

CHAPTER 1

Population and development: trends and tendencies in the UNECE region

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

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

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

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

A. Population and sustainable development

Population growth

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

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

Fertility

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

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

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

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

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

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

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

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

Explanations about the changes in fertility have been extensively discussed:

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

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

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

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

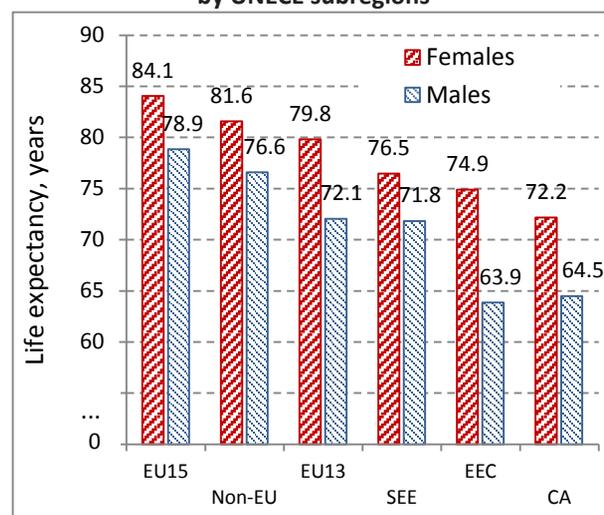
Mortality

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

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

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

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



Source: UNECE statistical database

Population ageing

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

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

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

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

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

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

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

Migration and population distribution

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

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

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

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

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

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

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

Environment

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

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

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

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

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

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

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

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

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

B. Inequities and social exclusion

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

Inequality and poverty

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

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

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

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

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

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

Unemployment: young people and elderly people

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

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

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

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

Intergenerational equity

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

Gender equity and empowerment of women

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

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

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

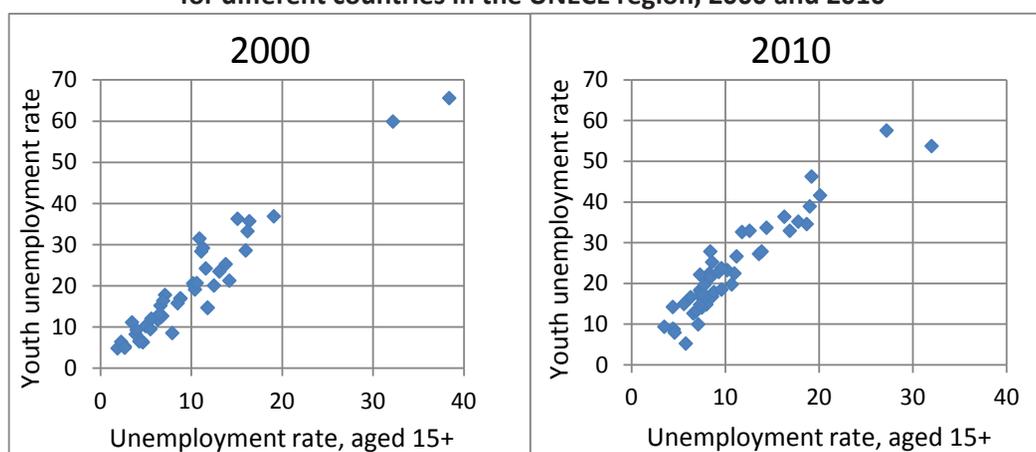
Social exclusion

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

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

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

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



Source: UNECE statistical database

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

C. Families and sexual and reproductive health

Families and households

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

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

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

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

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

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

Sexual and reproductive health

- *Teenage pregnancies and births at advanced ages*

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

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

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

- *Abortion and maternal mortality*

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

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

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

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

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

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

- *HIV, breast and cervical cancer*

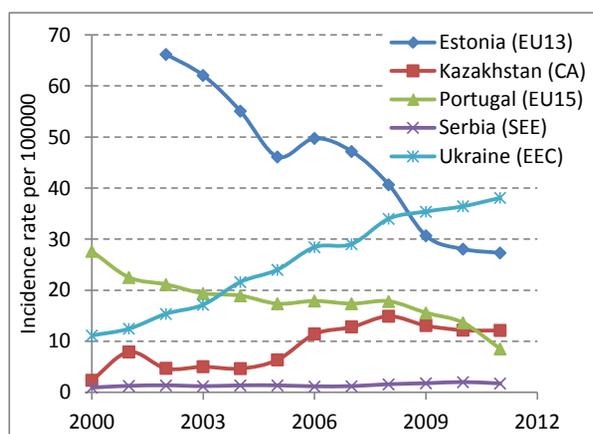
HIV/AIDS and, to a lesser extent, STIs proliferated in the eastern part of the region after the ICPD in 1994 and especially during the last decade. The XIX International Conference on AIDS held in 2012 stated "the epidemic in eastern European and central Asian countries continues to grow at an alarming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

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

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

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

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



Source: WHO Europe, Health for All database

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

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

- *Family planning and contraceptive prevalence*

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

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

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

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

Risky health behaviour: smoking, alcohol consumption and obesity

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

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

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

C. Concluding remarks

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

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