

Ensuring Rights and Choices amid Demographic Change

Regional report on the implementation of the
Programme of Action of the International Conference
on Population and Development in the UNECE Region



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Note

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Preface

As the international community prepares to mark the 30th anniversary of the International Conference on Population and Development (ICPD), held in Cairo in 1994, UNECE and UNFPA have collaborated to evaluate achievements and setbacks in the implementation of the ICPD Programme of Action and the recommendations made in the 2013 Chair's Summary. This report highlights how recent crises have had an impact on key population and development trends in the UNECE region, identifies areas where it is necessary to accelerate efforts and provides examples of concrete policy responses to both long-standing and emerging issues.

Since the last ICPD regional review in 2018, the UNECE region has changed profoundly. The COVID-19 pandemic has had far-reaching impacts on people and economies. Devastating natural disasters have led to large-scale humanitarian and economic crises in parts of the region. The war in Ukraine has taken thousands of lives, caused untold destruction and displaced millions of people. Even before these crises, progress towards the ICPD Programme of Action in the UNECE region was uneven. In this new context, progress has slowed or reversed in many areas, and inequalities have been exacerbated.

At the same time, most countries are facing or will soon confront declining fertility, ageing populations and projected population decline. The UNECE region will lead the world into a new demographic reality. To adequately prepare for emerging challenges and opportunities, the report urges countries to strive to understand their population dynamics and to design human-rights-based public policies that build on individual potential and capabilities and that advance gender equality.

The 2023 SDG Summit (18–19 September 2023) marked the halfway point to the deadline set for achieving the Sustainable Development Goals (SDGs) and called for a new phase of accelerated action leading up to 2030. To carry forward this momentum in the UNECE region, the report reiterates the linkages between the ICPD Programme of Action and the 2030 Agenda for Sustainable Development and demonstrates the role of the ICPD Programme of Action in achieving the SDGs.

Renewed collective action is required to overcome setbacks and sustain progress amid recent disruptions. This report helps to chart the way forward for realizing the potential of individuals and societies and for securing the human rights of everyone amid the new demographic realities in the UNECE region.

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Abbreviations

ABR	adolescent birth rate
AROPE	at risk of poverty or social exclusion
ART	antiretroviral therapy
CPD	Commission on Population and Development
CSE	comprehensive sexuality education
CSO	civil society organization
DC	District of Columbia
DHS	Demographic and Health Survey
EEA	European Economic Area
EECCA	Eastern Europe, the Caucasus and Central Asia
ESCS	economic, social and cultural status
EU	European Union
FCTC	WHO Framework Convention on Tobacco Control
GBV	gender-based violence
GDP	gross domestic product
GGP	Generations and Gender Programme
HIV	human immunodeficiency virus
HPV	human papillomavirus
ICPD	International Conference on Population and Development
ICT	information and communications technology
ILO	International Labour Organization
LGBTQI+	lesbian, gay, bisexual, transgender, queer and other sexual and gender identities, including asexual, intersex, and non-binary
MAC	mean age of childbearing
MIPAA	Madrid International Plan of Action on Ageing
MICS	Multiple Indicator Cluster Survey

MONSTAT	Statistical Office of Montenegro
MMR	maternal mortality rate
NCD	non-communicable disease
NEET	not in education, employment or training
NGO	non-governmental organization
OECD	Organisation for Economic Co-operation and Development
OOP	out-of-pocket
OSCE	Organization for Security and Co-operation in Europe
PISA	Programme for International Student Assessment
PoA	Programme of Action
PrEP	post-exposure prophylaxis
SDG	Sustainable Development Goal
SHR	sexual and reproductive health
STEM	science, technology, engineering and mathematics
STI	sexually transmitted infection
TFR	total fertility rate
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
WHO	World Health Organization

Executive summary



ICPD30 review

The regional report on the implementation of the Programme of Action of the International Conference on Population and Development was prepared by the United Nations Economic Commission for Europe (UNECE) and the United Nations Population Fund (UNFPA) to inform the UNECE Regional Conference “Population and Development: Ensuring Rights and Choices” (19 and 20 October 2023, Geneva). It presents the progress that has been made in the implementation of the ICPD Programme of Action (PoA) in the UNECE region since the last review in 2018 and highlights achievements and setbacks in population and development outcomes over time. The report identifies areas where efforts must be accelerated to realize the potential of individuals and societies and highlights policy responses to both long-standing and emerging issues. It provides action-oriented recommendations aimed at advancing progress on the ICPD PoA in the context of evolving demographic, social and economic realities in the UNECE region.

The report assesses progress under the three thematic priorities that were formulated in the 2013 Chair’s Summary:¹ population dynamics and sustainable development; families, sexual and reproductive health over the life course; and inequalities, social inclusion and rights. It analyses trends in population and development outcomes using the indicators and data sources identified in the UNECE Monitoring Framework for the ICPD Programme of Action beyond 2014. The review draws on information from country and regional reports on relevant human rights processes, international action plans and conferences. To supplement the information reported in these sources, policy documents and official communications published by member States are also referenced, as are reports of international organizations and academic research.

1. The Chair’s Summary of the 2013 Regional Conference “Enabling Choices: Population Priorities for the 21st Century” was the outcome document of the 20-year review of ICPD PoA implementation in the UNECE region. Its priorities and recommendations guide implementation and monitoring of the ICPD PoA beyond 2014 in the UNECE region. UNFPA and UNECE, “Chair’s Summary”, UNECE Regional Conference, “Enabling Choices: Population Priorities for the 21st Century”, Geneva, 1–2 July 2013. Available at https://www.unece.org/fileadmin/DAM/pau/icpd/Conference/Other_documents/Chair-s-Summary.pdf (accessed on 18 September 2023).

Changing demographic and socioeconomic realities in the UNECE region

In 2023, the total population of the UNECE region amounts to an estimated 1.3 billion people, reflecting an increase of 160 million people since 1994.² The population of the region is projected to increase by an additional 40 million people by 2050. This overall trend masks regional diversity in demographic change. Between 1994 and 2023, the total population increased in 38 of 56 countries in the region. The largest relative increases were in Central Asia and Israel, where total fertility is still well above replacement level (2.1 births per woman), and in Luxembourg and Cyprus, where, despite low total fertility, populations grew as a result of high net migration rates. The largest population declines have been in Eastern and South-Eastern Europe, where low fertility is coupled with negative net migration. Projections indicate that the population will decrease in half of the countries in the region between 2023 and 2030.

In 2023, the region's average total fertility rate is estimated at 1.69 children per woman of reproductive age, reflecting a significant decrease from 1.83 in 2015. Fertility rates are below 1.5 children per woman of reproductive age in 19 countries. The trend of delaying childbearing has continued, with the mean age of childbearing increasing to 29.7 years in 2023 from 29.1 years in 2015. Life expectancy at birth is estimated at 76.2 years for men and 82 years for women in 2023, increasing from 74.7 and 80.9 years respectively since 2015. Individuals aged 65 and older account for 17.6 per cent of the UNECE region's total population in 2023 and exceed 20 per cent of the population in 24 countries in the region. Out of seven UNECE countries where the share of older persons currently remains below 10 per cent, only five are projected not to reach this threshold by 2030.

International migration continues to impact population growth and the age structures of UNECE countries to varying degrees. At the regional level, net migration is positive, though it has declined sharply since the peak of the Syrian refugee crisis in 2015. Since 2015, all countries in Central Asia, most countries in the Balkans and South Caucasus regions, and Bulgaria, Greece, Latvia, Lithuania, Türkiye and Ukraine have experienced negative net migration.³ Net migration

2. The data source for the population dynamics presented in this and the following two paragraphs is United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 18 August 2023).

3. The Balkans refers to Albania, Bosnia and Herzegovina, Croatia, Montenegro, North Macedonia and Serbia. The South Caucasus refers to Armenia, Azerbaijan and Georgia. All countries in these subregions experienced negative net migration between 2015 and 2023 except for Azerbaijan and Serbia.

has been positive since 2015 in other countries in the region, with the largest inflows to the United States of America, the Russian Federation and Germany. The war in Ukraine has led to a significant increase in the number of refugees in countries in the European Union (EU) and other parts of the region since 2022.

Socioeconomic development in the region since the last regional assessment of the ICPD PoA has been marked by major disruptions caused by the COVID-19 pandemic, the war in Ukraine and other crises in the region, as well as rising inflation and cost of living in many countries. The COVID-19 pandemic disrupted education as well as health- and social-care services, with both immediate and potential longer-term impacts on social development outcomes in the region, disproportionately affecting disadvantaged and marginalized population groups, including women and girls. In 2020, severe contractions in gross domestic product (GDP) were observed in practically all countries in the region. Around half of the countries in the UNECE region brought their output back to pre-pandemic levels in 2021. Growth in 2022 slowed down in most countries, amid rising inflationary pressures and still unresolved supply chain disruptions. The war in Ukraine has exacerbated tensions in commodity markets (food and energy in particular), heightened uncertainty and severely depressed the economic outlook in the region. Poverty reduction efforts have been negatively affected by the COVID-19 crisis. In the European Union, after years of steady decline, the share of people at risk of poverty and social exclusion increased in 2020 and remains above pre-pandemic levels.

Key findings

The analysis of available data has found overall improvements in outcomes in most priority areas identified in the 2013 Chair's Summary. However, progress has continued to be uneven across the region and within countries. Recent setbacks in areas related to education and human capital, health and the protection of vulnerable groups are concerning. Multiple and overlapping forms of inequality and discrimination continue to prevent individuals from realizing their full potential, even in countries where most progress has been recorded. Evidence reflecting the impacts of the multiple crises faced by the region is not yet available for all areas and indicators, but available data point to exacerbated inequalities and recent disruptions to progress in several areas of the ICPD PoA.

Population dynamics and sustainable development

The 2013 Chair's Summary underscored the need to take a long-term, holistic, rights-based approach to population dynamics and its linkages with sustainable development. Addressing the social and economic dimensions of sustainable development, it called on member States to invest in human capital across generations by ensuring access to quality education, decent work, and health- and social-care services for people of all ages; promoting healthy lifestyles; and supporting involvement in decision-making. Regarding the environmental dimension of sustainable development, it encouraged UNECE member States to reduce CO2 emissions and strive for energy efficiency.

Investing in human capital development across the life course to enable everyone to realize their full potential is key to inclusive and sustainable development and societal adaptation to population ageing. While preschool enrolment of children in organized learning activities the year before they enter primary school is very high in most countries in the region (90 per cent or higher), participation has decreased since the last review in half of the countries with data.⁴ This decline may reflect disruptions to childcare and early learning during the COVID-19 pandemic, with potential for long-term impacts on child development and outcomes. In all countries in the UNECE region with data, at least two thirds of young people have completed upper secondary education.⁵ Despite high rates of completion of upper secondary education across the region, disparities by place of residence and socioeconomic status persist. Progress on learning outcomes is mixed. Overall outcomes as measured by the Organisation for Economic Co-operation and Development (OECD) Programme for International Student Assessment (PISA) improved in Eastern Europe and Central Asia between 2015 and 2018. In a majority of UNECE countries, however, PISA science performance scores are decreasing, and large gaps by immigration status and socioeconomic status exist.

Among older persons, participation in education and training increased slightly between 2015 and 2022 but remains low in most countries. Less than 10 per cent of people aged 65 to 74 participate in education or training in most countries with data.⁶ Participation is slightly

4. United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal> (accessed on 18 August 2023).

5. Ibid.

6. European Commission, "Participation rate in education and training (last 4 weeks) by sex and age", Eurostat. Available at https://ec.europa.eu/eurostat/databrowser/view/TRNG_LFS_01_custom_6297557/default/table?lang=en (accessed on 18 August 2023).

higher among women and among people aged 55 to 64, but older people risk being left behind, especially when it comes to skills in information and communications technology (ICT). During a time of rapid digitalization, ICT skills are necessary not only for access to employment but for full and equal participation in nearly every aspect of society. Additional efforts to maintain and update skills and improve digital literacy throughout the life course are necessary to support access to employment and social participation for everyone, with special attention for older persons.

Health and well-being across the life course are fundamental for economic growth and the fulfilment of individual potential. The 2013 Chair's Summary calls for the promotion of healthy lifestyles among young people, effective health and social services for ageing societies, and the achievement of universal health coverage. Across the region, people are living longer, healthier lives, and health service coverage overall has improved. Nonetheless, disruptions to health services due to the COVID-19 pandemic threaten progress on non-communicable diseases (NCDs), and stark disparities between higher-income and low- and middle-income countries as well as between women and men remain. Increasing household expenditures on health since 2015 in most countries limits progress towards universal coverage. An ageing health-care workforce and population also present challenges for health systems across the region. Mental well-being and suicide mortality rates have been an area of concern in the UNECE region for many years. Although at the aggregate level suicide trends are decreasing, the suicide rate increased in 10 countries between 2015 and 2019.⁷ The rates among people aged 65 and older are twice as high as for the rest of the population.

Inclusive labour markets, where everyone of working age can participate in quality, paid work, enable people to join and remain in the workforce. The composition of the labour force in the UNECE region is changing. Fewer young people and more older people are in the labour force now compared with 2000. Nonetheless, labour force participation is on average 25 per cent lower among older persons aged 55 to 64 compared with persons aged 25 to 54.⁸ The median unemployment rate for the region declined from 7.2 to 5.6 per cent between 2015 and 2022, but rates remain unacceptably high for certain groups, which suggests that tailored policy support is needed.⁹ In most countries, unemployment rates for young persons aged 15 to 24 years and for persons with disabilities are two or three times higher than for the total working-age population.¹⁰ Nonetheless, the share of youth not in education, employment or training (NEET) continues to decrease, reflecting the introduction of comprehensive measures to promote youth employment and reduce youth NEET rates in many countries.

7. WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/> (accessed on 18 August 2023).

8. International Labour Organization (ILO), ILOSTAT. Available at <https://ilostat.ilo.org/> (accessed on 18 August 2023).

9. Ibid.

10. International Labour Organization, *Global Employment Trends for Youth 2022: Investing in Transforming Futures for Young People* (Geneva, 2022).

CO2 emissions per unit of GDP continue to fall in most countries in the region. The regional average was 0.2 kg of CO2 per constant 2017 United States dollars in 2020, down from 0.4 kg per constant 2017 United States dollars in 2000.¹¹ Emissions continue to increase in some countries in Central Asia and the South Caucasus, and overall rates vary widely across the region. In recent years some progress has been made from the policy standpoint in support of sustainable development and green economies.¹² The use of renewable energy across many UNECE countries has increased since 2017, with a notable shift in support for policies for renewables, with changes in both the range of policy instruments being used and in country coverage.¹³ Thirty-one countries have submitted, in accordance with the Paris Agreement, long-term development strategies aimed at achieving low greenhouse gas emissions.¹⁴ Nonetheless, UNECE countries represent 9 of the top 10 greenhouse gas emitters worldwide. It is crucial for countries to continue working to anticipate future climate conditions, enhance resource management and foster technological solutions to mitigate and address the effects of climate change.

Changing demographic dynamics in the region call for new and creative ways to fulfil individual potential and strengthen societies' demographic resilience. As fertility rates decline or remain low, life expectancy increases, and population movements continue to shift, countries in the region need to stay attuned to what people themselves say they want and need to thrive. An essential component of this approach is the development of capabilities, focusing on the education of children and youth and the development of new skills across adulthood, leveraging the opportunities presented by technology, ensuring a gender-transformative approach and ensuring sustained focus on rural communities and those living in the most vulnerable situations. Gains in life expectancy and positive trends in advancing healthy lifestyles need to be secured. Drawing on lessons learned from the COVID-19 pandemic, countries should invest further in good practices that can expand access to health care for hard-to-reach communities. Efforts to address unemployment among young people should go hand in hand with efforts to enhance opportunities for the productive engagement of older persons. To adapt to population ageing, governments should mainstream ageing into policy formulation and implementation with a special focus on active and healthy ageing and long-term-care systems. Local authorities should invest further in social cohesion initiatives, including cultural activities and public services. To fulfil commitments to the Paris Agreement and the 2050 net-zero horizon, integrated and holistic action is needed on the part of all actors to shift the distribution of available resources and generate opportunities for sustainable development.

11. United Nations, Department of Economic and Social Affairs, Global SDG Database.

12. See, for example, UNECE, *Climate Champions' Extended Compendium of Climate-Related Initiatives* (Geneva, 2022).

13. REN21, *2022 UNECE Renewable Energy Status Report* (Paris, REN21 Secretariat, 2022).

14. United Nations Climate Change, Long-Term Strategies Portal. Available at <https://unfccc.int/process/the-paris-agreement/long-term-strategies> (accessed on 18 August 2023).

Families, sexual and reproductive health over the life course

The 2013 Chair's Summary called on member States to guarantee universal access to sexual and reproductive health (SRH) care. It encouraged member States to strengthen comprehensive sexuality education programmes, including by training professionals, removing barriers that limit access to contraceptive methods, eliminating preventable maternal mortality and morbidity, and ensuring the prevention and treatment of HIV and other sexually transmitted infections (STIs), among other measures. Sexual and reproductive health and reproductive rights are central to sustainable development; critical to maternal, newborn, child and adolescent health; and fundamental for gender equality and women's empowerment.

Sexual and reproductive health and reproductive rights are an essential part of universal health coverage. Laws and regulations to guarantee full and equal access to the four key dimensions of SRH — maternity care, contraception and family planning, sexuality education, and HIV and human papillomavirus (HPV) — exist in just 3 out of 41 countries with data available: the Kingdom of the Netherlands, Norway and Sweden.¹⁵ Despite growing recognition of the importance of adolescents' SRH, only 25 out of 39 countries in the region that reported had a national strategy or policy on adolescent health in place in 2022.¹⁶

Maternal mortality is a key indicator of women's health and a measure of a health system's efforts to promote SRH. Neonatal survival reflects the extent to which women and infants have been provided with access to quality SRH care before and during pregnancy, delivery and the post-partum period. Maternal mortality in the region declined from an average of 22 deaths per 100,000 live births in 2000 to 12 in 2020. Progress has recently slowed, and the maternal mortality ratio increased between 2015 and 2020 in 18 of 52 countries with data.¹⁷ The lifetime risk of maternal death is more than three times higher in countries in Central Asia (1 in 1,200) and North America (1 in 2,900) than in Western Europe (1 in 9,800).¹⁸ Neonatal mortality has decreased since 2000 in all countries in the region, falling from an average of 8.4 to 3.7 deaths

15. United Nations, Department of Economic and Social Affairs, Global SDG Database.

16. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

17. United Nations, Department of Economic and Social Affairs, Global SDG Database.

18. WHO and others, *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division* (Geneva, WHO, 2023).

per 1,000 live births between 2000 and 2021.¹⁹ Neonatal mortality remains high across Central Asia and the South Caucasus region, and gaps remain for the most disadvantaged despite widespread access to antenatal care and skilled attendance at birth in most countries.

Adolescent birth rates (ABR) fell from an average of 20.3 births per 1,000 women aged 15–19 in 2000 to 12.6 in 2020.²⁰ In several high-income countries — Andorra, Denmark, Liechtenstein, Norway, San Marino and Switzerland — the adolescent birth rate is below 2 births per 1,000 women aged 15–19. The average ABR among women aged 15–19 for Central Asia was 24.9 in 2020, and in some Eastern European countries, rates are three to four times higher than the average for the region. Adolescent pregnancy affects some population subgroups disproportionately. The ABR is 10 times higher among Roma teenagers in Montenegro and Serbia than among the same age group in the general population, and five times higher in North Macedonia.²¹ Early marriage is uncommon in most of the region, but its prevalence remains high in some countries. More than 1 in 10 women aged 20–24 were married or in union before the age of 18 in Albania, Georgia, Kyrgyzstan, Republic of Moldova and Türkiye.²² Early marriage tends to be more common among women with low levels of education and income, with sizeable differences in rates in some countries between those with primary education versus those with secondary education.²³

Contraceptive prevalence (any method) among married or in-union women aged 15–49 has changed little since 2000, with the median value for the region increasing only slightly from 69.6 per cent to 70.6 per cent in 2023.²⁴ However, there are significant variations across countries. In 2023, more than 80 per cent of married or in-union women are using some form of contraception in Bulgaria, Canada, Czechia, Finland and Norway. Contraceptive use is least common in countries in Central Asia and in the Balkans and South Caucasus regions: more than one in three women in 15 countries do not use any form of contraception. Although the share of women with an unmet need for modern methods of family planning is decreasing in all countries, one in six women in the UNECE region still have an unmet need for a modern method of family planning.²⁵ In several countries in the Balkans and South Caucasus regions,

19. United Nations, Department of Economic and Social Affairs, Global SDG Database.

20. Ibid.

21. Statistical Office of Montenegro (MONSTAT) and UNICEF, *Montenegro and Roma Montenegro Settlements: Multiple Indicator Cluster Survey 2018 – Survey Findings Report* (Podgorica, MONSTAT and UNICEF, 2019); State Statistical Office and UNICEF, *North Macedonia and North Macedonia Roma Settlements: Multiple Indicator Cluster Surveys 2018-2019 – Survey Findings Reports* (Skopje, State Statistical Office and UNICEF, 2020); Statistical Office of the Republic of Serbia and UNICEF, *Serbia Multiple Indicator Cluster Survey and Serbia Roma Settlements Multiple Indicator Cluster Survey, 2019: Survey Findings Report* (Belgrade, Statistical Office of the Republic of Serbia and UNICEF, 2020).

22. United Nations, Department of Economic and Social Affairs, Global SDG Database. Data for 2018 except for Republic of Moldova, the data for which are from 2012.

23. Based on data from recent MICS and DHS surveys for Albania, Armenia, Belarus, Georgia, Kyrgyzstan, Montenegro, North Macedonia, Tajikistan, Türkiye and Turkmenistan.

24. United Nations, Department of Economic and Social Affairs, Population Division, “World contraceptive use: world contraceptive use 2022”. Available at <https://www.un.org/development/desa/pd/data/world-contraceptive-use> (accessed on 18 August 2023).

25. The median value for the UNECE region in 2022 is 18.7. See United Nations, Department of Economic and Social Affairs, Population Division, “Family planning indicators: estimates and projections of family planning indicators 2022”. Available at <https://www.un.org/development/desa/pd/data/family-planning-indicators> (accessed on 4 October 2023).

the use of traditional methods remains common, and one in three women have an unmet need for a modern method of family planning.²⁶ The availability, accessibility and cost of contraceptives as well as age restrictions remain barriers in many countries. Few countries provide hormonal contraceptives over the counter, and family planning services for women and men are still mostly provided by specialist doctors, which also restricts the extent of their use.²⁷

The prevalence of induced abortions decreased by more than half from 393 to 189 abortions per 1,000 live births between 2000 and 2019.²⁸ The abortion ratio has decreased significantly in several countries in Eastern Europe over recent decades. In Belarus, Romania, the Russian Federation and Ukraine, for example, the ratio of induced abortions per 1,000 live births decreased from more than 1,000 in 2000 to 350 or fewer in 2019. However, there is an upward trend among younger women and teenagers in several countries in Northern and Western Europe. Generally, there are more abortions than live births among teenagers in this subregion and fewer abortions than live births in countries in Eastern and South-Eastern Europe and Central Asia. Considered together with the relatively low use of modern contraceptives among sexually active adolescents in some countries, these trends point to a need to educate young people on sexual health, including for the prevention of unintended pregnancies, and to ensure widespread access to modern methods of contraception.²⁹

Comprehensive sexuality education (CSE) is not yet widely implemented. In 2022, 28 countries reported adopting policies requiring mandatory CSE as part of the regular education curriculum or policy, a marked improvement compared with 19 in 2019. In Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan and Romania, no legal frameworks supporting mandatory sexuality education in schools exist, although non-compulsory pilots or programmes have been implemented in Azerbaijan, Kyrgyzstan and Romania.³⁰ Sexuality education programmes can tackle a wide range of topics, and issues such as limited curriculum content and insufficient teacher training and a persistent lack of confidence among teachers to deliver sexuality education continue to present barriers that prevent adolescents and youth from gaining access to information on SRH.³¹

The latest trends in terms of HIV infection rates in some parts of the region are alarming. In 2022, 160,000 people were newly infected with HIV in Eastern Europe and Central Asia, a 49 per cent increase from 2010 and the largest increase of any region in the world during this period.³² The

26. The share of women with an unmet need for a modern method of family planning is 30 per cent or higher in 2023 in Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Croatia, Georgia, Greece, Montenegro, North Macedonia, Serbia and Türkiye. See "Family planning indicators: estimates and projections of family planning indicators 2022".

27. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

28. WHO, European Health Information Gateway.

29. WHO, European Health Information Gateway, "Health Behaviour in School-aged Children (HBSC)", 6 July 2020. Available at <https://gateway.euro.who.int/en/datasets/hbsc/> (accessed on 18 August 2023).

30. WHO, Regional Office for Europe, *Assessments of sexual, reproductive, maternal, newborn, child and adolescent health in the context of universal health coverage in six countries in the WHO European region: a synthesis of findings from the country reports* (Copenhagen, 2020).

31. UNESCO, *The Journey towards Comprehensive Sexuality Education: Global Status Report* (Paris, 2021).

32. UNAIDS, *The Path That Ends AIDS: 2023 UNAIDS Global AIDS Update* (Geneva, 2023).

number of AIDS-related deaths in Eastern Europe and Central Asia in 2022 was 46 per cent higher than in 2010, despite expanding HIV treatment coverage and the availability of new prevention methods and measures to control opportunistic infections.³³ In Eastern Europe and Central Asia, fewer than half of people living with HIV receive antiretroviral therapy (ART).³⁴ A lack of HIV prevention services for marginalized and key populations and the barriers posed by punitive laws and social stigma and discrimination are driving the growing number of infections. Although most countries in Europe and Central Asia have national testing guidance in place, some of these policies are more than five years old, and others lack content on specific key populations, or recommendations on testing frequency or the implementation of specific methods to test for HIV.³⁵

Cervical cancer was the fourth-leading cause of cancer and cancer-related deaths in women worldwide in 2020.³⁶ In Eastern Europe and Central Asia, cervical cancer is the second-most-common cause of cancer-related death among women of reproductive age. Women in high-income countries are more likely to be tested for cervical cancer and to be vaccinated for HPV, which causes most cases of cervical cancer. Testing for and treatment of cervical cancer is free in 19 EU countries³⁷ as well as in Albania, Andorra, Armenia, Azerbaijan, Belarus, Kazakhstan, Montenegro, Republic of Moldova,³⁸ Romania, the Russian Federation, Serbia, Türkiye, the United Kingdom of Great Britain and Northern Ireland, and Uzbekistan.³⁹ All EU/European Economic Area (EEA) countries have introduced HPV vaccination in their national programmes,⁴⁰ and many have recently moved or are planning to move from a girls-only HPV vaccination strategy to a universal or gender-neutral HPV vaccination strategy. Progress has been made in recent years to reduce inequities in access to HPV vaccination between high-income and middle-income countries, with coverage rapidly increasing in Albania, Estonia, Kyrgyzstan, Montenegro and Serbia.⁴¹

33. Ibid.

34. Ibid.

35. European Centre for Disease Prevention and Control, "Evidence brief: HIV testing in Europe and Central Asia: monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2021 progress report", 29 July 2022.

36. UNFPA, *Situation analysis of capacities for cervical cancer prevention, treatment and palliative care in Eastern Europe and Central Asia* (Istanbul, 2021).

37. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

38. Republica Moldova, HOTĂRÎRE Nr. 1291 din 02.12.2016 cu privire la Programul național de control al cancerului pentru anii 2016-2025 (Decision No. 1291 of 02.12.2016 regarding the National Cancer Control Programme for the years 2016–2025)

39. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)); UNFPA, *Situation analysis of capacities for cervical cancer prevention, treatment and palliative care in Eastern Europe and Central Asia* (Istanbul, 2021).

40. European Centre for Disease Prevention and Control, Vaccine Scheduler, "Human papillomavirus infection: recommended vaccinations". Available at <https://vaccine-schedule.ecdc.europa.eu/Scheduler/ByDisease?SelectedDiseaseId=38&SelectedCountryIdByDisease=-1> (accessed on 21 September 2023).

41. Albania, "Voluntary National Review on Sustainable Development Goals", June 2018; Estonia, "Review of the Implementation of the UN 2030 Agenda in Estonia", 2020; Kyrgyzstan, "Voluntary National Review on the Implementation of the Sustainable Development Goals in the Kyrgyz Republic", 2020; Montenegro, "The Second Voluntary National Review: Montenegro and Sustainable Development Goals 2016-2021", June 2022; Serbia, "Voluntary National Review of the Republic of Serbia on the Implementation of the 2030 Agenda for Sustainable Development: Towards Equality of Sustainable Opportunities for Everyone and Everywhere in Serbia through Growing into Sustainability", 2019.

Progress in securing sexual and reproductive health and reproductive rights in the UNECE region has been mixed. Trends observed across the region underscore the need to change unfavourable societal environments by investing in programmes that fight gender inequality and harmful gender norms, reduce violence against women and girls, and empower women and girls to control their own sexual lives and reproductive choices, access sexual and reproductive health care, and access respectful maternity care. Strengthened efforts are required to address existing inequities in access to SRH information, education and services, taking into consideration the distinct needs of women, adolescents and youth, older persons, men and boys, migrants, people with disabilities, and other marginalized people, over their life course. Mandatory, age-appropriate, rights-based, evidence-based and scientifically accurate comprehensive sexuality education curricula should be mainstreamed across primary and secondary education and in non-school settings, and measures should be taken to ensure continuing, specialized competency training for teachers, educators and health professionals. Efforts should be intensified to ensure equal access to affordable modern contraception, and there is an urgent need to increase investments in and remove barriers to HIV prevention and treatment.

Inequalities, social inclusion and rights

Inequalities based on social, demographic and economic characteristics undermine individuals' ability to exercise their human rights, and they limit economic growth and sustainable development. The 2013 Chair's Summary highlighted that equality and non-discrimination are necessary preconditions for all individuals to enjoy their human rights and realize their potential. It called on member States to achieve gender equality and guarantee the social inclusion of marginalized population groups, which continue to suffer multiple and intersecting forms of inequality, disempowerment and discrimination.

Advancing gender equality requires responses in the economic, social and political spheres as well as a transformation of gender and social norms. Across UNECE countries there has been progress over recent decades, but the region is far from on track to achieve gender equality by 2030. The social and economic fallout from the COVID-19 pandemic has derailed, halted and in some cases reversed progress in many areas, including gender-based violence, employment and the gender division of unpaid care, and an acceleration of efforts is required to avoid long-lasting consequences for gender equality across the region.

Women's participation in decision-making and in leadership positions is vital for the advancement of women. Some progress over time has been achieved, but the data show that parity has not yet been reached. The proportion of women in managerial positions across the region increased from 29 per cent in 2000 to 35.5 per cent in 2022.⁴² The share of seats in national parliaments held by women has nearly tripled since 2000, but the median value for the region is still well below parity, at 31 per cent in 2023.⁴³ No country in the region has achieved gender parity in its national parliament, though several Northern European countries are approaching this important milestone.

The gender gap in employment and pay is narrowing in the region. The share of heterosexual couples with young children where both the man and the woman are working is increasing across the region, as is the share of women participating in the labour force. Still, the share of men participating in the labour force is on average 14 per cent higher than the share of

42. Median values for the region. See United Nations, Department of Economic and Social Affairs, Global SDG Database.

43. United Nations, Department of Economic and Social Affairs, SDG Global Database.

women in the UNECE region,⁴⁴ and women with young children continue to be less likely to be employed than men with young children and women without children, suggesting insufficient family support policies, especially for parents of young children. The gender pay gap narrowed from a median value for the region of 18 per cent in 2000 to 14 per cent in 2020,⁴⁵ but women continue to be paid less than men for equal work, and they bear the larger share of unpaid care and household work. In countries in Eastern and South-Eastern Europe with recent data, women spend at least twice as much time on unpaid care and domestic work as men. In some countries in the western part of the region, where female labour force participation is high, women still spend 30 to 40 per cent more time on care and domestic work than men.⁴⁶

The share of children under the age of 2 attending formal childcare or preschool is increasing across the region but varies significantly by country. In several western countries, more than half of children attend formal childcare or preschool, but the share remains below 10 per cent in some eastern countries.⁴⁷ Parental leave entitlements also vary considerably. For example, 16 countries in Eastern Europe and Central Asia have maternity leave provisions that range from 16 to 52 weeks, but mothers can receive 100 per cent of their previous earnings in only eight countries.⁴⁸ Between 2015 and April 2022, there was an increase in the number of weeks of paid father-specific leave in two thirds of UNECE countries with data, with notable increases in Austria, Greece, Iceland, Ireland, Netherlands (Kingdom of the), Norway and Spain. In half of the countries across the region with data, paid paternity leave is two weeks or less. Gender-responsive family policies and father-specific parental leave policies are a powerful tool to remove barriers to women's full participation in the labour force, to support families with care responsibilities and to redistribute unpaid care work more equally between women and men.

Gender-based violence affects women in all countries in the UNECE region. In half of countries in the region with data, the share of individuals believing it is justifiable for a man to beat his wife has increased over time.⁴⁹ Evidence around violence against women and girls remains limited. Violence is often underreported, and official estimates may understate the scale of the issue. Recent surveys in selected countries in Eastern and South-Eastern Europe suggest 30 per cent of women experienced some form of violence in the previous year.⁵⁰ Country-level figures mask the varied experiences of different population groups. Ethnic and religious minorities or people of diverse sexual orientation are at higher risk of violence, and within these

44. ILOSTAT; the data refer to the working-age population, age 15 to 64.

45. UNECE, UNECE Statistical Database. Available at <https://w3.unece.org/PXWeb2015/pxweb/en/STAT/> (accessed on 18 August 2023).

46. Ibid.

47. OECD, OECD Gender Data Portal. Available at <https://www.oecd.org/gender/data/> (accessed on 18 August 2023).

48. UNFPA, *The state of gender-responsive family policies in the Eastern Europe and Central Asia region* (Istanbul, 2023).

49. Ronald Inglehart and others, eds., *World Values Survey: All Rounds – Country-Pooled Datafile* (Madrid and Vienna, JD Systems Institute and WWSA Secretariat, 2020). Available at <http://www.worldvaluessurvey.org/WVSDocumentationWVL.jsp> (accessed on 14 October 2023).

50. Organization for Security and Co-operation in Europe (OSCE), *OSCE-Led Survey on Violence against Women: Well-Being and Safety of Women – At a Glance Report* (Vienna, 2019).

groups women are consistently the ones suffering more violence.⁵¹ Gender-responsive policy approaches that address underlying gender inequalities are essential to achieving sustainable development and the aims of the ICPD PoA.

Poverty is at the centre of individual and household vulnerability, resulting in and perpetuating cycles of exclusion and inequality. The share of the population living below the national poverty line has decreased in most countries since 2015. Still, in one quarter of countries one in five people face poverty.⁵² Younger and older persons are more likely to face poverty than the working-age population. Women are more likely than men to face poverty and social exclusion at all ages, but gender gaps increase with age. More than one in four women aged 75 and older is at risk of poverty or social exclusion across countries with data, reflecting the cumulative impacts of lifetime inequalities in employment and earnings for women.⁵³ Ensuring universal access to quality education is one of the most effective means of breaking cycles of poverty and inequality. Even before the pandemic, gaps between advantaged and disadvantaged students were widening in many countries. Educational outcomes among students vary significantly by socioeconomic status in many countries. Data that reflect the impact of the COVID-19 pandemic are not yet available, but it is likely that the pandemic further exacerbated these disparities.

Ensuring that all individuals, regardless of race, migrant status, disability, religion, age or sex, live a life free from poverty and discrimination, access social services and, more broadly, enjoy the protection and exercise of their human rights remains an unfinished item on the region's population and development agenda. Discriminatory attitudes and practices affect outcomes for several minority groups. Persons with a disability are more likely to have experienced discrimination or harassment than persons without a disability. Among women, those with a disability are two to three times more likely to have experienced discrimination or harassment than those without a disability.⁵⁴ Prejudice towards people of a different race has increased across the region since 2000. One in three people indicate they would not like to have a homosexual as a neighbour.⁵⁵ In Europe, one in three older persons aged 65 or older report experiences of ageism. Ageism affects young people as well. More than half of youth aged 15 to 24 across European countries report being treated with a lack of respect because of their age.⁵⁶ All forms of discrimination need to be eradicated through prevention and community support systems and effective social integration policies.

51. European Institute for Gender Equality, *Gender Equality Index 2020: Digitalisation and the Future of Work* (Vilnius, 2020).

52. United Nations, Department of Economic and Social Affairs, Global SDG Database.

53. European Union, Eurostat. Available at <https://ec.europa.eu/eurostat> (accessed on 18 August 2023).

54. United Nations, Department of Economic and Social Affairs, Global SDG Database.

55. Inglehart and others, eds., *World Values Survey*.

56. WHO, *Global Report on Ageism* (Geneva, 2021).

The number of detected victims of human trafficking has increased since 2015 across countries with data.⁵⁷ The increase in detected victims may partially reflect an improvement in monitoring and surveillance, but recent research by the United Nations Office on Drugs and Crime confirms continued increases in the number of detected victims of human trafficking in Europe, Central Asia and North America and an increase in detected child victims in North America and Western and Southern Europe in 2020 compared with previous years.

Efforts must be accelerated to address inequalities within and across countries to leave no one behind on the road to the realization of individual rights and regional sustainable development. Women, migrants, persons with disabilities, older persons and minority groups continue to experience multiple and intersecting disadvantages in economic and social life in the region. Traditional gender norms limit progress towards many areas of the ICPD PoA in parts of the region, and efforts to promote gender equality and women's empowerment must continue. Policies to empower women and girls and to achieve a gender-balanced reconciliation between work and family responsibilities, including affordable childcare, flexible working arrangements for employees with care responsibilities, and systems supporting equal pay for equal work, should continue to be implemented jointly with mechanisms that support increasing representation of women in leadership roles, both as elected officials and as managers in the private sector. All forms of discrimination need to be eradicated through prevention and community support systems, education that changes social norms and effective social integration policies. Policies that prohibit discrimination based on gender, sexual orientation, age, ethnicity, religion or disability status should be strengthened and enforced across sectors. Systemic and institutionalized forms of discrimination that perpetuate the uneven distribution of power and resources should be identified and reformed. The diversity and mobility of the UNECE population represent a source of potential for sustainable development, and the equal enjoyment of rights and resources will support healthier and more productive lives.

57. United Nations, Department of Economic and Social Affairs, Global SDG Database.

The way forward

The UNECE region is characterized by considerable demographic diversity. Nonetheless, most countries are facing or will soon confront declining fertility, ageing populations and projected population decline. The region will lead the world into a new demographic reality. To adequately prepare for emerging challenges and opportunities, countries should strive to understand their population dynamics and design human-rights-based public policies that build on individual potential and capabilities rather than demographic anxiety and that advance gender equality. The success of such an approach relies on universal enjoyment of human rights and the fulfilled potential of individual capacities and capabilities. To achieve this goal, countries must redouble efforts to sustain progress amid disruptions driven by the COVID-19 pandemic, military conflicts and economic and environmental pressures. To realize individual and societal potential amid the new economic and demographic realities in the region, a holistic, life-course and rights-based approach to population dynamics and sustainable development is required. Continued efforts are needed to ensure equal protection of human rights and the universal freedom to exercise choices that support individual well-being.

This review has highlighted the need for enhanced data collection and dissemination. Data are insufficient to assess progress in the region for nearly a quarter of the indicators in the UNECE ICPD Monitoring Framework and for more than 30 per cent of the SDG indicators. Data on older persons and children and youth are particularly limited, as are data that support the analysis of intersecting disadvantages through multidimensional disaggregation.

The diversity of the UNECE region means examples of good practices across various contexts are available as guidance that can be used to advance the implementation of the ICPD PoA and the 2030 Agenda for Sustainable Development. UNECE and UNFPA will continue to facilitate the exchange of experience and best practices among member States; facilitate the generation of timely, high-quality knowledge; support advocacy and policy dialogue processes; develop institutional capacities; encourage civil society engagement; and foster partnerships and coordination.

The findings of the report will inform the deliberations at the 2023 UNECE Regional Conference on ICPD. The Conference proceedings will inform the global review of the ICPD PoA at the 57th session of the Commission on Population and Development in 2024, which will assess the status of implementation of the ICPD PoA and its contribution to the follow-up and review of the 2030 Agenda for Sustainable Development during the Decade of Action to deliver the Sustainable Development Goals.

ICPD30 review in the UNECE region



The United Nations' 1994 International Conference on Population and Development (ICPD) in Cairo set a bold new vision of the relationships between population, development and individual rights and well-being. It recognized that population was not about numbers, but about people, and that individual dignity and human rights, including sexual and reproductive health and rights, are the basis for individual well-being and sustainable development.

Twenty years after the ICPD, a comprehensive regional review of progress concluded with a [Chair's Summary](#),⁵⁸ which renewed the commitment to the ICPD Programme of Action (PoA) and set the regional priorities for implementation beyond 2014 in the UNECE region.⁵⁹ In its resolution 2014/1, the Commission on Population and Development (CPD) emphasized that the outcome documents of the regional conferences provide region-specific guidance on population and development beyond 2014. The CPD requested that the Secretary-General, in collaboration with the United Nations system and relevant organizations, continue assessing and reporting on progress towards the full implementation of the ICPD PoA.

In 2018, the regional review assessed early progress towards the priorities set out in the 2013 Chair's Summary, making use of the [UNECE ICPD Monitoring Framework for the ICPD Programme of Action beyond 2014](#), which was published the same year to provide a methodology and structure for monitoring regional and national implementation of the ICPD PoA. A short five years later, as the international community prepares to mark 30 years since the ICPD, the UNECE region has profoundly changed. The COVID-19 pandemic has had far-reaching impacts on people and economies. The pandemic led to more than 2 million deaths in the European region and more than 1 million deaths in Canada and the United States.⁶⁰ In most countries, macroeconomic performance has largely recovered from the record declines experienced in 2020 and 2021, but certain groups of workers and businesses continue to feel the effects.⁶¹ The pandemic disrupted education, health- and social-care services with both immediate and potential longer-term impacts on development outcomes in the region. Disadvantaged and marginalized population groups, including women and girls, have been particularly affected. Devastating natural disasters have led to large-scale humanitarian and economic crises in parts of the region. The war in Ukraine has taken thousands of lives, caused

58. The Chair's Summary of the 2013 Regional Conference "Enabling Choices: Population Priorities for the 21st Century" was the outcome document of the 20-year review of implementation of the ICPD PoA in the UNECE region. Its priorities and recommendations guide implementation and monitoring of the ICPD PoA beyond 2014 in the UNECE region. UNFPA and UNECE, "Chair's Summary", UNECE Regional Conference, "Enabling Choices: Population Priorities for the 21st Century", Geneva, 1-2 July 2013. Available at https://www.unece.org/fileadmin/DAM/pau/icpd/Conference/Other_documents/Chair-s-Summary.pdf (accessed on 18 September 2023).

59. The UNECE region comprises 56 member States in Asia, Europe and North America: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands (Kingdom of the), North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, the Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Türkiye, Turkmenistan, Ukraine, the United Kingdom of Great Britain and Northern Ireland, the United States of America and Uzbekistan.

60. WHO, WHO Coronavirus (COVID-19) Dashboard. Available at <https://covid19.who.int/> (accessed on 9 October 2023).

61. ILO, *ILO Monitor on the world of work*, 10th edition, "Multiple crises threaten the global labour market recovery", 31 October 2022.

untold destruction and displaced millions of people, and the political and economic shockwaves it has caused reverberate across the UNECE region and beyond.

In this new regional context, UNECE and the UNFPA Regional Office for Eastern Europe and Central Asia have undertaken a review of the implementation of the ICPD PoA. The regional report on the implementation of the ICPD PoA in the UNECE region, *Ensuring Rights and Choices amid Demographic Change*, evaluates achievements and setbacks since the last ICPD regional review in 2018 and highlights how recent crises have impacted longer-term trends in population and development. At the halfway point to the deadline set for achieving the Sustainable Development Goals, the regional review also takes stock of progress towards meeting dozens of SDG targets whose aims are similar to those of the ICPD PoA. The report identifies areas where efforts must be accelerated in order to realize the potential of individuals and societies and highlights policy responses to both long-standing and emerging issues. It provides action-oriented recommendations aimed at advancing progress on the ICPD PoA and the 2030 Agenda in the context of evolving demographic, social and economic realities in the UNECE region.

This report was prepared to inform the UNECE Regional Conference on ICPD “Population and Development: Ensuring Rights and Choices” (19–20 October 2023, Geneva), which will discuss progress made and challenges met since the last regional review in 2018. The 2023 SDG Summit marked the beginning of a new phase of accelerated progress towards achieving the Sustainable Development Goals. The regional conference will carry forward this momentum, strengthening linkages between the two agendas and demonstrating the role of the ICPD PoA in the implementation of the 2030 Agenda for Sustainable Development.

The report is organized around the key themes of the 2013 Chair’s Summary:

Chapter 1. Population dynamics and sustainable development presents the changing demographic and socioeconomic realities in the UNECE region and provides evidence of how well the region is adapting to population dynamics through investments in human capital across generations. The chapter examines access to quality education, decent work and health- and social-care services, and trends around healthy lifestyles. It also elaborates on the linkages between population dynamics, production and consumption patterns, and environmental sustainability.

Chapter 2. Families, sexual and reproductive health over the life course reviews progress in removing barriers to sexual and reproductive health information and services, and in strengthening health systems to provide essential, integrated and affordable sexual and reproductive health (SRH) services and information from birth to old age. It assesses progress towards the elimination of preventable maternal mortality and morbidity, and the prevention and treatment of HIV and other sexually transmitted infections (STIs).

Chapter 3. Inequalities, social inclusion and rights takes stock of progress towards achieving gender equality and eliminating persistent inequalities and discrimination that negatively impact social inclusion and rights, including of minority groups such as international migrants, refugees, ethnic minorities, people with disabilities, and people with diverse sexual orientations and gender identities. This chapter also reviews the existence and impact of policy frameworks that support the realization of fertility intentions and that help women and men balance work and family life.

The way forward: addressing setbacks and accelerating progress calls for holistic public policy responses that accelerate the implementation of the ICPD PoA and overcome setbacks related to the multiple crises facing the region. This chapter also addresses the need to generate, analyse and disseminate quality data and research, an issue covered in the “cross-cutting issues” theme of the 2013 Chair’s Summary. Lastly, it presents concluding remarks for the way forward.

Each chapter presents trends at the region and country levels based on the statistical indicators specified in the UNECE ICPD Monitoring Framework and shares illustrative examples of policy developments aimed at implementing the ICPD PoA and the priorities of the 2013 Chair’s Summary.

The sources of statistical data used throughout the report largely correspond to those identified in the regional Monitoring Framework. Around half of the indicators contained in the regional Monitoring Framework are part of the Global SDG Indicator Framework. The [United Nations Global SDG Indicators Database](#) is therefore a primary data source for the report, along with the [UNECE Statistical Database](#) and other databases of international organizations and survey programmes. Only international databases and platforms were utilized to ensure the cross-national and cross-temporal comparability of the data analysed. Detailed information on the data source for each figure and statistic is provided throughout the report. The report presents aggregate values for the UNECE region and select subregions that generally reflect the median or population-normalized average across countries with data. Additional information on statistical data sources and aggregation methods as well as a list of the country abbreviations used in figures can be found in the Technical Notes presented in the Appendix.

