reproductive health projects according to the Cairo Programme of Action.

The opposition within European bodies seems, thus, to have had rather an adverse effect that motivated many to further commit themselves to the issue. At the International Parliamentarians' Conference on the Implementation of the Programme of Action of the ICPD (IPCI-ICPD), held in Ottawa (November 19, 2002), many delegates from UNECE countries were present and re-affirmed their support for the Cairo Programme of Action.⁴⁵ In addition, the Inter-European Parliamentary Forum on Population and Development is very active and keeps up the commitment of European parliamentarians.

The Holy See has to be seen as a European player, too since Vatican City – the geographic base of this specific international law subject – is situated in the heart of Europe and many European politicians do feel strongly about their being Catholic. The Pontifical Council of the Family, *i.e.*, the main Catholic body dealing with sexual matters, sees the strong support from the side of the United States in opposing the concept of reproductive rights and it keeps on repeating the concerns that were raised in Cairo already. In the case of HIV/AIDS, the

⁴⁵ Cf. the Ottawa Statement of Commitment that was adopted at the meeting: <<http://www.unfpa.org/ipci/comm.htm>>.

argument is brought forward that condoms would not protect against the HI virus, that, instead, they would promote the infection. These theses are being supported by some NGOs that do have strong personal and financial connections with the Holy See. From the point of view of many health care workers who are confronted with people living with HIV/AIDS this attitude does have a really detrimental effect. However, in the wider Catholic church, there are some pragmatic voices, as well, *e.g.*, from the German Conference of Bishops or from some bishops and clerics in high HIV/AIDS prevalence countries. Nevertheless, in intergovernmental institutions as in the UN, the Holy See is, nowadays again, clearly opposing the concept of reproductive health as agreed upon in Cairo.

In 2004, ten new countries will join the EU. Among them are countries with almost homogenous Catholic populations and strong religious feelings, as Poland, Slovakia and Malta. As experience shows, representatives from such countries tend to be very critical and not supportive of the Cairo consensus. This may eventually be reflected in EU statements.

3.4. Wider Context of Development Co-operation

Having made this analysis of the current situation that is largely dominated by the discussion between supporters of the Bush Administration's policy and supporters of the Cairo Programme of Action, it still must be mentioned that the funding gap on the Cairo Programme of Action has other reasons, too. And the gap is considerable: In 2002, a year, in which the donor countries should have contributed at least USD 5.7 billion, a mere USD 2.1 billion was counted. This is due to the fact that a majority of **European countries**, though committed in principle, have not paid what they should. The wave of good intentions that was sparked during the conferences of the 1990s has not lived up to its promises. This experience was shared by many attending the Johannesburg Earth Summit, ten years after Rio.

Since the follow up processes have not led to the success as was expected, other issues on the international "soft" agenda, *i.e.*, human rights, status of women and population and development will not even have a forum as they had in the nineties. No international governmental conference will be held in order to monitor the progress that has been made or the failure of some participants to fulfil the promises that were made ten years ago. Media, thus, will not have the opportunity to report on the issue and it may further be put in the background. There will not be an opportunity to discuss new challenges, which have developed since the 1999 five-year review, such as the new United Nations population projections.

The **Millennium Development Goals** (MDGs), on the one hand, in a way distracted a lot of attention from some of the programmes of action that were adopted in earlier years. Still, many of the MDGs are Cairo-related: empowerment of women, maternal and child health, fight against HIV/AIDS. However, among the MDGs, the Cairo-related goals very much lag behind in their implementation and seem to be neglected by the international community.

In addition, the MDGs do not include a reference to classical family planning nor to the relation between population and development. This is very strange, as in the original version of the MDGs there was a target referring to "Men and women of appropriate ages will have access to family planning services". The reasons for the drop of this goal are unclear and regrettable. The British public survey on behalf of DFID in 2001 and 2002 considered this one of the most likely targets of the MDGs that could be achieved.

HIV/AIDS, as another topic of sexual and reproductive health, is also a phenomenon that requires further attention. A huge amount of financial resources must be devoted to the fight

against this disease and the human suffering, social consequences and economic damage it provokes. This can, in many ways, contribute to an improvement of sexual and reproductive health as well and thus, simultaneously serve population and development purposes. However, it must be realised that resources are too often being withdrawn from traditional family planning programmes instead of making additional resources available to fight HIV/AIDS. This is an issue, which is very difficult to discuss because no-one can put into question the importance of neither HIV/AIDS programmes, including treatment programmes, nor traditional family planning programmes.

Troubled waters, thus, for an issue that does not only deserve, but that really requires more attention. Our common future depends on many sustainability factors including the interdependence between population and development.

Conclusions and Recommendations

1. Eastern European countries and especially the Russian Federation will most likely be hit by the “next wave” of HIV/AIDS (after Sub-Saharan Africa). In the area of sexual and reproductive health, precautionary measures such as information and education campaigns should be promoted and reproductive health supplies should be provided.
2. Experts from UNECE member countries and international NGOs present at the European Population Forum must use this opportunity to re-affirm their commitment to the Cairo Programme of Action and the concept of reproductive health that is enshrined therein.
3. The European Population Forum will, *inter alia*, focus on population and sexual and reproductive health issues in this region. However, the international dimension should be included in the in the debate.
4. The Council of Europe with its continent-wide membership should particularly address the increasing HIV/AIDS rate in Eastern European countries.
5. The Council of Europe should facilitate a discussion with the United States Administration on these matters, as announced in Council of Europe Recommendation 1347 (2003).
6. The Council of Europe should further support the activities of the Inter-European Parliamentary Forum on Population and Development.
7. Experts from UNECE member countries and international NGOs present at the European Population Forum should monitor whether and how the EU is implementing the regulation 1567/2003 of July 15, 2003.
8. Parliamentarians from UNECE member countries and international NGOs should make use of the opportunity of the tenth anniversary of the ICPD and remind their respective governments of the commitments they made in 1994.
9. Parliamentarians from UNECE member states in particular should keep up the momentum that was created at the International Parliamentary Conference on the Implementation of the Programme of Action of the ICPD (Ottawa 2002).
10. This tenth anniversary should also be used to advocate for a stronger efforts of the international community to reach the Cairo-related Millennium Development Goals on the empowerment of women (No. 3), maternal and child health (No. 4 and 5), and the prevention of HIV/AIDS (No. 6).
11. The year 2004 should also be used by all experts from UNECE member countries and international NGOs present at the European Population Forum to recall the interdependence between population and development.