As was the case with the 2018 regional review, information on national policy responses to population and development challenges is drawn from recent country and regional reports on international human rights processes, international action plans and conferences. These include the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the UN Convention on the Rights of Persons with Disabilities, the Madrid International Plan of Action on Ageing (MIPAA)+20, the WHO Regional Committee for Europe Action Plan for Sexual and Reproductive Health, and SDG national voluntary reviews. To supplement information

reported in these sources, policy documents and official communications published by member States have also been referenced, as have reports of international organizations and academic research.

Purple boxes in each chapter address the 2013 Chair's Summary theme of "partnerships and international cooperation", presenting international and regional initiatives that engage stakeholders across borders to tackle population and development issues.

Addressing inequalities and ensuring that no one is left behind as societies move forward are central commitments of the ICPD PoA, the 2013 Chair's Summary and the 2030 Agenda for Sustainable Development. In addition to a dedicated assessment of inequalities and social inclusion in Chapter 3, the report takes a mainstreaming approach, examining where data permits differences by age, sex and on the basis of other social, economic and demographic factors.

The review indicates overall improvements in outcomes in most priority areas identified in the 2013 Chair's Summary. However, progress has continued to be uneven across the region and within countries. Recent setbacks in areas related to education and human capital, health and the protection of vulnerable groups are concerning. Multiple and overlapping forms of inequality and discrimination continue to impede individuals' efforts to realize their full potential, even in countries where the most progress has been recorded. Evidence reflecting the impacts of the multiple crises faced by the region is not yet available for all areas and indicators, but available data point to exacerbated inequalities and recent disruptions to progress in several areas of the ICPD PoA.

Chapter 1

Population dynamics and sustainable development



Introduction

The International Conference on Population and Development (ICPD) called for a life course approach to sustainable development, by investing in individual capabilities, dignity and human rights, across multiple sectors. Demographic factors such as population size and growth, age structure, fertility, mortality, household structure, migration, urbanization and income inequalities provided the context against which the priorities of the 2013 Chair's Summary were set and continue to be implemented. It underscored the need to take a long-term, holistic, rights-based approach to population dynamics and their linkages with sustainable development. In this regard, it called on UNECE member States to invest in human capital across generations by enhancing access to quality education, decent work, and health- and social-care services as well as promoting healthy lifestyles and participatory decision-making.

Moreover, achieving sustainable development demands reconciling a tight emissions pathway with development aspirations. The development paradigm that prevailed in recent decades is now under scrutiny, with growing calls to move away from increasing the production and consumption of goods and services to improve individual well-being. In recognition of the challenges this change in the consumption model requires, and the call for environmentally friendly development, the 2013 Chair's Summary also encouraged member States to reduce carbon dioxide (CO₂) emissions and strive for energy efficiency.

Governments across the UNECE region recognize the link between population dynamics and sustainable development, and an increasing number of countries consider addressing demographic change as a top priority, as reflected in the array of policies cited across this report. Countries are concerned about changing population composition shaped by extended life expectancy, low fertility rates, migration, population ageing and, in a growing number of cases, decreasing populations, and about how these trends affect economies and the sustainability of social security systems, as well as vital infrastructures and services in areas with low or decreasing population density.

Addressing these dynamics contributes to several Sustainable Development Goals (SDGs) and targets, including SDG 1 (end poverty in all its forms, everywhere), SDG 3 (good health and well-being), SDG 5 (gender equality) and SDG 8 (decent work and economic growth). All actions

seeking to address the developmental challenges posed by population dynamics and the attainment of sustainable development should be based on evidence and be consistent with, and supportive of, human rights. When addressed from a socioeconomic standpoint, following the spirit of the 2013 Chair's Summary, these demographic trends can inform the design of human-rights-based policies that build on capacities and opportunities presented by the region's population, including advancements in gender equality.

The demographic trends observed since the last ICPD review continue to reaffirm that the UNECE region is at the forefront of a global demographic transformation from population growth to population ageing, coupled with increasing and complex international migration flows. This chapter starts with an overview of the demographic and socioeconomic context in the region and is followed by a presentation of the specific trends under ICPD themes as prioritized in the 2013 Chair's Summary and collected in the ICPD Monitoring Framework for the region.

Changing demographic and socioeconomic realities in the UNECE region

Continued population growth, but an increasing number of countries see their populations shrink

- ▶ The region's total population has grown by 160 million since 1994 to 1.3 billion in 2023.
- ▶ By 2050, the population of the region is projected to increase by an additional 40 million.
- ▶ Two in three UNECE countries (38) have experienced population growth since 1994.
- ▶ One in three UNECE countries (18) have experienced population decline since 1994.
- ▶ The population size is projected to decline in half of UNECE countries (28) by 2030.

In 2023, the population of the UNECE region is 1.3 billion, reflecting an increase of approximately 160 million people since 1994.⁶² The UNECE region is projected to grow by another 40 million by 2050, after which the population is projected to decline. However, this overall population growth does not reflect trends across all UNECE countries. Between 1994 and 2023, the total population increased in 38 of 56 countries in the region. The largest relative increases were in Central Asia and Israel, where total fertility is still well above replacement level (2.1 births per woman), and in Cyprus and Luxembourg, where, despite low total fertility, net migration rates during the period were high. Most Western European countries have grown in this way — with immigration compensating for low fertility. The largest population declines have been in Eastern and South-Eastern Europe, where low fertility is coupled with negative net migration. Between 2023 and 2030, half of countries in the UNECE region are projected to increase in total population size, while half are projected to decline.

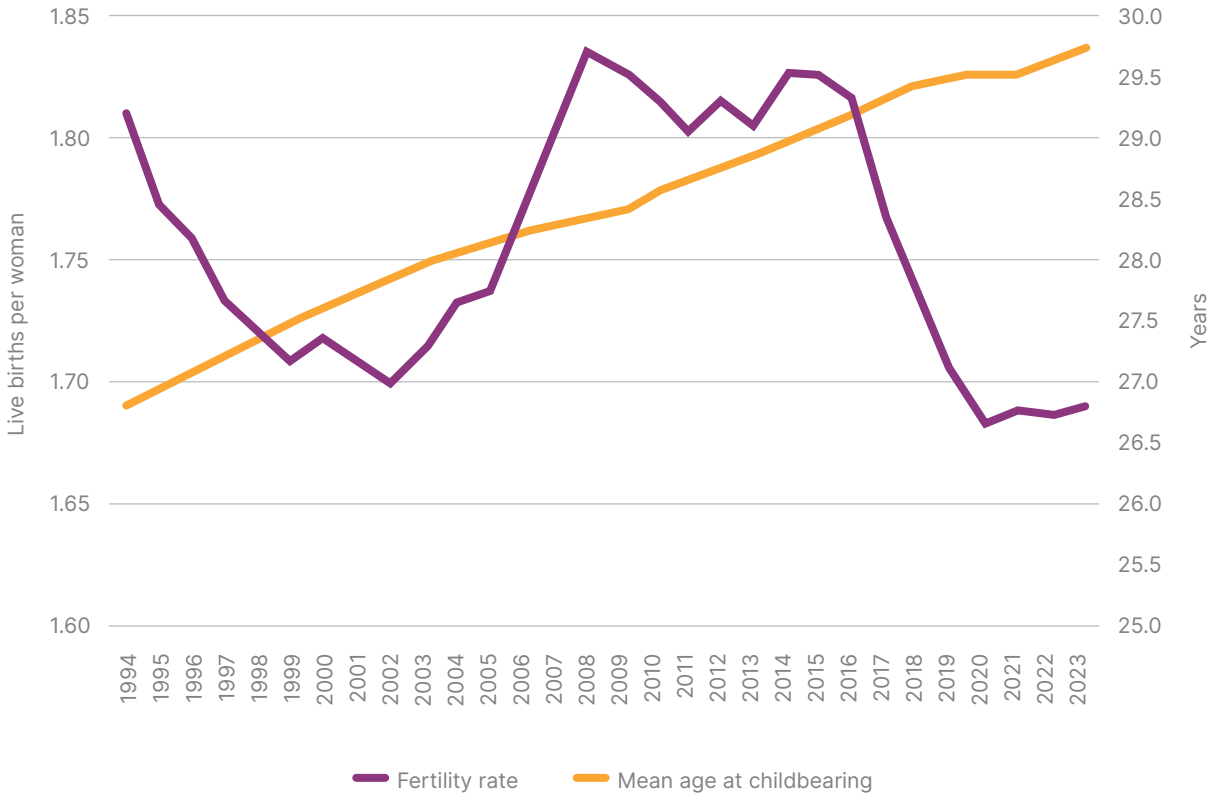
62. Unless otherwise indicated, the source of all data and statistics in this section is United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/> (accessed on 18 August 2023).

Later childbearing and declining fertility rates across the region

- ▶ The trend towards later childbearing has continued, with the mean age of childbearing among women increasing to 29.7 years from 29.1 years in 2015 and 26.8 years in 1994.
- ▶ In 19 of the 56 countries in the region, fertility rates are below 1.5 children per woman.
- ▶ Only the countries of Central Asia and a small number of other countries have fertility rates above replacement level (2.1 children per women).

A steady increase in women’s mean age at childbearing across the region

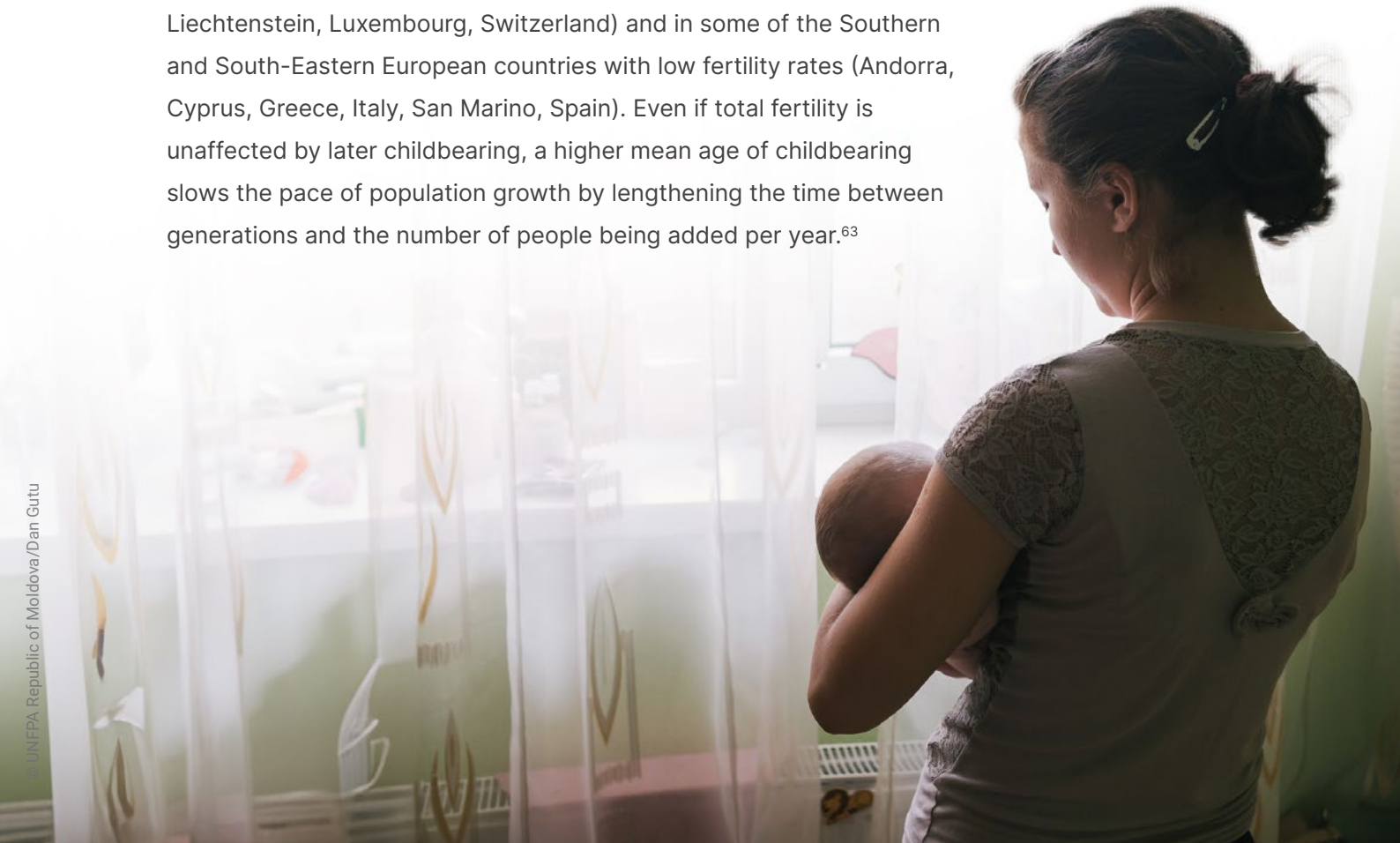
Figure 1.1: Total fertility rate (live births per woman) and mean age at childbearing in the UNECE region, 1994–2023



Source: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/>.

At the regional level, the total fertility rate (TFR) fell from a peak of 1.84 live births per woman in 2008 to 1.68 in 2020 and has since increased only slightly, to 1.69 in 2023 (Figure 1.1). The Great Recession of 2008–2009 ended a period in which the TFR had steadily increased. After a slight recovery between 2013 and 2015 — partially explained by high levels of migration and higher fertility among the foreign-born in some countries — fertility has fallen in 38 countries since 2015. The TFR has dropped by 10 per cent or more since 2015 in some of the most populous countries in the region, including the Russian Federation, Türkiye, Ukraine, the United Kingdom and the United States. Fertility rates are below 1.5 births per woman in 19 countries in the region. Fertility rates are lowest in Southern Europe (Andorra, Italy, Malta, San Marino, Spain, Portugal), South-Eastern Europe (Albania, Bosnia and Herzegovina, Cyprus, Greece, North Macedonia) and Ukraine. The five Central Asian countries, Georgia, Israel and Monaco are the only countries in the region with a TFR at or above replacement level.

Later childbearing has contributed to declining fertility rates across the region. Generally, the later a woman experiences her first birth, the fewer children she will have. The mean age of childbearing (MAC) in the UNECE region has been increasing continuously, from 26.8 years in 1994 to 29.7 in 2023 (Figure 1.1). The MAC is 30 or above in 37 countries in the region, with the oldest MAC observed in the highest-income countries in the region (Ireland, Liechtenstein, Luxembourg, Switzerland) and in some of the Southern and South-Eastern European countries with low fertility rates (Andorra, Cyprus, Greece, Italy, San Marino, Spain). Even if total fertility is unaffected by later childbearing, a higher mean age of childbearing slows the pace of population growth by lengthening the time between generations and the number of people being added per year.⁶³



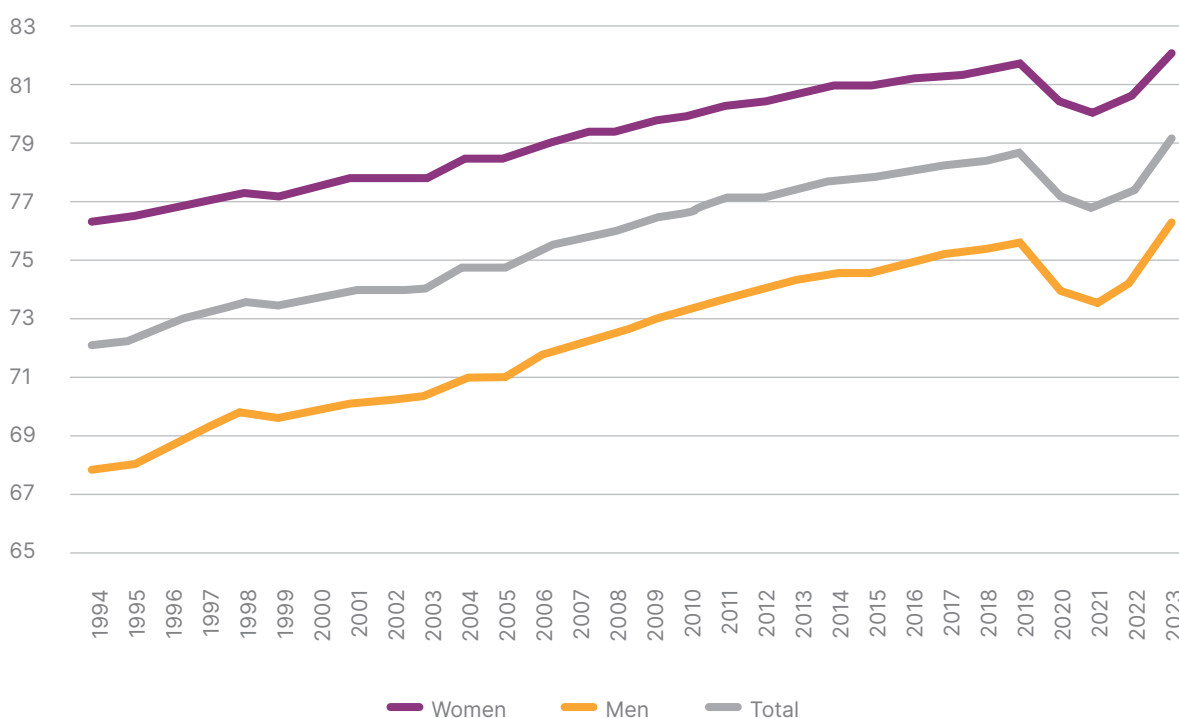
63. United Nations, Department of Economic and Social Affairs, “Potential impact of later childbearing on future population”, *Population Facts*, No. 2019/5, December 2019.

Sustained gains in life expectancy despite COVID-19 setbacks

- ▶ Life expectancy at birth has increased by 1.4 years since 2015.
- ▶ Gender gaps in life expectancy continue to narrow but remain large in some countries.

Recovery in life expectancy at birth following the COVID-19 pandemic

Figure 1.2: Life expectancy at birth, UNECE region, 1994–2023



Source: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/>.

In 2023, total life expectancy at birth for men and women (combined) in the UNECE region is an estimated 79.2 years, an increase of 1.4 years since 2015 (Figure 1.2). The life expectancy gap between men and women in the UNECE region continued to narrow, from 8.4 to 5.8 years in absolute terms, and from 12 to 8 per cent in relative terms. For men, total life expectancy at birth has increased by 1.5 years since 2015, reaching 76.2 years in 2023. For women, total life expectancy at birth has increased by 1.2 years since 2015, reaching 82 years in 2023. The life expectancy of men and women and the gaps between the life expectancy of men and women vary across the region. In Central Asia, life expectancy at birth remains below 70 years for men and below 75 years for women. The gaps between men and women remain large — nine years or more — in some countries in Eastern Europe and the Caucasus, including Armenia, Belarus,

Georgia, Republic of Moldova, the Russian Federation and Ukraine. In most countries in the UNECE region, infant and child mortality is low, and increases in life expectancy are driven largely by reductions in adult mortality and longer lives among older persons.

The COVID-19 pandemic generated a significant reduction in life expectancy at birth, for the first time since World War II, dropping from 78.7 for both sexes in 2019 to 76.8 in 2021. In 2023, life expectancy at birth has recovered, surpassing 2019 values.

Populations continue to age across the UNECE region

- ▶ People aged 65 years and older account for 17.6 per cent of the total UNECE population and exceed 20 per cent of the population in 24 of the 56 countries in the region.
- ▶ At age 65, most people can expect to live for another 20 years.
- ▶ The median age of the region's population has increased by 6.4 years since 1994 to 39.1 in 2023.
- ▶ The share of the working-age population between 15 and 64 will decrease across the region except in Central Asia, where it is still growing and is expected to peak in 2040.

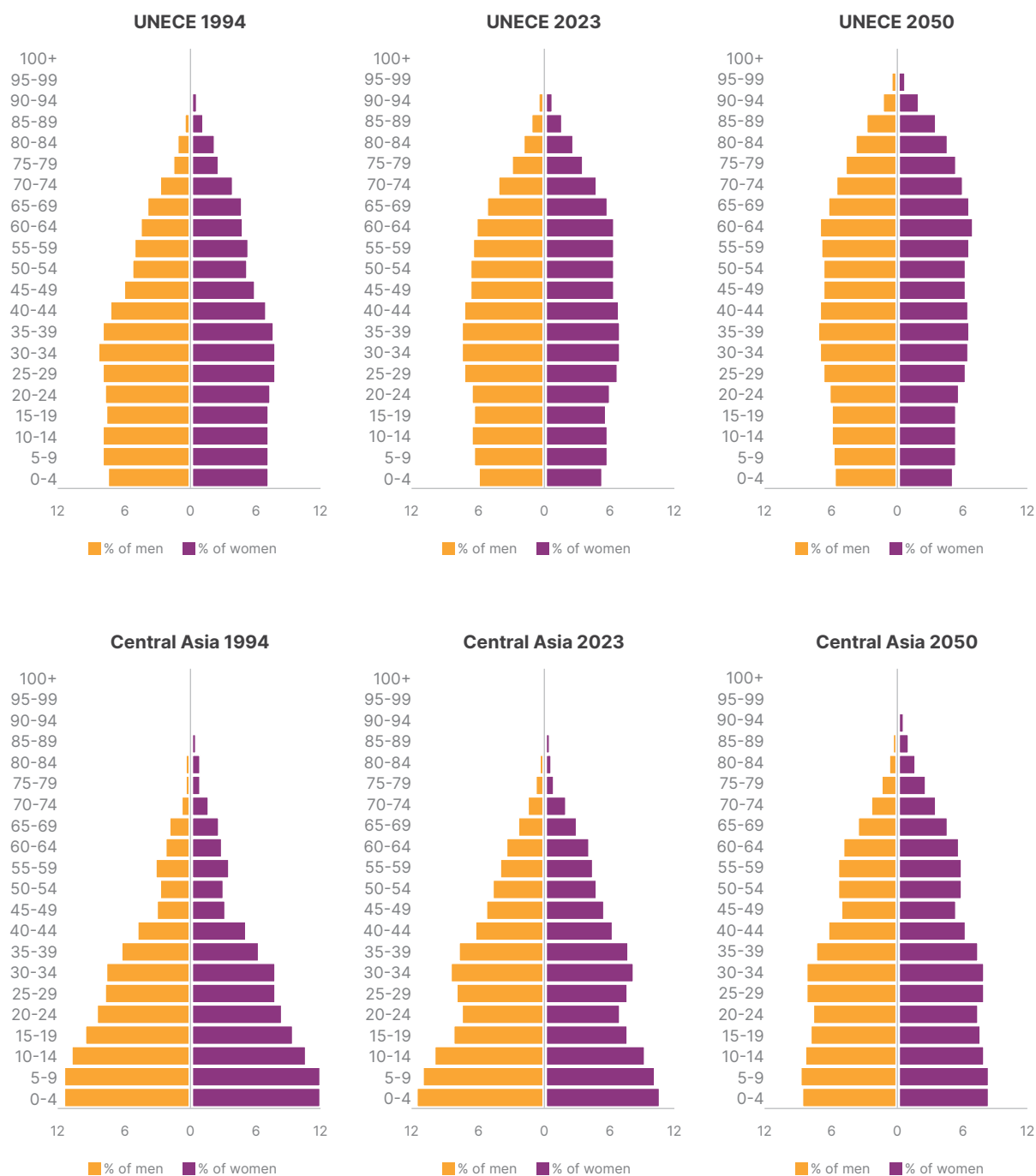
Gains in life expectancy coupled with low fertility levels have resulted in the absolute and relative growth of the population aged 65 and older. The percentage of people aged 65 years and older in the total population has increased steadily in the UNECE region, from 12.4 per cent in 1994 to 17.6 per cent in 2023. In absolute terms, the population aged 65 and older has increased by 37 million people since 2015. The share of people aged 65 and older is projected to surpass 20 per cent for the region by 2030 and has already surpassed 20 per cent in 24 countries. Out of seven UNECE countries where the share of people aged 65 and older remains below 10 per cent, only five are projected not to reach this threshold by 2030. The median age of the region's population has increased from 32.7 in 1994 to 39.1 in 2023.

By age 65, individuals in most UNECE member States can expect to live for another 20 years, though this figure varies across countries and by gender, ranging from 14 years or less in Central Asia, Georgia, North Macedonia and Republic of Moldova to 22 or more in Canada, France, Italy, Liechtenstein, Monaco, Spain and Switzerland. Despite narrowing gaps, women tend to retire earlier and live longer than men. Life expectancy at retirement age is an important indicator for assessing the ability of pension funds to provide continued social and economic protection for ageing populations.⁶⁴

64. For measurement purposes, life expectancy at age 65 is used. Retirement age varies among UNECE countries, between 52 and 68 years of age for men, and between 49 and 68 for women. United Nations Economic Commission for Europe, *Ageing Policy in Europe, North America and Central Asia in 2017-2022: Synthesis Report on the Implementation of the Madrid International Plan of Action on Ageing in the ECE Region between 2017 and 2022* (Geneva, 2022).

Shifting age structures over time

Figure 1.3: Population pyramids, UNECE and Central Asia, 1994, 2023 and 2050



Source: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/>.

In 2023, the share of the population aged 65 and older (17.6 per cent) is about equal to that of children under 15 years in the UNECE region (17.7 per cent). By 2050, children under the age of 15 will make up 15.5 per cent of the population of the region, while people aged 65 and older will make up 25 per cent of the population. The share of the population that is considered of working age (generally 15 to 64) is projected to decrease from 64.7 per cent in 2023 to below 60 per cent by 2050.

Population ageing is unfolding more slowly in Central Asia (Figure 1.3). The share of children under the age of 15 (31.2 per cent) is more than five times higher than the share of people aged 65 and older (5.8 per cent). The relative size of the young population is projected to decrease, and the relative size of the older population is projected to increase, but by 2050 the share of children under the age of 15 (21.8 per cent) will still be twice as large as the share of the population aged 65 and older (10.5 per cent). Central Asia is the only subregion where the share of the population that is of working age continues to increase. It is projected to peak around 2040 and to then begin decreasing.

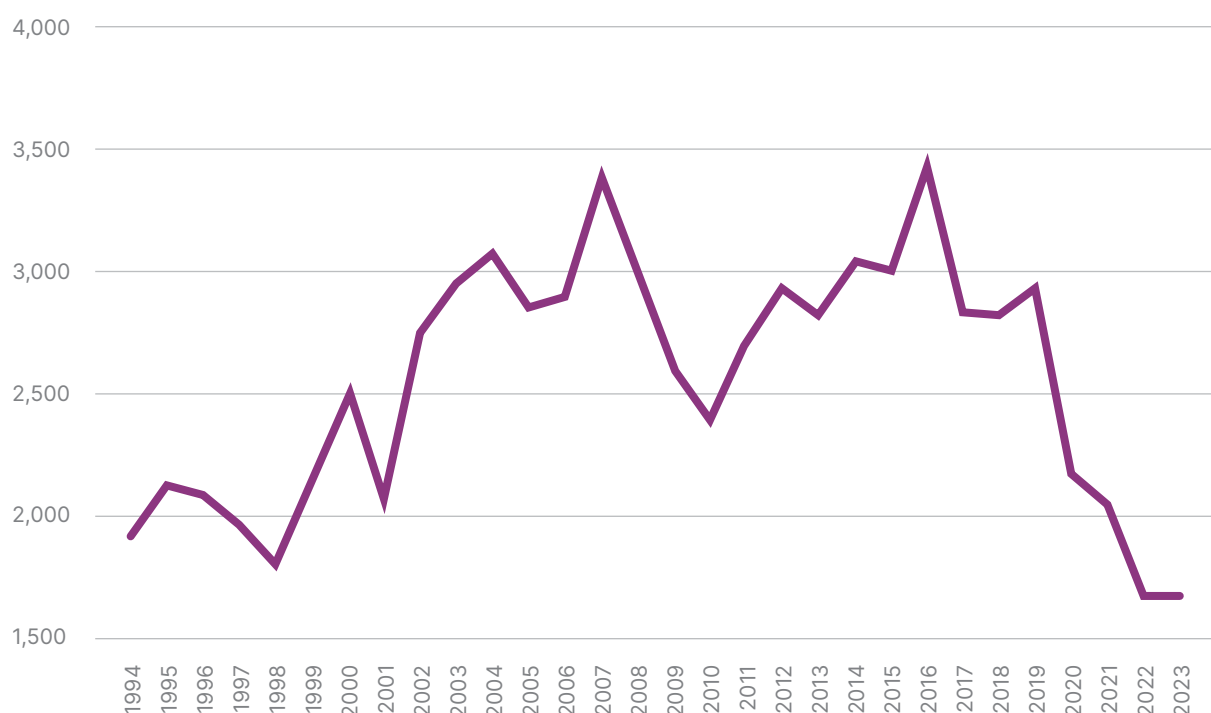
Complex migration flows to and within the region

- ▶ At the regional level, net migration is positive, with average annual net migration to the region of 2.5 million between 1994 and 2022, although it has declined sharply since the peak of the Syrian refugee crisis in 2015.

International migration continues to impact population growth and the age structures of UNECE countries to varying degrees. At the regional level, net migration is positive, though it has declined sharply since the Syrian refugee crisis in 2015 (Figure 1.4). On average, annual net migration to the UNECE region was 2.5 million between 1994 and 2022. Since the peak of the Syrian refugee crisis in 2015, the total number of migrants to the UNECE region has decreased significantly to approximately 1.7 million in 2022 and is now at the lowest level since 1994.

Net migration to the region has decreased since the Syrian refugee crisis

Figure 1.4: Net number of migrants (thousands), UNECE region, 1994–2023



Note: The net number of migrants is the number of immigrants minus the number of emigrants.

Source: United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2022. Available at <https://population.un.org/wpp/>.

The average trend masks regional diversity. Since 2015, all countries in Central Asia, most countries in the Balkans and South Caucasus regions, and Bulgaria, Greece, Latvia, Lithuania, Türkiye and Ukraine have experienced negative net migration.⁶⁵ Net migration has been positive since 2015 in other countries in the UNECE region, with the largest inflows to the United States of America, the Russian Federation and Germany. Negative net migration can accelerate population ageing in sending countries, as a large proportion of international migrants are of working age. In turn, immigration has contributed to slowing or stabilizing population ageing in some countries in the region. Cyprus, Ireland, Luxembourg, Norway and Switzerland, for example, recorded migration-driven population increases of 20 to 40 per cent between 2000 and 2020.

65. The Balkans refers to Albania, Bosnia and Herzegovina, Croatia, Montenegro, North Macedonia and Serbia. The South Caucasus refers to Armenia, Azerbaijan and Georgia. All countries in these subregions experienced negative net migration between 2015 and 2023 except for Azerbaijan and Serbia.

Conflicts, including the war in Ukraine, and natural disasters, such as the 2023 Kahramanmaraş earthquakes in Türkiye, continue to be sources of large-scale population movement and displacement within and across countries in the region.⁶⁶ In 2022, internal migration flows across UNECE countries saw a sharp increase as a result of displacement caused by the war in Ukraine. An estimated 4 million refugees from Ukraine have sought protection in the European Union,⁶⁷ and a total of 5.9 million have sought protection across all of Europe.⁶⁸

Multiple crises have negatively affected socioeconomic development

Since the last regional ICPD review, socioeconomic development in the region has been marked by major disruptions caused by the COVID-19 pandemic, the war in Ukraine and other crises in the region, as well as rising inflation and cost of living in many countries. The COVID-19 pandemic disrupted education, health- and social-care services, with both immediate and potential longer-term impacts on social development outcomes in the region, which are discussed in the report. Disadvantaged and marginalized population groups, including women and girls, have been particularly affected. Before the onset of the COVID-19 crisis, gross domestic product (GDP) in the UNECE region was increasing at a steady but decelerating rate, averaging around 2.5 per cent annually. In 2020, severe GDP contractions were observed in practically every country in the region. Around half of the countries in the UNECE region saw their output decrease to pre-pandemic levels in 2021. Growth in 2022 slowed down in most countries amid rising inflationary pressures and still-unresolved supply chain disruptions. The war in Ukraine has exacerbated tensions in commodity markets, in particular food and energy markets, heightened uncertainty and severely depressed the economic outlook in the region.

Poverty reduction efforts have been negatively affected by the COVID-19 crisis. In the European Union, after years of steady decline, the share of people at risk of poverty and social exclusion increased in 2020 and remains above pre-pandemic levels.⁶⁹

66. International Organization for Migration, *World Migration Report 2022* (Geneva, 2021).

67. Council of the European Union, "Infographic - refugees from Ukraine in the EU". Available at <https://www.consilium.europa.eu/en/infographics/ukraine-refugees-eu/> (accessed on 1 September 2023).

68. United Nations High Commissioner for Refugees, Operational Data Portal: Ukraine Refugee Situation. Available at <https://data2.unhcr.org/en/situations/ukraine> (accessed on 1 September 2023).

69. European Commission, "Persons at risk of poverty or social exclusion by age and sex", Eurostat. Available at https://ec.europa.eu/eurostat/databrowser/view/ILC_PEPS01N/default/table?lang=en (accessed on 1 September 2023).

Box 1. Key initiatives addressing demographic change and population ageing

Fourth review and appraisal of the Madrid International Plan of Action on Ageing, 2022

Forty UNECE member States reported on national developments in addressing population ageing and the needs of older persons during the fourth review and appraisal of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy in 2022 (MIPAA+20).⁷⁰ The 2022 Rome Ministerial Declaration, “A Sustainable World for All Ages: Joining Forces for Solidarity and Equal Opportunities throughout Life”, set three broad goals for the policy agenda on ageing going forward: promoting active and healthy ageing throughout life, ensuring access to long-term care and support for carers and families, and mainstreaming ageing to advance a society for all ages.⁷¹

United Nations Decade of Healthy Ageing (2021–2030)

The Decade of Healthy Ageing, led by WHO, encourages action in four areas: changing how we think, feel and act towards age and ageing; ensuring that communities foster the abilities of older people in areas including labour, education, housing, social protection, transport and technology; delivering integrated care and primary health services responsive to older people; and providing access to long-term care for older people who need it.⁷²

Decade of Demographic Resilience

The Decade of Demographic Resilience, launched at the Ministerial Conference on shaping Europe’s demographic future, in Sofia, Bulgaria, in December 2021, aims to galvanize action to enable countries to thrive in a world of rapid demographic change. It provides an impetus for countries to anticipate and understand the way populations are changing and to develop responses that mitigate potentially negative effects and fully harness the opportunities that also always come with demographic change.⁷³

70. UNECE, *Ageing Policy in Europe, North America and Central Asia in 2017–2022*.

71. UNECE, 2022 Rome Ministerial Declaration, “A Sustainable World for All Ages: Joining Forces for Solidarity and Equal Opportunities throughout Life”, Rome, 15–17 June 2022.

72. World Health Organization (WHO), “WHO’s work on the UN Decade of Healthy Ageing (2021–2030)”.

73. For more details, see United Nations Population Fund (UNFPA) Eastern Europe and Central Asia, “Decade of Demographic Resilience”.

European Commission initiatives addressing demographic change in the European Union

Since 2019, the European Commission has put a spotlight on the impact of demographic change in Europe, integrated demographic concerns into the development of relevant EU policies and taken a range of initiatives supporting countries in dealing with demographic change. These include the Demography Atlas, the Green Paper on Ageing (2021), the European Care Strategy (2022), the Long-Term Vision for EU Rural Areas, the Harnessing Talent in Europe's Regions communication (2023) and the Rights of the Child Strategy. A new communication in 2023, to be published in the form of a demography toolbox, will set out a comprehensive approach to addressing demographic change through enhanced synergies.⁷⁴

74. European Commission, "The impact of demographic change in Europe".

Development of capabilities

Investing in quality education and training for individuals throughout the life course is key to ensuring inclusive economic growth. Coupled with investments in decent work, education is the one of the most effective ways to spur inclusive socioeconomic growth and reduce poverty and inequality. The 2013 Chair's Summary called for protection of the right to quality education at all levels in a safe and participatory environment,⁷⁵ requesting that countries work for the development of capabilities so that adolescents, young people and older persons expand their individual choices and shape the innovative and sustainable future of the region, contributing to healthier, resilient economies. Early childhood care and education improves school readiness, reduces gaps between advantaged and disadvantaged students, and has been linked to better educational and economic outcomes later in life.⁷⁶

Widespread early learning and progress on educational attainment in most countries

- ▶ In the majority of countries with data in 2020, over 90 per cent of children participated in organized learning the year before they started primary school.
- ▶ More young people across UNECE countries are completing upper secondary education (a median of 88 per cent in 2020, compared with 82 per cent in 2000).
- ▶ Girls are more likely than boys to complete upper secondary education.
- ▶ Students living in rural areas are less likely to complete upper secondary education than students in urban areas, and those in the lowest income group are still the least likely to complete upper secondary education.

Participation in early learning is widespread across the region. In the majority of countries, more than 90 per cent of children participated in organized learning one year before the official primary school entry age in 2020 (Figure 1.5). While the participation rate in early learning

75. UNFPA and UNECE, "Chair's Summary", para. 6.

76. United Nations Educational, Scientific and Cultural Organization (UNESCO), "Why early childhood care and education matters", 10 November 2022.

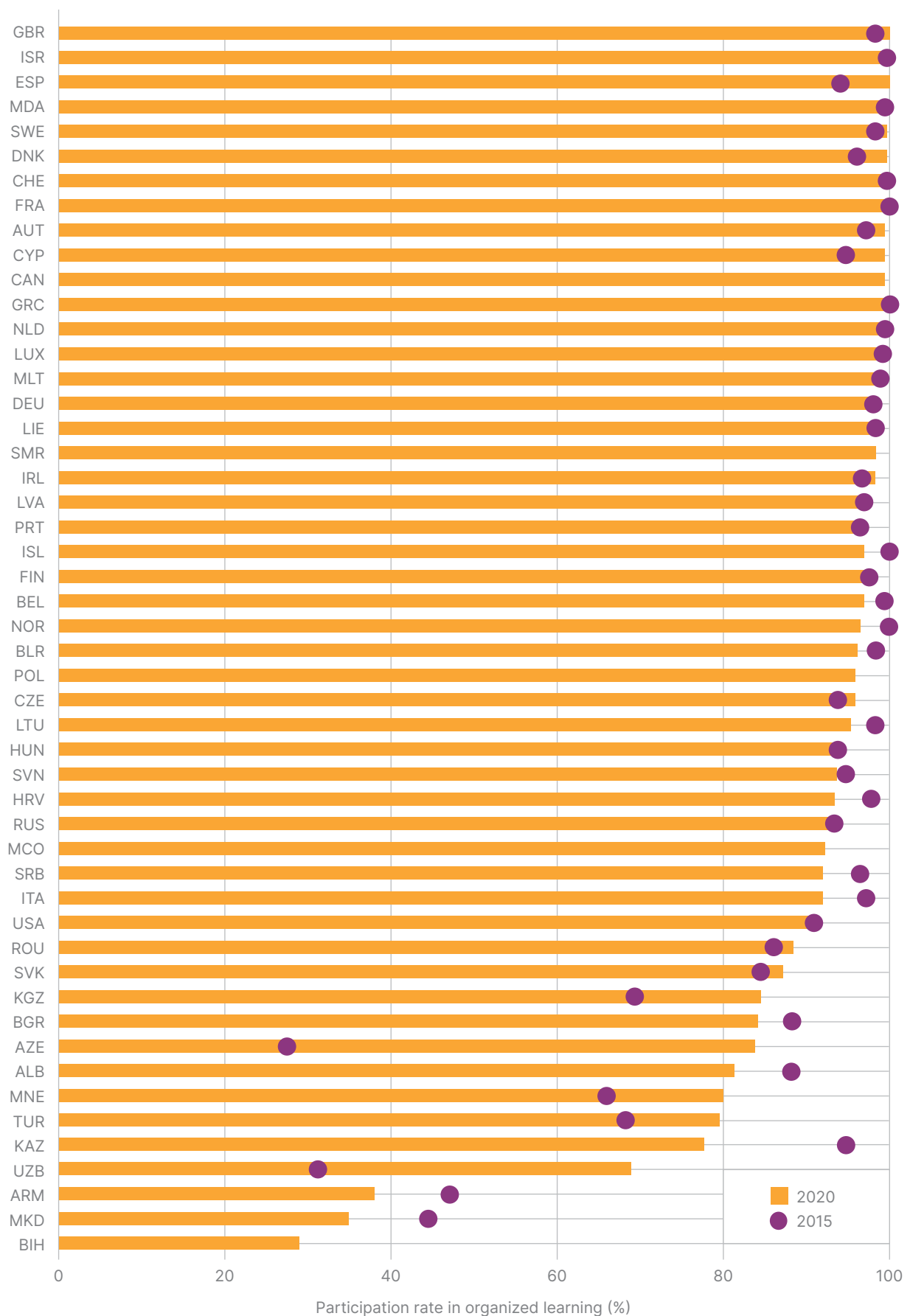
remains above the global average of 75 per cent in nearly every country in the region, the participation rate decreased between 2015 and 2020 in 22 countries with data, pointing to COVID-19-related disruptions to early education and childcare with potential impacts on school readiness and longer-term child development and educational outcomes. Despite the onset of COVID-19, participation rates in early learning increased substantially in some countries during this period. In Azerbaijan and Uzbekistan, the participation rate in organized learning one year before the official primary school entry age more than doubled between 2015 and 2020 and increased by more than 10 per cent in Kyrgyzstan, Montenegro and Türkiye.



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High levels of participation in early learning despite COVID-19 setbacks in some countries

Figure 1.5: Participation rate in organized learning one year before the official primary school entry age (%), 2020 (SDG Indicator 4.2.2)



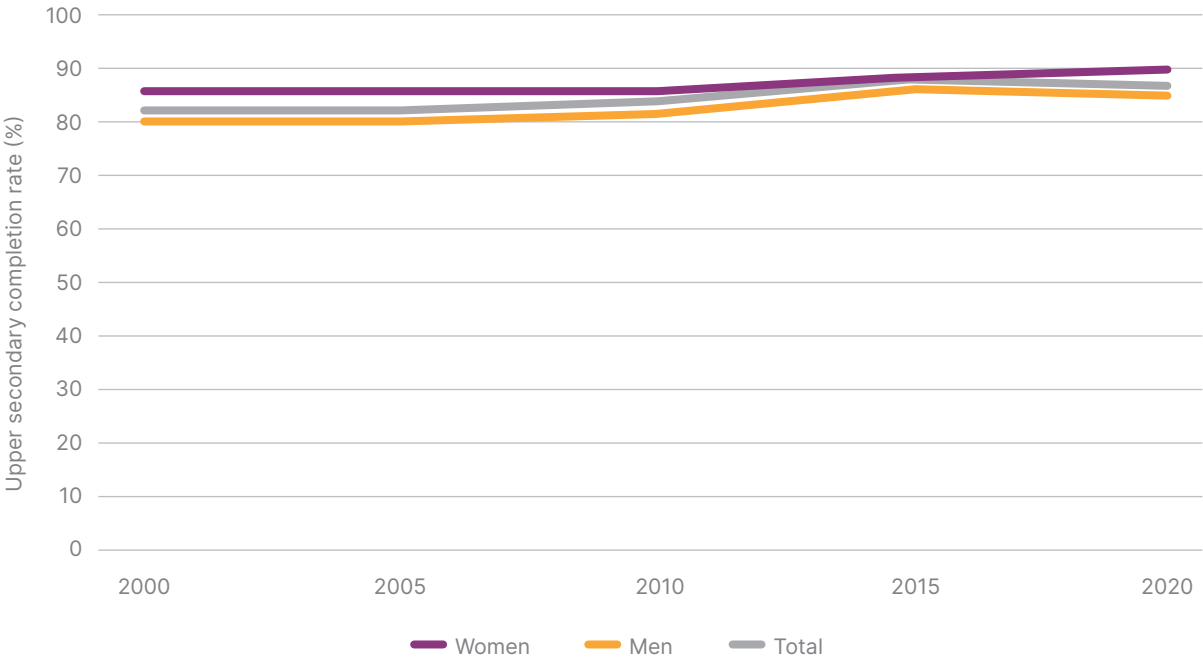
Note: Recent data for Albania, Azerbaijan, Austria, Armenia, Belarus, Bosnia and Herzegovina, Kyrgyzstan, Liechtenstein, Montenegro, Republic of Moldova, San Marino, Serbia and Uzbekistan are from 2021. Recent data for Monaco are from 2022.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

Across UNECE countries, the majority of young people complete upper secondary education. The upper secondary completion rate among individuals just beyond school leaving age — those aged 3–5 years above the intended age for the last grade of upper secondary in their country — increased from a median of 82 per cent in 2000 to 88 per cent in 2020 (Figure 1.6). In all countries in the UNECE region with data, at least two thirds of young people have completed upper secondary education. Young women are more likely than young men to complete upper secondary education. In 2020, the median upper secondary completion rate was 90 per cent for women, compared with 86 per cent for men (Figure 1.6). The share of young men completing upper secondary education declined slightly between 2015 and 2020, which may reflect exacerbated disengagement with education among young men as a result of the COVID-19 pandemic.⁷⁷ Despite high levels of upper secondary completion across the region, disparities by place of residence and socioeconomic status persist. Students living in rural areas are less likely to complete upper secondary than students in urban areas, and those in the lowest income group are still the least likely to complete upper secondary education.

Share of young people completing upper secondary education continues to climb

Figure 1.6: Upper secondary completion rate (%), UNECE median, 2000–2020 (SDG Indicator 4.1.2)



Note: The data reflect the median value for 52 countries with data. Data were unavailable for Andorra, Liechtenstein, Monaco and San Marino. The completion rate refers to the percentage of a cohort of children or young people aged 3–5 years above the intended age for the last grade of each level of education who have completed that grade. Time-weighted linear regression based on available empirical data was used to estimate underlying country-level values for years shown when data are missing. See the Appendix for details.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

77. UNESCO, “Achieving gender equality in education: don’t forget the boys”, Policy Paper, No. 35 (Paris, 2018).

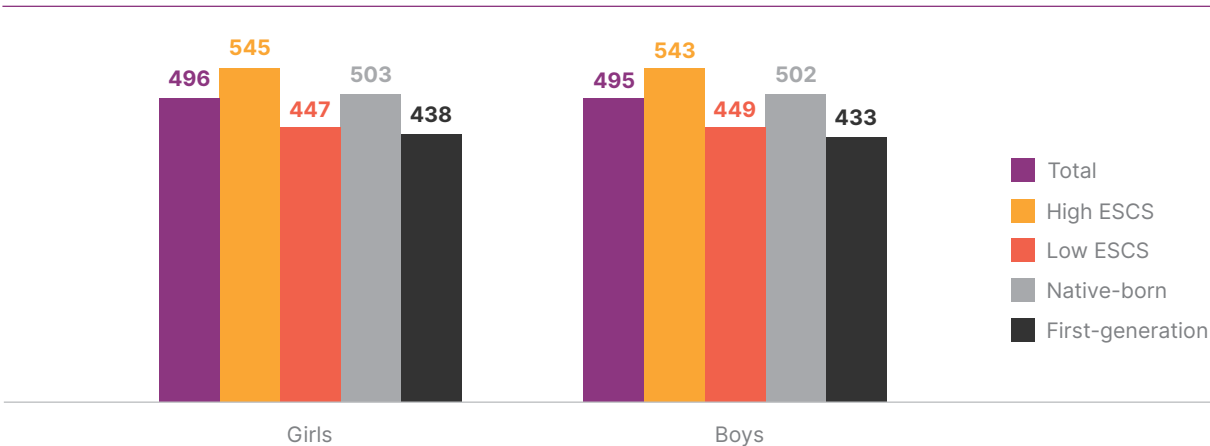
Progress on learning outcomes is mixed

- ▶ Average PISA science performance scores were lower in 2018 than in 2006 in 23 out of 30 countries with data.
- ▶ PISA scores improved in Eastern Europe and Central Asia between 2015 and 2018.
- ▶ Children with an immigrant background and lower socioeconomic status perform worse.
- ▶ The impact of the COVID-19 pandemic has not yet been measured.

Overall outcomes as measured by the Organisation for Economic Co-operation and Development (OECD) Programme for International Student Assessment (PISA) improved in Eastern Europe and Central Asia between 2015 and 2018.⁷⁸ In a majority of countries across the region, however, PISA science performance scores are decreasing. Average PISA science performance scores were lower in 2018 than in 2006 in 23 of 30 countries with data. Moreover, large gaps in PISA science performance by immigration status and socioeconomic status exist, with first-generation students and students with a lower economic, social and cultural status (ESCS) index (a measure of socioeconomic status) performing poorer than their native-born and high-ESCS-index peers (Figure 1.7). The most recent PISA data on educational outcomes were collected in 2018 and do not reflect the impact of the COVID-19 pandemic, which may have further exacerbated these inequalities.

Persisting disparities by immigration and socioeconomic status in educational outcomes

Figure 1.7: Average PISA science performance score, UNECE median, 2018



Note: The data reflect the median value for 24 countries with data: Austria, Belgium, Canada, Czechia, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Luxembourg, Netherlands (Kingdom of the), Norway, Portugal, Slovenia, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America. The ESCS index is a measure of socioeconomic status.

Source: OECD, Programme for International Student Assessment (PISA). Available at https://www.oecd-ilibrary.org/education/science-performance-pisa/indicator/english_91952204-en.

78. Organisation for Economic Co-operation and Development (OECD), *Education in Eastern Europe and Central Asia: Findings from PISA* (Paris, OECD Publishing, 2021).

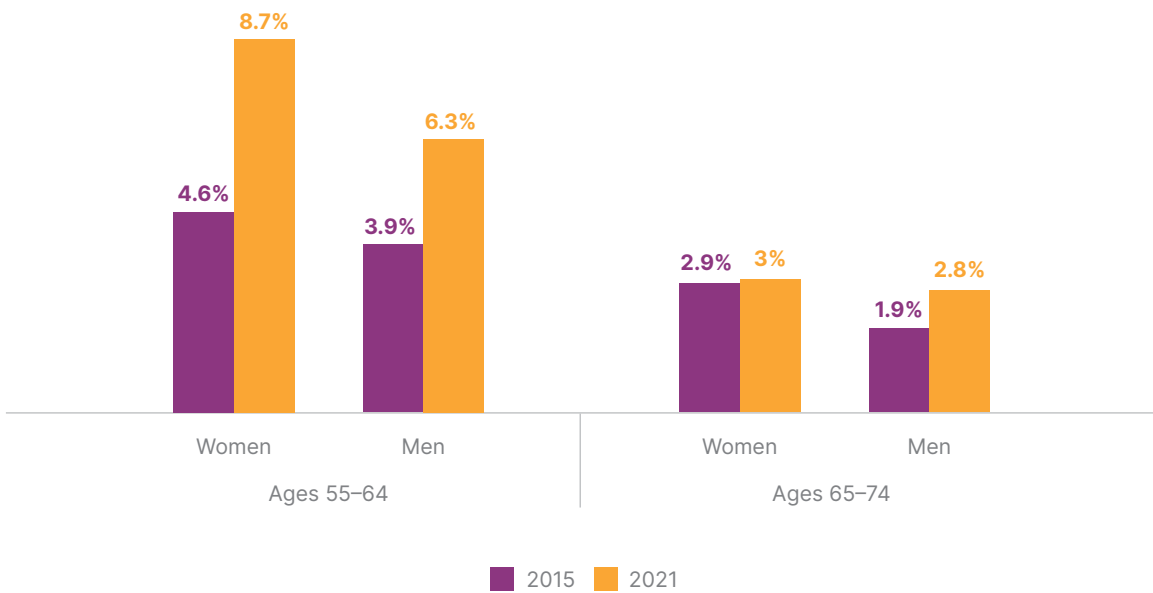
Lifelong learning to develop capabilities across the life course

- ▶ Adults aged 55 to 64 are more likely to participate in training and education than older adults aged 65 to 74, and in both age groups women are more likely to participate than men.
- ▶ Less than 10 per cent of older adults aged 65 to 74 participated in training or education in 2022.

Participation in formal education and training supports employment and active and healthy ageing throughout adult life, including in older age. The share of older persons participating in training or education has increased slightly since 2015 across countries in the UNECE region (Figure 1.8). Adults aged 55 to 64 are more likely to participate in training and education than older adults aged 65 to 74, and in both age groups women are more likely to participate than men. In all but two countries with data, less than 10 per cent of older adults aged 65 to 74 participated in training or education in 2022. Participation varies across countries with the highest levels observed among older persons in countries in Northern and Western Europe.

Share of older persons in education or training is increasing

Figure 1.8: Share of older persons in training or education (%), UNECE median, 2015 and 2022, by age group and gender



Note: The data reflect the median value for 28 countries with data: Austria, Belgium, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands (Kingdom of the), Norway, Poland, Portugal, Slovenia, Sweden, Spain, Switzerland, Türkiye and the United Kingdom of Great Britain and Northern Ireland.

Source: European Commission, "Participation rate in education and training (last 4 weeks) by sex and age", Eurostat. Available at https://ec.europa.eu/eurostat/databrowser/view/TRNG_LFS_01_custom_6297557/default/table?lang=en.

To increase and improve the provision, promotion and take-up of formal, as well as of non-formal and informal learning opportunities for all, a new European agenda for adult learning 2021–2030 (NEAL 2030) was launched by the Council of the European Union in 2021.⁷⁹ Several countries in the region have developed strategic frameworks for lifelong learning. Bulgaria, for example, included lifelong learning as a priority area in its comprehensive Strategic Framework for the Development of Education, Training and Learning (2021–2030), and national qualification frameworks for lifelong learning were adopted in Azerbaijan, Italy and Portugal.⁸⁰ Cyprus developed a National Lifelong Learning Strategy (2021–2027) with the aim of promoting participation in adult learning, and enhancing upskilling and reskilling of low-qualified and low-skilled adults.⁸¹

The targeting of older workers by employment and training initiatives has received significant attention by many countries across the region. Examples of measures taken include skills training for employment programmes targeting workers above 55 years of age (for example, in Canada) and entrepreneurial skills training for older persons (for example, in Belarus, Bulgaria, Kazakhstan, Lithuania and Republic of Moldova).⁸²

Older persons, women and rural populations risk being left behind in the digital age

- ▶ Internet use has increased among all ages in the UNECE region since 2015, but the largest increases have been for persons aged 55 to 74.
- ▶ Ninety per cent of the UNECE population aged 16 to 74 use the Internet weekly, but regional and gender disparities remain, particularly among older persons.
- ▶ Internet use is lowest among older persons in Eastern Europe, the Caucasus and Central Asia.
- ▶ Youth have better ICT skills than older generations, and urban dwellers have better skills than those living in rural areas.

During a time of rapid digitalization, ICT skills are key to full and equal participation in nearly every aspect of society. The COVID-19 pandemic accelerated the trend towards digitalization, making it more important than ever to improve the accessibility, quality and equity of ICT education for young people and training for adults throughout the life course. Better use of digital technologies also holds much promise for making teaching, learning and training more effective and inclusive.

79. Council of the European Union, "Council Resolution on a new European agenda for adult learning 2021-2030", 29 November 2021 (2021/C 504/02).

80. UNECE, *Ageing Policy in Europe, North America and Central Asia in 2017-2022*.

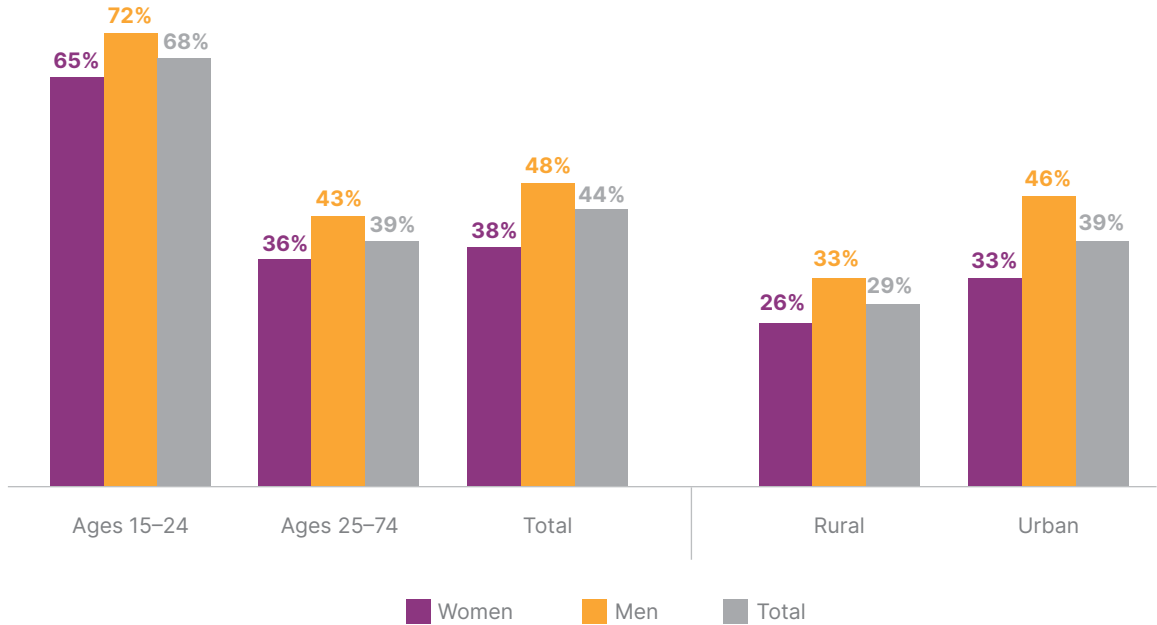
81. Cyprus, Social Welfare Services, "National report for the fourth review and appraisal cycle of the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS), 2018-2022".

82. UNECE, *Ageing Policy in Europe, North America and Central Asia in 2017-2022*.

Across various ICT skills that are relevant for decent employment and entrepreneurship, working-age and older adults trail youth. For example, 68 per cent of youth aged 15 to 24 regularly find, download, install and configure software, compared with only 43 per cent of adults aged 25 to 75 (Figure 1.9). Evidence for people aged 75 and older is limited, but across countries with data less than 5 per cent of this population regularly find, download, install and configure software. People living in rural areas are less likely to have relevant ICT skills (Figure 1.9), and a large divide exists between the wealthiest countries in Western Europe and countries in Eastern Europe and Central Asia.

Youth have significantly better ICT skills than older generations

Figure 1.9: Proportion of youth and adults finding, downloading, installing and configuring software in the previous 3 months (%), UNECE median, 2021



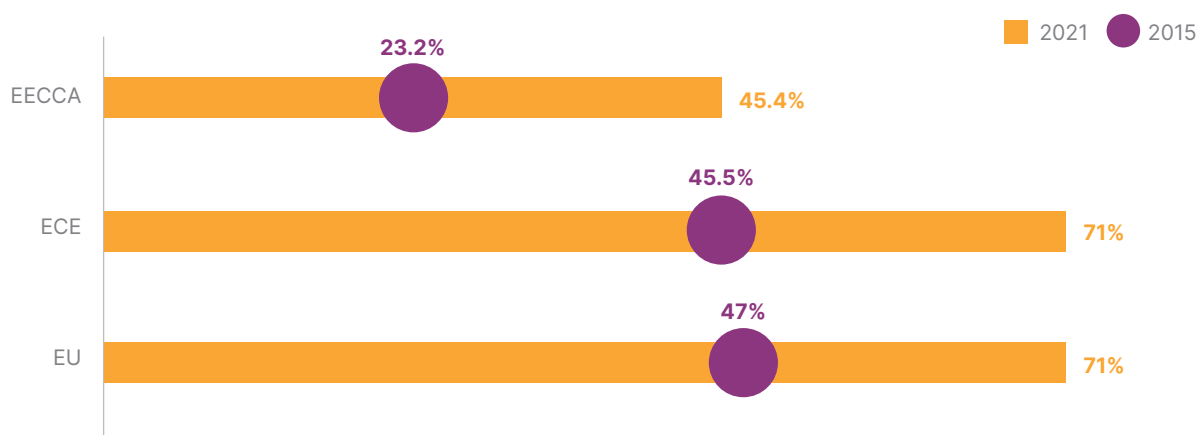
Note: The data reflect the median value for 2021 or the most recent year available for 39 countries with data: Albania, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Croatia, Cyprus (2019), Czechia, Denmark, Estonia (2017), Finland (2016), France, Georgia (2020), Germany, Greece (2017), Hungary, Italy (2016), Kazakhstan, Latvia (2018), Lithuania, Luxembourg, Malta, Montenegro, Netherlands (Kingdom of the) (2016), North Macedonia (2016), Norway, Poland, Portugal, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, the United Kingdom of Great Britain and Northern Ireland (2017), Uzbekistan. Urban/rural disaggregation is available only for 20 countries: Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Croatia, Cyprus, Denmark, Estonia, Georgia, Hungary, Kazakhstan, Lithuania, Malta, Portugal, Romania, the Russian Federation, Spain, Switzerland, Ukraine, Uzbekistan.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

Gender gaps in ICT skills persist for all age groups, but they are most pronounced among older persons. Among older persons, women are still less likely than men to use the Internet weekly (Figure 1.11). Digital divides by age, gender and place of residence threaten to exacerbate existing inequalities and generate new ones. Technology is a tool to promote gender equality, enhance economic opportunities, and improve social and political participation at all ages, but only if digitalization benefits everyone.

Internet use is lowest among older persons in Eastern Europe, the Caucasus and Central Asia

Figure 1.10: Share of the population aged 55 to 74 using the Internet weekly (%), median for UNECE, the European Union (EU), and Eastern Europe, the Caucasus and Central Asia (EECCA) countries, 2015 and 2021



Note: The data for UNECE reflect the median value for 46 countries with data. Data were unavailable for Andorra, Armenia, Canada, Kyrgyzstan, Liechtenstein, Monaco, Republic of Moldova, San Marino, Tajikistan and Turkmenistan. Data for the EECCA region reflect the median value for Azerbaijan, Belarus, Georgia, Kazakhstan, the Russian Federation, Ukraine and Uzbekistan. Data for the EU region reflect the median value for the 27 EU member States as of 2020. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data are missing. See the Appendix for details.

Source: UNECE, UNECE Statistical Database. Available at https://w3.unece.org/PXWeb2015/pxweb/en/STAT/STAT_30-GE_09-Science_ICT/.

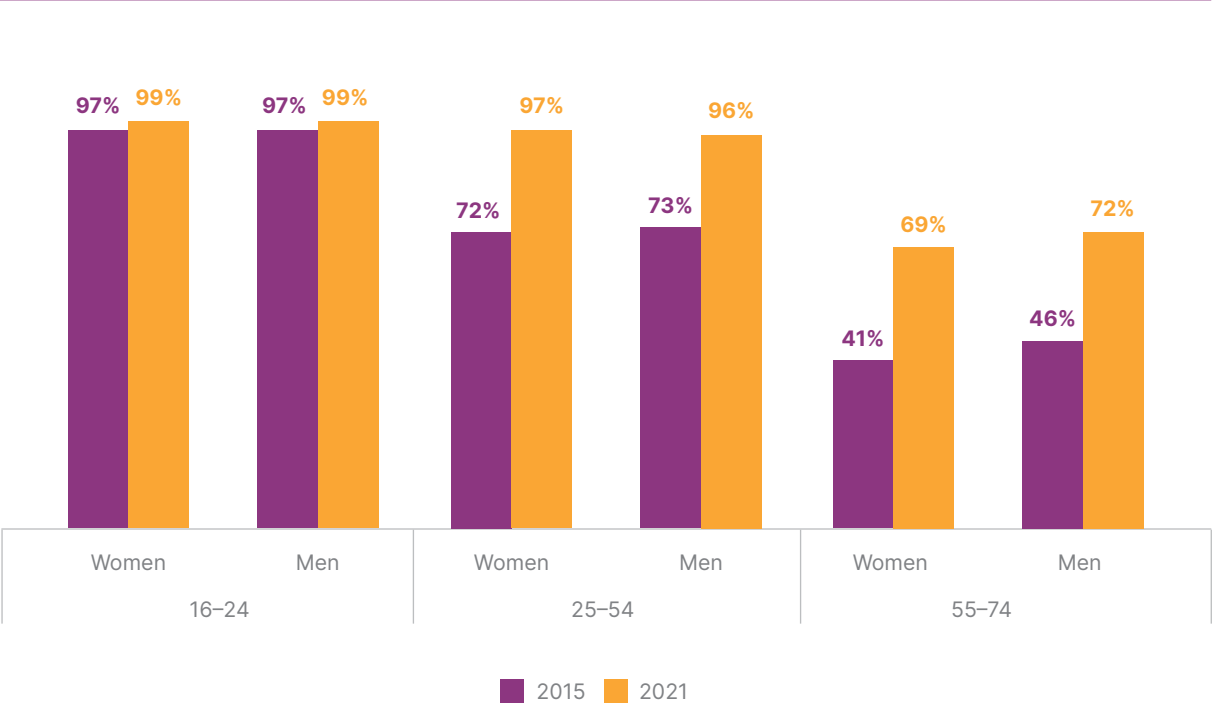
When it comes to Internet use, 90 per cent of the UNECE population aged 16 to 74 uses the Internet weekly, but regional disparities remain, particularly among older persons. In EU countries, 71 per cent of the population aged 55 to 74 uses the Internet weekly. In countries in Eastern Europe, the Caucasus and Central Asia, only 45 per cent of individuals in this age group use the Internet weekly (Figure 1.10). Internet use has increased among all ages in the UNECE region since 2015, but the largest increases have been for people aged 55 to 74 (Figure 1.11), suggesting the COVID-19 pandemic might have propelled more older individuals to get online.

In an increasingly digital age, digital skills and literacy are important facilitators of social participation, and as digital relations with administration and services are on the rise (as exemplified by e-government and telemedicine) they become increasingly fundamental to

social inclusion. Many countries across the region have put emphasis on the development of digital skills and literacy among older persons. Examples of initiatives include the Digital Angel project in Germany, aiming to empower older persons to confidently use technologies, with a team of experts touring the country and providing training as well as technical support. Austria developed quality criteria for teaching how to use digital media, tailored to the needs of older persons. In Luxembourg, the Silver Surfer website offers information and advice for older persons on how to safely use the Internet.⁸³

Internet use has increased among older age groups

Figure 1.11: Share of men and women in the UNECE region using the Internet weekly by age group (%), UNECE median, 2015 and 2021



Note: The data reflect the median value for 46 countries with data. Data were unavailable for Andorra, Armenia, Canada, Kyrgyzstan, Liechtenstein, Monaco, Republic of Moldova, San Marino, Tajikistan and Turkmenistan. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data are missing. See the Appendix for details.

Source: UNECE, UNECE Statistical Database. Available at https://w3.unece.org/PXWeb2015/pxweb/en/STAT/STAT_30-GE_09-Science_ICT/.

83. For more examples, see UNECE, *Ageing Policy in Europe, North America and Central Asia in 2017-2022*. MIPAA+20 country reports providing further details are available at <https://unece.org/mipaa20-country-reports>.

Fulfilling potential: health and well-being across the life course

Health is a fundamental human right, and universal health coverage (UHC) is widely recognized to be critical for achieving healthy and equal societies. UHC represents the aspiration that everyone should receive good-quality health services, when and where needed, without incurring financial hardship. Beyond health and well-being, UHC also contributes to the development of human capital, and thus to social inclusion, equality, ending poverty, economic growth and human dignity, as underscored in the 2013 Chair's Summary.⁸⁴ The SDGs also place sexual, reproductive, maternal, newborn, child and adolescent health at the core of the UHC agenda, recognizing that poor health, and the multiple risk behaviours leading to it, limit economic growth and the ability of individuals of all ages to achieve their full potential in society.

Slowing progress towards achieving UHC in the UNECE region

- ▶ Across the UNECE region, access to high-quality essential health services is improving, but recent progress has been slow.
- ▶ The relative cost of health care for households is increasing in most countries in the region.

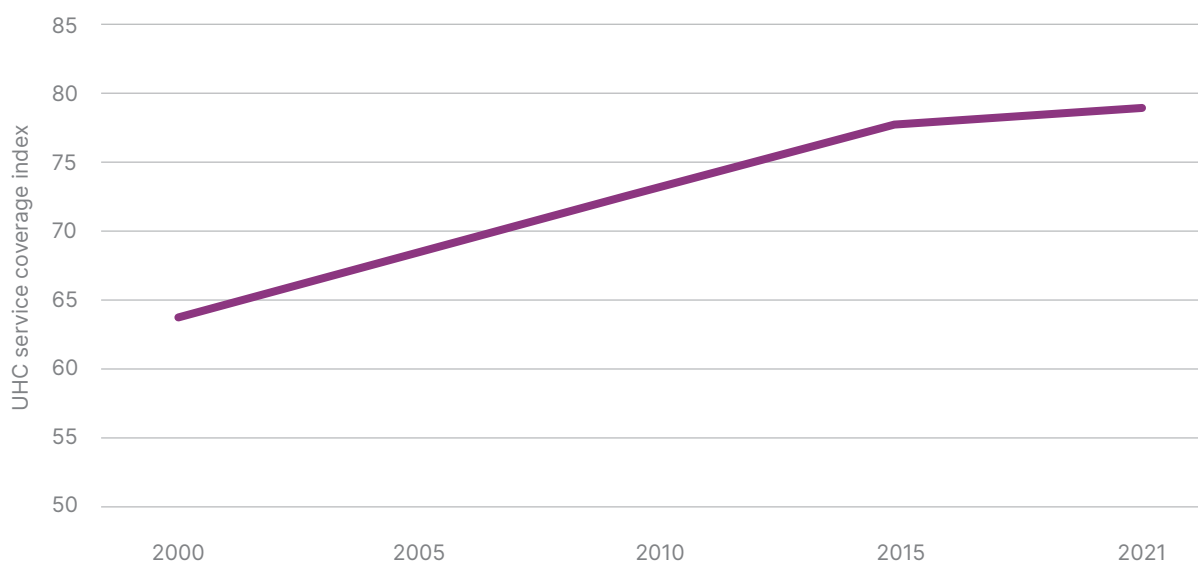


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84. UNFPA and UNECE, "Chair's Summary", paras. 4 and 7.

Service coverage and access have improved over past two decades

Figure 1.12: UHC service coverage index, 2000–2021, UNECE average (SDG Indicator 3.8.1)



Note: The data represent the simple average for 55 countries with data. Data were unavailable for Liechtenstein.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database.
Available at <https://unstats.un.org/sdgs/dataportal>.

Across the UNECE region, access to high-quality essential health services is improving. Between 2000 and 2021, the average UHC service coverage index for the region — which summarizes indicators related to reproductive, maternal, newborn and child health outcomes, infectious diseases, non-communicable diseases and service capacity and access — increased from 64 (out of 100) to 79 (Figure 1.12), putting the region well ahead of the global average of 68 in 2021.⁸⁵ Nonetheless, recent data indicate that progress towards achieving UHC is slowing across the region, which may reflect increased burdens on health-care systems during the COVID-19 pandemic. The UHC service coverage index has decreased or remained unchanged since 2015 in 16 countries. At the regional level, the UHC service coverage index increased only slightly from an average of 78 in 2015 to 79 in 2021. Disparities between countries partially explain sluggish progress. The UHC service coverage index ranges from below 70 in some countries in Central Asia and the Southern Caucasus region to near or above 90 in Canada, Germany, Israel, Portugal and the United Kingdom.

A key principle of UHC is that people should be protected from the financial consequences of paying for health services out of their own pockets, reducing the risk that they may be pushed

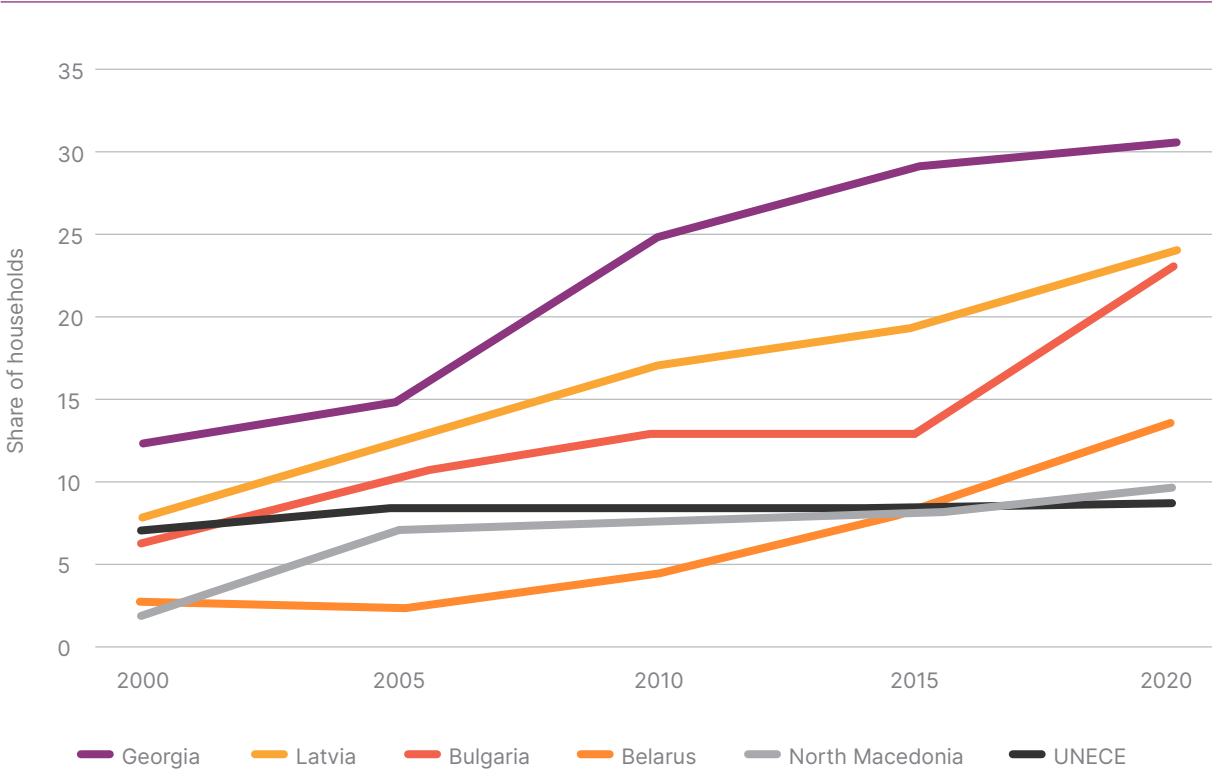
85. For more information on the UHC service coverage index, see the metadata for SDG Indicator 3.8.1. Available at <https://unstats.un.org/sdgs/metadata/files/Metadata-03-08-01.pdf> (accessed on 3 September 2023).

into poverty due to these expenses. Assessments of progress towards UHC must consider both health service coverage and financial protection dimensions. The share of households with large out-of-pocket (OOP) health expenditures relative to household income is an important indicator of the efficiency and equity of the health-care system for both public and private schemes.

In recent years, alongside other cost-of-living pressures, the relative cost of health care for households has been increasing in most countries in the region.⁸⁶ Although the increase in the share of households with health expenditures representing more than 10 per cent of total household income or expenditure at the regional level has been moderate — from a median value of 7 per cent in 2000 to 9 per cent in 2020 — in some countries the share has more than doubled in the last 20 years (Figure 1.13).

Moderate increase in health expenditures for households, with some exceptions

Figure 1.13: Share of households with expenditures on health greater than 10 per cent of total household income or expenditure (%), UNECE median and select countries, 2000–2020 (SDG Indicator 3.8.2)



Note: The 2000 value reflects data from 2002 for Latvia. The 2015 value reflects data from 2018 for North Macedonia. The 2020 value reflects data from 2016 for Latvia, 2018 for Bulgaria and 2019 for North Macedonia. Data for UNECE represent the median value for 40 countries with data. Data were unavailable for Andorra, Austria, Belgium, Denmark, France, Germany, Iceland, Ireland, Liechtenstein, Monaco, Netherlands (Kingdom of the), Norway, Portugal, San Marino, Sweden and Turkmenistan. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data are missing. See the Appendix for details.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

86. OECD, "Health care financing in times of high inflation", January 2023.

Policy attention to UHC is widespread across UNECE countries, but the COVID-19 pandemic had a detrimental effect on health systems

Nearly all countries in the UNECE region have adopted national health policies that seek to advance UHC (although not all of them mention UHC explicitly), including through equity in access to, and adequate quality of, services.⁸⁷ They also set objectives related to financial risk protection, which aims to address the health needs of the most vulnerable by ensuring a guaranteed volume of free health-care services.

Countries have introduced a number of changes to expand public health services and reduce OOP expenditures. Kazakhstan, for example, adopted mandatory social health insurance services where the State covers the insurance premium for minors and youth over 18 studying full-time.⁸⁸ Other countries working with mandatory health insurance have also made exceptions or introduced targeted subsidies to enable access by groups in vulnerable situations. In Albania, for example, children and students are subsidized for health insurance contributions, as are other groups, including unemployed people, disabled people, war veterans and HIV patients. In Romania, pregnant women, children and young people up to 26 years old are exempt from making contributions to mandatory health insurance, and co-payments are not applicable to other groups, such as people with disabilities, war veterans and their widows.⁸⁹

Although the effects of the COVID-19 pandemic on access to health systems are yet to be fully measured, it is evident that it had a profound impact on progress towards UHC.⁹⁰ The pandemic severely disrupted health systems and essential health services, highlighting gaps in public health capacities, an area where progress has been stagnant. When responding to the pandemic, ensuring low or no user charges was important in delivering care, as was giving options for the mode of care delivery. During the COVID-19 response, better-performing health systems were those in which a greater portion of the population was covered by public health insurance, pointing to the relevance of addressing financial barriers to health.⁹¹

87. WHO, Regional Office for Europe, *Assessments of sexual, reproductive, maternal, newborn, child and adolescent health in the context of universal health coverage in six countries in the WHO European region: a synthesis of findings from the country reports* (Copenhagen, 2020). See also Erin Webb, Johanna Offe and Ewout van Kineken, "Universal health coverage in the EU: what do we know (and not know) about gaps in access?" *Eurohealth*, Special Issue, *Changing the policies: towards a true European Health Union*, vol. 28, No. 3.

88. Serik Tanirbergenov, Gaukhar Abuova and Azhar Giniyat, "Kazakhstan: advancing adolescent health through policy and legislation", WHO, 2021.

89. WHO, Regional Office for Europe, *Assessments of sexual, reproductive, maternal, newborn, child and adolescent health in the context of universal health coverage in six countries in the WHO European region: a synthesis of findings from the country reports* (Copenhagen, 2020). In Romania, young people are exempt provided they are enrolled in some form of education or are leaving a child protection institution and have no income.

90. WHO, "Coverage of essential health services (SDG 3.8.1)". Available at <https://www.who.int/data/gho/data/themes/topics/service-coverage> (accessed on 3 September 2023).

91. OECD, *Ready for the Next Crisis? Investing in Health System Resilience*, OECD Health Policy Studies (Paris, OECD Publishing, 2023).

Opportunities offered by technology seized to expand access to services

As the COVID-19 pandemic brought to the fore weaknesses in health systems across UNECE countries, it generated renewed awareness of the importance of health system security. As a result, in many countries surge capacity for critical care increased, health data availability was improved, and flexibility and agility in the health-care workforce facilitated new care models and increases in crucial activities such as critical care and vaccination.⁹²

Technology was leveraged in different ways by countries to increase and facilitate access to health services, both before and during the pandemic. In 2021, Armenia, for example, approved a three-year action plan for further development of its e-health system, including full-scale implementation of electronic prescription and electronic referral modules, as well as disease registries.⁹³ Kyrgyzstan has been working towards the digitalization of health care, including obtaining various certificates, providing online registration for polyclinics, and ensuring that online interaction and telemedicine are now helping address rural/urban health inequalities by facilitating access to consultations, strengthening the capacity of family doctors to provide quality primary health-care service, allowing services to resume faster following the COVID-19 pandemic and improving access to specialized care, among other benefits.⁹⁴

A salient example of positive changes introduced to health system delivery through the COVID-19 pandemic was the added flexibility in respect of patients' access to health professionals, with teleconsultations offsetting the restrictions imposed by limited mobility during the pandemic.⁹⁵ Many countries that allowed only in-person consultations dropped this restriction, including Estonia, Hungary, Ireland and Luxembourg. Meanwhile, France, Germany and Lithuania relaxed a prerequisite that patients were allowed to have teleconsultations with physicians that they had already consulted in-person. Countries also promoted the use of telemedicine through changes in providers' payment systems, with six EU countries covering teleconsultations through government or compulsory schemes (Belgium, Czechia, Estonia, Hungary, Latvia and Luxembourg).⁹⁶

92. Ibid.

93. WHO, European Observatory on Health Systems and Policies, *Health systems in action: Armenia* (Geneva, 2022).

94. UNICEF Kyrgyzstan and UNICEF Innovation, "Kyrgyzstan: improving family health through telemedicine: increasing rural access to primary health care through adapting and deploying digital health solutions", 2 September 2022.

95. Between 2019 and 2020, in-person consultations fell by almost 20 per cent on average across EU countries. In-person consultations fell by more than one third in Lithuania and Spain and by less than 10 per cent in Czechia and Finland. However, the declines in in-person consultations were completely offset by increasing numbers of teleconsultations in Denmark, Poland and Spain, and partly offset in many other countries. OECD, *Health at a Glance: Europe 2022 – State of Health in the EU Cycle* (Paris, OECD Publishing, 2022).

96. Ibid.

Promoting healthy lifestyles and reducing the incidence of non-communicable diseases

- ▶ The average mortality rate from the four major non-communicable diseases (NCDs) among those aged 30 to 70 years has decreased by 30 per cent in UNECE countries since 2000, but regional disparities remain.
- ▶ The premature mortality rate from NCDs is on average 40 per cent higher for men.
- ▶ Across much of the region, one in three children are obese.
- ▶ Tobacco use is decreasing, but alcohol consumption has remained consistent.
- ▶ Men are more likely to use tobacco, and they consume three times as much alcohol as women.

Poor health, and the multiple risk factors leading to it, limits economic growth and the ability of individuals of all ages to achieve their full potential in society.⁹⁷ In the UNECE region, NCDs, including cardiovascular disease, cancer, diabetes and chronic respiratory diseases, are the leading cause of mortality and impose significant burdens on health-care systems. Disproportionately affecting older persons, although many people continue to die of NCDs before they reach the age of 70, NCDs pose a threat to ageing societies and their health- and long-term-care systems.⁹⁸

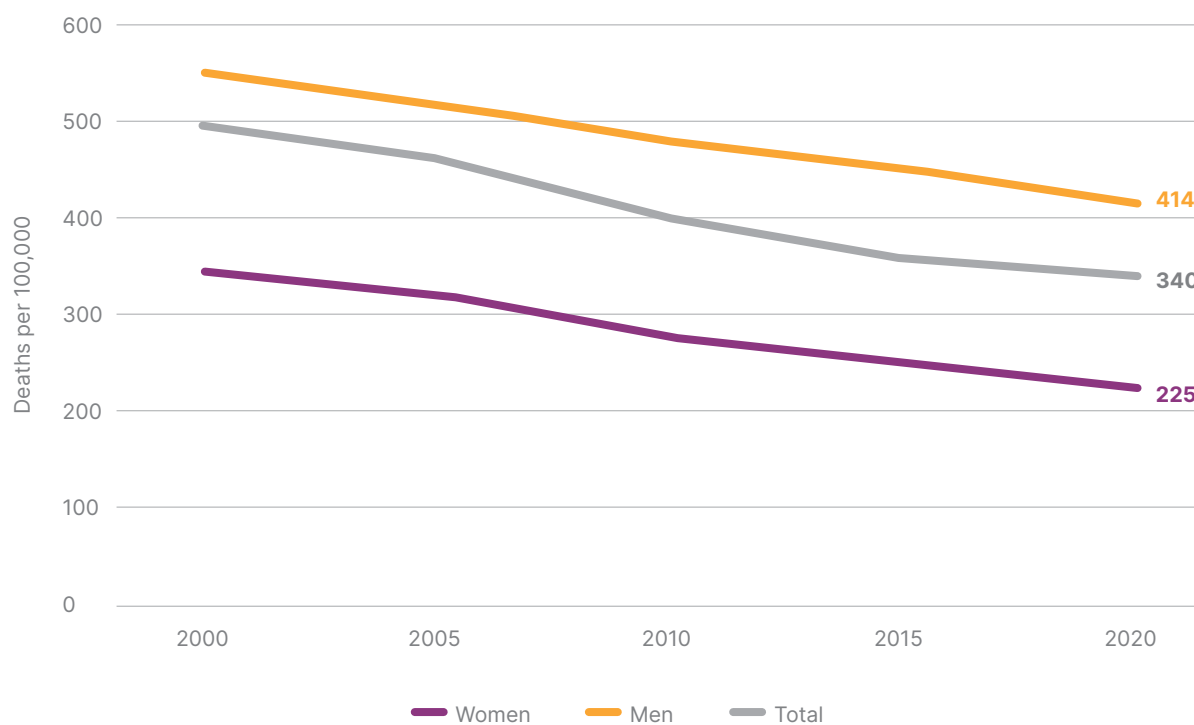
The human and economic impacts of NCDs and the premature deaths they cause can be minimized by addressing their primary risk factors across the life course, including unhealthy diets, physical inactivity, tobacco use and the harmful use of alcohol. Recognizing the persisting differences between and within countries in premature mortality and behavioural risk factors, the 2013 Chair's Summary recommends better access to health services, the promotion of healthy lifestyles and targeted interventions to address excess mortality among working-age men in several countries.

97. UNECE and UNFPA, *UNECE Monitoring Framework for the ICPD Programme of Action beyond 2014* (Geneva, 2018).

98. WHO, "Noncommunicable diseases", November 2022. Available at <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases> (accessed on 3 September 2023).

The average premature mortality rate from major NCDs has decreased by 30 per cent since 2000

Figure 1.14: Age-standardized premature mortality rate from cardiovascular disease, cancer, diabetes, chronic respiratory disease (from 30 to under 70 years, per 100,000 population), UNECE average, 2000–2020 (SDG Indicator 3.4.1)



Note: The data reflect the simple average for 51 countries. Data were unavailable for Andorra, Canada, Liechtenstein, Monaco and the United States of America. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data are missing. See the Appendix for details.

Source: WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/>.

Across the UNECE region, people are living longer, healthier lives. The average mortality rate from the four major NCDs among those aged 30 to 70 years has decreased by 30 per cent in UNECE countries since 2000 (Figure 1.14). Despite this progress at the regional level, stark disparities between higher-income and low- and middle-income countries remain. In Iceland, Israel, Luxembourg, Norway and Switzerland, premature mortality rates from NCDs are below 175 per 100,000 population. In Belarus, Republic of Moldova, Ukraine and Uzbekistan, they exceed 550 per 100,000 population.⁹⁹

The COVID-19 pandemic threatens progress on NCDs in many countries. People living with NCDs have a higher risk of severe disease and are more likely to die from COVID-19. Disruptions

99. WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/> (accessed on 18 August 2023).

to essential health services during the pandemic had an impact on the diagnosis and management of NCDs, which often require frequent and ongoing interactions with the health system.¹⁰⁰ The longer-term impacts of these health service disruptions on NCD mortality may not be observed in the population (or in the available data) for several years, but there have been immediate and devastating consequences of the COVID-19 pandemic for many countries and communities with a high burden of NCDs. Estimates of excess mortality, which compare death rates from all causes during the pandemic to previous periods, are highest for countries in the UNECE region with already high levels of NCD mortality.¹⁰¹

Premature mortality from NCDs has declined for both women and men, with decreases since 2000 observed in 48 out of 51 countries with data. The gender gap in premature mortality remains significant, with mortality rates for men on average 40 per cent higher than for women. Gaps between men and women are largest in Central Asian and Eastern European countries, where gender differences in risk behaviours remain significant.



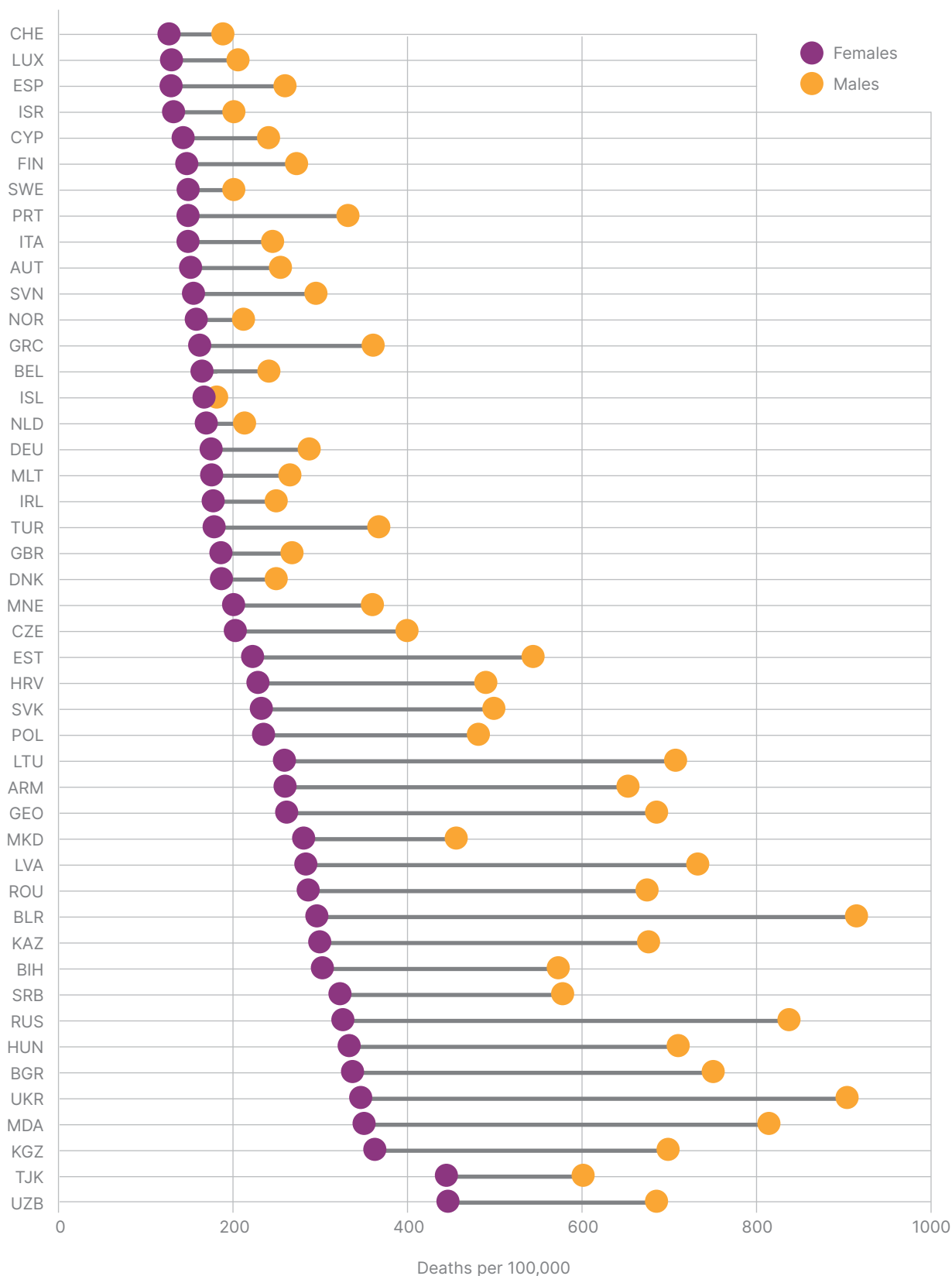
© UNFPA/Arben Llapashtica

100. WHO, *The impact of the COVID-19 pandemic on noncommunicable disease resources and services: results of a rapid assessment* (Geneva, 2020).

101. WHO, "Global excess deaths associated with COVID-19 (modelled estimates)", 19 May 2023. Available at <https://www.who.int/data/sets/global-excess-deaths-associated-with-covid-19-modelled-estimates> (accessed on 3 September 2023).

Men continue to be more likely to die prematurely

Figure 1.15: Age-standardized overall premature mortality rate (from 30 to under 70 years, per 100,000 population) from cardiovascular disease, cancer, diabetes mellitus, chronic respiratory diseases, by sex, 2019 (SDG Indicator 3.4.1)



Note: The data for Bosnia and Herzegovina, Estonia, Kyrgyzstan, Norway and Uzbekistan are from 2016; the data for Italy, Malta and Tajikistan are from 2017; the data for Belarus, Belgium, Cyprus, Denmark, Finland, Ireland, Israel, Portugal, Republic of Moldova, Sweden and Switzerland are from 2018; the data for Austria, Czechia, Georgia, Germany, Iceland, Kazakhstan, Latvia, Lithuania, Netherlands (Kingdom of the), North Macedonia, Serbia, Slovenia and Spain are from 2020.

Source: WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/>.

The gender gap in mortality has been linked to unhealthy behaviours that are more prevalent in men than women across UNECE countries. To address NCDs and premature mortality and mitigate the impacts of the COVID-19 pandemic, the region must address the primary risk factors across the life course: unhealthy diets, physical inactivity, tobacco use and the harmful use of alcohol.

Obesity needs to be addressed from a very young age

Boys in the UNECE region are more likely to be overweight than girls, with the share of children aged 15 years that are overweight or obese in 2018 higher for males than females across all countries with data with the exception of Ireland.¹⁰² One out of three primary-school-aged children in the WHO European region were overweight or obese in 2022, pointing towards a continued need for investments to promote healthy lifestyles among children.¹⁰³ Reducing obesity in the population is complex, and no single intervention is likely to achieve it.¹⁰⁴ Population-level interventions primarily include public education campaigns, national guidelines for physical activity and healthy diets, and policies targeting the marketing of high-fat, -salt and -sugar foods and beverages to children. Starting in childhood and youth, positive lifestyle promotion in schools and communities is increasingly common, including the importance of exercise and healthy eating to prevent obesity and heart disease.¹⁰⁵ North Macedonia, for example, is working to address this, including by providing healthy-lifestyles education in schools and commissioning research to better understand the challenges at hand.¹⁰⁶ Germany's National Reduction and Innovation Strategy for Sugar, Fats and Salt in Processed Foods aims to support consumers in achieving a balanced diet by reducing the sugar, fat and salt content in processed foods and increasing their vitamin and mineral content. The strategy puts a clear focus on products that are designed to appeal to children and adolescents. Concrete reduction targets for 2025 have been set for certain foods. For example, the aim is to reduce the amount of sugar in breakfast cereals for children by at least 20 per cent. The strategy provides for funding for research on the reduction of sugar, fat and salt as well as awareness campaigns and nutritional guidelines for people across all stages of life.¹⁰⁷

102. WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/> (accessed on 18 August 2023).

103. WHO, *WHO European Regional Obesity Report 2022* (Copenhagen, 2022). Available at <https://iris.who.int/bitstream/handle/10665/353747/9789289057738-eng.pdf?sequence=1&isAllowed=y> (accessed on 13 October 2023).

104. Ibid.

105. UNFPA, *Addressing population ageing in Asia and the Pacific Region: a life-cycle approach* (Bangkok, UNFPA Asia-Pacific Regional Office, 2020).

106. North Macedonia, "Sustainable Development Goals Voluntary National Review: North Macedonia", 2020.

107. Germany, "Germany SDG Voluntary National Review", 2021. See also Germany, Federal Ministry of Food and Agriculture, "The National Reduction and Innovation Strategy for Sugar, Fats and Salt in Processed Foods", 11 March 2021.

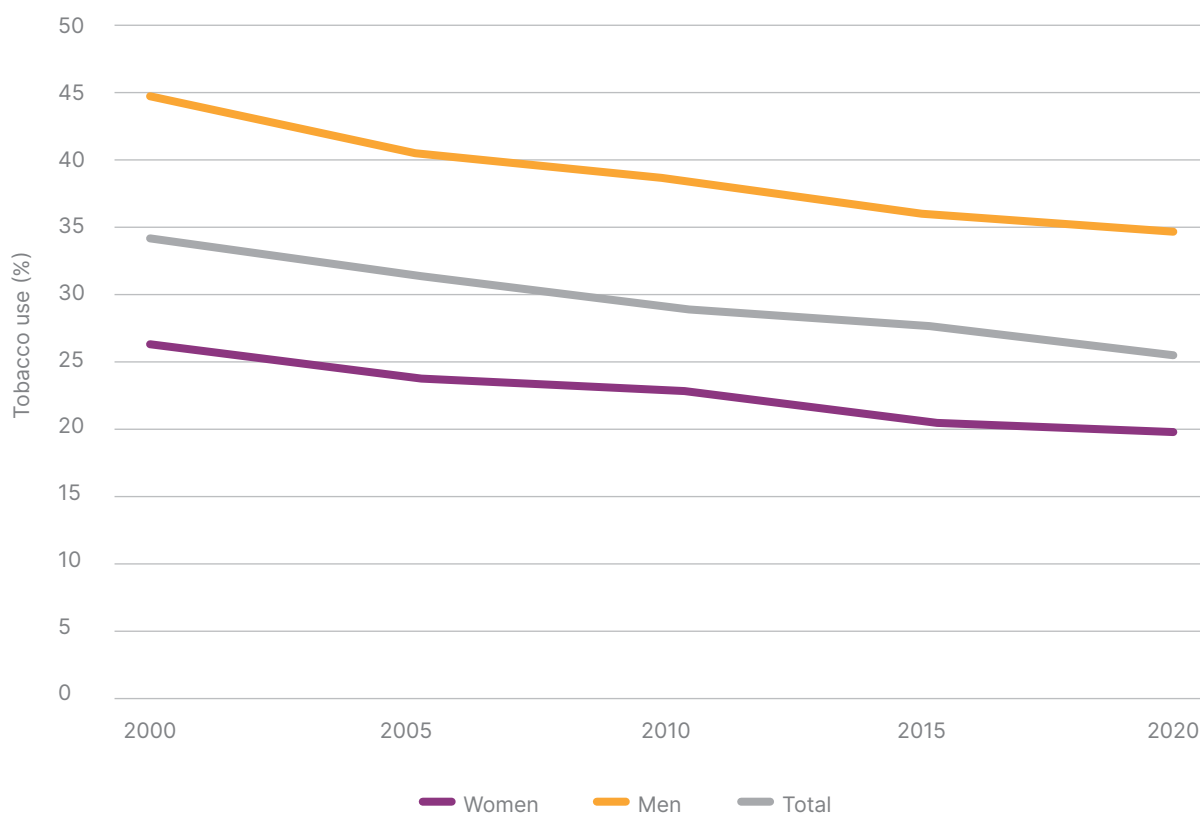
Tobacco use has decreased over time thanks to widespread interventions

In addition, although the prevalence of tobacco use among both men and women has decreased over time, the gender gap has narrowed only slightly, and men continue to use tobacco at a higher rate than women (Figure 1.16). The prevalence of tobacco use among people aged 15 years and older in the UNECE region has declined steadily since 2000, falling from 34 per cent in 2000 to 26 per cent in 2020. Tobacco use among men declined from 45 per cent to 35 per cent and from 26 per cent to 20 per cent for women during the same time period.

While tobacco use has decreased among men in nearly every country with data, tobacco use among women has increased since 2015 in eight countries in Eastern Europe and in France and Portugal. The gender gap in tobacco use is particularly pronounced in Central Asian and Southern Caucasus countries, where tobacco use among women is uncommon, but the prevalence among men is among the highest in the region.

The prevalence of tobacco use has decreased over time

Figure 1.16: Age-standardized prevalence of current tobacco use among people aged 15 years and older (%), UNECE median, 2000–2020 (SDG Indicator 3.a.1)



Note: The data reflect the median value for 51 countries. Data were unavailable for Andorra, Canada, Liechtenstein, Monaco and the United States of America.

Source: WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/>.

The WHO Framework Convention on Tobacco Control (FCTC), a key international policy framework for reducing tobacco use, continues to provide a road map for the implementation and enforcement of a rigid approach towards tobacco use. With Andorra's ratification in 2020, the FCTC has now been signed or ratified by all UNECE countries.¹⁰⁸ In Greece and Estonia, the respective national legislative and regulatory frameworks for tobacco control were amended in 2018 and 2019, banning tobacco use in all indoor and specific outdoor public spaces, and foreseeing extensive controls, including on the use of electronic cigarettes.¹⁰⁹ To prevent a new generation from becoming addicted to nicotine and experiencing the associated health risks, WHO has called for either banning electronic delivery systems entirely or regulating their use.¹¹⁰ Finland, for example, has effectively tackled the challenge of rising e-cigarette use while reducing smoking rates through strong legislation. Finland introduced age limits, import and marketing restrictions, flavour bans and bans of e-cigarettes in non-smoking areas, which have prevented a surge in the prevalence of e-cigarettes. The country's goal is to bring the prevalence of the use of tobacco and nicotine products below 5 per cent of the population by 2030, building on the existing Tobacco Act.¹¹¹

Alcohol consumption has remained relatively stable across the region

The trend in alcohol consumption in the region has remained relatively flat since 2000, decreasing only slightly from an average of 9.5 to 8.9 litres of pure alcohol per capita in 2019.¹¹² Men consume three times as much alcohol as women consume across the region, with little change to this gender gap since 2000. Despite being a major risk factor for disease, alcohol consumption in Europe continues to be almost double the global average.¹¹³

Fiscal and marketing policies to address harmful alcohol consumption, such as bans or restrictions on the marketing of alcohol, taxation and pricing policies, continue to be implemented to varying degrees across countries. Some UNECE countries, such as Finland, Iceland, Norway and Sweden, have national strategies to address alcohol use, where retail monopoly systems have been put in place to reduce the number of outlets where alcohol is sold and enforce regulatory measures such as restricting trading hours and sales promotions.¹¹⁴ Other countries have amended their legal frameworks to regulate the advertising and sale

108. WHO, WHO Framework Convention on Tobacco Control, United Nations Treaty Collection, 21 May 2003. Available at https://treaties.un.org/pages/ViewDetails.aspx?src=IND&mtdsg_no=IX-4&chapter=9&clang=en (accessed on 18 August 2023).

109. Estonia, "Review of the Implementation of the UN 2030 Agenda in Estonia", 2020; Greece, "Greece: Voluntary National Review 2022 on the Implementation of the 2030 Agenda for Sustainable Development", 2022.

110. United Nations, "Progress on tobacco fight, but new nicotine products pose increasing threat", UN News, 27 July 2021.

111. WHO, "Strong legislation helps defeat e-cigarettes in Finland", 20 May 2020.

112. United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal> (accessed on 18 August 2023). The data reflect the simple average for 53 countries with data. Data were unavailable for Liechtenstein, Monaco and San Marino. Time-weighted linear regression based on available empirical data was used to estimate the underlying country values for years shown when data are missing. See the Appendix for details.

113. WHO, "Alcohol use". Available at https://www.who.int/europe/health-topics/alcohol#tab=tab_1 (accessed on 3 September 2023).

114. WHO, "Reducing alcohol consumption, the Nordic way: alcohol monopolies, marketing bans and higher taxation", 30 June 2023. See also Norway, "Voluntary National Review 2021 Norway: Report on the Implementation of the 2030 Agenda for Sustainable Development", 2021.

of alcohol, such as Estonia, Latvia and Lithuania as well as Slovenia, where laws restricting the availability of alcohol at sports facilities have been in place since 2019.¹¹⁵ Another set of complementary policies promoted by WHO focus on influencing the way alcohol is consumed, including through modifying the drinking environment to discourage heavy drinking and on informing consumers about, and raising awareness of, the risks of consuming large amounts of alcohol on a single occasion.¹¹⁶ Ireland is the first country in the European Union to ensure that, from 2026, all alcohol products will have comprehensive labelling about health risks from consumption, including warnings about the risks of developing cancers.¹¹⁷ In 2018, Lithuania introduced a new legal framework on alcohol control that addresses many of the core elements promoted by WHO to reduce harmful alcohol consumption. The legislation raised the minimum legal age limit for drinking alcohol from 18 to 20 years and introduced stricter restrictions on hours of off-premises sales. The law explicitly includes digital marketing and social media.

Increased attention to mental health

- ▶ Suicide rates continue to fall in most countries but increased in 10 countries between 2015 and 2020.
- ▶ The gender gap in suicide has narrowed, but men remain three times more likely to die by suicide than women.
- ▶ The suicide rate among people aged 65 and older is twice as high as the rate for the rest of the population.

Good mental health is vital for people's ability to live fulfilling and productive lives. Living with a mental health issue can contribute to worse educational outcomes, higher rates of unemployment and poorer physical health. Suicide rates provide an important proxy for the prevalence of mental health disorders in a country.

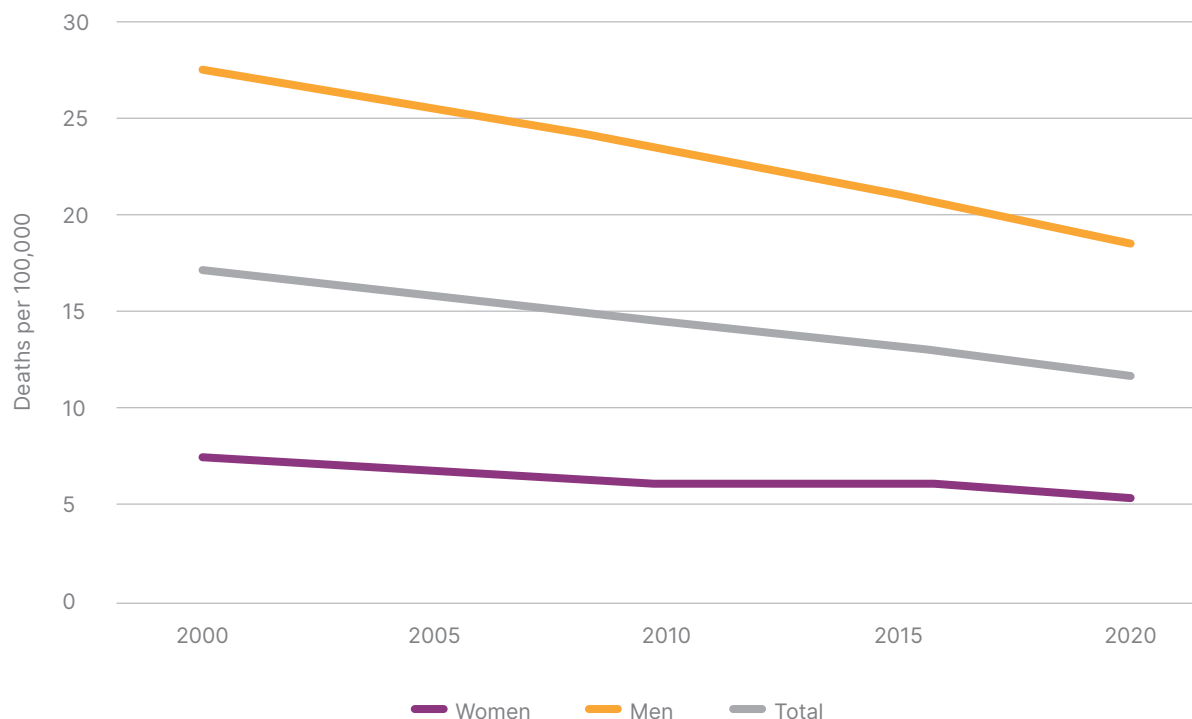
115. Estonia, "Review of the Implementation of the UN 2030 Agenda in Estonia", 2020; Lukas Galkus and others, "The comprehensive alcohol advertising ban in Lithuania: a case study of social media", *International Journal of Environmental Research and Public Health*, vol. 19, No. 19 (2022); Latvia, "Implementation of the Sustainable Development Goals - 2022", 2022; European Observatory on Health Systems and Policies, "Latvia: Country Health Profile 2021", 2021; Maja Roškar, *Alcohol Policy in Slovenia: Opportunities for Reducing Harm, Costs and Health Inequalities in Population* (Ljubljana, Nacionalni inštitut za javno zdravje, 2019).

116. WHO, *Status report on alcohol consumption, harm and policy responses in 30 European countries* (Geneva, 2019).

117. WHO, "What's in the bottle: Ireland leads the way as the first country in the EU to introduce comprehensive health labelling of alcohol products", 26 May 2023.

Suicide rates falling but remain three times as high among men compared with women

Figure 1.17: Suicide mortality rate (deaths per 100,00 population), UNECE average, 2000–2020 (SDG Indicator 3.4.2)



Note: The data reflect the simple average for 52 countries. Data were unavailable for Andorra, Monaco, Liechtenstein and San Marino. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data are missing. See the Appendix for details.

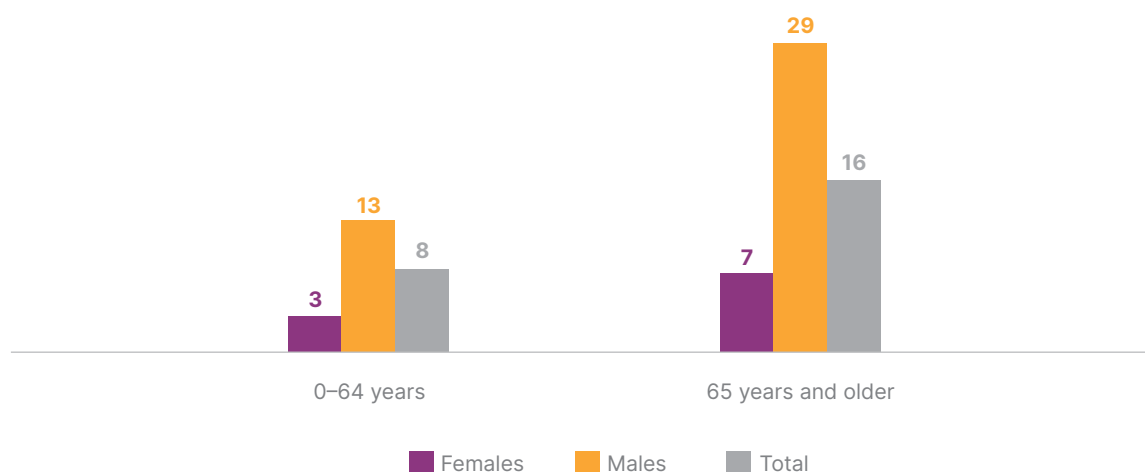
Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

At the aggregate level, the suicide mortality rate in the region is decreasing. In 10 countries across all subregions, however, the suicide rate increased between 2015 and 2020.¹¹⁸ The gap in the suicide mortality rate between women and men is narrowing, with a larger decrease among men since 2000 than among women, but the suicide rate among men is still three times as high as the rate among women (Figure 1.17). Rates also vary by age: suicide mortality rates among people aged 65 and older are twice as high as for the rest of the population (Figure 1.18).

118. United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal> (accessed on 18 August 2023).

Suicide rates among people aged 65 and older twice as high as for younger age groups

Figure 1.18: Suicide mortality rate (deaths per 100,000 population), by age group and gender, UNECE average, 2020



Note: The data reflect the simple average for 51 countries. Data were unavailable for Andorra, Canada, Monaco, Liechtenstein and the United States of America. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data are missing. See the Appendix for details.

Source: WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/>.

Data are not yet widely available for the COVID-19 pandemic period, which exacerbated many risk factors associated with poor mental health and weakened protective factors. Studies indicate that depression symptoms and anxiety increased by one third and even doubled in some countries at times during the peak moments of the pandemic.¹¹⁹ Alongside a sharp increase in the prevalence of mental distress, many young Europeans with pre-existing mental health issues reported a worsening of their mental health and well-being, though the evidence is somewhat mixed and varies across countries. Some country-specific evidence points not only to a worsening of symptoms but also potentially to an increase in the incidence of eating disorders, though evidence for the latter is mixed. Estimates indicate that more than one in six young people in the EU — more than 14 million people — had a mental health issue in 2019 (17.4 per cent of those aged 15–29 on average).¹²⁰ In three Nordic countries — Iceland, Norway and Sweden — more than one in three young people reported symptoms of depression in this period, compared with around one in nine prior to the pandemic (11 per cent on average).¹²¹

Countries in the UNECE region had been paying increased attention to mental health care through a variety of policies focused on prevention and/or service expansion since before

119. OECD, *Health at a Glance: Europe 2022 – State of Health in the EU Cycle* (Paris, OECD Publishing, 2022).

120. Ibid.

121. Ibid.

the COVID-19 pandemic broke out. Some countries, such as Andorra, North Macedonia and the United Kingdom (Scotland), focused on suicide prevention and reducing stigmatization, including through the adoption of national strategies.¹²² In Serbia, a communications campaign promoting mental health was launched, providing information on common mental health conditions, such as depression, offering a rapid self-assessment test for depression and helping users to identify when to seek further help.¹²³ Other countries centred attention on expanding the accessibility of mental health services, focusing on reducing barriers to accessing psychosocial care and strengthening the capacities of health-care providers. Switzerland, for example, worked to simplify access to psychotherapy and ensure suitable availability, by changing the system from a delegation model — in which therapists work under a doctor’s supervision — to a prescription model.¹²⁴ Greece increased public funding for mental health facilities and services throughout the country,¹²⁵ while Denmark introduced free psychological counselling for young people and adopted a 10-year plan for psychiatry.¹²⁶ Lithuania also addressed the increasing demand for mental health support during the pandemic by expanding access at the municipal level to such services: offering individual consultations without the need for a doctor’s referral, as well as providing group training on stress management and other practical training to strengthen mental health and emotional well-being.¹²⁷

122. United Kingdom of Great Britain and Northern Ireland, “Voluntary National Review of Progress towards the Sustainable Development Goals”, 2019; North Macedonia, “Sustainable Development Goals Voluntary National Review: North Macedonia”, 2020; Andorra, “Andorra SDG Voluntary National Review”, 2018.

123. WHO, “Revitalizing mental health reforms in the Western Balkans after COVID-19”, 9 November 2022.

124. Switzerland, “Implementing the 2030 Agenda for Sustainable Development: Voluntary National Review of Switzerland”, 2022.

125. Greece, “Greece: Voluntary National Review 2022 on the Implementation of the 2030 Agenda for Sustainable Development”, 2022.

126. Denmark, “Voluntary National Review 2021: Denmark”, 2021.

127. Lithuania, “Report on the follow-up to the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing in Lithuania”, 2022. See also Doron Wijkers, Paola Sillitti and Emily Hewlett, “The provision of community-based mental health care in Lithuania”, OECD Health Working Papers, No. 143 (Paris, OECD Publishing, 2022).

Box 2. The European Union adopts a comprehensive approach to mental health¹²⁸

On 7 June 2023, the European Commission adopted a communication on a comprehensive approach to mental health, which aims to help member States and stakeholders to take swift action to deal with mental health challenges.

A comprehensive, prevention-oriented and multi-stakeholder approach to mental health was developed after extensive consultation with member States, stakeholders and citizens. Seeking to address the high unmet need for mental health care among the European population, the new approach recognizes that mental health is about more than just health and, therefore, involves areas such as education, digitalization, employment, research, urban development, the environment and climate.

The strategy also builds on best practices identified across the UNECE subregion. These include a reform of the mental health system developed in Belgium that focuses on strengthening client-centred community-based services, a multilevel national suicide prevention programme developed in Austria and a stepwise intervention programme to tackle depression developed through European collaboration.

Moreover, the European Commission will allocate EUR 11 million in the course of 2023 to support member States in building capacity for an approach that promotes mental health across all policies together with WHO, as well as EUR 10 million to support the role of stakeholders in promoting mental health in communities focusing on vulnerable groups, including children and young people and migrant and refugee populations. The Commission is also planning to launch, in 2024, a toolkit for a multidisciplinary approach to mental health capacity-building.

128. European Commission, "Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health", 6 July 2023 (COM(2023) 298 final).

Fulfilling potential: access to employment opportunities

The 2013 Chair's Summary stated that societies can prosper under conditions of slow or no population growth and ageing if they adapt their institutions and invest equitably in people's education, health and employment opportunities independent of gender, age and origin. Making labour markets more inclusive is not only key to fulfilling individual potential for social and economic participation but also contributes to enhancing demographic resilience.

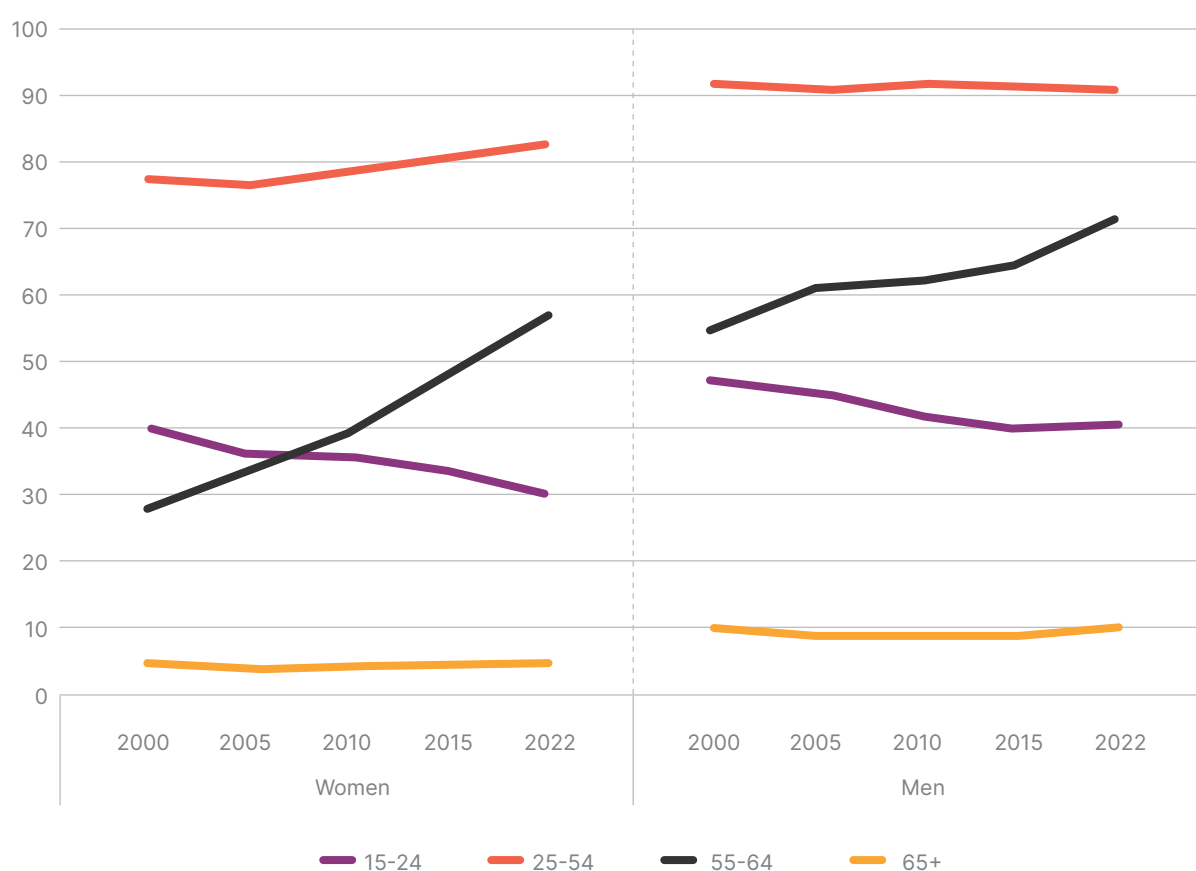
The composition of the labour force is changing across the region

- ▶ Fewer young people and more older people are in the labour force now compared with 2000.
- ▶ The share of women aged 25 and older participating in the labour market has increased since 2000, with the largest increase for women aged 55 to 64.
- ▶ The share of men participating in the labour force is on average 14 per cent higher than the share of women across the region.
- ▶ Men and women are staying in the workforce longer — the average effective labour market exit age increased by three years for men and by four years for women between 2000 and 2020.

Across UNECE countries, the share of the total population aged 15 and older that engages in the labour market by working or looking for work has changed little in recent decades, increasing only slightly from a median value of 59 per cent in 2000 to 60 per cent in 2022. These population-level trends mask differences by age and gender, however. The median share of younger people aged 15 to 24 years working or seeking work has decreased among women and men since 2000 (Figure 1.19). The share of women participating in the labour market in all other age groups has increased since 2000. The largest increase has been among women aged 55 to 64 years, whose median participation rate doubled from 28 per cent in 2000 to 56 per cent in 2022. The share of men in this age group participating in the labour force has also climbed, increasing by 30 per cent from a median value of 55 per cent in 2000 to 71 per cent in 2022. The share of men considered to be in their prime working age (25 to 54 years) and men aged 65 and older has remained unchanged since 2000.

Labour force participation among men and women aged 55–64 has increased

Figure 1.19: Labour force participation rate by age group and gender (%), UNECE median, 2000–2022



Note: The data reflect the median value for 52 countries with data. Data were unavailable for Andorra, Liechtenstein, Monaco and San Marino. Labour participation refers to the share of the working-age population 15 years and older that engages actively in the labour market, either by working or by looking for work. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data are missing. See the Appendix for details.

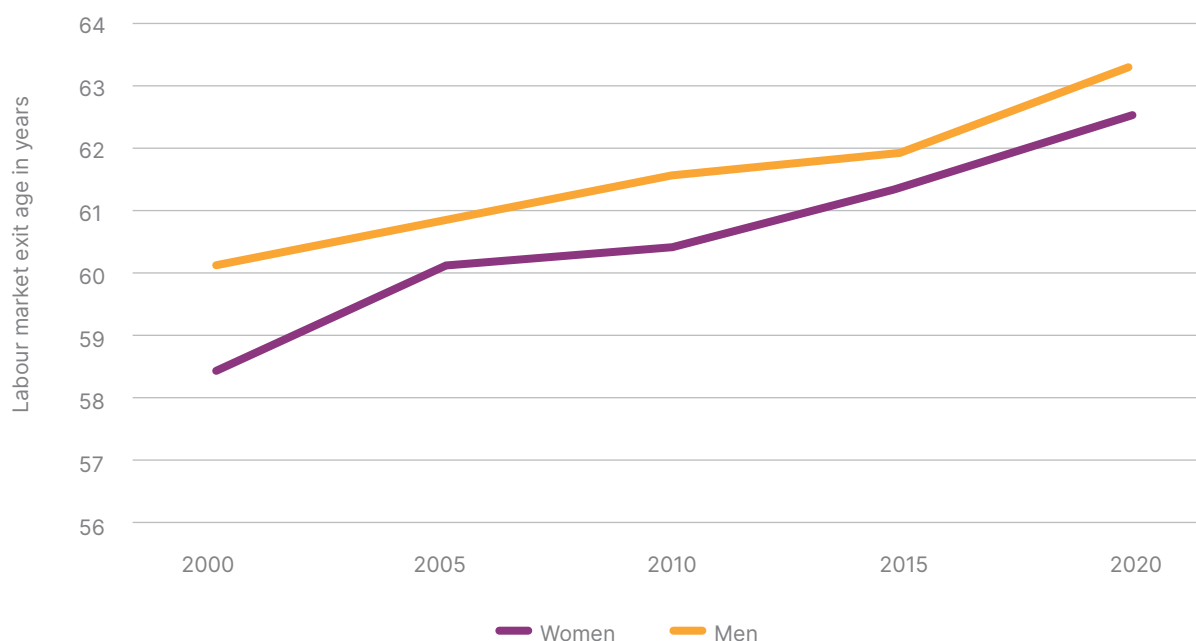
Source: ILO, ILOSTAT. Available at <https://ilostat.ilo.org/>.

Despite increases for people aged 55 to 64, the median labour force participation rate is 25 per cent lower among people in this age group compared with people aged 25 to 54. Women are less likely than men to be in the labour force at all ages in all countries in the region. The share of men participating in the labour force is on average 14 per cent higher than the share of women across the region.¹²⁹ Despite a large increase in labour force participation among women aged 55 to 64 since 2000, gender gaps are largest in this age group. Gender gaps among younger workers are also significant, with a median of 30 per cent of young women aged 15 to 24 in the labour force compared with 40 per cent of young men.

129. International Labour Organization (ILO), ILOSTAT. Available at <https://ilostat.ilo.org/> (accessed on 4 September 2023). The data reflect the average percentage difference in the labour force participation rate between women and men aged 15 to 64 in 2021 across 52 countries with data. Data were unavailable for Andorra, Liechtenstein, Monaco and San Marino.

Men and women are staying in the labour force longer

Figure 1.20: Average effective labour market exit age in years, UNECE median, by gender (2000–2020)



Note: The average effective age of labour market exit is defined as the average age of exit from the labour force for workers aged 40 and over. The data reflect the median value for 36 countries: Austria, Belgium, Bulgaria, Canada, Croatia, Czechia, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands (Kingdom of the), Norway, Poland, Portugal, Romania, the Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye, the United Kingdom of Great Britain and Northern Ireland, and the United States of America.

Source: OECD, "Pensions at a glance: PaG2021 – effective labour market exit age", OECD.Stat. Available at <https://stats.oecd.org/Index.aspx?QueryId=111940>.

In the last 20 years, the average effective labour market exit age has continued to increase, rising from 60.2 years to 63.3 years for men and from 58.5 years to 62.5 years for women between 2000 and 2020 (Figure 1.20). So while men continue to work longer on average across countries, the gender gap is narrowing, and the average effective labour market exit age increased faster among women than men between 2000 and 2020.

Pension legal frameworks amended to encourage delayed retirement

Many UNECE countries have been adopting an array of strategies to extend workforce participation, including through lifelong learning, targeted support for older workers and incentives to postpone retirement. In 2018, the Russian Federation introduced amendments on the awarding and payment of pensions, raising the general age of eligibility for old-age and social security pensions through a phased approach over 10 years.¹³⁰ Estonia also introduced

130. Committee on the Elimination of Discrimination against Women, "Ninth periodic report submitted by the Russian Federation under Article 18 of the Convention, due in 2019", 8 January 2020 (CEDAW/C/RUS/9*).

amendments in 2018 making the pension system more flexible, allowing older people who, for example, do not want to or are unable to work full-time the opportunity to continue working part-time if they so wish and to withdraw their pension in part.¹³¹ Ireland is removing barriers to participation in social, economic and cultural life, including through gradual retirement and developing age-friendly workspaces to accommodate those wishing to continue to work.¹³² Other policies to encourage delays in exiting the labour market include fiscal incentives — for both employers and employees. Aimed at retaining staff beyond retirement age, such incentives have been implemented in Estonia, Greece and Ireland.¹³³

Efforts to extend the working years of the population by making retirement more flexible should acknowledge the prevalence of ageism across societies. Efforts should continue towards the elaboration and enforcement of legal and regulatory frameworks that combat ageism and the promotion of awareness about employee rights and the support available to victims of age discrimination. Research and awareness-raising campaigns that dispel myths about older workers and highlight their positive contributions to the labour market can help to address prejudice and negative stereotypes about older workers. Policies that encourage age-inclusive and age-diverse workplaces such as employer incentives and support for the development of competencies around the management of older workers should be implemented to facilitate long-lasting change.¹³⁴

Higher unemployment among youth and people living with disabilities remains a concern across the region

- ▶ Unemployment rates have returned to or fallen below pre-pandemic levels across the region but are twice as high for young people and three times as high for people with disabilities.
- ▶ The share of youth not in employment, education or training (NEET) has fallen across the region since 2000, with rates in nearly every country below the global average.
- ▶ Increases since 2015 in 17 countries are a reason for concern.

In most countries in the UNECE region, the unemployment rate decreased between 2015 and 2022. The median unemployment rate for the region decreased from 7.2 per cent in 2015 to 5.6

131. Estonia, "Review of the Implementation of the UN 2030 Agenda in Estonia", 2021. Available at https://hlpf.un.org/sites/default/files/vnrs/2021/26285VNR_2020_Estonia_Report.pdf (accessed on 13 October 2023); Estonia, Ministry of Social Affairs, "National Report for the fourth review and appraisal cycle of the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) 2018–2022: Estonia". Available at <https://unece.org/sites/default/files/2022-01/mipaa20-report-estonia.pdf> (accessed on 13 October 2023).

132. Ireland, "Madrid International Plan of Action on Ageing Regional Implementation Strategy Ireland National Report 2017–2021", January 2022. Available at <https://unece.org/sites/default/files/2022-02/mipaa20-report-ireland.pdf> (accessed on 12 October 2023).

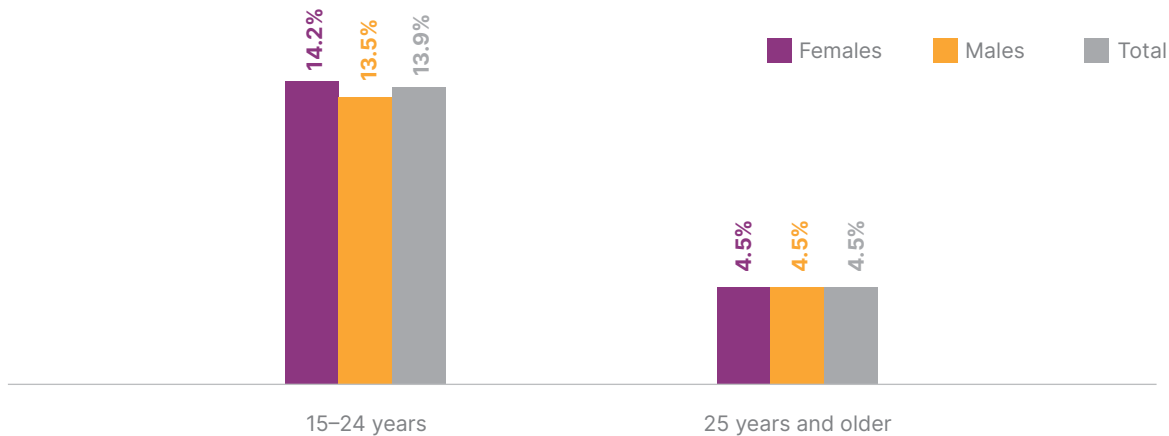
133. See the respective country reports on UNECE's website. Available at <https://unece.org/mipaa20-country-reports> (accessed on 4 September 2023).

134. UNECE, "Combating ageism in the world of work", Policy Brief No. 21, February 2019.

per cent in 2022.¹³⁵ Unemployment rates have returned to or fallen below pre-pandemic levels across the region, but other crises threaten progress towards decent work for all.¹³⁶ The war in Ukraine and the earthquake in Türkiye have had devastating impacts on labour markets in those countries and have impacted the number of workers seeking jobs in neighbouring countries. High inflation and interest rates are affecting countries in the UNECE region to different degrees, and trends in unemployment continue to evolve and vary, requiring regular analysis in a rapidly evolving context.

Unemployment rates for young persons aged 15 to 24 years are twice as high as for older workers

Figure 1.21: Unemployment rate by age group and gender (%), UNECE median, 2022 (SDG Indicator 8.5.2)



Note: The data reflect the median value for 48 countries with data. Data were unavailable for Albania, Andorra, Liechtenstein, Monaco, San Marino, Turkmenistan, Tajikistan and the United Kingdom of Great Britain and Northern Ireland. The data for Georgia, Kazakhstan and Uzbekistan are from 2020. The data for Armenia, Israel, Kyrgyzstan, Montenegro, Serbia and Ukraine are from 2021. The unemployment rate conveys the number of people who are unemployed as a percentage of the labour force (i.e. the employed plus the unemployed).

Source: ILO, ILOSTAT. Available at <https://ilostat.ilo.org/>.

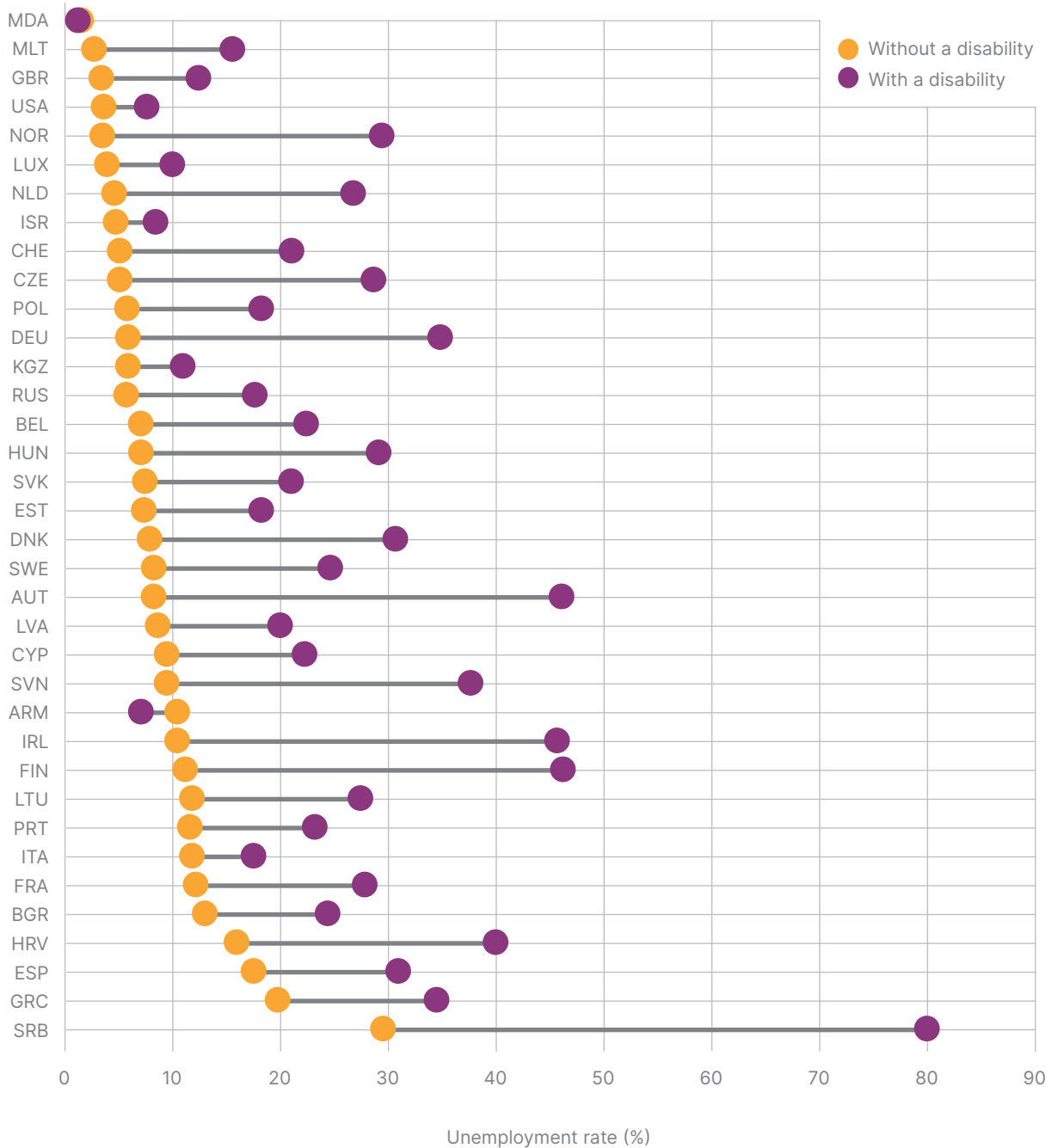
Across the region, unemployment rates are higher for certain groups. In most countries, unemployment rates for young people aged 15 to 24 years are twice as high as for older workers (Figure 1.21). People with a disability, who are nearly three times more likely to be unemployed than those without a disability, are among the most disadvantaged (Figure 1.22). Gaps in unemployment between women and men are small in most countries in the region, but unemployment rates do not capture those individuals who have stopped seeking work or who work fewer hours than they would like to, and they can underrepresent individuals working in the informal sector.

135. International Labour Organization, ILOSTAT. Available at <https://ilostat.ilo.org/> (accessed on 4 September 2023). The data reflect the median values for 54 countries with data. Data were unavailable for Andorra and Turkmenistan. Time-weighted linear regression based on available empirical data was used to estimate country values for years shown when data are missing. See the Appendix for details.

136. ILO, *ILO Monitor on the world of work*, 11th edition, "A global employment divide: low-income countries will be left further behind without action on jobs and social protection", 31 May 2023.

People with a disability are nearly three times more likely to be unemployed than those without a disability

Figure 1.22: Unemployment rate by disability status (%), 2021 (SDG Indicator 8.5.2)



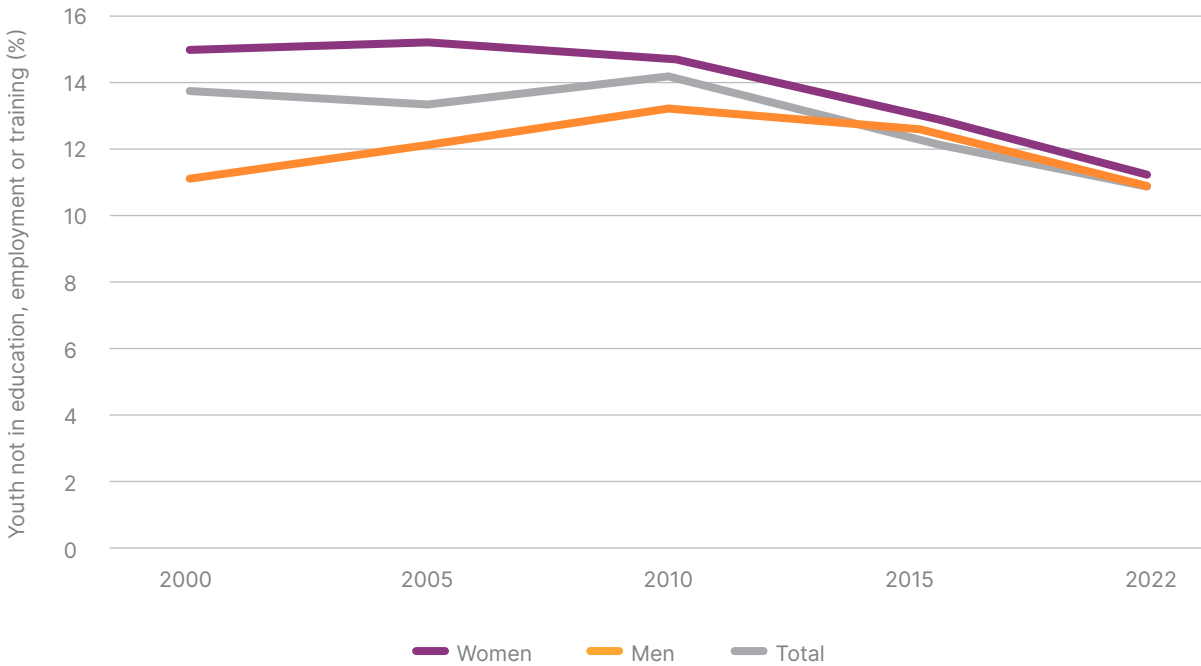
Note: The data are from 2018 for the United Kingdom of Great Britain and Northern Ireland; from 2020 for Kyrgyzstan, Malta, Norway, the Russian Federation and Slovakia; and from 2022 for Republic of Moldova and the United States of America. A person with a disability is defined as a person who is limited in the kind or amount of activities that he or she can do because of ongoing difficulties due to a long-term physical condition, mental condition or health problem. The unemployment rate conveys the number of people who are unemployed as a percentage of the labour force (i.e. the employed plus the unemployed).

Source: ILO, ILOSTAT. Available at <https://ilostat.ilo.org/>.

The share of youth aged 15–24 years not in education, employment or training across the region fell slightly from a median value of 13.7 per cent in 2000 to 11.1 per cent in 2021 (Figure 1.23). While the proportion of girls and young women not in education, employment or training in the region is still higher than the proportion of boys and young men, the gender gap has been narrowing. NEET rates in nearly every country in the UNECE region are below the global average of 23.5 per cent,¹³⁷ and progress has been made towards meeting the related UN SDG target due in part to the introduction of comprehensive measures to promote youth employment and reduce youth NEET rates in many countries.¹³⁸ Nonetheless, upward trends in 17 countries between 2015 and 2021 are a reason for concern.¹³⁹ Likewise, NEET rates among youth remain above 20 per cent in Albania, Armenia, Georgia, Montenegro and Türkiye.¹⁴⁰

Overall declines in the share of youth not in education, employment or training

Figure 1.23: Proportion of youth aged 15–24 years not in education, employment or training (%), UNECE median, 2000–2021 (SDG Indicator 8.6.1)



Note: The data reflect the median value for 49 countries with data. Data were unavailable for Andorra, Azerbaijan, Liechtenstein, Monaco, San Marino and Turkmenistan. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data are missing. See the Appendix for details.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

137. ILO, ILOSTAT, “Global average for 2022”.
 138. ILO, *Global Employment Trends for Youth 2022: Investing in Transforming Futures for Young People* (Geneva, 2022).
 139. The share of NEET youth increased between 2015 and 2021, or in the most recent year for which data are available, in Austria, Denmark, Estonia, Germany, Iceland, Israel, Kazakhstan, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Netherlands (Kingdom of the), Norway, Poland, the Russian Federation, Switzerland and Türkiye.
 140. The most recent data for Albania are from 2019; for Armenia, Georgia and Montenegro, from 2020; and for Türkiye, from 2021.

Towards inclusive labour markets in the UNECE region

Countries in the UNECE region are taking action to make labour markets more inclusive, to improve access to decent work for all, and to mitigate the impacts of the COVID-19 pandemic on employment. Approaches include providing free or subsidized access to training and education, legal protections for persons with disabilities, monetary support for individuals to pursue self-employment activities, economic incentives and subsidies for employers, and public-private partnerships. In Estonia, for example, in response to layoffs during the COVID-19 pandemic, the government partnered with the Coursera platform to offer free online courses to people who had lost or were at risk of losing their job due to COVID-19. Approximately 65 per cent of participants in courses were women.¹⁴¹ A 2021 scheme around new business activity in Cyprus introduced funding to support entrepreneurship among specific target groups, including women and young people aged 18 to 29.¹⁴² In 2020, Greece established by law the National System of Vocational Education and Training and Lifelong Learning, placing particular emphasis on apprenticeships for persons with disabilities.¹⁴³ In October 2020, EU countries committed to the implementation of the reinforced Youth Guarantee to ensure that all young people under the age of 30 have access to good quality employment, continued education, apprenticeships or traineeships soon after leaving formal education.¹⁴⁴ Likewise, the European Commission's Strategy for the rights of persons with disabilities 2021-2030 was adopted in March 2021 and includes a package to improve labour market outcomes for persons with disabilities.¹⁴⁵

Access to decent work is one of the most effective ways to protect against poverty and social exclusion. Continued efforts are required to provide productive employment regardless of gender, age, disability status and socioeconomic background and to engage marginalized workers further removed from the labour market as a result of the COVID-19 pandemic.

141. Committee on the Elimination of Discrimination against Women, "Seventh periodic report submitted by Estonia under article 18 of the Convention, due in 2022", 22 July 2022 (CEDAW/C/EST/QPR/7).

142. European Commission, YouthWiki, Cyprus: Employment & Entrepreneurship. Available at <https://national-policies.eacea.ec.europa.eu/youthwiki/chapters/cyprus/36-integration-of-young-people-in-the-labour-market#:~:text=Scheme%20for%20the%20Employment%20and,training%20of%20qualified%20tertiary> (accessed on 27 September 2023).

143. Greece, "Voluntary National Review 2022 on the Implementation of the 2030 Agenda for Sustainable Development", 2022.

144. European Commission, "The reinforced Youth Guarantee". Available at <https://ec.europa.eu/social/main.jsp?catId=1079&langId=en> (accessed on 11 October 2023).

145. European Commission, "Union of equality: Strategy for the rights of persons with disabilities 2021-2030". Available at <https://ec.europa.eu/social/main.jsp?catId=1484&langId=en> (accessed on 11 October 2023).

Population–environment linkages: sustainable use of resources

The ICPD Programme of Action outlines the importance of promoting human well-being in harmony with the environment and emphasizes the need for sustainable patterns of consumption and production and policies that consider the interplay between population dynamics, resources and climate change.¹⁴⁶ Sustainable Development Goal 13 calls for urgent action to combat climate change and its impacts, and environmental protection is intrinsically linked to all other goals and targets in the 2030 Agenda.

Accelerated efforts required to reduce CO2 emissions and address climate change

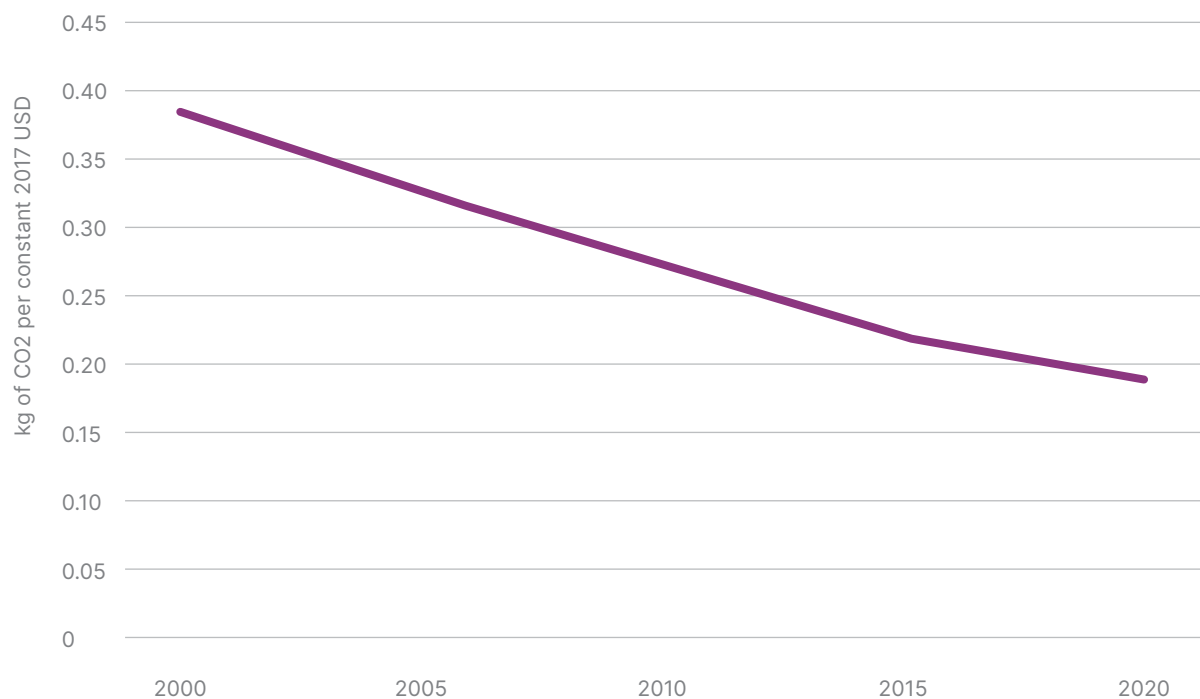
- ▶ The average CO2 emissions per unit of GDP has decreased in the UNECE region, but emissions vary widely across countries.
- ▶ CO2 emissions per unit of GDP remain above the world average in 10 countries in the region.
- ▶ Thirty-one countries in the region have submitted long-term development strategies aimed at achieving low greenhouse gas emissions in accordance with the Paris Agreement.



146. United Nations, Department of Economic and Social Affairs, *Population and Development Programme of Action Adopted at the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, 1994), Chapter II, Principle 6.

Average carbon emissions relative to economic output are decreasing across the region

Figure 1.24: Carbon dioxide emissions per unit of GDP at purchasing power parity (kilograms of CO₂ per constant 2017 United States dollars), UNECE average, 2000–2020 (SDG Indicator 9.4.1)



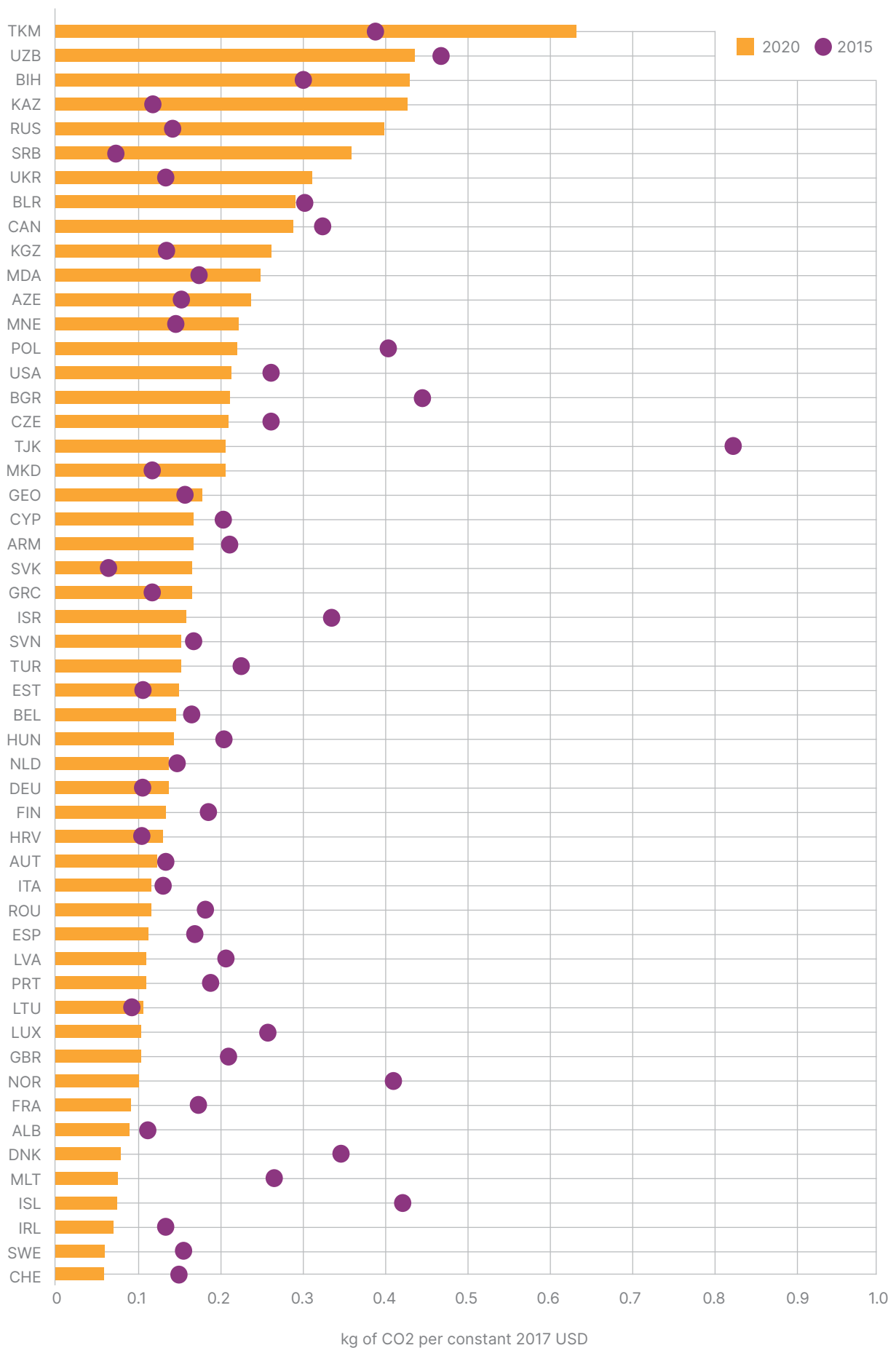
Note: The data reflect the simple average of 52 countries with data. Data were unavailable for Andorra, Liechtenstein, Monaco and San Marino.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

Although the average CO₂ emissions per unit of GDP decreased in UNECE from 0.382 kilograms per constant 2017 United States dollars in 2000 to 0.189 in 2020 (Figure 1.24), emissions vary widely across the region, with the wealthiest countries among the lowest CO₂ producers relative to economy size (Figure 1.25). Emissions relative to economy size increased in 19 countries between 2015 and 2020, and CO₂ emissions per unit of GDP remain above the world average of 0.253 kilograms per constant 2017 United States dollars in 10 countries in the region: Belarus, Bosnia and Herzegovina, Canada, Kazakhstan, Kyrgyzstan, the Russian Federation, Serbia, Turkmenistan, Ukraine and Uzbekistan.

Significant variation across countries in CO2 emissions

Figure 1.25: Carbon dioxide emissions per unit of GDP at purchasing power parity (kilograms of CO2 per constant 2017 United States dollars), 2015 and 2020 (SDG Indicator 9.4.1)



Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

While economies across the region are becoming more energy-efficient, and total greenhouse gas emissions have decreased in many countries across the region, UNECE countries represent 9 of the top 10 greenhouse gas emitters worldwide.¹⁴⁷ The region's high levels of CO₂ emissions have implications for climate change across the globe.

In recent years, some progress has been made from the policy standpoint in support of sustainable development and green economies.¹⁴⁸ The use of renewable energy across many UNECE countries has increased since 2017, with a notable shift in support of policies for renewables, with changes in both the range of policy instruments being used and in country coverage.¹⁴⁹ Moreover, 31 countries have submitted, in accordance with the Paris Agreement, long-term development strategies aimed at achieving low greenhouse gas emissions.¹⁵⁰ In 2021, Canada and the United States of America each signed into law important commitments to reducing emissions,¹⁵¹ while Kazakhstan, Kyrgyzstan, Republic of Moldova, Tajikistan, Ukraine and Uzbekistan have developed overarching national strategies and programmes on a green economy.¹⁵² Georgia, Kazakhstan and Uzbekistan have also started developing long-term low-emission development strategies.¹⁵³

147. United Nations Climate Change, "Time Series – Annex I". Available at <https://di.unfccc.int/> (accessed on 4 September 2023). The top 10 countries for total greenhouse gas emissions from land use, land-use change and forestry in kt CO₂ equivalent in 2022 were the United States of America, the Russian Federation, Japan, Germany, Canada, Türkiye, the United Kingdom of Great Britain and Northern Ireland, France, Italy and Poland.

148. See, for example, UNECE, *Climate Champions' Extended Compendium of Climate-Related Initiatives* (Geneva, 2022).

149. REN21, *2022 UNECE Renewable Energy Status Report* (Paris, REN21 Secretariat, 2022).

150. United Nations Climate Change, Long-Term Strategies Portal. Available at <https://unfccc.int/process/the-paris-agreement/long-term-strategies> (accessed on 4 September 2023).

151. Canada, "Net-zero emissions by 2050", 11 July 2023. Available at <https://www.canada.ca/en/services/environment/weather/climatechange/climate-plan/net-zero-emissions-2050.html> (accessed on 4 September 2023); The White House, "Fact sheet: President Biden signs executive order catalyzing America's clean energy economy through federal sustainability", 8 December 2021.

152. OECD, *Green economy transition in Eastern Europe, the Caucasus and Central Asia: progress and ways forward – policy highlights* (Paris, 2022).

153. Ibid.

The way forward: strengthening demographic resilience by investing in human development throughout the life course

The UNECE region remains at the forefront of the global demographic transition towards lower fertility rates and ageing populations. Most countries in the region have below-replacement fertility rates, shrinking proportions of working-age people and ageing populations. Migration — into and within the region — intersects with these trends, offsetting the impacts of low fertility and population ageing in Western Europe and North America and exacerbating challenges elsewhere, especially in Eastern and South-Eastern Europe, where populations are declining. The region's demographic dynamics have profound impacts on countries' socioeconomic trajectories, and how countries respond to the challenges — and opportunities — that come with demographic change determines to a significant extent their ability to thrive in the future.

Migration flows — both within countries, where people move from rural to urban areas for education and employment opportunities, and between countries — continue to shape population dynamics and sustainable development. Migration flows have policy implications for both sending and receiving countries and regions. In sending countries, many of which are also experiencing declining birth rates, there is a need to ensure that the labour force remains productive and capable of upholding social support systems based on workers' contributions. Receiving countries must continue to facilitate the integration of migrants into labour markets and society, ensuring access to decent work, education and health care. As the intensity and complexity of international migration deepens, all member States can further protect the rights of migrants and facilitate safe, orderly and regular migration.

To strengthen their resilience to demographic change, it is key that countries invest in human development, remove barriers that prevent people from fulfilling their potential, make societies more inclusive and stay attuned to what people themselves say they want and need to thrive. In countries in Europe and North America, where fertility is low and workforces are ageing, such an approach can increase productivity, broaden talent pools and keep people healthy, active and engaged throughout the life course. In countries in Central Asia, where fertility remains high, populations are young, and workforces are still growing, the right investments in human capital, infrastructure and technology will help to reap the benefits of the demographic dividend.

Box 3. Strengthening demographic resilience across Europe

Demographic change is the result of complex social, economic, political and cultural factors, and can be addressed successfully only if all these factors are taken into account. The demographic shifts countries are experiencing determine the progress they make towards their national development goals and the 2030 Agenda for Sustainable Development. They shape efforts to reduce poverty and inequality; respond to crises, as exemplified by the COVID-19 pandemic; ensure decent work and social protection; provide universal health coverage and quality education; empower women and young people; promote and protect the rights of older persons; create dynamic economies and protect the environment; among other things.

Demographic resilience, as a concept, emphasizes the importance of population dynamics for socioeconomic development and individual well-being, as well as for political stability and security. It is based on the conviction that responses to demographic change must not infringe on the rights of people, including their reproductive rights, and that, on the contrary, successful policies expand people's rights and choices, enable them to have the number of children they want and empower them to realize their full potential in society.

Demographically resilient societies understand and anticipate the population dynamics they are experiencing. They have the skills, tools, political will and public support to manage them so that they can mitigate potentially negative effects for individuals, societies, economies and the environment, and harness the opportunities that come with demographic change for people, prosperity and the planet.

To support countries in strengthening their resilience to demographic change, the United Nations Population Fund (UNFPA) has launched a regional programme focusing on four intervention priorities:

1. Science–policy link: strengthening government capacities to integrate demographic change into policymaking processes
2. Human capital: building government capacity to prioritize human capital development and create more inclusive economies and societies
3. “Demography-proofing”: enhancing government capacity to adapt social policy systems, service delivery and infrastructures to demographic change
4. Changing the narrative: creating a conducive environment for constructive, solution-oriented public discourse around demographic change and policy responses

For more details, see UNFPA's Demographic Resilience Programme for Europe and Central Asia.¹⁵⁴

154. UNFPA, Demographic Resilience Programme for Europe and Central Asia. Available at <https://eeca.unfpa.org/en/demographic-resilience-programme> (accessed on 11 October 2023).

An essential component of strengthening demographic resilience is the development of individual capabilities across the life course. This includes focusing on equal access to quality education for children and youth, and leveraging the opportunities presented by technology, but ensuring a sustained focus on rural communities and those living in the most vulnerable situations, including migrants, ethnic minorities and people living with disabilities. In response to longer life expectancies, proactive policies should help realize the full potential of individuals throughout their life course, including in older age, by providing opportunities for lifelong learning. A digital transformation is under way across the region, which can only achieve its promises if everyone benefits. Additional efforts to maintain and update skills and increase digital literacy throughout the life course are necessary to support access to employment and social participation for all people, with special attention for older persons.

Gains in life expectancy and positive trends in advancing healthy lifestyles need to be secured. Drawing lessons from the COVID-19 pandemic, countries should invest further in good practices that can expand access to health care across hard-to-reach communities. The renewed attention around health system security should be leveraged by countries across the region to strengthen the health- and long-term-care workforces and design rights-based approaches for universal health coverage. Governments should mainstream ageing into policy formulation and implementation with special attention given to active and healthy ageing and long-term-care systems.

Efforts to address unemployment among young people should go hand in hand with efforts to enhance opportunities for the productive engagement of women, older persons and people with disabilities. The extension of working lives is one way to address the challenges of ageing but only if the competencies of older men and women are harnessed through investments in lifelong learning. Flexible working arrangements can support the labour force engagement of younger and older persons, working mothers and fathers, and people with disabilities. Integrating more women into the workforce can benefit families and societies, contributing to economic growth and strengthened resilience to demographic change. Policy frameworks should be designed and implemented that support the realization of fertility intentions and help women and men balance work and family life.

In alignment with the Paris Agreement and the 2050 net-zero horizon, it is crucial for countries to continue working to anticipate future climate conditions, enhancing resource management, and fostering technological solutions to mitigate and address the effects of climate change. Integrated and holistic action is needed by all actors, supporting a shift to a fairer distribution of available resources and generating opportunities for sustainable development.

Chapter 2

Families, sexual and reproductive health over the life course



Introduction

Sexual and reproductive health is central to sustainable development and critical to maternal, newborn, child and adolescent health. The attainment of the related rights, as recognized by the ICPD, is closely linked to gender equality and women's empowerment, as well as poverty reduction and environmental sustainability. Ensuring universal access to sexual and reproductive health (SRH) care is an explicit SDG target (3.7) and a cross-cutting issue throughout the 2030 Agenda for Sustainable Development.

The UNECE 2013 Chair's Summary called on member States to guarantee universal access to SRH care by taking a human-rights-based approach, including by supporting SRH services that protect general health and well-being, that enable individuals to make well-informed decisions and that are respectful of individual choices.¹⁵⁵ The Chair's Summary encouraged member States to strengthen comprehensive sexuality education (CSE) programmes, including the training of professionals, to remove barriers that limit access to contraceptive methods, to eliminate preventable maternal mortality and morbidity, and to ensure the prevention and treatment of HIV and other sexually transmitted infections (STIs), among other measures.

This chapter reviews the progress made by UNECE member States in advancing the priorities related to sexual and reproductive health as outlined in the 2013 Chair's Summary. It reviews the prevalence of policy frameworks that support full and equal access to SRH as well as efforts undertaken by countries in the UNECE region to improve policy implementation, including the coverage and quality of services. While data are mostly available at the national level, an analysis of the SRH trends among disadvantaged and vulnerable groups is also presented where possible, in line with the call in the Chair's Summary to address the "large inequalities in access to SRH information and services, discrimination and social exclusion of migrants, minorities and other disadvantaged groups".

155. UNFPA and UNECE, "Chair's Summary", para. 12.

Bodily autonomy and access to sexual and reproductive health information

The 2013 Chair's Summary emphasized that the freedom, ability and right to make informed choices and decisions around sexual and reproductive health are essential for individuals to be able to fulfil their potential and participate fully in societies and economies. It also recognized that gender-sensitive and skills-based comprehensive sexuality education, in a manner consistent with evolving capacity, is essential for adolescents and young people to be able to protect themselves from unintended pregnancy and sexually transmitted infections, including HIV; to promote values of tolerance, mutual respect and non-violence in relationships; and to plan their lives.¹⁵⁶ When delivered well and combined with access to necessary SRH services, CSE empowers young people to pursue healthy relationships and to confidently navigate a world where gender-based violence, gender inequality, early and unintended pregnancies, HIV and other STIs still pose serious risks to their health and well-being. It also helps to keep adolescents and young people safe from abuse by teaching them about their bodies, setting and respecting boundaries, and explaining how to lead healthy lives and how to reduce their risk of pregnancy and exposure to STIs.¹⁵⁷

Too few women and girls can make decisions about their bodies and health

- ▶ Across countries with data, nearly one in four women do not have full autonomy in decision-making regarding their sexual and reproductive health and rights.
- ▶ In most countries with data, low-income women are the least likely to have autonomy in decision-making.
- ▶ Limited data around comprehensive sexuality education in schools and SRH literacy among the population are indicative of the low priority given to this policy area and the complexity in measuring the implementation of CSE programmes.

Autonomy in decision-making over issues related to sexual and reproductive health and sexual relations is key to people's empowerment and the full exercise of their reproductive rights. This is particularly true for women and girls. SDG Indicator 5.6.1 measures the extent to which

156. Ibid., para. 14.

157. UNESCO, "Comprehensive sexuality education: for healthy, informed and empowered learners", 22 June 2023.

women are able to exercise their right to make decisions about sexual and reproductive health care, the use of contraception and consensual sexual relations.

Among the 11 countries in the UNECE region with data on this indicator, all of them in Eastern Europe, the Caucasus and Central Asia, Serbia has the highest percentage of women of reproductive age (15–49) who are able to make their own decisions on all three dimensions measured by the indicator, at 96.2 per cent (Figure 2.1). Across Central Asia, an estimated 62 per cent of women make their own decisions on average, but the percentage is lower in Tajikistan (27.2 per cent) and in Turkmenistan (59.3 per cent).¹⁵⁸ On average across the 11 countries with data, one in four women do not have full autonomy in decisions over their bodies or their health.¹⁵⁹

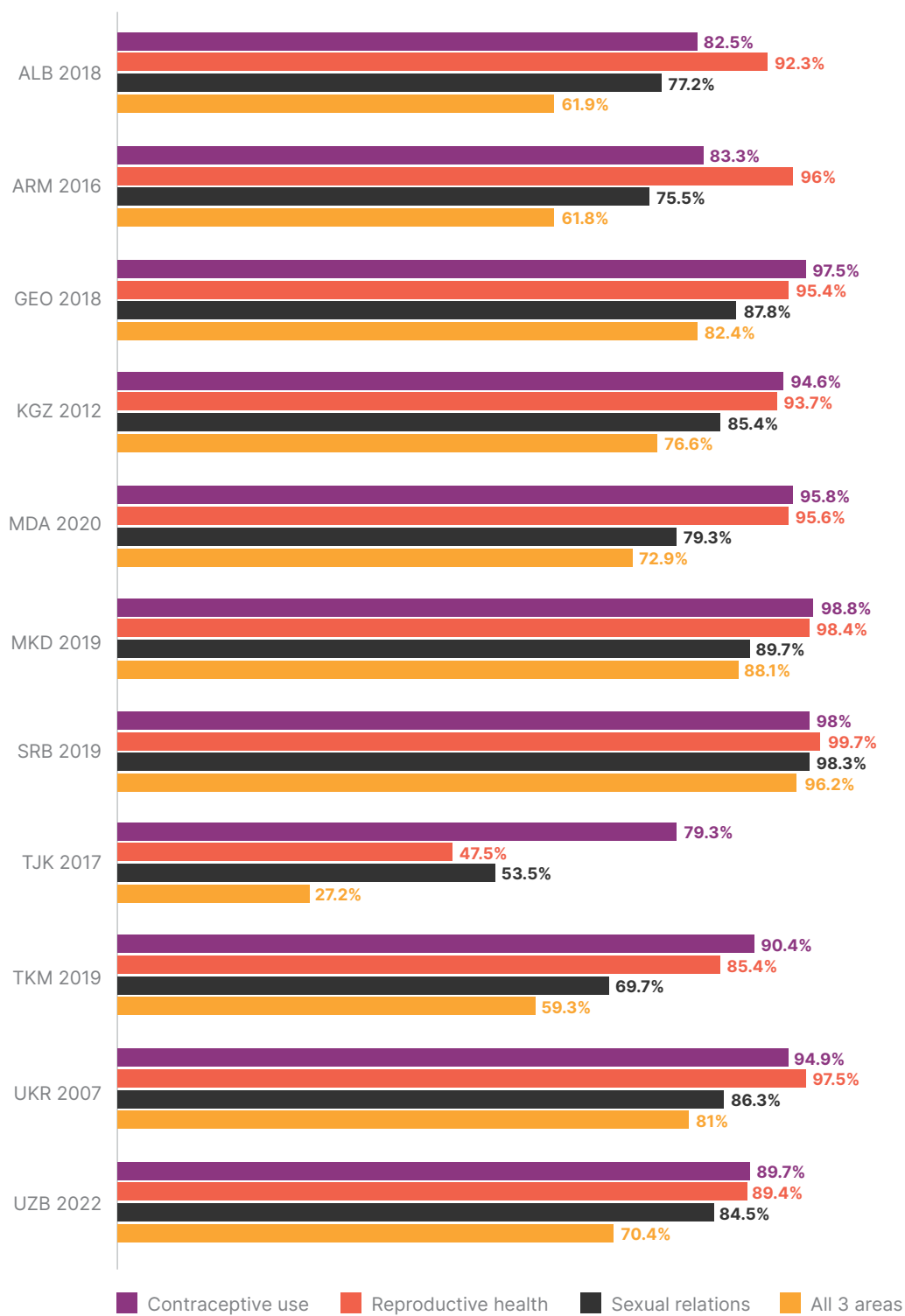


158. Estimated average for Central Asia from the SDG Global Database (Indicator 5.6.1).

159. The median value for 11 countries with data is 74.6 per cent.

In countries with data, one in four women do not have full autonomy in decision-making on sexual and reproductive health

Figure 2.1: Share of women aged 15–49 making their own decisions regarding their sexual and reproductive health and rights (%), select countries (SDG Indicator 5.6.1)

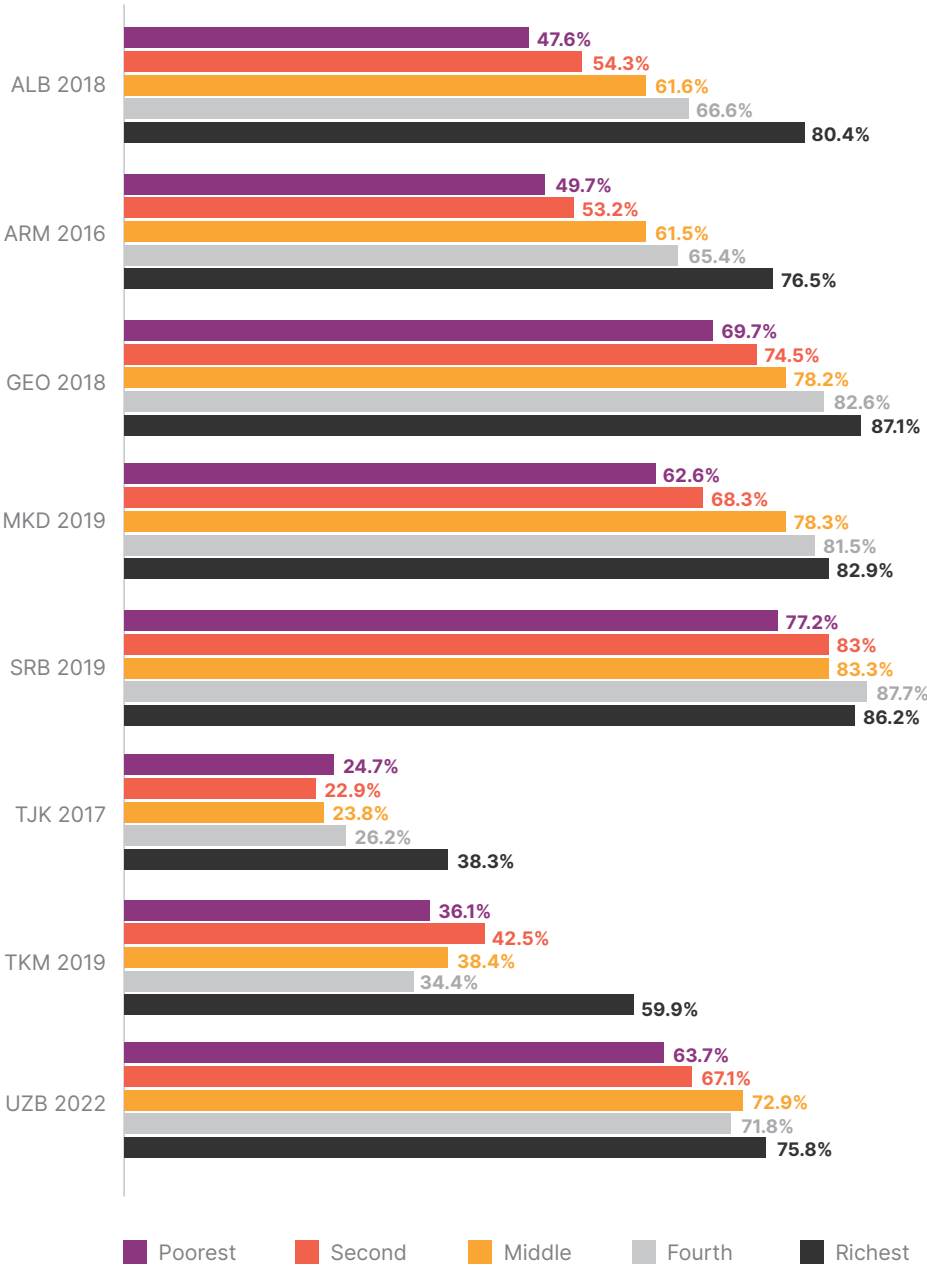


Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

Country-level data mask disparities by socioeconomic status. In most countries with data, low-income women are the least likely to have autonomy in decision-making (Figure 2.2). In Albania, for example, less than half of women in the lowest income group can make their own decisions, compared with 80 per cent of women in the highest income group.

Low-income women are the least likely to have autonomy in decision-making

Figure 2.2: Percentage of women aged 15–49 making their own decisions regarding sexual relations, contraceptive use and reproductive health care (%), by wealth quintile, select countries (SDG Indicator 5.6.1)



Note: Data by income quintile are available for eight countries where a recent Demographic and Health Survey (DHS) or Multiple Indicator Cluster Survey (MICS) was conducted.

Source: For Albania, Armenia and Tajikistan, see the DHS Program STATcompiler. Available at <https://www.statcompiler.com/en/>. For Georgia, North Macedonia, Serbia, Turkmenistan and Uzbekistan, see [MICS Survey Findings Reports](#).

Box 4. WHO Action Plan for Sexual and Reproductive Health (2016) and progress reports (2019, 2022)

The WHO [Action Plan for Sexual and Reproductive Health](#) was adopted by member States at the 66th Session of the WHO Regional Committee for Europe in 2016. This landmark regional Action Plan links the SRH goals of the ICPD Programme of Action and the SDGs, and envisions “a region in which all people, regardless of sex, age, gender, sexual orientation, gender identity, socioeconomic condition, ethnicity, cultural background and legal status, are enabled and supported in achieving their full potential for sexual and reproductive health and well-being; a region where their human rights related to sexual and reproductive health are respected, protected and fulfilled; and a region in which countries, individually and jointly, work towards reducing inequities in sexual and reproductive health and rights”.¹⁶⁰

Member States of the WHO Regional Committee for Europe reported on progress towards the implementation of the Action Plan at the 69th and 72nd sessions of the Regional Committee in 2019 and 2022, respectively. These reports document progress made towards achievement of the Action Plan’s three main goals: 1) to enable all people to make informed decisions about their sexual and reproductive health and to ensure that their human rights are respected, protected and fulfilled; 2) to ensure that all people can enjoy the highest attainable standard of sexual and reproductive health and well-being; and 3) to guarantee universal access to sexual and reproductive health and to eliminate inequities.

The [2022 Progress Report](#) is a key source of data and information on sexual and reproductive health and rights for UNECE countries and is referenced frequently throughout this chapter. The WHO Regional Committee for Europe consists of 53 member States, all of which are also UNECE member States.¹⁶¹ Many of the conclusions outlined in the 2022 Progress Report are based on a survey completed by 39 countries in the region: Andorra, Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, France, Georgia, Germany, Greece, Hungary, Ireland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Montenegro, Netherlands (Kingdom of the), Norway, Portugal, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye, Turkmenistan, and the United Kingdom of Great Britain and Northern Ireland. The information collected from these countries is indicative of trends across the WHO European and UNECE regions, but it is important to note that not all UNECE member States are reflected.

160. WHO, Regional Office for Europe, *Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind* (Copenhagen, 2016).

161. Canada, Liechtenstein and the United States of America are the three UNECE member States that are not part of the WHO Regional Committee for Europe.

There is a wide variety of curricula on comprehensive sexuality education, yet their quality remains a concern

Limited data around comprehensive sexuality education in schools and SRH literacy among the population are indicative of both the low priority given to this policy area and of the complexity in measuring implementation of CSE programmes.

The type of policies and approaches to CSE vary across the region in relation to delivery methods and target age groups. In 2022, 28 countries in the region reported that they had adopted policies requiring mandatory CSE as part of the regular education curriculum or policy, a marked improvement compared with 19 countries in 2019.¹⁶² In the United States, 38 of 50 states and Washington, DC, mandate sexuality education and/or HIV education; 40 states and DC require that school districts involve parents in sexuality education, HIV education or both.¹⁶³ In Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan and Romania, no legal frameworks supporting mandatory comprehensive sexuality education in schools exist, although non-compulsory pilots or programmes have been implemented in Azerbaijan, Kyrgyzstan and Romania.¹⁶⁴

Countries where CSE has been well integrated into the school system for several years are introducing more holistic curricula. These tend to have stronger linkages with emotional and mental health, gender-based violence and consent, and sexual-identity diversity. Luxembourg released a new action plan on the promotion of emotional and sexual health to support children and adolescents' emotional development and to act against gender-based violence, sexual abuse and discrimination.¹⁶⁵ Since 2020, *relationships education* has been compulsory in all secondary schools in the United Kingdom, "as a means to equip young people for adult life and to enable them to make a positive contribution to society".¹⁶⁶ In Tajikistan, the government adopted a *healthy lifestyles* programme for secondary schools, which incorporates comprehensive HIV education, ensuring that students receive accurate and age-appropriate information about HIV, its transmission, prevention methods and destigmatization of people living with HIV.¹⁶⁷ National guidelines in Sweden mandate comprehensive sexuality education to cover a range of topics relating to gender equality, sexuality and relationships, with a strong focus on the promotion of positive relationships and sexuality and preventing a range of health and social problems.¹⁶⁸

162. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

163. Guttmacher Institute, "Sex and HIV education".

164. WHO, Regional Office for Europe, *Assessments of sexual, reproductive, maternal, newborn, child and adolescent health in the context of universal health coverage in six countries in the WHO European region: a synthesis of findings from the country reports* (Copenhagen, 2020).

165. Natalie Picken, *Sexuality education across the European Union: an overview* (Luxembourg, Publications Office of the European Union, 2020).

166. United Kingdom of Great Britain and Northern Ireland, "Voluntary National Review of Progress towards the Sustainable Development Goals", 2019.

167. "Natsional'naya programma formirovaniya zdorovogo obraza zhizni v Respubliki Tadjikistan na period 2011-2020 gody" (National programme for the formation of a healthy lifestyle in the Republic of Tajikistan for the period 2011-2020), 30 October 2010.

168. UNESCO, *The Journey towards Comprehensive Sexuality Education: Global Status Report* (Paris, 2021).

The challenge, however, is not only to have CSE curricula in place but also to ensure that those tasked with delivering this content to students are knowledgeable and qualified. When CSE policies are in place, issues such as limited curriculum content, insufficient teacher training and a persistent lack of confidence to deliver sexuality education continue to present barriers that prevent adolescents and youth from gaining access to information on SRH.¹⁶⁹

To address this challenge, countries are working to systematically develop teacher training to improve CSE quality. In Kyrgyzstan, healthy lifestyles education was introduced in schools in 2015 and revamped in 2021 with new materials and teacher training to facilitate implementation across rural and urban areas.¹⁷⁰ Finland, Ireland and Luxembourg have also been developing continuous learning programmes for teachers on CSE.¹⁷¹



169. Ibid.

170. UNESCO Institute for Technologies in Education, "Homeroom sessions on healthy lifestyles boost teacher and student creativity in Kyrgyzstan", 27 November 2022; UNESCO, "Kyrgyzstan: comprehensive sexuality education". Available at <https://education-profiles.org/central-and-southern-asia/kyrgyzstan/~comprehensive-sexuality-education> (accessed on 21 September 2023).

171. Picken, *Sexuality education across the European Union*.

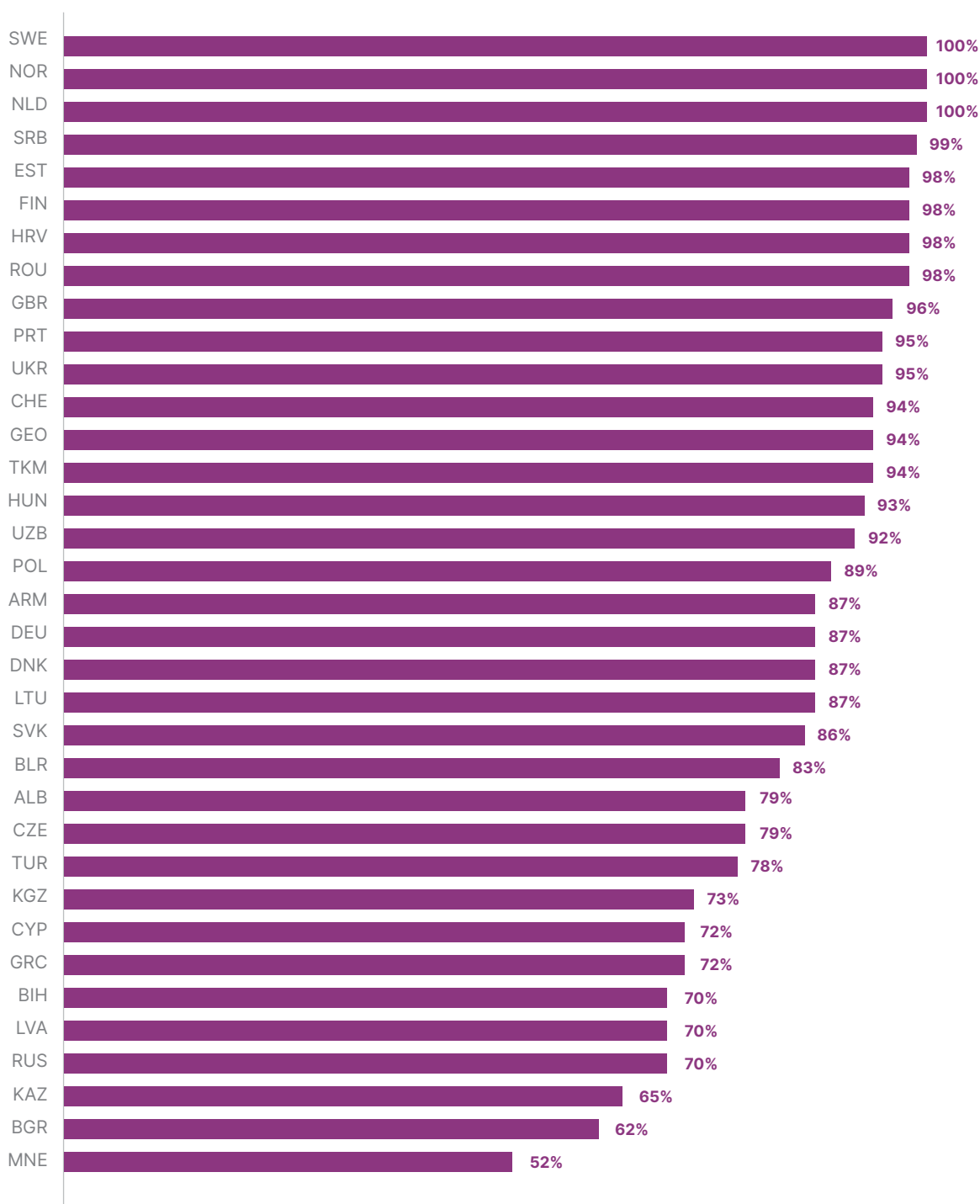
Meeting the need for sexual and reproductive health services, including family planning

Sexual and reproductive health is an essential part of universal health coverage (UHC). Efforts to achieve UHC need to consider how the SRH needs of the population are met throughout the life course, from infancy and childhood through adolescence and into adulthood and old age. The 2013 Chair's Summary indicated that the highest priority for countries should be to strengthen primary health-care systems to deliver integrated, comprehensive, quality sexual and reproductive health services. The presence of national health policies that integrate SRH are an indication of a country's prioritization of these issues for the well-being of its population and an important step towards a rights-based approach to health. Reproductive health indicators reflect the implementation of such policies and indicate whether they respond to the sexual and reproductive health needs of the population. The 2013 Chair's Summary emphasized the importance of preventing unintended pregnancies by removing all barriers to access to contraceptives, including restrictions based on age or marital status or the prohibition of certain contraceptive methods.¹⁷² It also emphasized the need to ensure access to family planning methods and information that enable couples to exercise their fundamental right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so.

172. UNFPA and UNECE, "Chair's Summary", para. 17.

Only three countries guarantee full and equal access to the four key dimensions of SRH care, information and education

Figure 2.3: Extent to which countries have laws and regulations that guarantee full and equal access for women and men aged 15 and older to sexual and reproductive health care, information and education (%), 2022 (SDG Indicator 5.6.2)



Note: The data for Armenia, Croatia, Hungary, Kyrgyzstan, Latvia, Romania and the Russian Federation are from 2019.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database.
Available at <https://unstats.un.org/sdgs/dataportal>.

Out of 41 countries in the region for which data are available, only three (the Kingdom of the Netherlands, Norway and Sweden) guarantee full and equal access to the four key dimensions of SRH care, information and education (Figure 2.3). The four dimensions are maternity care, contraception and family planning, sexuality education, and HIV and HPV prevention and care.

Twenty-nine out of the 41 countries with data (over 70 per cent of the countries in the UNECE region) have legal frameworks that guarantee access to sexuality education, and about half ensure access to contraception and family planning as well as HIV and HPV prevention and care. While laws and policies providing for maternity care are widespread, the vast majority fall short of guaranteeing full and equal access to maternity care, information and education. Five countries (Bulgaria, Canada, Kazakhstan, Latvia and Montenegro) have no laws or policies in place concerning access to comprehensive sexuality education.

The unmet need for family planning is decreasing, but the use of modern contraception remains low in some countries

- ▶ The unmet need for modern methods of family planning has been decreasing since 2000 in almost all countries.
- ▶ One in six women still have an unmet need for a modern method of family planning.
- ▶ Contraception prevalence varies significantly across countries. In 15 countries in the region, half of married and in-union women do not use any form of contraception.
- ▶ The use of modern methods of contraception has increased in nearly every country, but traditional methods are still common in several countries in the Balkans and South Caucasus regions.

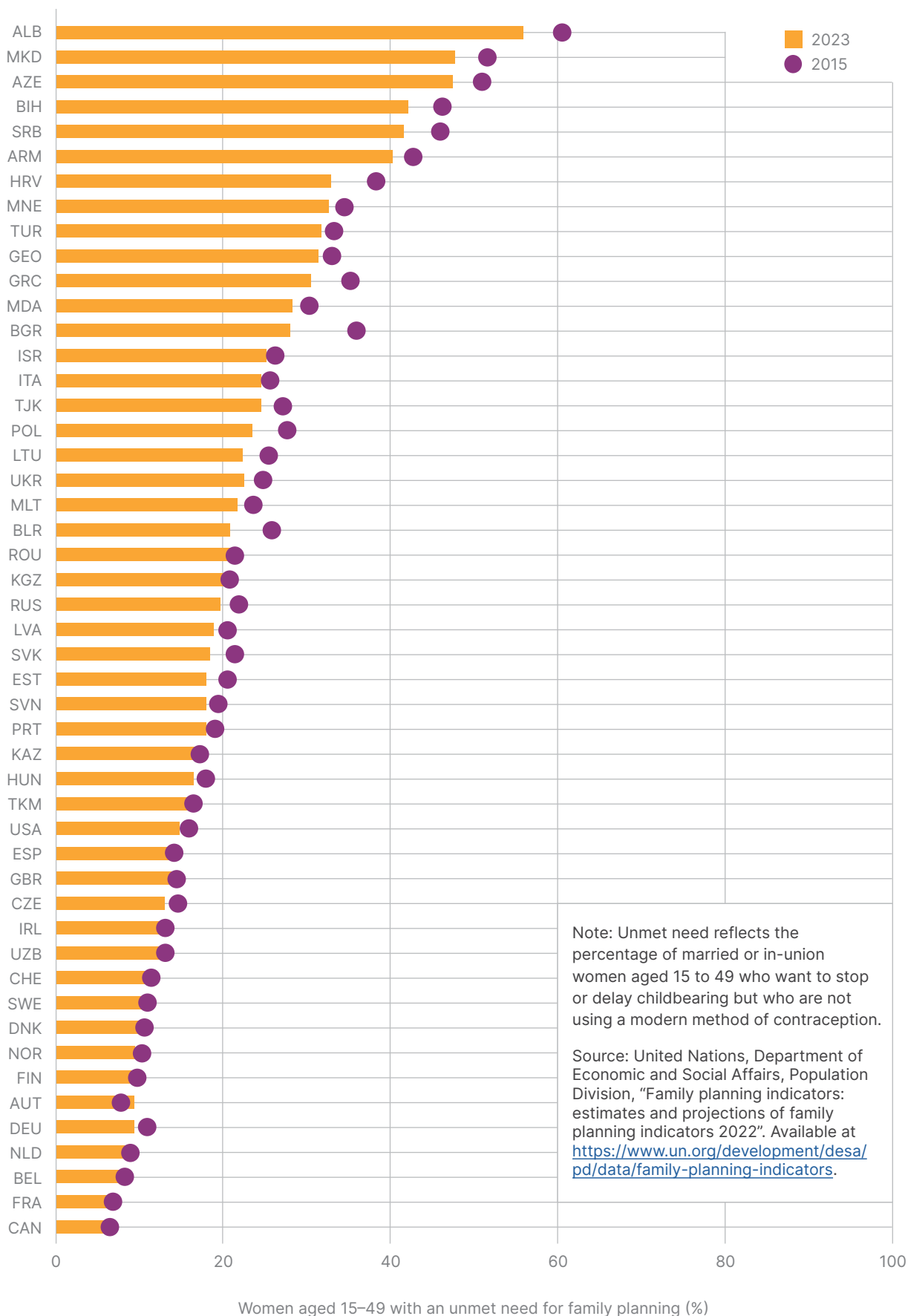
The share of married or in-union women aged 15 to 49 who have an unmet need for a modern method of family planning has decreased from a median value for the region of 26.1 per cent in 2000 to 20.6 per cent in 2015 and 18.7 per cent in 2023.¹⁷³ This means that although the share of women with an unmet need for modern methods of family planning is decreasing in almost all countries, more than one in six women in the UNECE region (a median value of 18.7 per cent) still have an unmet need for a modern method of family planning.¹⁷⁴ Differences across countries are significant, with less than 10 per cent of women with an unmet need for modern methods of family planning in Austria, Belgium, Canada, Denmark, Finland, France, Germany, Netherlands (Kingdom of the) and Norway, compared with at least 33 per cent in Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Croatia, Georgia, Greece, Montenegro, North Macedonia, Serbia and Türkiye (Figure 2.4).

173. United Nations, Department of Economic and Social Affairs, Population Division, "Family planning indicators: estimates and projections of family planning indicators 2022". Available at <https://www.un.org/development/desa/pd/data/family-planning-indicators> (accessed on 21 September 2023). The data reflect the median value for 49 countries with data. Data were unavailable for Andorra, Cyprus, Iceland, Liechtenstein, Luxembourg, Monaco and San Marino. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details.

174. The median value for 49 countries with data in 2023 is 18.7. See United Nations, Department of Economic and Social Affairs, Population Division, "Family planning indicators: estimates and projections of family planning indicators 2022".

The unmet need for modern contraception has decreased in almost all countries in the region

Figure 2.4: Share of married or in-union women aged 15–49 with an unmet need for any modern method of family planning (%), 2015 and 2023



Contraceptive prevalence among married or in-union women aged 15–49 has changed little during the last several decades, with the median value for the region increasing only slightly, from 69.6 per cent in 2000 to 70.2 per cent in 2015 and to 70.6 per cent in 2023.¹⁷⁵ The slow growth at the regional level is partially explained by decreases in contraceptive prevalence in 20 countries since 2000 and in 12 countries since 2015. There is significant variation in terms of contraceptive prevalence across countries (Figure 2.5). In 2023, more than 80 per cent of married or in-union women are using some form of contraception in Bulgaria, Canada, Czechia, Finland and Norway. Contraceptive use is least common in countries in Central Asia and in the Balkans and South Caucasus regions: more than one in three women in 15 countries do not use any form of contraception. In Albania, Georgia, Kyrgyzstan, Montenegro and Tajikistan, more than 50 per cent of women do not use contraception. While the share of married and in-union women aged 15 to 49 using modern methods of contraception has increased in nearly every country in the region since 2015, the use of traditional methods remains common in several countries in the Balkans and South Caucasus regions. In Albania, Azerbaijan, Bosnia and Herzegovina, North Macedonia and Serbia, the share of women using traditional methods is higher than the share of women using modern methods. In the UNECE region as a whole, the use of traditional methods decreased only slightly from a median value of 11.9 per cent for the region in 2015 to 10.3 per cent in 2023.

Barriers to accessing contraceptives include the lack of accessibility of family planning services, the high costs of services and contraceptives, age and parental-consent restrictions, the lack of availability of modern contraceptives through health service delivery points, and the attitudes and lack of knowledge of both health professionals and service consumers. Eleven countries in the region provide hormonal contraceptives over the counter, and family planning services for women and men are still mostly provided by specialist doctors, which also restricts the extent of their use.¹⁷⁶ For example, North Macedonia offers free contraception for vulnerable women accessing hospitals, but free contraception is not available through primary health-care facilities, representing a barrier particularly in regions with a lack of gynaecologists.¹⁷⁷

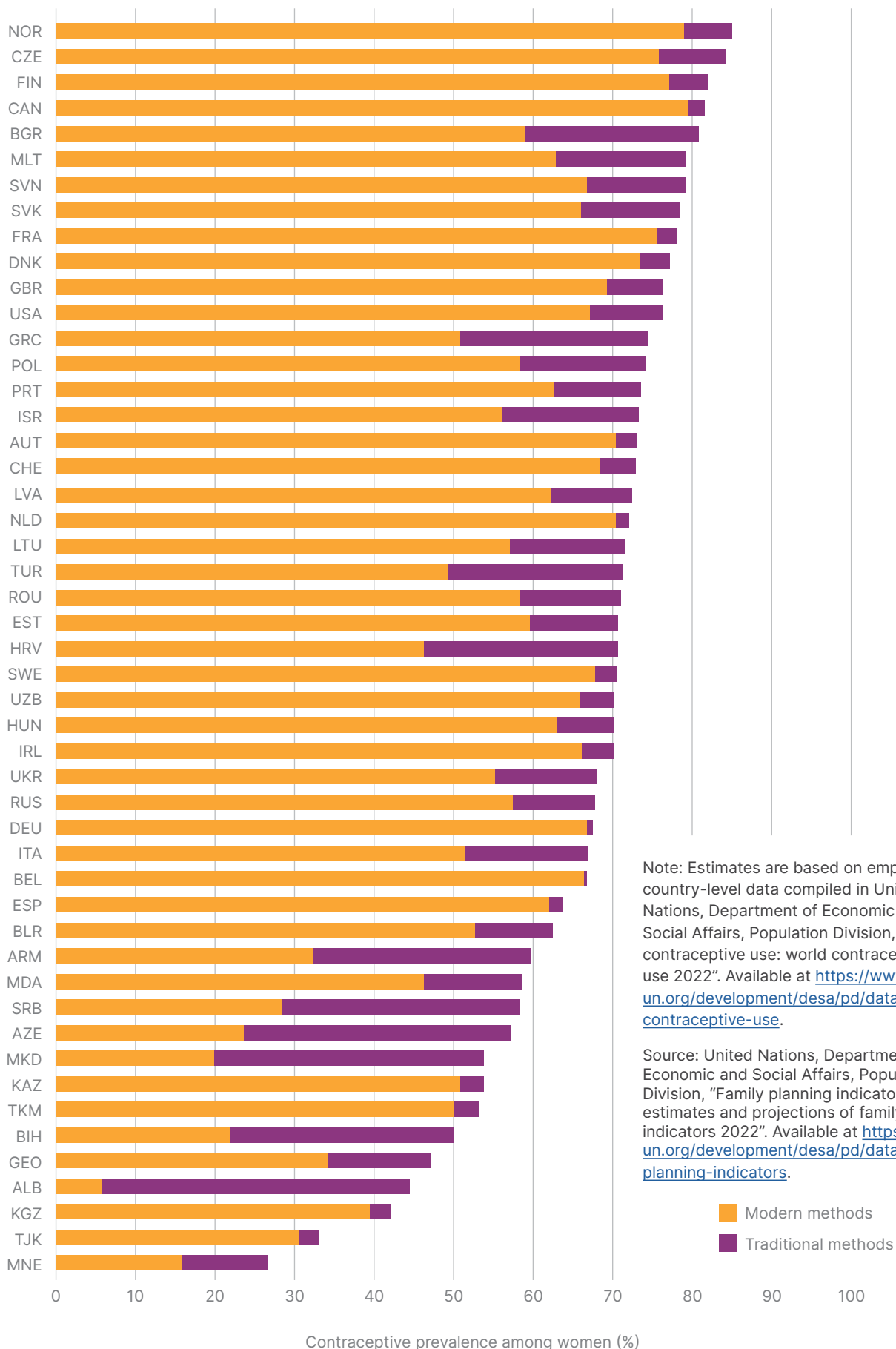
175. United Nations, Department of Economic and Social Affairs, Population Division, “Family planning indicators: estimates and projections of family planning indicators 2022”. Available at <https://www.un.org/development/desa/pd/data/family-planning-indicators> (accessed on 18 August 2023). The data reflect the median value for 49 countries with data. Data were unavailable for Andorra, Cyprus, Iceland, Liechtenstein, Luxembourg, Monaco and San Marino.

176. WHO, Regional Committee for Europe, “Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report”, 1 August 2022 (EUR/RC72/17(G)).

177. North Macedonia, “Sustainable Development Goals Voluntary National Review: North Macedonia”, 2020.

In most countries, a majority of married or in-union women use modern methods of contraception

Figure 2.5: Contraceptive prevalence among married or in-union women aged 15–49 (%), by modern or traditional method, 2023



Note: Estimates are based on empirical country-level data compiled in United Nations, Department of Economic and Social Affairs, Population Division, "World contraceptive use: world contraceptive use 2022". Available at <https://www.un.org/development/desa/pd/data/world-contraceptive-use>.

Source: United Nations, Department of Economic and Social Affairs, Population Division, "Family planning indicators: estimates and projections of family planning indicators 2022". Available at <https://www.un.org/development/desa/pd/data/family-planning-indicators>.

■ Modern methods
■ Traditional methods

Contraceptive prevalence among women (%)

A continued need to eliminate legal restrictions to accessing contraceptive products and services

The need to obtain permission from parents or carers to access contraceptives or services for the diagnosis and treatment of sexually transmitted infections creates significant barriers for adolescents in accessing and using SRH services. For those seeking contraception, the result of barriers of all kinds is discontinuation (abandoning the use of contraception while still having a need for it) or the inability to demand and access contraceptives at all.

Twenty countries in Europe and Central Asia have set a minimum age requirement for adolescents to access contraceptive services (except sterilization) and testing and treatment for STIs without any third-party authorizations.¹⁷⁸ In four of these countries, the minimum age required to access services without parental or third-party consent is 18. In other countries, it ranges from 14 to 16.¹⁷⁹

Some countries have implemented specific reforms to remove parental-consent barriers. Kazakhstan introduced legal amendments to address gaps in regulations on adolescents' rights as well as parental and health workers' responsibilities, and to support access to adolescent health and expand its coverage.¹⁸⁰ Outpatient youth-friendly health services are now available for minors 10 years of age or older with parental consent, while prevention and diagnostic treatment for minors 16 years of age or older is available without parental consent (except for abortions and surgical procedures).¹⁸¹ Republic of Moldova increased access to SRH for adolescents through the creation and expansion of youth-friendly health centres, which provide free SRH services, including contraceptives, to young people aged 10–24.¹⁸²

Lifting financial barriers to contraceptive use

Financial barriers to accessing family planning services persist across many UNECE countries, with limited provision of free contraceptives in some member States.¹⁸³ A number of countries have recently introduced policies to remove financial barriers. France passed a law in 2020 extending free confidential access to contraceptives to girls under 15 years of age, and since 2019 60 per cent of the cost of purchasing two brands of male condoms has been reimbursed.¹⁸⁴ In Turkmenistan, women aged 15 to 19 have been eligible for free access to family planning since August 2018, and contraceptive choices were expanded through the

178. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

179. Ibid.

180. Tanirbergenov, Abuova and Giniyat, "Kazakhstan: advancing adolescent health through policy and legislation".

181. Ibid.

182. Republic of Moldova, "Voluntary National Review: Progress Report 2020", 2020.

183. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

184. Committee on the Elimination of Discrimination against Women, "Ninth periodic report submitted by France under article 18 of the Convention, due in 2022", 17 March 2022 (CEDAW/C/FRA/9).

government's procurement of commodities in 2022. In Uzbekistan, women of childbearing age have access to contraceptives free of charge.¹⁸⁵ In the Republic of Moldova, contraceptive regulations were revised in 2020 to expand eligibility for free contraception through primary health-care facilities with a particular focus on vulnerable groups, including adolescents and youth up to 24 years old, women with a high obstetric risk or with chronic diseases, people living with HIV and key populations at increased risk of HIV, among others.¹⁸⁶

Adolescent birth rates continue to decrease but remain high in some countries

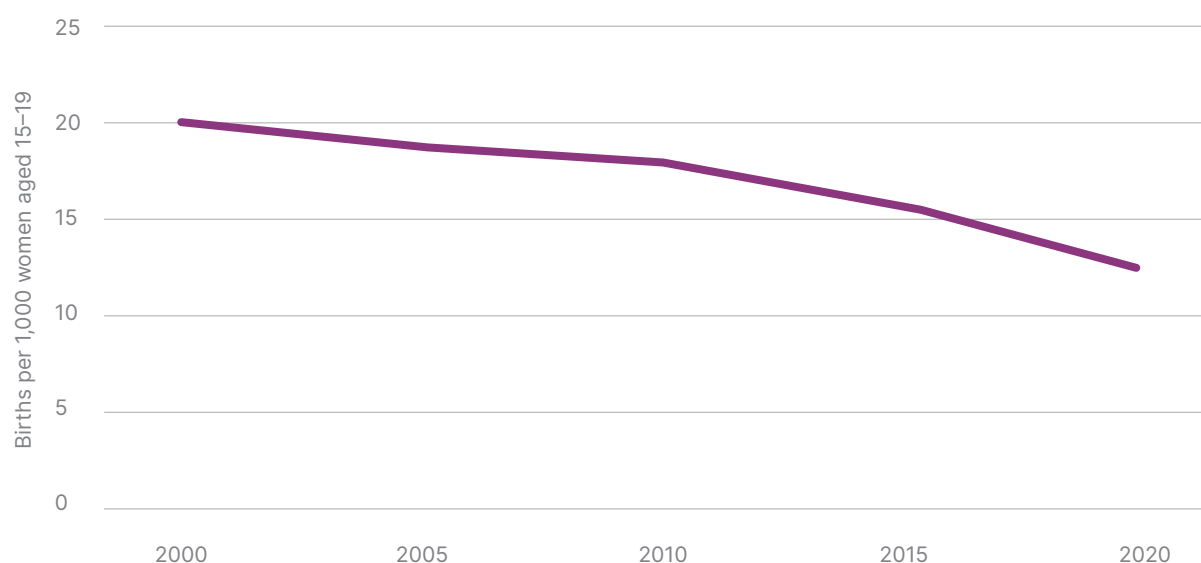
- ▶ Adolescent birth rates (ABR) are generally declining across UNECE countries.
- ▶ There is wide variation across UNECE countries. In several high-income countries, the adolescent birth rate is below 2 births per 1,000 women aged 15–19. The average ABR among women aged 15–19 for Central Asia was 24.9 in 2020, and in some Eastern European countries, rates are three to four times higher than the average for the region.
- ▶ Adolescent pregnancy affects some population subgroups disproportionately. The ABR is 10 times higher among Roma teenagers in Montenegro and Serbia compared with the general population, and five times higher in North Macedonia.
- ▶ Only 25 out of 39 countries in the region that reported had a national strategy or policy on adolescent health in place in 2022.

185. Committee on the Elimination of Discrimination against Women, "Sixth periodic report submitted by Uzbekistan under article 18 of the Convention, due in 2019", 23 January 2020 (CEDAW/C/UZB/6); Committee on the Elimination of Discrimination against Women, "Sixth periodic report submitted by Turkmenistan under article 18 of the Convention, due in 2022", 10 August 2022 (CEDAW/C/TKM/6).

186. Ministerul Sănătății, Muncii și Protecției Sociale și UNFPA Moldova, *Regulamentul cu privire la asigurarea populației din grupurile vulnerabile de vârstă reproductivă cu contraceptive* (Regulation regarding the provision of contraceptives to the population of vulnerable groups of reproductive age) (Chișinău, 2020).

Adolescent birth rates are generally declining across the region

Figure 2.6: Adolescent birth rate (per 1,000 women aged 15–19), UNECE average, 2000–2020 (SDG Indicator 3.7.2)



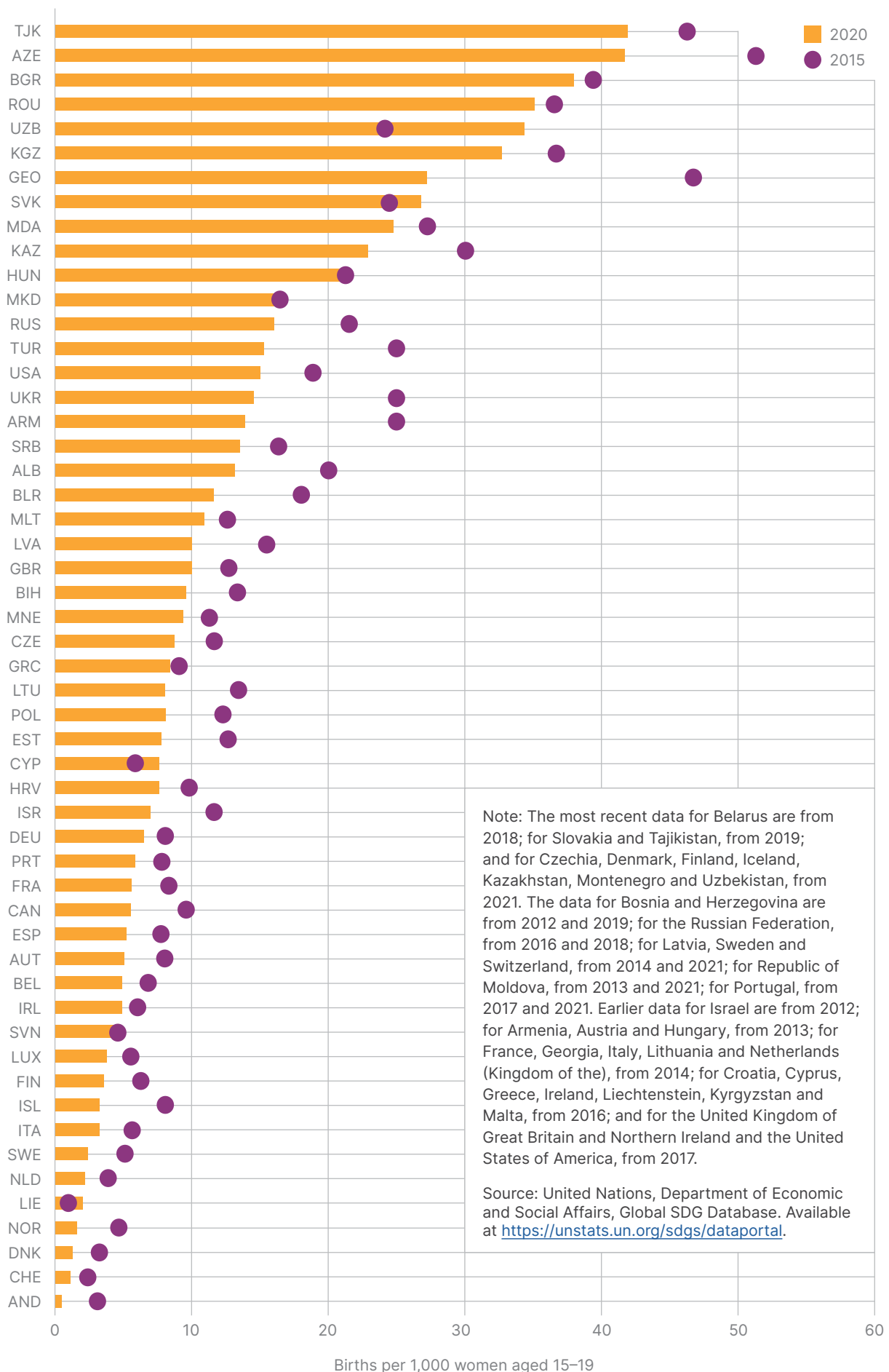
Note: The data reflect the simple average for 55 countries with data. Data were unavailable for Monaco. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

Adolescent birth rates are generally declining across UNECE countries, with the average for the region dropping from 20.3 births per 1,000 women aged 15 to 19 in 2000 to 15.6 births in 2015 and 12.6 births in 2020 (Figure 2.6). There is wide variation across UNECE countries. In several high-income countries — Andorra, Denmark, Liechtenstein, Norway, San Marino and Switzerland — the adolescent birth rate is below 2 births per 1,000 women aged 15–19. The average ABR among women aged 15–19 in Central Asia was 24.9 in 2020, and in some Eastern European countries rates are three to four times higher than the average for the region (Figure 2.7). After years of increasing or fluctuating ABRs, rates have started to fall in Azerbaijan, Georgia, Tajikistan and Turkmenistan. Nonetheless, the ABR was still higher in 2020 (or the most recent year) than in 2000 (or the earliest year) in Azerbaijan (41.6 births in 2020; 25.6 births in 2001), Tajikistan (41.7 births in 2019; 38.5 births in 2005) and Turkmenistan (26.1 births in 2000; 27.5 births in 2017). Upward trends since 2015 in Cyprus, Slovakia and Uzbekistan are concerning.

Wide variation in adolescent birth rates between countries

Figure 2.7: Adolescent birth rate (per 1,000 women aged 15–19), 2015 and 2020

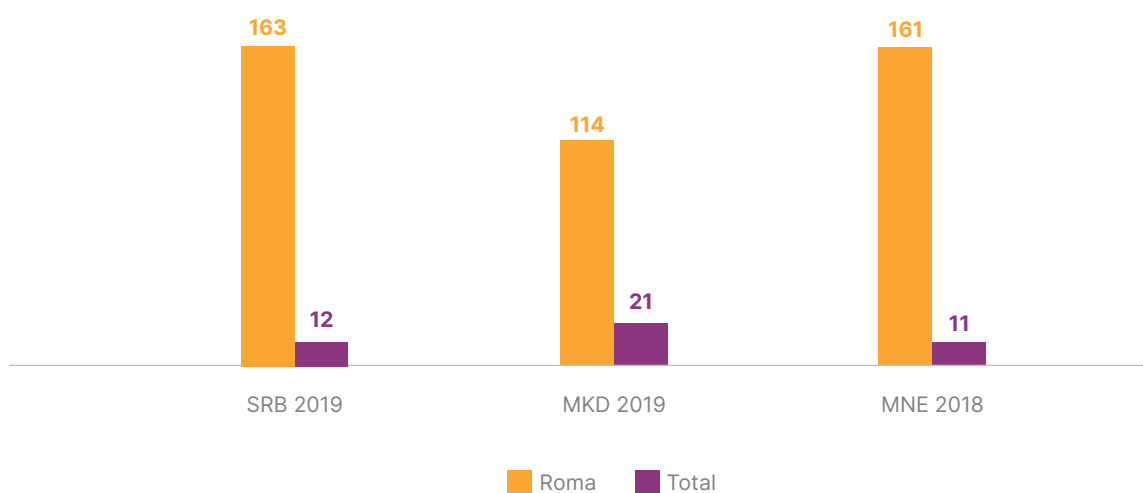


Variations in adolescent birth rates across population subgroups

Adolescent pregnancy affects some population subgroups disproportionately, including married adolescents, youth from linguistic, religious, racial and ethnic minorities, including Hispanic and non-Hispanic Black youth and adolescents in the United States, Roma youth and adolescents across Eastern European and Central Asian countries, and those from lower income groups or rural areas, migrants or internally displaced persons, out-of-school youth, street children, and other vulnerable and marginalized groups.¹⁸⁷

The adolescent birth rate is 5 to 10 times higher among the Roma population in some countries

Figure 2.8: Adolescent birth rate (per 1,000 women aged 15–19), Roma population and total population, select countries, 2018/2019



Source: Statistical Office of Montenegro (MONSTAT) and UNICEF, *Montenegro and Roma Montenegro Settlements: Multiple Indicator Cluster Survey 2018 – Survey Findings Report* (Podgorica, MONSTAT and UNICEF, 2019); State Statistical Office and UNICEF, *North Macedonia and North Macedonia Roma Settlements: Multiple Indicator Cluster Surveys 2018-2019 – Survey Findings Reports* (Skopje, State Statistical Office and UNICEF, 2020); Statistical Office of the Republic of Serbia and UNICEF, *Serbia Multiple Indicator Cluster Survey and Serbia Roma Settlements Multiple Indicator Cluster Survey, 2019: Survey Findings Report* (Belgrade, Statistical Office of the Republic of Serbia and UNICEF, 2020).

The ABR is 10 times higher among Roma teenagers compared with the total population in Montenegro and Serbia and five times higher in North Macedonia (Figure 2.8). In the United States of America, a downward trend in adolescent pregnancy at the national level since the 1990s conceals persistent disparities across racial and ethnic groups. In 2020, the ABR for the total female population aged 15 to 19 was 15.4 births per 1,000 women, but it was 25.7 births among American Indian/Native Americans, 24.4 births among Black adolescents and 23.5 births among Hispanic adolescents.¹⁸⁸ These figures point to the importance of collecting

187. UNFPA Eastern Europe and Central Asia, “Adolescent pregnancy”.

188. U.S. Department of Health and Human Services, Office of Population Affairs, “Trends in teen pregnancy and childbearing”.

and analysing disaggregated data, to better understand trends and design evidence-informed strategies that can target the most relevant population groups.

Several factors contribute to adolescent pregnancies and births, including a lack of access to, and use of, modern contraceptive methods.¹⁸⁹ Adolescent pregnancy is a global challenge with health, social and economic impacts for girls, families and societies.¹⁹⁰ Adolescents who become pregnant are more likely to have unsafe abortions.¹⁹¹ In some countries, adolescents are less likely to receive skilled pre- and postnatal care and are at a higher risk of complications or even death during pregnancy and childbirth. Children of adolescent mothers are also more vulnerable. Stillbirths, newborn deaths and low birth weight are more common among adolescent mothers.¹⁹² Preventing births among adolescents and very early in a girl's life is an important measure to improve maternal health and reduce infant mortality. Young women who become mothers at an early age experience a curtailment of their opportunities for socioeconomic improvement. They may drop out of school and, if they need to work, may find it especially difficult to combine family and work responsibilities. Interruptions to schooling can lead to a lifetime of reduced earnings, perpetuating gender gaps across the life course and intergenerational cycles of poverty.¹⁹³

Limited progress in expanding youth-friendly SRH services

The adolescent birth rate also provides evidence concerning access to pertinent health services and information, since young people, and in particular unmarried adolescent girls, often experience difficulties in accessing SRH information and services. One way to reduce the ABR and promote healthier lifestyles throughout the life course is to adopt youth-friendly services coupled with comprehensive approaches to increasing access to SRH knowledge and services, as called for in the 2013 Chair's Summary.¹⁹⁴ Despite growing recognition of the importance of adolescents' SRH, only 25 out of 39 countries responding to the survey for the 2022 Progress Report on the WHO Action Plan for Sexual and Reproductive Health (see Box 4) had a national strategy or policy on adolescent health in place in 2022, representing a decrease from 2019, when 90 per cent of countries referred to adolescents as a specific group in their national SRH policies and guidelines.¹⁹⁵

189. Venkatraman Chandra-Mouli and Elsie Akwara, "Improving access to and use of contraception by adolescents: what progress has been made, what lessons have been learnt, and what are the implications for action?" *Best Practice & Research: Clinical Obstetrics & Gynaecology*, vol. 66 (July 2020), p. 107.

190. UNFPA Eastern Europe and Central Asia, "Adolescent pregnancy".

191. WHO, "Adolescent pregnancy", 2 June 2023.

192. Ibid.

193. World Bank, "The social and educational consequences of adolescent childbearing", 25 February 2022.

194. UNFPA and UNECE, "Chair's Summary", para. 14.

195. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

Abortion ratios are decreasing, but there is an upward trend among teenagers in some countries

- ▶ Abortions per 1,000 live births decreased by more than half from an average of 393 in 2000 to 189 in 2019. Between 2010 and 2019, the average for the region decreased by 30 per cent.
- ▶ Upward trends in abortion ratios among women under the age of 20 in some countries point to a need to reinforce access to SRH knowledge and services.
- ▶ Since 2018, several UNECE countries have taken steps to improve access to safe abortion services.

The 2013 Chair's Summary called for the removal of all barriers preventing women and girls from access to safe abortion services. It also emphasized the need to integrate emergency obstetric care and the management of complications arising from unsafe abortions, including revising restrictions within existing abortion laws, into policies and practices to safeguard the lives of women and adolescent girls.

Abortion is available at the request of women or girls or on broad socioeconomic grounds in all jurisdictions of the country in 41 UNECE member States.¹⁹⁶ In most countries where abortion is available, the gestational limit is 12 weeks, though it varies from 5 to 24 weeks across the region.¹⁹⁷ In the majority of countries with broad legal access to abortion, health-care providers can conscientiously object to providing care, which can limit timely access to safe abortion. Likewise, mandatory waiting periods or counselling and prior permission requirements from parents, guardians, doctors or official committees are barriers to timely and safe abortion services in many countries.

Since the last review of the implementation of the ICPD Programme of Action in 2018, several UNECE countries have taken steps to remove barriers to accessing safe abortion services. Ireland enacted legislation in late 2018 permitting abortion on request up to 12 weeks of gestation and later in exceptional circumstances.¹⁹⁸ In 2022, Israel reformed regulations to provide access to abortion services in health-care clinics in addition to hospitals and removed

196. By request: Albania, Azerbaijan, Armenia, Belarus, Belgium, Canada, Croatia, Czechia, Denmark, Estonia, France, Georgia, Germany, Greece, Iceland, Ireland, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Montenegro, Netherlands (Kingdom of the)*, North Macedonia, Norway, Portugal, the Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Turkmenistan, Türkiye, Ukraine, Uzbekistan. Socioeconomic grounds: Finland, Hungary, Italy, Tajikistan. In the Kingdom of the Netherlands, legislation specifies that abortion is available only if the woman is in "distress with no other choice". In practice, requesting the abortion fulfils this condition, making abortion available to everyone (information provided by the Ministry of Foreign Affairs of the Netherlands). In Switzerland and the United Kingdom of Great Britain and Northern Ireland, abortion is generally available in practice, but legislation specifies that it is available only if the woman is in "distress" (Switzerland) or if continuing the pregnancy would involve "risk to her physical or mental health" (the United Kingdom); WHO, Global Abortion Policies Database. Available at <https://abortion-policies.srhr.org/> (accessed on 21 September 2023).

197. WHO, Global Abortion Policies Database. Available at <https://abortion-policies.srhr.org/> (accessed on 21 September 2023).

198. Ireland, Health (Regulation of Termination of Pregnancy) Act 2018, No. 31 of 2018 (20 December 2018).

a requirement that women appear before a committee before terminating a pregnancy.¹⁹⁹ The 2019 Law on Termination of Pregnancy in North Macedonia removed some of the restrictions and administrative obstacles to abortion services such as compulsory counselling and a three-day waiting period.²⁰⁰ In 2022, San Marino legalized abortion following a 2021 referendum ending a long-standing total ban on abortion.²⁰¹ In the United Kingdom, a new legal framework was introduced in March 2020 allowing abortion services in Northern Ireland up to 12 weeks of gestation and beyond in certain circumstances.²⁰²

The estimated unintended-pregnancy rate in Europe and North America is 35 per 1,000 women aged 15 to 49, and nearly half of these unintended pregnancies are estimated to end in abortion.²⁰³

Studies show that globally the share of unintended pregnancies resulting in induced abortion is similar across countries irrespective of the legal status of abortion.²⁰⁴ In a few countries in the region, abortion remains completely banned or is allowed only under exceptional circumstances, creating a situation where women who do not qualify for care may turn to illegal services or face the financial and emotional burdens associated with travelling to another country for access to safe abortion. Forty-five per cent of all abortions around the world are unsafe, making this a leading cause of maternal death.²⁰⁵

199. Knesset News, "The Labor and Welfare Committee: termination of pregnancy will also be possible at the health fund", 2022. Available at <https://main.knesset.gov.il/news/pressreleases/pages/press27062022l.aspx>.

200. European Commission, "North Macedonia 2019 Report, Accompanying the document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions 2019 Communication on EU Enlargement Policy", 29 May 2019 (SWD(2019) 218 final).

201. San Marino News Agency, Comunicato Stampa, Consiglio Grande e Generale, Sessione 21-28 Aprile. Available at <https://www.consigliograndeegenerale.sm/on-line/documento17132099.html>.

202. Elizabeth Rough, "Abortion in Northern Ireland: recent changes to the legal framework", House of Commons Library, 6 February 2023.

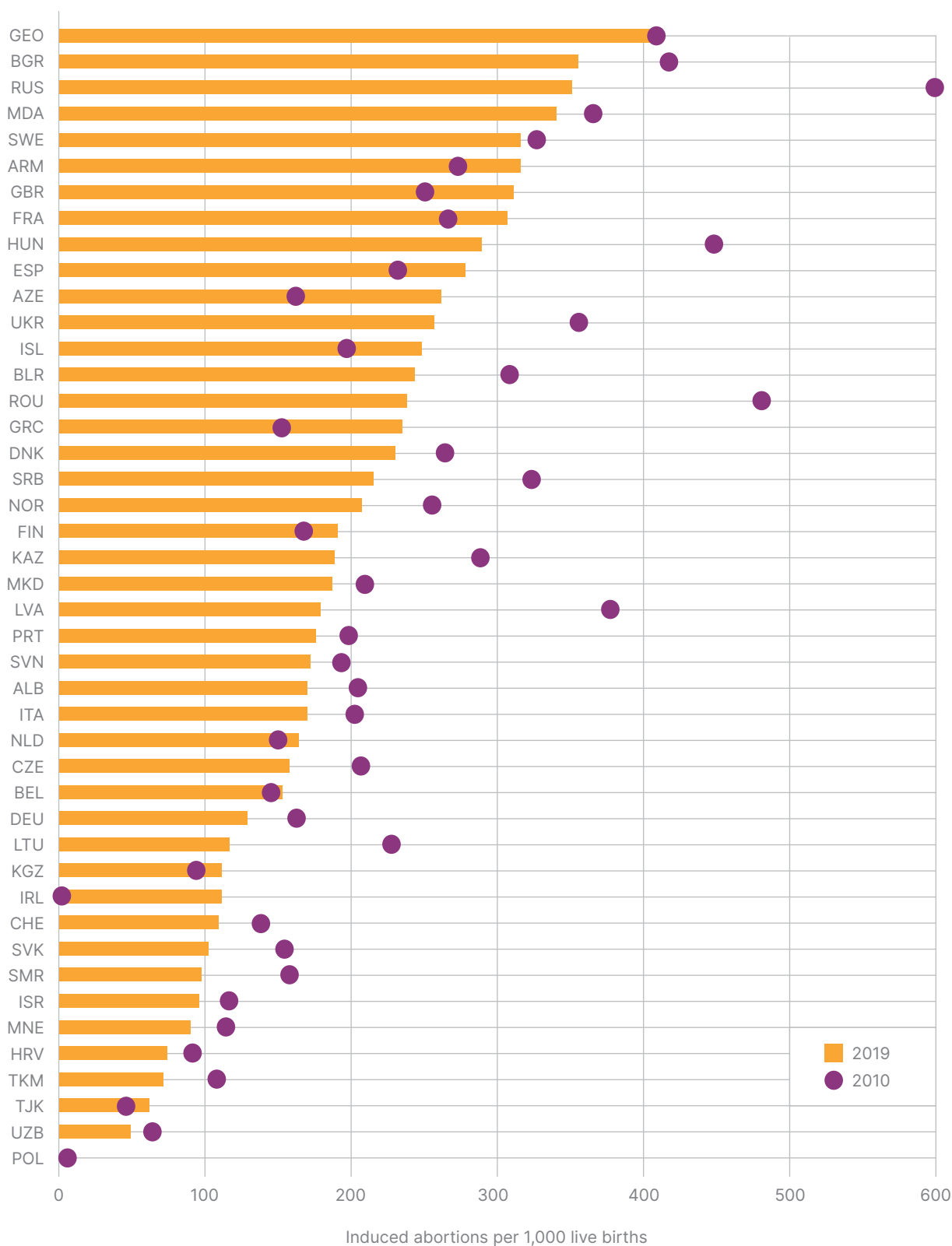
203. Jonathan Marc Bearak and others, "Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015–2019", *BMJ Global Health*, vol. 7, No. 3 (2022). Population weighted average of estimates for 37 countries: Albania, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Montenegro, Netherlands (Kingdom of the), North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, the United Kingdom of Great Britain and Northern Ireland, the United States of America.

204. Jonathan Bearak and others, "Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019", *The Lancet Global Health*, vol. 8, No. 9 (July 2020).

205. UNFPA, *State of World Population 2022: Seeing the Unseen – The Case for Action in the Neglected Crisis of Unintended Pregnancy* (New York, 2022).

Abortion ratios decreasing but variation across countries remains

Figure 2.9: Induced abortions per 1,000 live births, 2010 and 2019



Note: The most recent data for Azerbaijan, Montenegro and Netherlands (Kingdom of the) are from 2017; for Denmark, Finland, Hungary, Portugal and Spain, from 2018; and for Albania, Croatia, Georgia and Iceland, from 2020. Early data for San Marino are from 2011; for Ireland, from 2014.

Source: WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/hfa-explorer/>.

The average number of induced abortions per 1,000 live births — also known as the abortion ratio — decreased by more than half between 2000 and 2019 from an average of 393 to 189 abortions per 1,000 live births. Between 2010 and 2019, the average for the region decreased by 30 per cent, indicating improved access to modern contraceptives.²⁰⁶ The abortion ratio has decreased significantly in several countries in Eastern Europe over recent decades. In Belarus, Romania, the Russian Federation and Ukraine, for example, the ratio of induced abortions per 1,000 live births decreased from more than 1,000 in 2000 to 350 or fewer in 2019, with continuing downward trends in the last decade (Figure 2.9).²⁰⁷ Some of the highest abortion ratios in the region are observed in countries where the share of women with an unmet need for modern methods of family planning is also high (one in four women or higher) (Armenia, Bulgaria, Georgia and Republic of Moldova).

There has been an upward trend in the abortion ratio among younger women and teenagers in several countries in Northern and Western Europe. Generally, there are more abortions than live births among teenagers in this subregion and fewer abortions than live births in countries in Eastern and South-Eastern Europe and Central Asia (Figure 2.10). Considered together with the relatively low use of modern contraceptives among sexually active adolescents in some countries, the high abortion ratios among teenagers in some Northern and Western European countries point to a need to educate young people on sexual health, including on the prevention of unintended pregnancies, and to ensure widespread access to modern methods of contraception.²⁰⁸

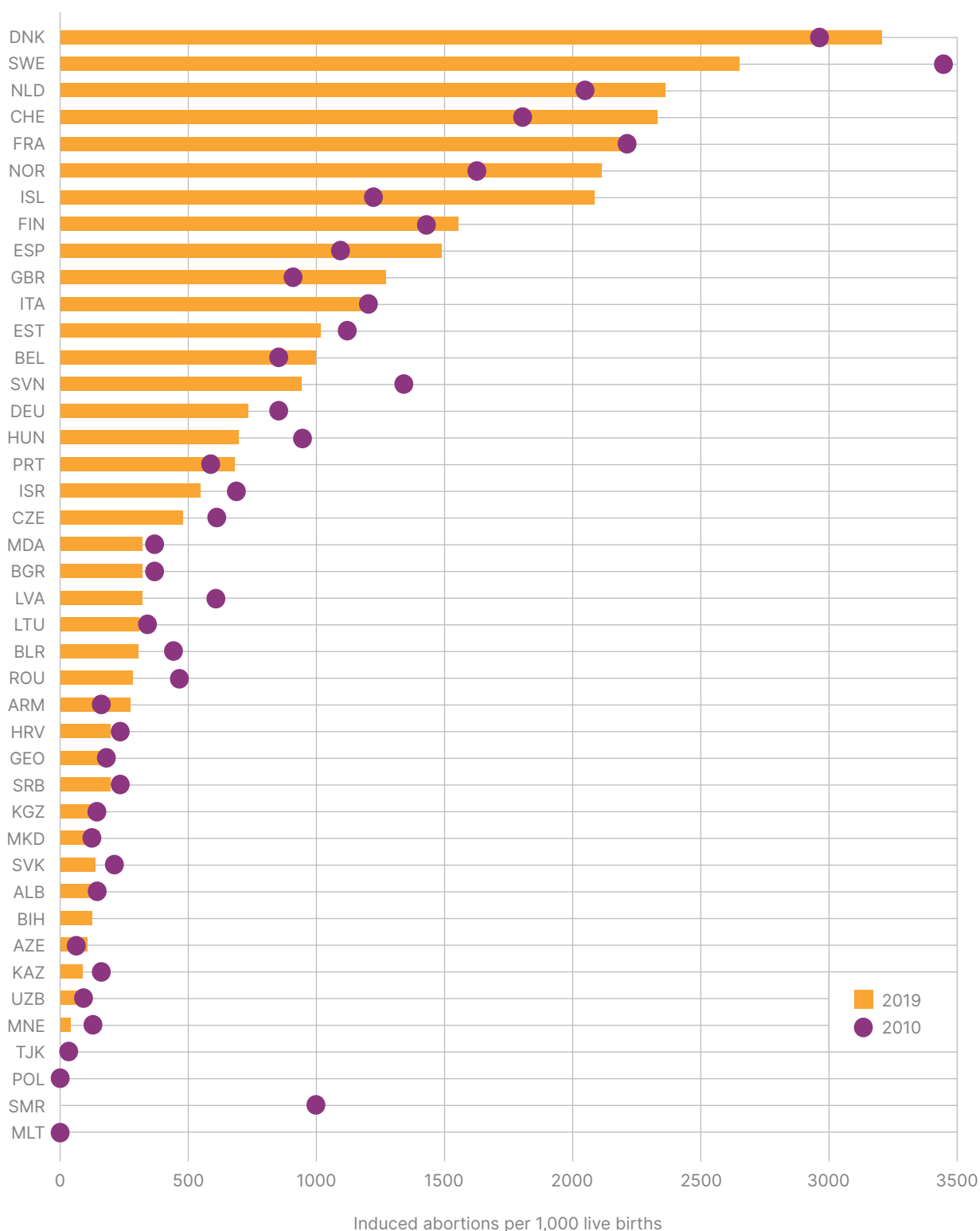
206. The simple average for 47 countries with data available from the WHO European Health Information Gateway. Data for Estonia are from 2015; for Azerbaijan, Netherlands (Kingdom of the) and Montenegro, from 2017; for Denmark, Finland, Hungary, Portugal and Spain, from 2018; and for Albania, Croatia, Georgia and Iceland, from 2020.

207. WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/datasets/european-health-for-all-database/> (accessed on 18 August 2023).

208. In 2018, the share of girls aged 15 reporting condom use at last intercourse was 62 per cent in Denmark, 64 per cent in Finland and France, and 47 per cent in Sweden, according to data from WHO's Health Behaviour in School-Aged Children Surveys. See WHO, European Health Information Gateway, "Health Behaviour in School-aged Children (HBSC)", 6 July 2020. Available at <https://gateway.euro.who.int/en/datasets/hbhc/> (accessed on 18 August 2023).

Upward trend in abortion ratio among teenagers in several countries

Figure 2.10: Induced abortions per 1,000 live births for women under age 20, 2010 and 2019



Note: The most recent data for Albania, Azerbaijan, Montenegro and Romania are from 2017; and for Bosnia and Herzegovina, Denmark, France, Iceland, Israel, Kyrgyzstan, North Macedonia, Netherlands (Kingdom of the), Poland and Tajikistan, from 2018. Early data for Albania are from 2008; and for Poland, from 2012.

Source: WHO, European Health Information Gateway. Available at <https://gateway.euro.who.int/en/hfa-explorer/>.

Sexual and reproductive health

The 2013 Chair's Summary calls for the elimination of preventable maternal mortality and morbidity by ensuring that all women have access to quality prenatal care and that all births are attended by skilled health personnel.²⁰⁹ It also calls for renewed focus on the prevention and treatment of sexually transmitted infections and HIV as an important part of health system responses.²¹⁰ Maternal mortality is a key indicator of women's health and a measure of a health system's efforts to promote SRH. Neonatal survival reflects the extent to which women and infants have been provided with access to quality SRH care before and during pregnancy, delivery and the post-partum period.

Progress towards reducing maternal and neonatal mortality has slowed

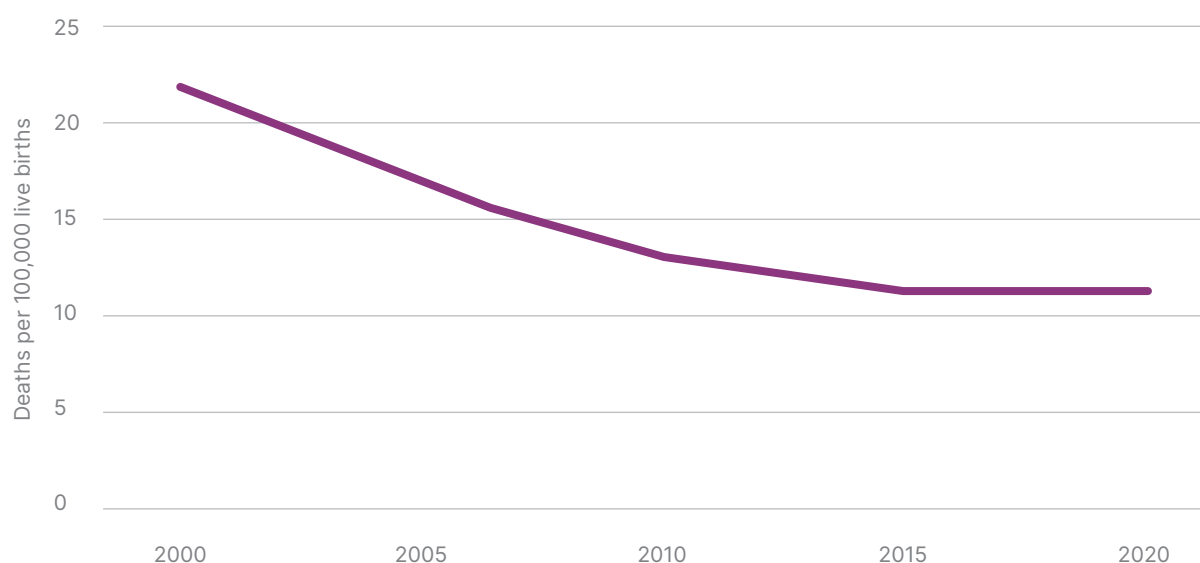
- ▶ Across the region, the maternal mortality ratio decreased by nearly half between 2000 and 2020.
- ▶ Progress has slowed recently. The maternal mortality ratio increased between 2015 and 2020 in 18 of 52 countries with data.
- ▶ Average neonatal mortality has halved since 2000 across the region, but subregional disparities persist.
- ▶ Despite widespread access to antenatal care and skilled attendance at birth in most countries, gaps remain for the most disadvantaged.

209. UNFPA and UNECE, "Chair's Summary", para. 19.

210. Ibid., para. 18.

Average maternal mortality unchanged since 2015

Figure 2.11: Maternal mortality ratio per 100,000 live births, UNECE average, 2000–2020 (SDG Indicator 3.1.1)



Note: The data reflect the simple average for 52 countries with data. Data were unavailable for Andorra, Liechtenstein, Monaco and San Marino.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

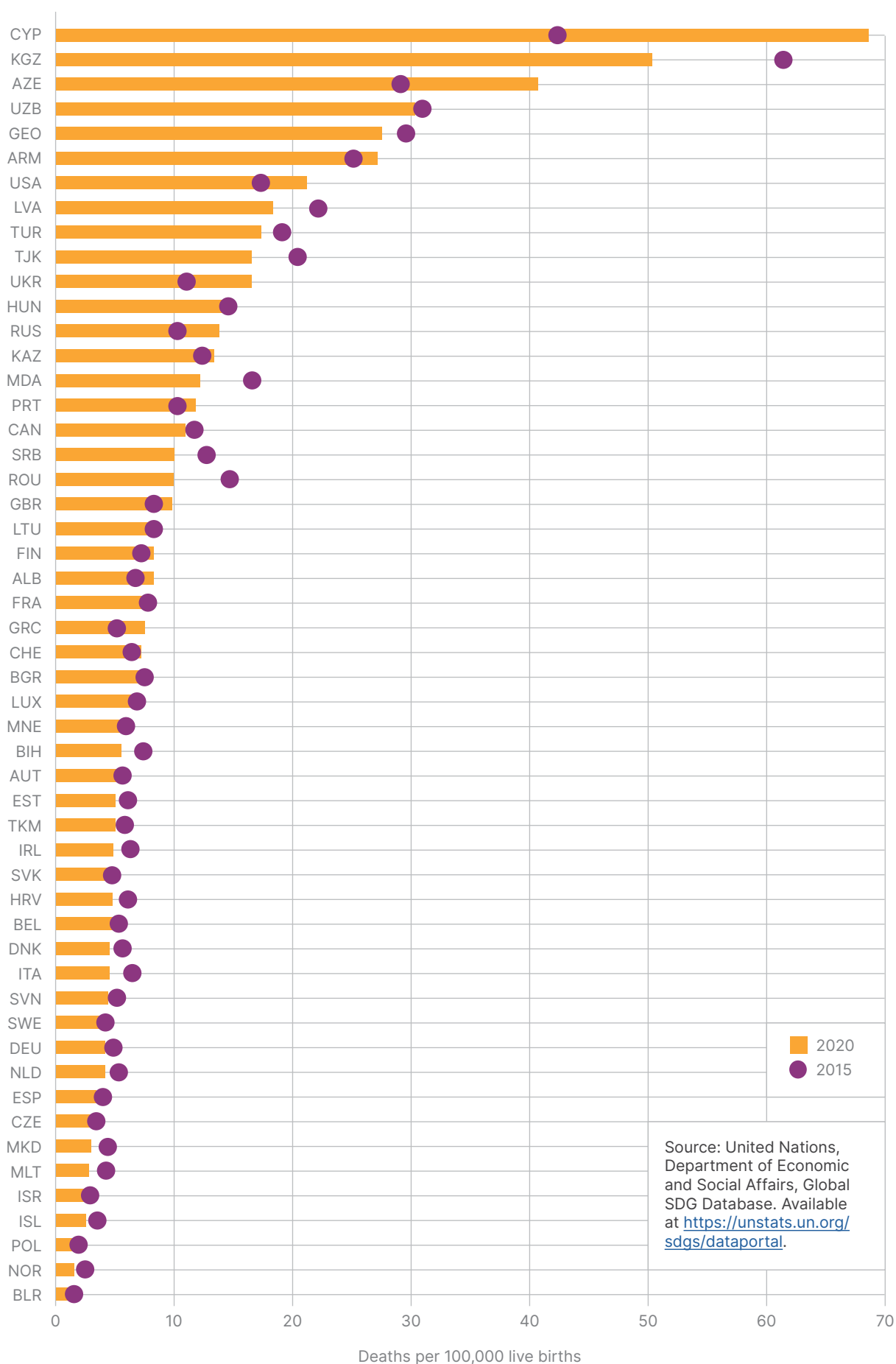
Maternal mortality (SDG Indicator 3.1.1) in the UNECE region declined from an average of 22 deaths per 100,000 live births in 2000 to an average of 12 deaths per 100,000 live births in 2020 (Figure 2.11). Progress at the regional level has slowed recently, with the maternal mortality ratio (MMR) increasing between 2015 and 2020 in 18 of 52 countries with data (Figure 2.12). The lifetime risk of maternal death is more than three times higher in countries in Central Asia (1 in 1,200) and North America (1 in 2,900) than in Western Europe (1 in 9,800).²¹¹

In 2020, Cyprus had the highest MMR, with 68 maternal deaths per 100,000 live births, followed by countries in Central Asia and the South Caucasus (Kyrgyzstan, Azerbaijan, Uzbekistan, Georgia, Armenia) and the United States of America, all with MMRs higher than 20 per 100,000 live births (Figure 2.12).

211. WHO and others, *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division* (Geneva, WHO, 2023).

Maternal mortality ratios increased in 18 countries between 2015 and 2020

Figure 2.12: Maternal mortality ratio per 100,000 live births, 2015 and 2020 (SDG Indicator 3.1.1)



While comprehensive data for the pandemic period are not yet available across the region, evidence from the United States of America and some countries in Central Asia indicates that maternal mortality increased during the COVID-19 pandemic.²¹² This may have been a result of reduced coverage of essential services coupled with delays in seeking care as women weighed the choice between risking exposure to COVID-19 in clinical settings and seeking pre- and perinatal care.²¹³

In some UNECE countries, maternal mortality varies by social and ethnic group, with migrants and ethnic minorities among the most disadvantaged. In the United States of America, the MMR among Black women in 2021 (69.9 deaths per 100,000 live births) was 2.6 times higher than the MMR among White women.²¹⁴ Across eight UNECE countries with permanent surveillance systems — Denmark, Finland, France, Italy, Netherlands (Kingdom of the), Norway, Slovakia and the United Kingdom — the MMR was at least 50 per cent higher among foreign-born women or ethnic minorities compared with native-born and White women.²¹⁵ Barriers faced by migrant women in accessing health services, including during pregnancy, include fears of being reported to the authorities (in the case of irregular migration), a lack of clear policies and information regarding their entitlement to health care, and various administrative and legal barriers; such barriers generate disincentives for migrant women to access health care.²¹⁶

Maternal mortality reporting remains a sensitive and complex issue. National assessments in Eastern Europe and Central Asia found that clinics may avoid reporting maternal deaths for reasons of prestige and out of fear of punitive measures.²¹⁷ Data are often used upstream in health-care systems for budgeting and payment purposes rather than in policymaking, and the capacity to conduct analysis and quality assurance of data at lower levels of the health system is limited.²¹⁸ In other cases, data systems are simply not set up to allow proper tracking of maternal deaths. Deaths that occur after pregnancy and delivery may not be captured, and there is often an absence of oversight of data collection systems to monitor maternal deaths. In 2022, 22 of 39 countries responding to the survey for the 2022 Progress Report on the WHO Action Plan for Sexual and Reproductive Health (see Box 4) reported having a national policy

212. Janice Hopkins Tanne, "Covid-19: US maternal mortality rose during pandemic", *The BMJ* (March 2023); Olzhas Zhamantayev and others, "COVID-19 pandemic impact on the maternal mortality in Kazakhstan and comparison with the countries in Central Asia", *International Journal of Environmental Research and Public Health*, vol. 20, No. 3 (January 2023).

213. WHO, "Maternal mortality", 22 February 2023. Available at <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality> (accessed on 21 September 2023).

214. Donna L. Hoyert, "Maternal mortality rates in the United States, 2021", National Center for Health Statistics, March 2023. Available at <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=In%202021%2C%20the%20maternal%20mortality,for%20White%20and%20Hispanic%20women> (accessed on 21 September 2023).

215. Caroline Diguisto and others, "Maternal mortality in eight European countries with enhanced surveillance systems: descriptive population based study", *The BMJ* (2022).

216. Konstantina Davaki, *Access to Maternal Health and Midwifery for Vulnerable Groups in the EU* (Brussels, European Union, 2019).

217. WHO assessments were conducted in Albania, Azerbaijan, Kazakhstan, Kyrgyzstan, Republic of Moldova and Romania. See World Health Organization, Regional Office for Europe, *Assessments of sexual, reproductive, maternal, newborn, child and adolescent health in the context of universal health coverage in six countries in the WHO European region: a synthesis of findings from the country reports* (Copenhagen, 2020).

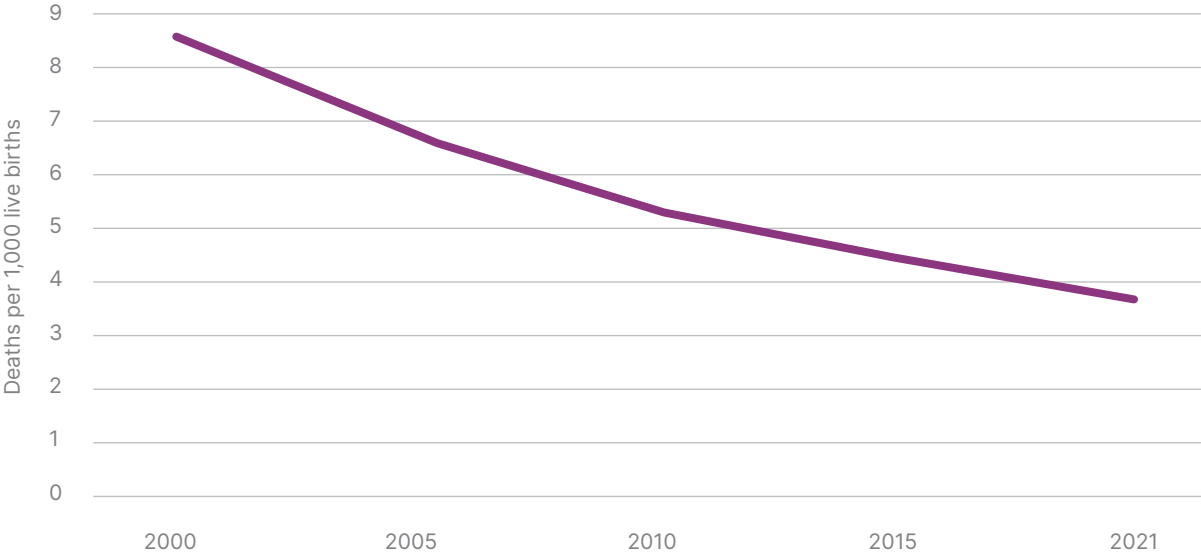
218. Ibid.

requiring confidential enquiries into maternal deaths, an increase of one country from 2019.²¹⁹ In response to worrying MMR trends in Canada, where the MMR increased from 9.3 to 12.6 per 100,000 live births between 2000 and 2017, the Society of Obstetricians and Gynaecologists of Canada introduced in 2022 a new confidential enquiry system into maternal deaths that aims to identify trends and generate information that can be used to prevent future maternal deaths.²²⁰

The neonatal mortality rate is the probability that a child born in a specific year or period will die during the first 28 completed days of life if subject to age-specific mortality rates of that period, expressed per 1,000 live births. It is generally regarded as an important national indicator of health because it is particularly sensitive to general structural factors, like socioeconomic development and basic living conditions.

Neonatal mortality halved in the past 20 years

Figure 2.13: Neonatal mortality rate (per 1,000 live births), UNECE average, 2000–2021 (SDG Indicator 3.2.2)



Note: The data reflect the simple average for 55 countries with data. Data were unavailable for Liechtenstein. The neonatal mortality rate refers to the number of deaths of infants aged 0–27 days per 1,000 live births.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

Neonatal mortality has decreased since 2000 in all countries in the region, falling by more than half from an average of 8.4 per 1,000 live births in 2000 to 3.7 per 1,000 live births in 2021 (Figure 2.13).

219. WHO, Regional Committee for Europe, “Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report”, 1 August 2022 (EUR/RC72/17(G)).
 220. Society of Obstetricians and Gynaecologists of Canada, “Prevention of maternal mortality in Canada”.

However, subregional disparities persist. Neonatal mortality remains high across Central Asia and the South Caucasus (Figure 2.14). In 2021, Turkmenistan had the highest neonatal mortality rate in the region (23.5 deaths per 1,000 live births), followed by Tajikistan (13.6 deaths), Kyrgyzstan (11.9 deaths) and Republic of Moldova (10.5 deaths).

Despite widespread access to antenatal care and skilled attendance at birth in most countries, gaps remain for the most disadvantaged. In most countries with recent data, rural women, women with less than secondary education and women in low-income households are less likely to receive four or more antenatal-care visits.²²¹ Countries with high health inequalities continue to face challenges with the quality of services in antenatal care, which are often fragmented, with multiple referrals leading pregnant women to see many different health-care providers. Where family doctors are the main providers of antenatal care, they are often not confident in the detection and management of complications such as pre-eclampsia.²²²

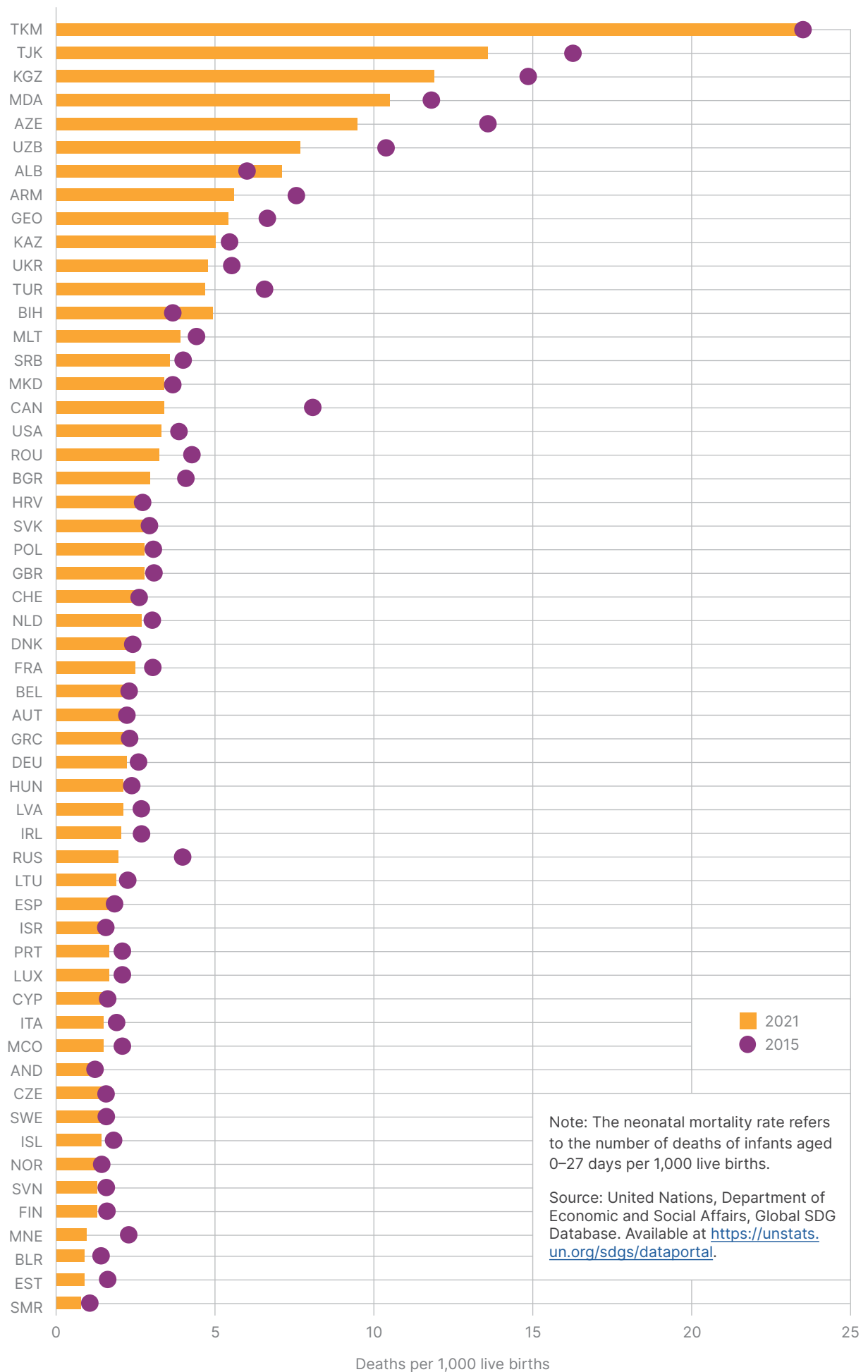


221. Based on an analysis of 12 countries with recent DHS or MICS data: Turkey, 2013; Kazakhstan, 2015; Tajikistan, 2015; Armenia, 2016; Albania, 2017; Kyrgyzstan, 2018; Montenegro, 2018; North Macedonia, 2018; Belarus, 2019; Serbia, 2019; Turkmenistan, 2019; Uzbekistan, 2021.

222. Nino Berzduli and others, "Sexual and reproductive health and rights: still ground zero for UHC in the WHO European region", *Sexual and Reproductive Health Matters*, vol. 28, No. 2 (December 2020).

Subregional disparities in neonatal mortality persist

Figure 2.14: Neonatal mortality rate (per 1,000 live births), 2015 and 2021 (SDG Indicator 3.2.2)



Policy focus on standardized care and access to services for disadvantaged groups

To improve neonatal mortality, governments have been developing their SRH policies and updating national guidelines in an effort to standardize antenatal care. Most countries in the UNECE region have adopted national policies or guidelines on antenatal care that specify the minimum recommended number of contacts with health professionals during pregnancy.²²³ In 2022, 23 countries in Europe and Central Asia and the United States of America recommended eight or more antenatal visits, in line with WHO standards.²²⁴ National strategies or policies on maternal and newborn health existed in 2020 in 32 of 39 countries responding to the survey for the 2022 Progress Report on the WHO Action Plan for Sexual and Reproductive Health (see Box 4).²²⁵

In countries across the UNECE region, new or updated strategies and legal frameworks on SRH have focused on addressing inequities in access to care by paying attention to groups living in vulnerable situations or with unique needs. In Sweden, the National Strategy for Sexual and Reproductive Health and Rights identifies five groups for whom targeted efforts are required to strengthen access to SRH care and improve outcomes: people with low socioeconomic status, migrants, people with disabilities, LGBTQI+ individuals, and young people.²²⁶ In the Republic of Moldova, the main objective of the National Programme on Sexual and Reproductive Health and Rights 2018–2022 is to ensure equitable access for all groups to sexual health services. Resources have also been allocated to improve physical access to institutions providing SRH services for women and girls with disabilities.

With evidence indicating that the single most important factor in access to maternal health-care services in EU countries is affordability, numerous EU member States have focused on expanding access to UHC, including SRH services.²²⁷ In Cyprus, progress towards addressing SRH inequalities was made in 2020, with the integration of public and private health systems, which now provide universal population coverage, including to refugees and asylum seekers.²²⁸

223. Thirty-seven of 39 WHO Regional Committee for Europe member States (all except Cyprus and Switzerland) that responded to a survey for the 2022 Progress Report on the WHO Action Plan for Sexual and Reproductive Health (see Box 4 for a list of responding countries) and the United States of America. See WHO, Regional Committee for Europe, “Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report”, 1 August 2022 (EUR/RC72/17(G)); U.S. Department of Health and Human Services, Office on Women’s Health, “Prenatal care”.

224. Twenty-three WHO Regional Committee for Europe member States (Andorra, Armenia, Bulgaria, Croatia, Czechia, Denmark, Estonia, France, Georgia, Germany, Greece, Hungary, Ireland, Kazakhstan, Kyrgyzstan, Montenegro, Netherlands (Kingdom of the), Norway, Romania, the Russian Federation, Slovakia, Slovenia, Turkmenistan) and the United States of America. See WHO, Regional Committee for Europe, “Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report”, 1 August 2022 (EUR/RC72/17(G)).

225. All WHO Regional Committee for Europe member States (except Armenia, Bosnia and Herzegovina, Cyprus, Kyrgyzstan, Malta, Slovenia and Switzerland) that responded to a survey for the 2022 Progress Report on the WHO Action Plan for Sexual and Reproductive Health (see Box 4 for a list of responding countries). See WHO, Regional Committee for Europe, “Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report”, 1 August 2022 (EUR/RC72/17(G)).

226. Sweden, “Voluntary National Review 2021: Report on the Implementation of the 2030 Agenda for Sustainable Development”, 2021. See also Public Health Agency of Sweden, *National Strategy for Sexual and Reproductive Health and Rights (SRHR): Good, fair, and equal sexual and reproductive health throughout the population* (Solna, Sweden, 2022); Republic of Moldova, “Voluntary National Review Progress Report 2020”, 2020.

227. European Commission, Expert Panel on Effective Ways of Investing in Health, *Report of the Expert Panel on Effective Ways of Investing in Health (EXPH) on Definition of a Frame of Reference in Relation to Primary Care with a Special Emphasis on Financing Systems and Referral Systems* (Brussels, 2014); Make Mothers Matter, *Maternal health care in the EU* (Paris, 2021).

228. OECD and European Observatory on Health Systems and Policies, “State of health in the EU: Cyprus”, Country Health Profiles (OECD and WHO, 2021).

Other governments have focused their efforts on expanding SRH services for ethnic minorities, such as the Roma, who continue to have poorer health outcomes and face discrimination in health-care systems in the UNECE region.²²⁹ Women of Roma origin tend to have lower contraceptive prevalence rates, use antenatal care less, and face a higher risk of pregnancy complications.²³⁰ In 2020, the European Union revamped its Roma Strategic Framework, setting a number of targets for 2030 that aim to promote effective socioeconomic inclusion and meaningful participation on the part of Roma.²³¹ Several countries in the EU have already developed national action plans aligned with the EU Roma Strategic Framework, with specific references to addressing the SRH needs of this population group, including in Albania, Bulgaria, Greece, Italy, Romania, Slovakia and Spain.²³² In Albania, the National Community Health Care Programme adopted in 2018 provides dedicated health services to Roma and Egyptian women free of charge, including ultrasound scans performed by gynaecologists and obstetricians, cervical cancer tests, consultation visits and all other necessary services.²³³ These action plans put forward a variety of strategies to increase health literacy, including on how to access health services and on healthy lifestyles, disseminating information in accessible language, and/or on training health-care providers to reduce discrimination and eliminate barriers to accessing health services.²³⁴

Sexually transmitted infections remain a concern

Sexually transmitted infections have a profound impact on SRH and can have serious consequences beyond the immediate impact of the infections themselves. STIs such as herpes, gonorrhoea and syphilis can increase the risk of HIV acquisition, while mother-to-child transmission of STIs can result in stillbirth, neonatal death, low birth weight and prematurity, as well as other maternal and neonatal morbidities.²³⁵

STI rates were increasing in countries in the European Union/European Economic Area (EU/EEA) and in North America before the pandemic. Reported infections of chlamydia, gonorrhoea, syphilis and lymphogranuloma venereum in the EU/EEA reached an all-time high in 2019.²³⁶ In Canada, between 2011 and 2019, infection rates increased by 26 per cent for chlamydia, 171

229. European Union Agency for Fundamental Rights, *Roma in 10 European Countries: Main Results* (Vienna, 2022).

230. M. Nanu and others, "Reproductive health services use by the Roma minority women in Romania", *European Journal of Public Health*, vol. 31, Supplement No. 3 (October 2021); Mária Šupíňová, Gabriela Sonkolyová and Cyril Klement, "Reproductive health of Roma women in Slovakia", *Central European Journal of Public Health*, vol. 28, No. 2 (June 2020).

231. European Commission, "A New EU Roma Strategic Framework", October 2020.

232. All EU countries' national Roma action plans can be accessed here: European Commission, "Roma equality, inclusion and participation by EU country".

233. Committee on the Elimination of Discrimination against Women, "Fifth periodic report submitted by Albania under article 18 of the Convention, due in 2020", 25 February 2022 (CEDAW/C/ALB/5).

234. WHO, Regional Office for Europe, *Assessments of sexual, reproductive, maternal, newborn, child and adolescent health in the context of universal health coverage in six countries in the WHO European region: a synthesis of findings from the country reports* (Copenhagen, 2020).

235. WHO, "Sexually transmitted infections (STIs)", 10 July 2023. Available at [https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-\(stis\)#:~:text=Key%20facts%201%20More%20than%201%20million%20sexually,complex%20virus%20%28HSV%20or%20herpes%29%20%281%29.%20More%20items](https://www.who.int/news-room/fact-sheets/detail/sexually-transmitted-infections-(stis)#:~:text=Key%20facts%201%20More%20than%201%20million%20sexually,complex%20virus%20%28HSV%20or%20herpes%29%20%281%29.%20More%20items) (accessed on 16 July 2023).

236. Anna Marie Geretti and others, "Sexual transmission of infections across Europe: appraising the present, scoping the future", *Sexually Transmitted Infections* (May 2022).

per cent for gonorrhoea and 389 per cent for infectious syphilis.²³⁷ In the EU/EEA and Canada, the number of reported infections declined during the early COVID-19 pandemic period (2020 and 2021).²³⁸ In the absence of more recent data, it is unclear whether these trends reflect disruptions to STI testing and treatment during the COVID-19 pandemic or a true decrease in infections due to reduced social interactions. In the United States, where STI rates reached an all-time high in 2021, no pandemic-related decline has been observed.²³⁹

Congenital syphilis rates reflect the ability of health-care systems to prevent and treat STIs. In some countries in the region, congenital syphilis remains a concern, with more than 15 cases per 100,000 live births in 2020 in Armenia, Bulgaria and Republic of Moldova, reflecting an increase since 2015 in these countries.²⁴⁰ In Canada, the number of congenital syphilis cases increased more than tenfold between 2017 and 2021, and in the United States of America, cases more than doubled in this time period.²⁴¹

The 2013 Chair's Summary highlighted that STIs, including HIV and AIDS, were a major concern in the UNECE region and called for a renewed focus on their prevention and treatment as an important part of health system responses.²⁴² The Global Strategy for Women's, Children's and Adolescents' Health (2016–2030), the Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030, and the WHO Action Plan for Sexual and Reproductive Health for the European Region also urge countries to carry out essential interventions for preventing STIs and ensuring their effective management.²⁴³ Fundamental to such efforts are infection surveillance systems, particularly among at-risk populations. Other key actions involved in reducing STIs include promoting safe sex, increasing the availability and uptake of counselling and testing, and ensuring high-quality SRH services and products for everyone but particularly for those from key populations with a higher risk of exposure to STIs, including HIV.²⁴⁴ Providing access to scientifically accurate, culturally relevant and age-appropriate comprehensive sexual education is also a critical intervention.²⁴⁵

In response to the increase in STIs in the country, the United States of America launched in 2021 its first-ever five-year strategy on STIs and an accompanying federal implementation

237. Public Health Agency of Canada, "Chlamydia, gonorrhoea and infectious syphilis in Canada: 2020 (infographic)".

238. Ibid.; European Centre for Disease Prevention and Control, "Surveillance Atlas of Infectious Diseases", 28 April 2023.

239. U.S. Department of Health and Human Services, "Sexually transmitted infections (STIs)", 7 June 2023.

240. WHO, Global Health Observatory Data Repository (European Region), "Congenital syphilis: data by country", 9 April 2023.

241. Public Health Agency of Canada, "Infectious syphilis and congenital syphilis in Canada, 2021", *Canada Communicable Disease Report*, vol. 48, No. 11/12 (November/December 2022); Centers for Disease Control and Prevention, "Infections continue to forge ahead, compromising the nation's health", *Sexually Transmitted Disease Surveillance 2021*, 11 April 2023.

242. UNFPA and UNECE, "Chair's Summary", para. 18.

243. WHO, Global Strategy for Women's, Children's and Adolescents' Health Data Portal. Available at <https://platform.who.int/data/maternal-newborn-child-adolescent-ageing/global-strategy-data> (accessed on 14 July 2023); WHO, Regional Office for Europe, *Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind* (Copenhagen, 2016).

244. WHO, Regional Office for Europe, *Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind* (Copenhagen, 2016).

245. WHO, *Global Health Sector Strategies on, Respectively, HIV, Viral Hepatitis and Sexually Transmitted Infections for the Period 2022–2030* (Geneva, 2022).

plan. The strategy is organized around five goals related to prevention, treatment and research. The strategy also focuses on addressing health inequalities, paying particular attention to subpopulations with the highest rates of STIs, including people aged 15–24, men who have sex with men, as well as American Indians/Alaska Natives and African Americans. The strategy highlights the importance of joint action, promoting the engagement of local, state and tribal governments, health-care providers and systems, community- and faith-based organizations, the private sector and people who have personally experienced STIs.²⁴⁶

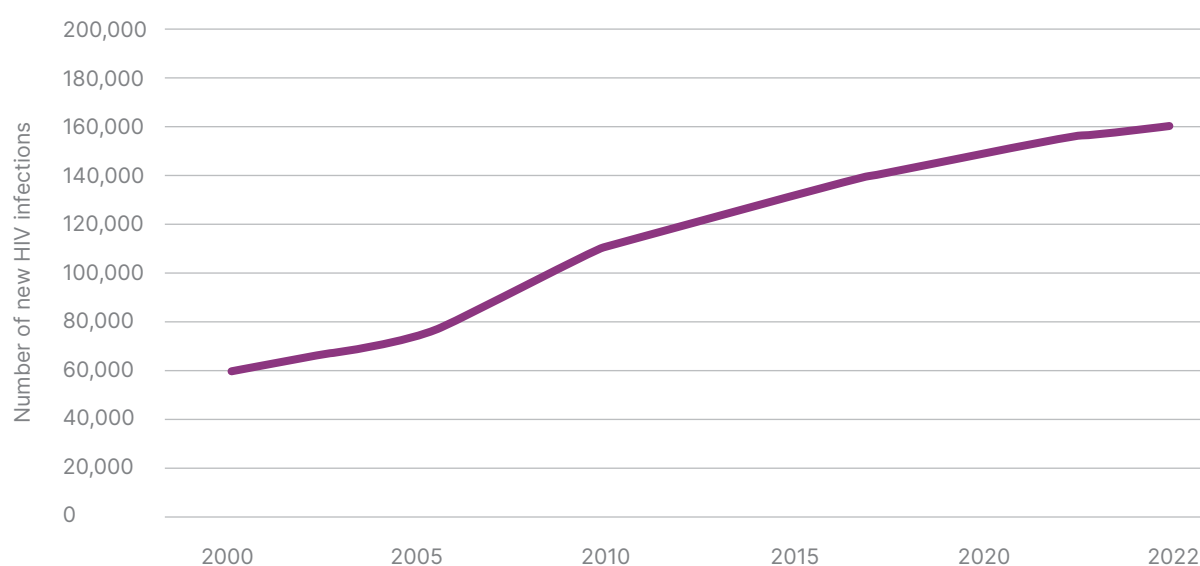
Increase in HIV infections in Eastern Europe and Central Asia higher than in any other world region

- ▶ In Eastern Europe and Central Asia, HIV infections have more than doubled since 2000 and have increased by 49 per cent since 2010.
- ▶ The HIV epidemic continues to impact key populations — men who have sex with men, trans and gender-diverse people, sex workers, people who use and/or inject drugs, and people in prison — more than the general population.
- ▶ Disparities in access to antiretroviral therapy persist between subregions, with more than 85 per cent of people living with HIV covered in some of the wealthiest countries and fewer than half in some of the countries with the highest HIV incidence in the region, such as Latvia and Republic of Moldova.
- ▶ Criminalization, stigma and discrimination undermine effective HIV responses and are barriers to HIV testing and treatment.

246. U.S. Department of Health and Human Services, *Sexually Transmitted Infections National Strategic Plan for the United States: 2021–2025* (Washington, DC, 2020).

HIV infections in Eastern Europe and Central Asia have increased by 49 per cent since 2010

Figure 2.15: Number of new HIV infections, Eastern Europe and Central Asia, 2000–2022



Note: Estimated total number of new HIV infections for Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.

Source: UNAIDS, AIDInfo. Available at <https://aidsinfo.unaids.org>.

While the number of new HIV infections in Western and Central Europe and North America decreased by 23 per cent between 2010 and 2022, and the number of AIDS-related deaths decreased by 34 per cent, HIV infections in Eastern Europe and Central Asia have increased by an alarming 49 per cent since 2010 (Figure 2.15), the largest increase of any region in the world during this period.²⁴⁷ The number of AIDS-related deaths in Eastern Europe and Central Asia was 46 per cent higher in 2022 than in 2010.²⁴⁸ This increase in Eastern European and Central Asian countries occurred despite the expansion of HIV treatment coverage and the availability of new prevention methods and measures to control opportunistic infections.²⁴⁹

The HIV epidemic continues to impact key populations — men who have sex with men, trans and gender-diverse people, sex workers, people who inject drugs and people in prison — more than the general population. Unsafe injection drug use is a key factor in the HIV epidemic in Eastern Europe and Central Asia, and the highest HIV prevalence in the region is among people who inject drugs (7.2 per cent, compared with 1.2 per cent of adults aged 15 to 49).²⁵⁰ In Eastern Europe and Central Asia, HIV prevalence is nearly twice as high among sex workers and six

247. Joint United Nations Programme on HIV/AIDS (UNAIDS), *The Path That Ends AIDS: 2023 UNAIDS Global AIDS Update* (Geneva, 2023).

248. Ibid.

249. Ibid.

250. Ibid.

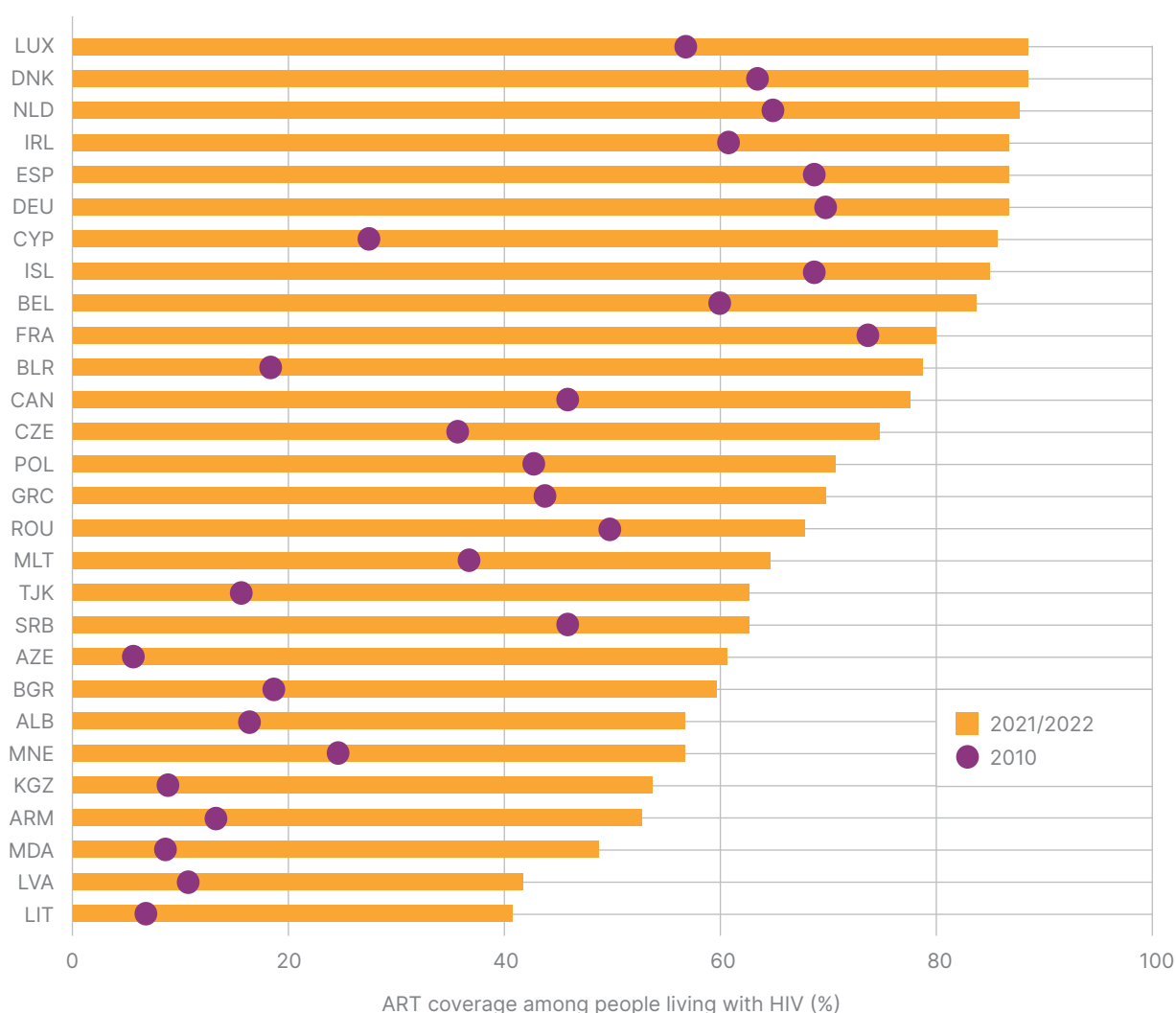
times as high among gay men and other men who have sex with men compared with the total population aged 15 to 49.²⁵¹ In Western and Central Europe and North America, HIV prevalence is even higher among key populations compared with the general population. The median HIV prevalence in this region among transgender people (7.6 per cent), gay men and other men who have sex with men (5.5 per cent), and people who inject drugs (5 per cent) is more than 20 times higher than the median prevalence for the adult population aged 15 to 49 (0.2 per cent). The median prevalence among sex workers (0.8 per cent) is four times as high and is five times as high among people in prisons (1.0 per cent) compared with the general population in this subregion. In parts of the UNECE region, ethnic minorities and migrants are disproportionately affected by the AIDS epidemic. Black adults in the United States are four times more likely to receive a positive HIV diagnosis than those from other racial or ethnic groups.²⁵² In the EU/EEA in 2021, 42 per cent of new HIV diagnoses were in migrant populations, with high rates of post-migration HIV infection.²⁵³



251. Ibid.
252. Ibid.
253. Ibid.

Disparities across subregions persist in access to antiretroviral therapy (ART)

Figure 2.16: Estimated ART coverage among people living with HIV (%), 2010 and 2021/2022



Note: The most recent data for Belgium, Cyprus, Czechia, Germany, Ireland, Netherlands (Kingdom of the), Poland and Spain are from 2021; for Canada and France, from 2020.

Source: UNAIDS, AIDSinfo. Available at <https://aidsinfo.unaids.org>.

The estimated antiretroviral therapy coverage among people living with HIV in Eastern Europe and Central Asia has increased fourfold since 2010, expanding from an estimated 12 per cent to 51 per cent in 2022.²⁵⁴ Since 2010, the share of people living with HIV and receiving ART has doubled in Czechia and Montenegro and more than tripled in Albania, Armenia, Belarus, Bulgaria, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova and Tajikistan (Figure 2.16). In Azerbaijan, the share of people living with HIV and receiving ART was 10 times as high in 2022 (61 per cent) as in 2010 (6 per cent). However, disparities persist between subregions, with more than 85 per cent of people living with HIV covered in some of the wealthiest countries and fewer than half in some of the countries with the highest HIV incidence in the region, such as Latvia and Republic of Moldova.

254. UNAIDS, AIDSinfo. Available at <https://aidsinfo.unaids.org>.

Decriminalizing HIV as a way forward

Criminalization, stigma and discrimination undermine effective HIV response and are major barriers to HIV testing and treatment. People living with HIV who anticipate high levels of stigma are 2.4 times more likely to delay enrolment in care until they are very ill.²⁵⁵

Many UNECE countries maintain policies that stigmatize and criminalize HIV exposure. In Eastern Europe and Central Asia, all countries with the exception of Estonia and Latvia criminalize HIV exposure.²⁵⁶ This is linked to the high levels of stigma and discrimination that people living with HIV face: across Eastern European and Central Asian countries, from 60 per cent to more than 80 per cent of the population have discriminatory attitudes towards people living with HIV.²⁵⁷ As advocated by UNAIDS, the removal of criminalizing laws, an end to police harassment and violence, and a reduction in stigma and discrimination would shift the HIV trajectory and help protect the health and human rights of people from marginalized populations.²⁵⁸ Some countries have taken a step forward in this regard. In Czechia and Portugal, for example, the decriminalization of drug use has helped lower rates of HIV infection among people who inject drugs.²⁵⁹

Despite some efforts around the region to address stigma and discrimination, the global AIDS target of ensuring that less than 10 per cent of the general population have discriminatory attitudes towards people living with HIV by 2026 appears to be out of reach.

HIV prevention and treatment policies being adopted across countries

Treat-all policies

Progress on HIV/AIDS in the EU/EEA region may be related to the fact that the majority of countries are implementing treat-all policies, which aim to offer anyone living with HIV the opportunity to receive ART, irrespective of the stage of disease.²⁶⁰ Relatively high coverage of HIV services for much of the last two decades in countries in Europe and North America has resulted in steady progress towards ending the AIDS epidemic.²⁶¹ In 2022, 30 countries in the WHO European region developed and implemented national post-exposure prophylaxis (PrEP) guidelines, and PrEP was available free of charge through the health-care system in 23

255. UNAIDS, *The Path That Ends AIDS: 2023 UNAIDS Global AIDS Update* (Geneva, 2023).

256. European Centre for Disease Prevention and Control, "Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia: monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2022 progress report", ECDC Evidence Brief, February 2023.

257. UNAIDS, *The Path That Ends AIDS: 2023 UNAIDS Global AIDS Update* (Geneva, 2023).

258. Ibid.

259. UNAIDS, *Miles to Go: The Response to HIV in Western and Central Europe and North America – Global AIDS Update 2018* (Geneva, 2019).

260. WHO, Regional Office for Europe, and European Centre for Disease Prevention and Control, *HIV/AIDS Surveillance in Europe 2022 – 2021 Data* (Copenhagen, WHO Regional Office for Europe, 2022).

261. UNAIDS, *Miles to Go: The Response to HIV in Western and Central Europe and North America – Global AIDS Update 2018* (Geneva, 2019).

countries.²⁶² Even within these countries, however, certain key populations, such as people who inject drugs, prisoners and undocumented migrants, remain ineligible for PrEP.

Mother-to-child transmission

Across the WHO European region, national policies and guidelines on the elimination of mother-to-child transmission of HIV and syphilis have been adopted by 30 countries, an increase from 21 countries in 2019.²⁶³ Kazakhstan has also seen some success in preventing the spread of HIV infection, including through the adoption of legislative regulations on the prevention, diagnosis and treatment of HIV infection, which has helped reduce the risk of mother-to-child transmission of HIV infection and of perinatal transmission.²⁶⁴

Testing

There has also been progress in the introduction of different HIV testing modalities across Europe. The combination of community-based testing, home testing, self-testing, lay provider testing, routine antenatal testing, routine testing in sexual health clinics, provider-initiated testing in primary and secondary care, and testing in other health settings has increased coverage and earlier detection of HIV infections. In 2018, for example, Portugal and Spain introduced rapid testing for HIV and hepatitis B and hepatitis C in pharmacies and laboratories without a doctor's prescription.²⁶⁵ These efforts were undertaken to facilitate early diagnosis of HIV in an effort to reduce the proportion of people with an undiagnosed infection, which has been identified as a main driver of AIDS in the EU/EEA region, with 50 per cent of HIV-positive people diagnosed several years after infection.²⁶⁶ Nonetheless, the relatively high number of AIDS diagnoses in the eastern part of the region confirms that late HIV diagnosis remains a major challenge.²⁶⁷

Although most countries in Europe and Central Asia reportedly have national testing guidelines in place, some of these are more than five years old, and others lack content on specific key populations or recommendations on testing frequency or the implementation of specific methods to test for HIV.²⁶⁸

262. European Centre for Disease Prevention and Control, "Pre-exposure prophylaxis for HIV prevention in Europe and Central Asia: Monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2022 progress report", ECDC Evidence Brief, February 2023.

263. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

264. Kazakhstan, "Voluntary National Review 2022 on the Implementation of the 2030 Agenda for Sustainable Development", 2022.

265. Portugal, "Despacho n.º 2522/2018, de 12 de Março", *Diário da República* n.º 50/2018, Série II de 2018-03-12. Available at <https://diariodarepublica.pt/dr/detalhe/despacho/2522-2018-114848817> (accessed on 21 September 2023); La Moncloa, "Self-diagnosis HIV test now available in pharmacies without prescription", 22 January 2018.

266. WHO, Regional Office for Europe, and European Centre for Disease Prevention and Control, *HIV/AIDS Surveillance in Europe 2022 – 2021 Data*.

267. *Ibid.*

268. European Centre for Disease Prevention and Control, "Evidence brief: HIV testing in Europe and Central Asia: monitoring implementation of the Dublin Declaration on Partnership to fight HIV/AIDS in Europe and Central Asia – 2021 progress report", 29 July 2022.

Addressing HIV at the primary health-care level

The new Regional Action Plan for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030, adopted by the WHO Regional Committee for Europe, aims to strengthen the role of primary health care in providing inclusive, effective and efficient services concerning HIV, viral hepatitis and other STIs, promoting multilevel care and delivery networks and moving the UHC agenda forward.²⁶⁹ In Spain, subnational policies on STI and HIV management focusing on underserved groups and people living in vulnerable situations led to the establishment of centres and technical professionals to conduct follow-up on HIV and other STIs, as well as the adoption of referral protocols to ensure follow-up — all with a strong connection to primary health-care services.²⁷⁰ Tajikistan has adopted a comprehensive national programme to counter the HIV/AIDS epidemic (2021–2025) that is focused on prevention, treatment, care and support for people living with HIV and that includes measures to expand access to HIV testing and counselling, to ensure the availability of ART therapy, to promote awareness and education about HIV transmission and prevention, and to develop robust supply chains for essential HIV medicines and commodities to ensure their availability and accessibility throughout the country. These efforts have been complemented by a multisectoral effort to promote healthy lifestyles among young people, women and migrant workers and a recent focus on strengthening health systems to enhance the delivery of HIV-related services.²⁷¹

Sexual health later in life

- ▶ STI rates are increasing among older populations in some UNECE member States.
- ▶ The sexual health of older people is often overlooked.

Stigma and misconceptions around sexual activity in later life mean that the sexual health of older people is often overlooked and that healthy sexual behaviours are not emphasized for older populations.²⁷² Health-care providers can be reluctant to discuss sex with older patients and may assume that older people are not at risk for STIs.²⁷³ Evidence from some UNECE member States indicates that STI rates are increasing among older populations. In the United States of America, the rate of STIs among those aged 55 and older more than doubled between 2010 and 2020.²⁷⁴ Similar trends were observed in Canada between 2010 and 2019 among the

269. WHO, Regional Committee for Europe, “Regional action plans for ending AIDS and the epidemics of viral hepatitis and sexually transmitted infections 2022–2030”, 11 August 2022 (EUR/RC72/9).

270. Gobierno de España, Ministerio de Sanidad, “La prevención y control de las ITS en España 2013–2020: una revisión integrativa”, 24 February 2021.

271. Committee on the Elimination of Discrimination against Women, “Seventh periodic report submitted by Tajikistan under article 18 of the Convention, due in 2022”, 12 December 2022 (CEDAW/C/TJK/7).

272. Matthew Lee Smith and others, “Sexually transmitted infection knowledge among older adults: psychometrics and test–retest reliability”, *International Journal of Environmental Research and Public Health*, vol. 17, No. 7 (April 2020).

273. Janie Steckenrider, “Sexual activity of older adults: let’s talk about it”, *The Lancet Healthy Longevity*, vol. 4, No. 3 (March 2023).

274. Ibid.

population aged 60 and older.²⁷⁵ The STI rate among those aged 65 and older in the United Kingdom increased by 20 per cent between 2017 and 2019.²⁷⁶ To raise awareness of increasing STI rates and sexual health among older people, Age UK and the Sexual Health of Older People working group in Manchester, England, ran a social media campaign in 2018 coinciding with International Day for Older Persons (1 October), tackling themes around sexual safety, highlighting that anyone of any age can get sexually transmitted infections and promoting access to health services that are appropriate for people of all ages.²⁷⁷

Recognizing the unique needs of older people within the LGBTIQ+ community, Belgium initiated a project to improve their access to family planning centres and the quality of care received. The project aims to consider older LGBTIQ+ individuals in efforts around universal coverage, to change heteronormative and cis-normative practices and approaches at family planning centres, and to create an environment at family planning centres that is more inclusive of, and welcoming to, older LGBTIQ+ individuals.²⁷⁸

Inequalities in access to services to address cervical cancer

- ▶ Policies to prevent and treat cervical cancer are not yet widely implemented across the region, with women in higher-income countries more likely to be tested for cervical cancer and vaccinated for HPV.
- ▶ Progress has been made in recent years to address inequities in access to HPV vaccination, with coverage increasing in several Eastern countries.

Cervical cancer was the fourth-leading cause of cancer and cancer deaths in women globally in 2020.²⁷⁹ In Eastern Europe and Central Asia, cervical cancer is the second-most-common cause of cancer-related death among women of reproductive age.²⁸⁰ Most cases of cervical cancer are caused by the human papillomavirus and are preventable with effective cervical cancer prevention programmes, HPV vaccination, and cervical screening and cancer treatments that are common in high-income countries but have not yet been widely implemented across the region.

The proportion of women aged 30–49 who reported ever having had a cervical cancer test ranged widely across the European region, from 11.7 per cent in Azerbaijan to 98.4 per cent in

275. Public Health Agency of Canada, *Report on sexually transmitted infection surveillance in Canada, 2019* (Ottawa, 2021).

276. Local Government Association, "Breaking point: securing the future of sexual health services", 15 November 2022.

277. Age UK, "As STIs in older people continue to rise Age UK calls to end the stigma about sex and intimacy in later life", 7 October 2019.

278. Belgium submitted this example of a good practice to the UNECE Population Unit in the context of the preparation of Policy Brief No. 28 on older individuals in vulnerable situations. Additional information is available at <https://www.observatoire-sidasexualites.be/health-4-lgbti/>.

279. WHO, "Human papillomavirus vaccines: WHO position paper (2022 update)", *Weekly Epidemiological Record*, No. 50 (2022).

280. UNFPA, *Situation analysis of capacities for cervical cancer prevention, treatment and palliative care in Eastern Europe and Central Asia* (Istanbul, 2021).

Finland.²⁸¹ Women in high-income countries and with higher levels of education are more likely to be tested for cervical cancer and to be vaccinated for HPV.²⁸²

Attention to the management and treatment of cervical cancer has steadily increased in recent years across UNECE countries, with many policies focusing on expanding vaccination to reduce the prevalence of HPV infection and the resulting pre-cancerous conditions, the incidence of cancer, and prevention of cancer-related health-care costs and mortality. In several countries, one or more of these services require that women have health insurance and/or pay a fee, indicating that a significant number of women living in the UNECE region do not have access to free cervical cancer prevention through HPV vaccination and/or cervical screening.

Adoption of comprehensive prevention policies, including cervical cancer screening

UNFPA's 2022 Eastern Europe and Central Asia Regional Strategy to Eliminate Cervical Cancer guides the implementation of actions to strengthen cervical cancer prevention, treatment and palliative care across countries in the subregion, helping to ensure harmonized capacity-building, knowledge-sharing and advocacy by leveraging the Regional Alliance for Cervical Cancer Prevention in Eastern Europe and Central Asia. This has contributed to important progress in the adoption and implementation of comprehensive cervical cancer prevention and control policies that endorse free diagnosis and free treatment of cervical cancer. Testing and treatment are free in 19 countries in the European Union as well as in Albania, Andorra, Armenia, Azerbaijan, Belarus, Kazakhstan, Montenegro, Republic of Moldova,²⁸³ Romania, the Russian Federation, Serbia, Türkiye, the United Kingdom of Great Britain and Northern Ireland, and Uzbekistan.²⁸⁴ The Council of the European Union adopted a new approach to cervical cancer screening in 2022, extending screening programmes to target groups and other cancer types in light of new evidence and technological innovation.²⁸⁵

Extending prevention of cervical cancer through HPV vaccination coverage

One key policy area has focused on extending HPV vaccination coverage to include all children of the appropriate age. By December 2021, all EU/EEA countries (30 countries in the UNECE region) had introduced HPV vaccination in their national programmes, and many had recently moved, or were planning to move, from a girls-only HPV vaccination strategy to a universal,

281. Julianne Williams and others, "Cervical cancer testing among women aged 30-49 years in the WHO European Region", *European Journal of Public Health*, vol. 31, No. 4 (October 2021).

282. WHO, Regional Office for Europe, *Cervical cancer testing in the WHO European region* (Copenhagen, 2021).

283. Republica Moldova, HOTĂRÎRE Nr. 1291 din 02.12.2016 cu privire la Programul național de control al cancerului pentru anii 2016-2025 (Decision No. 1291 of 02.12.2016 regarding the National Cancer Control Programme for the years 2016-2025).

284. WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)); UNFPA, *Situation analysis of capacities for cervical cancer prevention, treatment and palliative care in Eastern Europe and Central Asia* (Istanbul, 2021).

285. European Commission, "European Health Union: Commission welcomes adoption of new EU cancer screening recommendations", 9 December 2022.

or gender-neutral, HPV vaccination strategy.²⁸⁶ The HPV vaccine is available free of charge through public sector programmes in Armenia, Canada,²⁸⁷ Georgia, Israel,²⁸⁸ North Macedonia, Republic of Moldova, Turkmenistan²⁸⁹ and Uzbekistan.²⁹⁰ Access to vaccines varies across states in the United States of America, with some establishing compulsory vaccination requirements for school entry and others allowing parents to opt out. In Azerbaijan, Belarus, Türkiye and Ukraine, HPV vaccination is available only for a fee, and it is not officially available in Kazakhstan or Tajikistan.²⁹¹

Inequities in access to HPV vaccination between high- and middle-income countries are significant, yet progress has been made in recent years, with coverage increasing in Albania, Estonia, Kyrgyzstan, Montenegro and Serbia.²⁹² In Kyrgyzstan, where HPV vaccination was officially introduced in 2022, 63 per cent of the 200,000 targeted adolescent girls aged 9–14 had already been vaccinated by February 2023.²⁹³ In Latvia, a State-funded vaccine against HPV has also been available for boys since 2011,²⁹⁴ and the HPV vaccine programme in the United Kingdom was expanded in 2019 to include 12- and 13-year-old boys.²⁹⁵ In Sweden, the introduction in 2021 of free at-home HPV testing for women aged 23 to 29 led to a 10 per cent increase in population test coverage in just one year.²⁹⁶

286. European Centre for Disease Prevention and Control, Vaccine Scheduler, "Human papillomavirus infection: recommended vaccinations". Available at <https://vaccine-schedule.ecdc.europa.eu/Scheduler/ByDisease?SelectedDiseaseId=38&SelectedCountryIdByDisease=-1> (accessed on 21 September 2023).

287. Government of Canada, "Don't wait, vaccinate! HPV (human papillomavirus)".

288. L. Bruni and others, *Human Papillomavirus and Related Diseases Report: Israel* (Barcelona, ICO/IARC Information Centre on HPV and Cancer, 2023).

289. UNFPA, *Situation analysis of capacities for cervical cancer prevention, treatment and palliative care in Eastern Europe and Central Asia* (Istanbul, 2021).

290. WHO, "Uzbekistan achieves high HPV vaccination coverage against cervical cancer", 7 September 2022.

291. UNFPA, *Situation analysis of capacities for cervical cancer prevention, treatment and palliative care in Eastern Europe and Central Asia* (Istanbul, 2021). Please note that updated information on Albania's and Serbia's introduction of free HPV vaccination is available in WHO, Regional Committee for Europe, "Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind: progress report", 1 August 2022 (EUR/RC72/17(G)).

292. Albania, "Voluntary National Review on Sustainable Development Goals", June 2018; Estonia, "Review of the Implementation of the UN 2030 Agenda in Estonia", 2020; Kyrgyzstan, "Voluntary National Review on the Implementation of the Sustainable Development Goals in the Kyrgyz Republic", 2020. Montenegro, "The Second Voluntary National Review: Montenegro and Sustainable Development Goals 2016-2021", June 2022; Serbia, "Voluntary National Review of the Republic of Serbia on the Implementation of the 2030 Agenda for Sustainable Development: Towards Equality of Sustainable Opportunities for Everyone and Everywhere in Serbia through Growing into Sustainability", 2019.

293. WHO, "Kyrgyzstan joins European Cervical Cancer Prevention Week", 15 February 2023.

294. Latvia, "Latvia: Implementation of the Sustainable Development Goals – 2022", 2022.

295. United Kingdom of Great Britain and Northern Ireland, "Voluntary National Review of Progress towards the Sustainable Development Goals", 2019.

296. WHO, "HPV self-sampling in Sweden leading to faster elimination of cervical cancer", 8 September 2022.

The way forward: the need for essential, integrated packages of SRH information and services

Progress in securing the sexual and reproductive health and rights of the UNECE population has been mixed. Positive trends in terms of the adoption of policies on maternity care, comprehensive sexuality education, and contraception and family planning still fall short of guaranteeing full and equal access to sexual and reproductive health (SDG Indicator 5.6.1). The share of women of reproductive age with an unmet need for modern methods of family planning has decreased across the region, but barriers to accessing family planning are still present in many countries. Adolescent birth rates have decreased across the region but remain high in some countries in Central Asia and Eastern Europe and among certain subpopulations. All of the above is happening in a context in which little policy attention is being paid to adolescent sexual and reproductive health and where very limited gains have been made in relation to comprehensive sexuality education — where despite the increasing adoption of curricula, the quality of implementation remains a challenge. This calls for policies that address existing inequities in access to SRH information, education and services, addressing the distinct needs of women, adolescents and youth, older persons, men and boys, migrants, people with disabilities, and other marginalized people, over their life course. It also warrants stronger efforts to improve the SRHR of women and girls, including by combating gender stereotypes and negative social norms and attitudes and by promoting gender equality, and to prioritize the needs of adolescents and youth in all their diversity, by ensuring their equitable access to youth-friendly SRH and HIV services, and removing legal and policy barriers that hinder their access, such as financial barriers and parental or spousal consent laws. Mandatory, age-appropriate, rights-based, evidence-based and scientifically accurate comprehensive sexuality education curricula should be mainstreamed across primary and secondary education and in non-school settings, and measures should be taken to ensure continuing, specialized competency training for teachers, educators and health professionals. Efforts should be intensified to ensure universal access to a wide range of effective, evidence-based, acceptable and affordable modern contraceptive methods irrespective of gender, age, income, place of residence and marital and vulnerability status, within the context of universal comprehensive SRH services.

Induced abortion is decreasing in the region, as the adoption of legal frameworks removing barriers to accessing safe abortion services has continued. Upward trends in induced abortion

among young women under 20 years of age in some countries points to the need to reinforce access to SRH knowledge and services. Progress on maternal mortality, which decreased steadily between 2000 and 2015, has recently slowed. Evidence from some countries suggests that maternal mortality increased during the COVID-19 pandemic. This points to the urgent need to ensure that all women, including the most vulnerable, have access to quality, evidence-based antenatal care, skilled attendance at birth, emergency obstetric care, and perinatal and post-partum care that respects their perspectives.

New HIV infections in Eastern Europe and Central Asia — the subregion with the world's fastest-growing HIV epidemic — are a cause for alarm. There is an urgent need to increase investments in HIV prevention and treatment, with differentiated approaches that are well tailored to the specific situations and needs of subregions, countries and population groups. Progress across key enablers — reducing stigma and discrimination and gender inequality, removing obstructive policies and laws, and improving overall socioeconomic development — is key to enhancing HIV programmes and their outcomes. Universal access to quality and affordable STI and HIV care, including information, education, counselling, diagnosis and treatment services, needs to be ensured, with a particular focus on key at-risk and vulnerable populations and young persons, and STI and HIV services should be fully integrated into existing SRH services.

The recent trends around sexual and reproductive health and rights observed across UNECE countries underscore the need to change unfavourable societal environments, to invest in programmes that fight gender inequality and harmful gender norms, to reduce violence against women and girls, and to empower women and girls to control their own sexual lives, access sexual and reproductive health services, and access respectful maternity care. These should be supported by strengthened efforts to promote SRH education and information, quality service delivery and accessibility especially for those marginalized by societies.

Chapter 3

Inequalities, social inclusion and rights



Introduction

Inequalities based on social, economic and demographic characteristics undermine individuals' ability to exercise their human rights. In turn, this has significant social costs, with implications for health, well-being and productivity that impact societies and economies. The 2013 Chair's Summary highlighted that equality and non-discrimination are necessary preconditions for all individuals to enjoy their human rights and realize their potential. It called on member States to achieve gender equality and guarantee the social inclusion of marginalized population groups, which continue to suffer multiple and intersecting forms of inequality, disempowerment and discrimination.

Despite the proliferation of legislative and public policy frameworks aimed at protecting human rights, women, people with disabilities, migrants and refugees, and ethnic and racial minorities, among others, continue to face persistent inequalities in terms of income and opportunities, as well as discrimination, abuse and neglect. To advance the ICPD agenda and to achieve the 2030 Agenda for Sustainable Development, sound policies that reduce these inequalities, within and across countries, are needed, with a focus on fostering the economic and social inclusion of those who continue to be left behind (SDG 10). Effective, sustainable policies that protect human rights, combat stigma and discrimination, and establish concrete measures to support the poorest and most vulnerable will improve development outcomes.

This chapter reviews three core elements relating to inequalities, social inclusion and rights: first, trends in relation to gender equality and women's empowerment; second, trends in socioeconomic inequalities; and third, trends in the social inclusion of marginalized and vulnerable population groups, such as international migrants, refugees, ethnic minorities, people with disabilities, and people of diverse sexual orientation and gender identity, among others. Each section presents examples of policies implemented by UNECE countries to sustain or reverse trends and to expand individual opportunities by investing in capabilities and enabling access to the resources that people need to realize their rights and potential.

Gender equality and women's empowerment

Advancing gender equality requires responses in the economic, social and political spheres as well as a transformation of social norms around gender and gender roles. As evidenced in most goals and targets of the 2030 Agenda for Sustainable Development, and particularly in SDG 5, realizing gender equality is critical for ensuring that all members of society, including women and girls, have access to resources, opportunities and choices, and pivotal for achieving just and prosperous societies. Across UNECE countries there has been progress over recent decades, but the UNECE regional progress report on the SDGs released in March 2023 indicates that the region is currently on track to achieve just one of the nine gender equality targets under SDG 5.²⁹⁷ The social and economic fallout from the COVID-19 pandemic has derailed, halted and in some cases reversed progress in many areas, including increasing the time women spent on unpaid care and domestic work, and increasing barriers to women's decision-making regarding sexual and reproductive health.²⁹⁸

Empowering women is essential to enabling all human beings, regardless of gender, to play a significant role in society and to ensure that their human rights are protected. Moreover, empowering women allows them to access services, resources and opportunities, and fuels economic growth and development, since healthier, more educated women earn higher wages, benefit from and participate in the economy and help break cycles of poverty. The empowerment of women requires equitable access to education, health care, employment and political participation for women and men; equal sharing of responsibilities between women and men, including domestic and care work; support to reconcile work and family life, including through paid maternity and paternity leave and early childhood care and education; and combating harmful gender norms.

297. United Nations Economic Commission for Europe, *Growing Challenges for Sustainable Development: Can the UNECE Region Turn the Tide in 2023?* (United Nations publication, 2023).

298. United Nations Development Programme, "Goal 5: Gender equality". Available at <https://www.undp.org/sustainable-development-goals/gender-equality> (accessed on 18 September 2023).

Women remain underrepresented in leadership and decision-making positions

- ▶ The percentage of seats in parliament held by women has almost tripled since 2000, but the median value for the region is still well below gender parity.
- ▶ No country in the region has achieved gender parity in its national parliament.
- ▶ The proportion of women holding managerial positions has increased by 24 per cent since 2000 to a median value for the region of 36 per cent in 2023.

Gender-balanced decision-making is a matter of justice, responsive governance and respect for human rights. Evidence demonstrates that women's participation in leadership positions in politics, as well as the public and private sectors, benefits economies and contributes to the creation of inclusive societies.²⁹⁹ Where women account for a high percentage of the representatives in elected bodies, parliaments have been more likely to adopt inclusive social and economic policies and legislative frameworks; and in the private sector, companies with a critical mass of women leaders have performed better than companies led solely by men.³⁰⁰

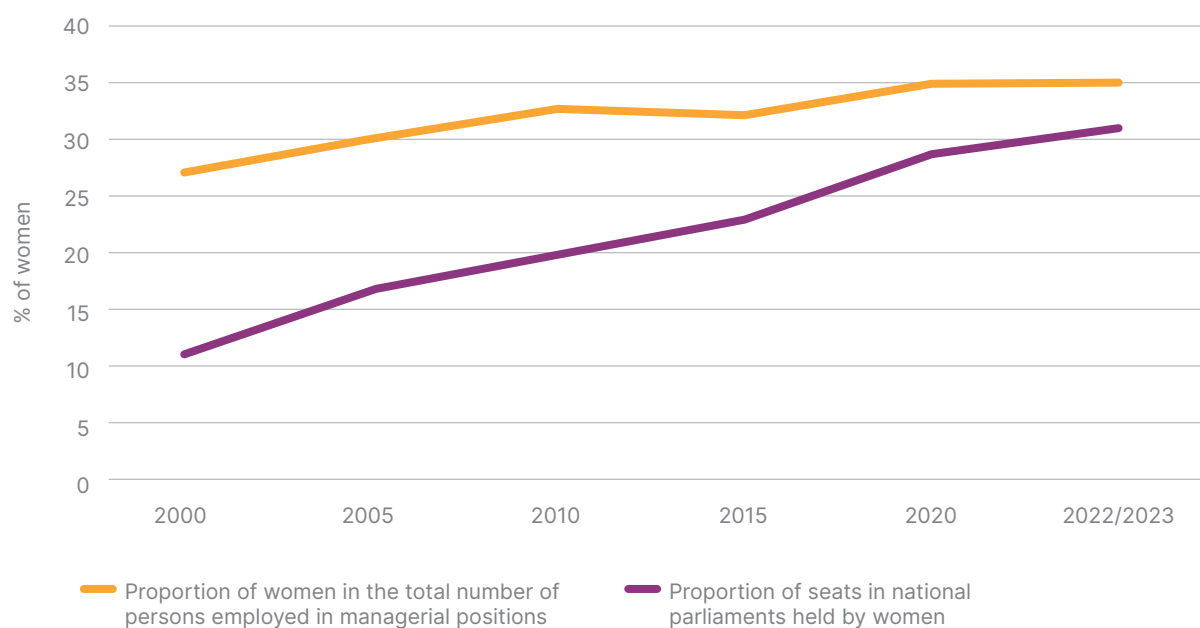


299. UN Women, "Facts and figures: women's leadership and political participation". Available at <https://www.unwomen.org/en/what-we-do/leadership-and-political-participation/facts-and-figures> (accessed on 18 September 2023).

300. Elizabeth Asiedu and others, "The effect of women's representation in parliament and the passing of gender-sensitive policies", paper presented at the 2018 meetings of the American Economic Association, Philadelphia; Carolyn Wiley and Mireia Monllor Tormos, "Board gender diversity in the STEM&F sectors: the critical mass required to drive firm performance", *Journal of Leadership & Organizational Studies*, vol. 25, No. 3 (August 2018).

Women increasingly represented in parliaments and managerial positions

Figure 3.1: Women in parliaments (SDG Indicator 5.5.1) and managerial positions (SDG Indicator 5.5.2) (%), UNECE median, 2000–2022/2023



Note: The data reflect the median value for 56 countries with data for the proportion of seats in national parliaments (the most recent year is 2023) and for 51 countries for the proportion for women in managerial positions (data were unavailable for Andorra, Liechtenstein, Monaco, Turkmenistan and Uzbekistan; the most recent year was 2022). Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

The proportion of managerial positions held by women in the UNECE region (SDG 5.5.2) has increased by 24 per cent from a median value of 29 per cent in 2000 to 36 per cent in 2022 (Figure 3.1). In no country in the region do women represent half of all managers, though in 2021 Belarus (47 per cent), the Russian Federation (46 per cent) and Latvia (46 per cent) were approaching gender parity. In five countries in the region with data — Bosnia and Herzegovina, Cyprus, Luxembourg, North Macedonia and Türkiye — less than one in four managers are women.

Measures aimed at promoting gender balance in leadership include legislation setting a minimum quota for women on boards, rules on disclosure of the gender make-up of company boards and diversity policies, comply-or-explain provisions on gender in corporate governance codes and encouraging the setting of voluntary targets for gender diversity on boards and in senior management.³⁰¹ Examples of recent initiatives in the UNECE region include a new EU Directive seeking to improve the gender balance in corporate decision-making positions. At its heart lies a transparent process for selecting board members based on clear criteria and a comparison of

301. OECD, *Policies and practices to promote women in leadership roles in the private sector*, report prepared by the OECD for the G20 EMPOWER Alliance (Paris, 2020).

the candidates' qualifications. Large, listed EU companies that do not meet the target of 40 per cent of the underrepresented sex among non-executive board members or 33 per cent of the underrepresented sex among all board members by 30 June 2026 will have to ensure fair and transparent selection procedures.³⁰²

While the share of women in managerial positions has increased slowly, the share of seats in parliament held by women has almost tripled since 2000, increasing from a median value of 11 per cent in 2000 to 31 per cent in 2023 (Figure 3.1). Despite upward trends in most countries, the median value for the region (36 per cent) is still well below parity. No country in the region has achieved gender parity in its national parliament, though several Northern European countries (Denmark, Finland, Iceland, Norway, Sweden) and Andorra are approaching this important milestone. Women make up less than 20 per cent of the national parliaments in Azerbaijan, Bosnia and Herzegovina, Cyprus, Georgia, Hungary, Romania, the Russian Federation and Türkiye. Measures to improve the gender balance in parliaments include legislated candidate quotas, reserved seat quotas as well as voluntary political party quotas that have been introduced by a number of countries to increase the share of women in parliaments.³⁰³

Policies to attract more women to into science, technology, engineering and mathematics

In order to attract more women to specialized labour markets and to address the gender imbalance in certain occupations, governments have been designing interventions to engage girls and women in the science, technology, engineering and mathematics (STEM) industry. The United Kingdom is investing to increase girls' participation in these subjects, making them aware of the range of careers that these studies can lead to, and bringing STEM business and industry representatives into schools.³⁰⁴ Belarus, in response to an imbalance in the proportion of women obtaining graduate degrees in STEM, is working to create conditions to increase the share of women with doctoral degrees and to promote them to leadership positions in scientific organizations in the public and private sectors.³⁰⁵ The SMARTIZ Programme of the Association of Hungarian Women in Science — a public-private partnership with Morgan Stanley — was launched in 2018 to increase the number of underprivileged girls enrolling in coding schools, higher education in STEM and IT programmes in order to improve their employability.³⁰⁶

302. European Union, Directive (EU) 2022/2381 of the European Parliament and of the Council of 23 November 2022 on improving the gender balance among directors of listed companies and related measures (PE/59/2022/INIT).

303. The International Institute for Democracy and Electoral Assistance, the Inter-Parliamentary Union and Stockholm University run a Global Database of Gender Quotas in parliaments worldwide.

304. United Kingdom of Great Britain and Northern Ireland, "Voluntary National Review of Progress towards the Sustainable Development Goals", 2019.

305. Belarus, "The National Review by the Republic of Belarus of the Progress Achieved towards the Implementation of the 2030 Agenda for Sustainable Development", 2022.

306. Committee on the Elimination of Discrimination against Women, "Ninth periodic report submitted by Hungary under article 18 of the Convention, due in 2017", 11 December 2020 (CEDAW/C/HUN/9); Association of Hungarian Women in Science CEDAW/C/HUN/9, "Every girl deserves to be involved in shaping and improving the world around us". Available at <https://nokatud.hu/eng/> (accessed on 19 September 2023).

Gender gaps in the labour force and pay are narrowing, but disparities persist in all countries

- ▶ The share of women participating in the labour force has increased across the region, but a higher percentage of men than women participate in the labour force in all countries.
- ▶ The gender pay gap has been shrinking in most countries in the region but pay gaps of 15 per cent or more remain in 17 countries with data.

The share of women participating in the labour force has been slowly increasing across the region, growing from a median value of 62.5 per cent in 2000 to 70 per cent in 2022 for women aged 15 to 64.³⁰⁷ Still, the share of men participating in the labour force is on average 14 per cent higher than the share of women across the region.³⁰⁸ Women are less likely than men to be in the labour force at all ages in all countries in the region, though gender gaps vary significantly by country (Figure 3.2). See Chapter 1 for additional information on trends in labour force participation by age and sex.



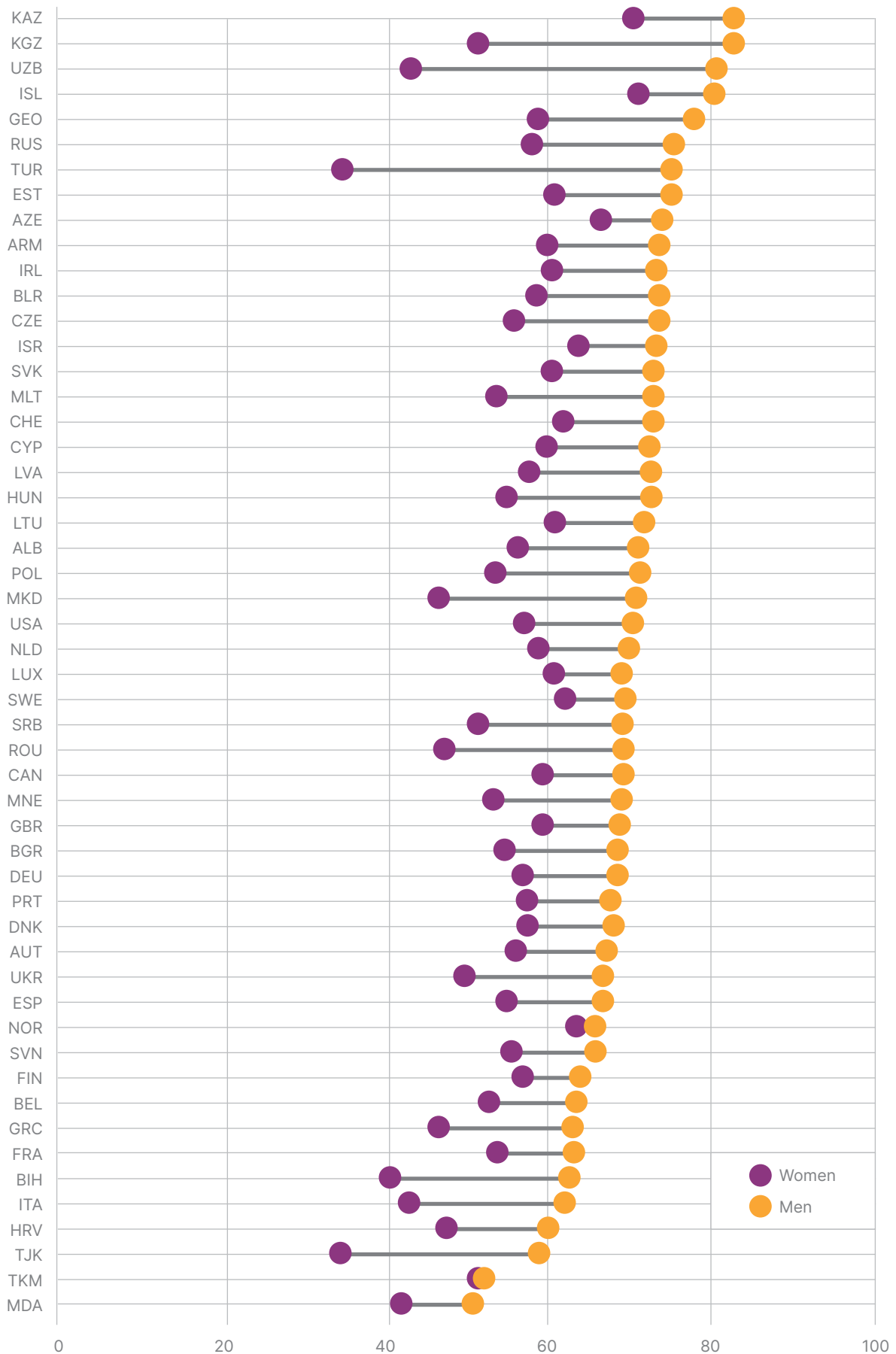
© UNFPA Ukraine/Valentyn Kuzan

307. ILO, ILOSTAT. Available at <https://ilostat.ilo.org/> (accessed on 18 August 2023). The data reflect the median value for 52 countries with data. Data were unavailable for Andorra, Liechtenstein, Monaco and San Marino. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when missing. See the Appendix for details.

308. ILO, ILOSTAT. Available at <https://ilostat.ilo.org/> (accessed on 19 August 2023). The data reflect the average percentage difference in the labour force participation rate between women and men aged 15 to 64 in 2021 across 52 countries with data. Data were unavailable for Andorra, Liechtenstein, Monaco and San Marino.

Men more likely than women to participate in the labour force in all countries

Figure 3.2: Labour force participation rate by gender (%), 2022



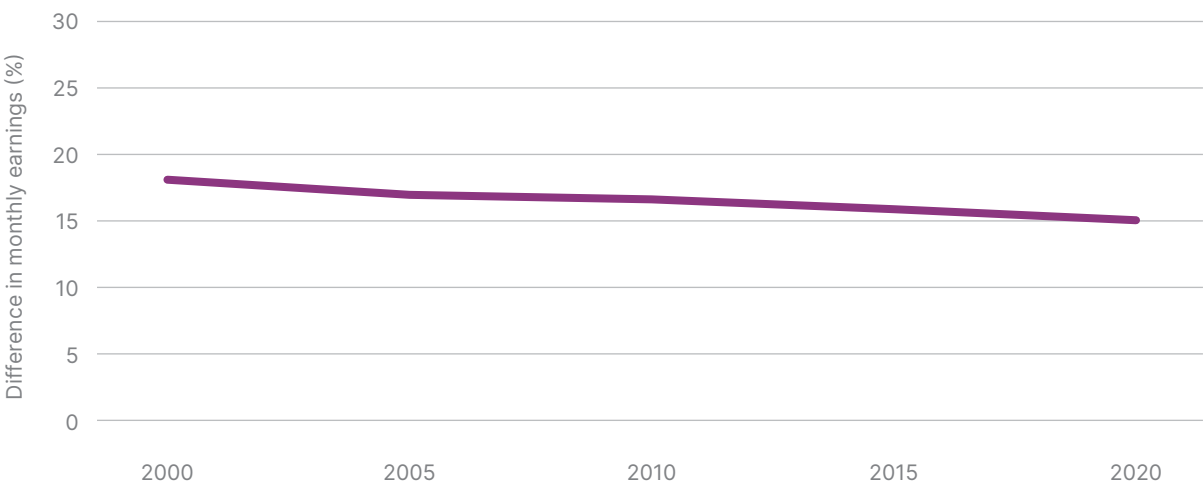
Note: Labour force participation refers to the share of the working-age population (individuals 15 years of age or older) that engages actively in the labour market, either by working or by looking for work. Data for the Russian Federation and Ukraine are from 2021.

Source: ILO, ILOSTAT. Available at <https://ilostat.ilo.org/>.

Across UNECE countries, the gender pay gap in average monthly earnings has been slowly decreasing since 2000, from a median value of 18 per cent to 14 per cent in 2020 (Figure 3.3). Although there are many ways to measure the gender pay gap, the data presented here reflect the unadjusted gender gap in average monthly earnings, capturing differences in time worked and type of work performed, which are markers of gender differences in economic autonomy.

The gender pay gap is shrinking but slowly

Figure 3.3: Gender pay gap as percentage difference in average monthly earnings (%), UNECE median, 2000–2020



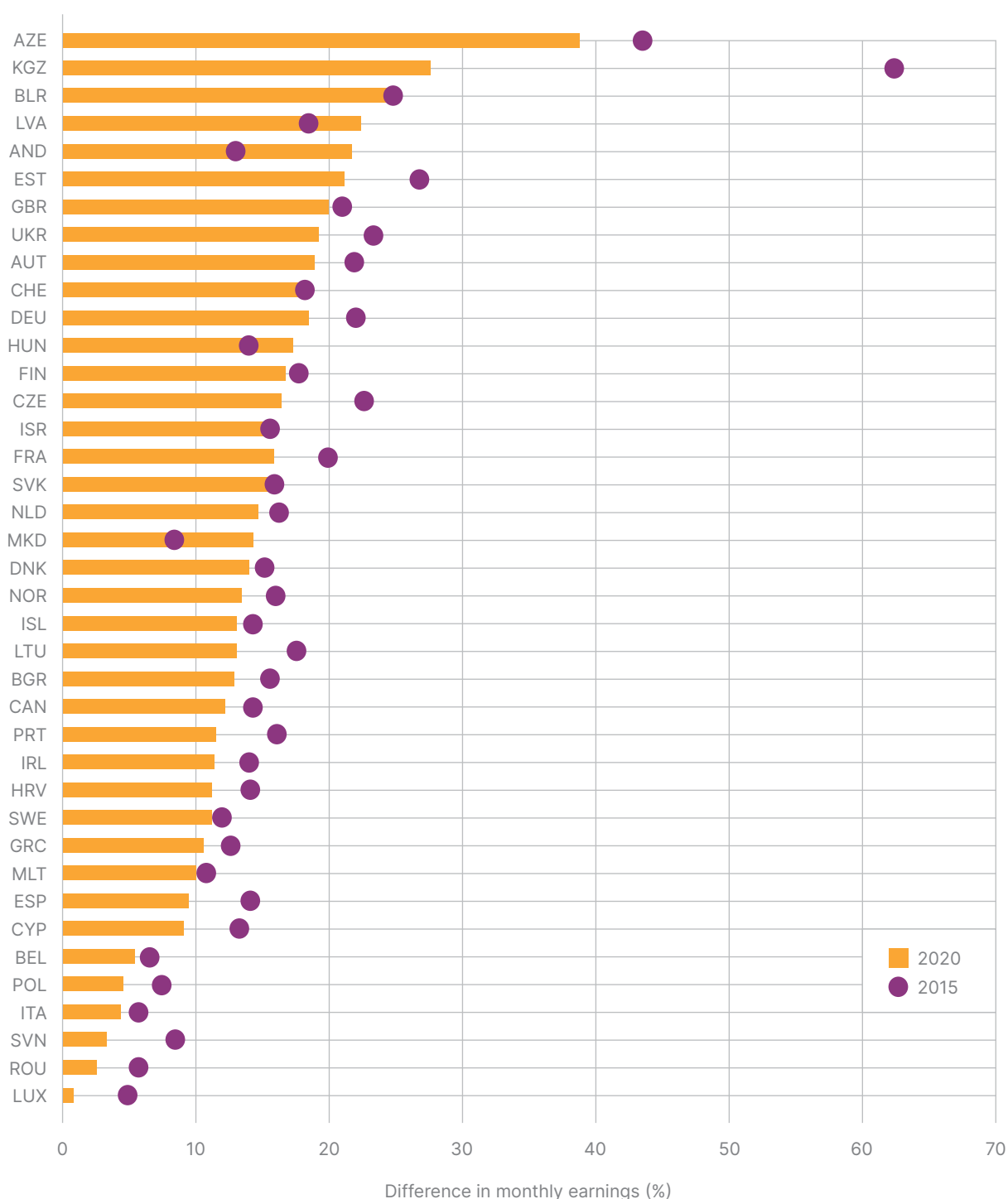
Note: The data reflect the median value for 43 countries with data. Data were unavailable for Albania, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Liechtenstein, Monaco, Montenegro, Republic of Moldova, San Marino, Serbia, Tajikistan, Turkmenistan and Uzbekistan. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details. Unadjusted gap in average monthly earnings of women and men, reflecting differences in time worked and type of work performed.

Source: UNECE, UNECE Statistical Database. Available at <https://w3.unece.org/PXWeb2015/pxweb/en/STAT/>.

The gender pay gap has been narrowing in most countries across all subregions. Between 2000 and 2020, the size of the gender pay gap (the percentage difference in average monthly earnings between women and men) decreased by at least half in Belgium (13 per cent in 2000; 5 per cent in 2020), Cyprus (26 per cent in 2000; 9 per cent in 2020), Luxembourg (15 per cent in 2000; 1 per cent in 2020), Romania (17 per cent in 2000; 2 per cent in 2020), and Slovenia (12 per cent in 2000; 3 per cent in 2020). Nonetheless, pay gaps of 15 per cent or more remain in 17 countries with data, and the pay gap increased between 2015 and 2020 in Andorra (2014 to 2019), France, Hungary, Israel, Latvia and North Macedonia (2014 to 2020) and Switzerland (Figure 3.4). The gender pay gap varies significantly across countries, with the highest most recent values observed in Azerbaijan (39 per cent in 2019), Kyrgyzstan (28 per cent in 2017) and Belarus (25 per cent), and the lowest in Luxembourg (1 per cent), Romania (2 per cent) and Slovenia (3 per cent).

Sizeable gender pay gaps remain in many countries

Figure 3.4: Gender pay gap as difference in monthly earnings (%), select countries, 2015 and 2020



Note: The most recent data for Azerbaijan, Belarus, Canada, Netherlands (Kingdom of the) and Ukraine are from 2019; for Germany, Ireland, Israel, and the United Kingdom of Great Britain and Northern Ireland, from 2018; and for Kyrgyzstan, from 2017. Earlier data for Greece, North Macedonia and Türkiye are from 2014; for Bulgaria and Croatia, from 2016; and for Andorra, from 2017. Unadjusted gap in average monthly earnings of women and men, reflecting differences in time worked and type of work performed.

Source: UNECE, UNECE Statistical Database. Available at <https://w3.unece.org/PXWeb2015/pxweb/en/STAT/>.

Countries in the UNECE region have undertaken a range of measures to reduce the gender pay gap. These include pay transparency legislation (for example, in France, Lithuania, Iceland, Portugal,³⁰⁹ the United States of America) pay transparency reports (for example, in Belgium, Denmark, France, Germany and the United Kingdom), equal pay audits (for example, in Finland, Germany, Spain, Sweden and Switzerland), employees' right to request information on pay (for example, in Norway), and digital tools to enhance pay transparency (for example, in Austria, Germany, Luxemburg and Switzerland).³¹⁰ In 2023, EU countries adopted a new pay transparency directive, which represents an important step towards combating pay discrimination and closing the gender pay gap across the European Union. EU companies will be required to share information about how much they pay women and men for work of equal value and take action if their gender pay gap exceeds 5 per cent. The new directive, which entered into force in June 2023, also provides for compensation for victims of pay discrimination.³¹¹

Parental leave entitlements fail to address gender equalities

- ▶ Parental leave entitlements vary considerably across the region, and men almost always receive less leave than women.
- ▶ In two thirds of countries in the region with data, there has been an increase in the number of weeks of paid father-specific leave since 2015.
- ▶ In half of countries with data, paid paternity leave was two weeks or less as of April 2022.

A better balance between work and private life helps parents and caregivers and enhances gender equality, benefiting all workers, women in particular. Public policies can help promote equal sharing among men and women of household and family responsibilities and enable women to participate more equally in the labour market. Gender-responsive family policies can be powerful tools to help women return to the labour force after giving birth, to support families' care responsibilities, to redistribute unpaid care work more equally between women and men, and to remove barriers to women's full participation in the labour force.

Parental leave policies provide time-limited job protection to enable an employee to care for their newborn child and afterwards return to work with the same employer, usually in the same job. These leave policies can support gender equality and child, maternal and paternal health and well-being, as well as various labour-market outcomes, such as increased women's participation in the labour market and reduced gender pay gaps.

309. Committee on the Elimination of Discrimination against Women, "Tenth periodic report submitted by Portugal under article 18 of the Convention, due in 2019", 18 September 2020 (CEDAW/C/PRT/10).

310. ILO, *Pay Transparency Legislation: Implications for Employers' and Workers' Organizations* (Geneva, 2022).

311. European Union, Directive (EU) 2023/970 of the European Parliament and of the Council of 10 May 2023 to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms (PE/81/2022/REV/1).

Since 1992, women in EU countries have had the right to a minimum of 14 weeks of maternity leave, two of which are mandatory.³¹² In 2022, new mothers in Austria, Bulgaria, Czechia, Estonia, Finland, Germany, Greece, Hungary, Latvia, Lithuania, Norway, Poland, Slovakia, Slovenia and Sweden were entitled to one year or more of job-protected paid maternity and/or parental leave (Figure 3.5). In Israel, Netherlands (Kingdom of the), Spain, Switzerland and Türkiye, women are entitled to 16 weeks or less of paid leave after the birth of a child. In the United States of America, there is no paid leave for new mothers (Figure 3.5).

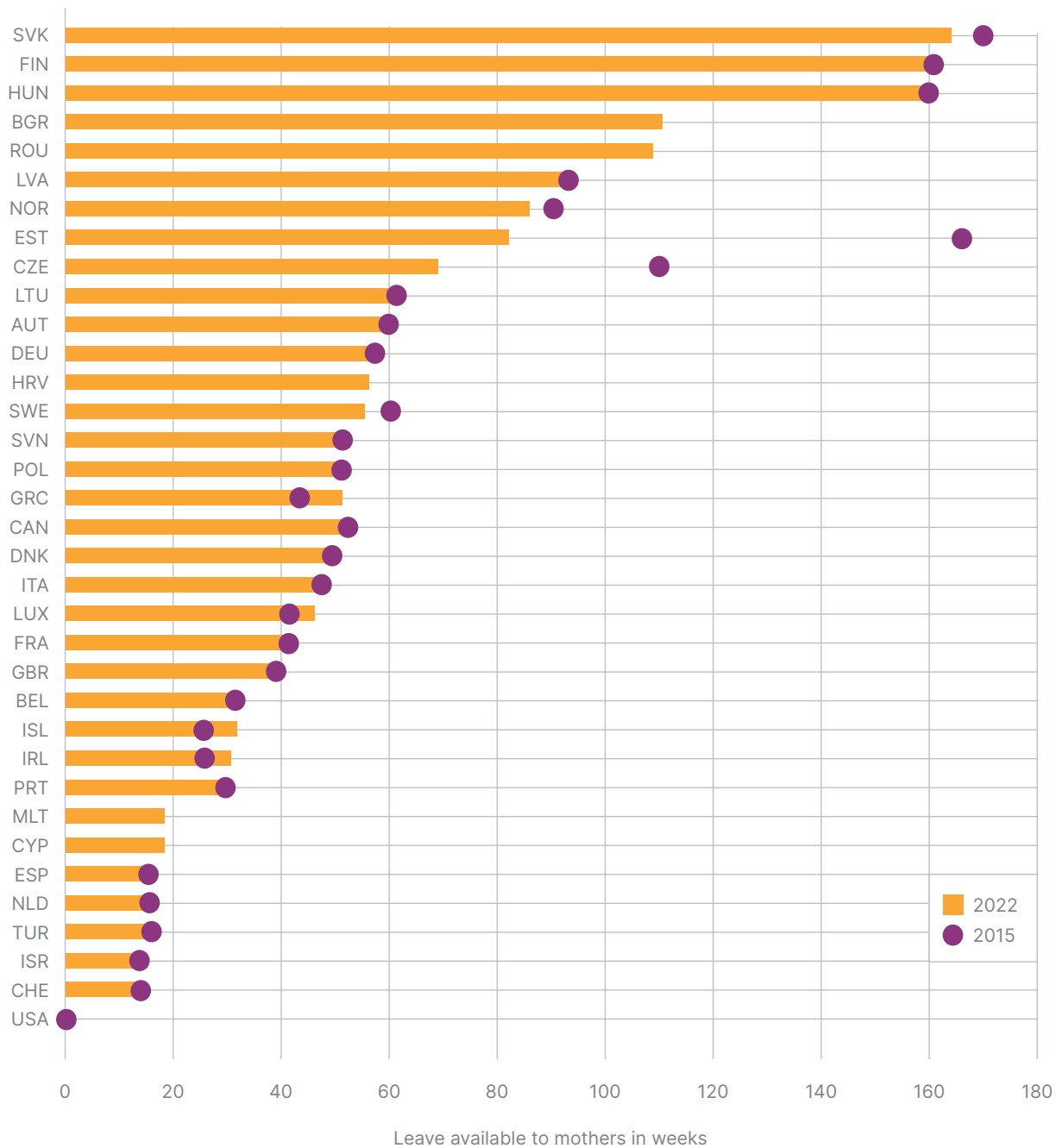
The data presented in Figure 3.5 reflect the situation as of April 2022; internationally comparable data that reflect more recent changes are not yet available. Between 2015 and April 2022, five countries in the UNECE region with data (Greece, Iceland, Ireland, Israel, Luxembourg) increased the amount of paid leave available to women by combining maternity and parental leave, while six countries (Canada, Czechia, Estonia, Norway, Slovakia, Sweden) decreased the amount of paid leave available to women. Some of these decreases reflect changes to paternity leave policies that reduce the amount of parental leave that can be shared or transferred across parents. Such changes are designed to encourage a more equal distribution of care work among men and women. In practice, limits on transferrable or shared leave often reduce the overall amount of leave taken by both parents because men frequently do not use all the leave that is available to them.



312. European Union, Council Directive 92/85/EEC of 19 October 1992 on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding.

Parental leave entitlements vary considerably across the region

Figure 3.5: Total paid maternity and parental leave available to mothers in weeks, 2015 and April 2022



Note: Total paid leave refers to the total number of job-protected weeks a woman can be on paid leave after the birth of a child; it combines both maternity and parental leave. Paid leave does not necessarily mean with full pay. The data reflect the situation as of April 2022.

Source: OECD, OECD Gender Data Portal. Available at <https://www.oecd.org/gender/data/>.

All 16 Eastern European and Central Asian countries (Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, Republic of Moldova, Serbia, Tajikistan, Türkiye, Turkmenistan, Ukraine and Uzbekistan) covered in a recent UNFPA review of family policies have maternity leave provisions in place, ranging from 16 weeks in Serbia, Türkiye and Turkmenistan and 18 weeks in Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Ukraine and Uzbekistan to 52 weeks in Albania and Bosnia and Herzegovina. Mothers can receive 100 per cent of their previous earnings in only eight countries in the Eastern Europe and Central Asia subregion: Azerbaijan, Kazakhstan, North Macedonia, Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.³¹³

To encourage a more equal division of paid work and unpaid care work between men and women, many countries in the region have implemented father-specific parental leave programmes. These incentivize fathers to leave work to care for young children during the weeks or months after they are born.³¹⁴ In 2019, the European Union Directive on Work-Life Balance for Parents and Carers was issued, requiring countries to implement 10 days (or two weeks) of paid paternity leave.³¹⁵ As a result, several countries have extended or implemented paid paternity leave policies. However, not all of these changes are reflected in Figure 3.6, which indicates the situation as of April 2022. Between 2015 and April 2022, there was an increase in the number of weeks of paid father-specific leave in two thirds of the countries with data in the region, with notable increases in Austria, Greece, Iceland, Ireland, Netherlands (Kingdom of the), Norway and Spain (Figure 3.6). Since April 2022, Belgium, Croatia, Cyprus, Finland, Hungary, Latvia, Malta, Romania and Slovakia have further expanded paid leave entitlements for fathers.³¹⁶ Germany will introduce a new paternity leave policy in 2024.³¹⁷

Legal provisions on paternity leave are in place in Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, North Macedonia, Republic of Moldova, Serbia, Tajikistan, Türkiye and Ukraine. In Georgia, Turkmenistan and Uzbekistan, paternity leave is not available, but fathers can use parental leave entitlements after the birth of a child.³¹⁸ In the Eastern Europe and Central Asia subregion, the duration of paternity leave is less than two weeks in all countries where it is available. Fathers are eligible for parental leave in all 16 of these countries. In Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Serbia, Turkmenistan, Ukraine and Uzbekistan, both mothers and fathers are eligible for paid parental leave. In Albania, North Macedonia, Tajikistan and Türkiye, only mothers are granted parental leave, which is unpaid except in Tajikistan.³¹⁹ In half of the countries across the region with data, paid paternity leave is two weeks or less.

313. UNFPA, *The state of gender-responsive family policies in the Eastern Europe and Central Asia region* (Istanbul, 2023).

314. OECD, "Caregiving in crisis: gender inequality in paid and unpaid working during COVID-19", 13 December 2021.

315. European Union, Council Directive 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU.

316. European Parliament, "Maternity and paternity leave in the EU", March 2023. For information on changes in Cyprus, see Cyprus, Department of Labour Relations, "Work-life balance for parents and carers".

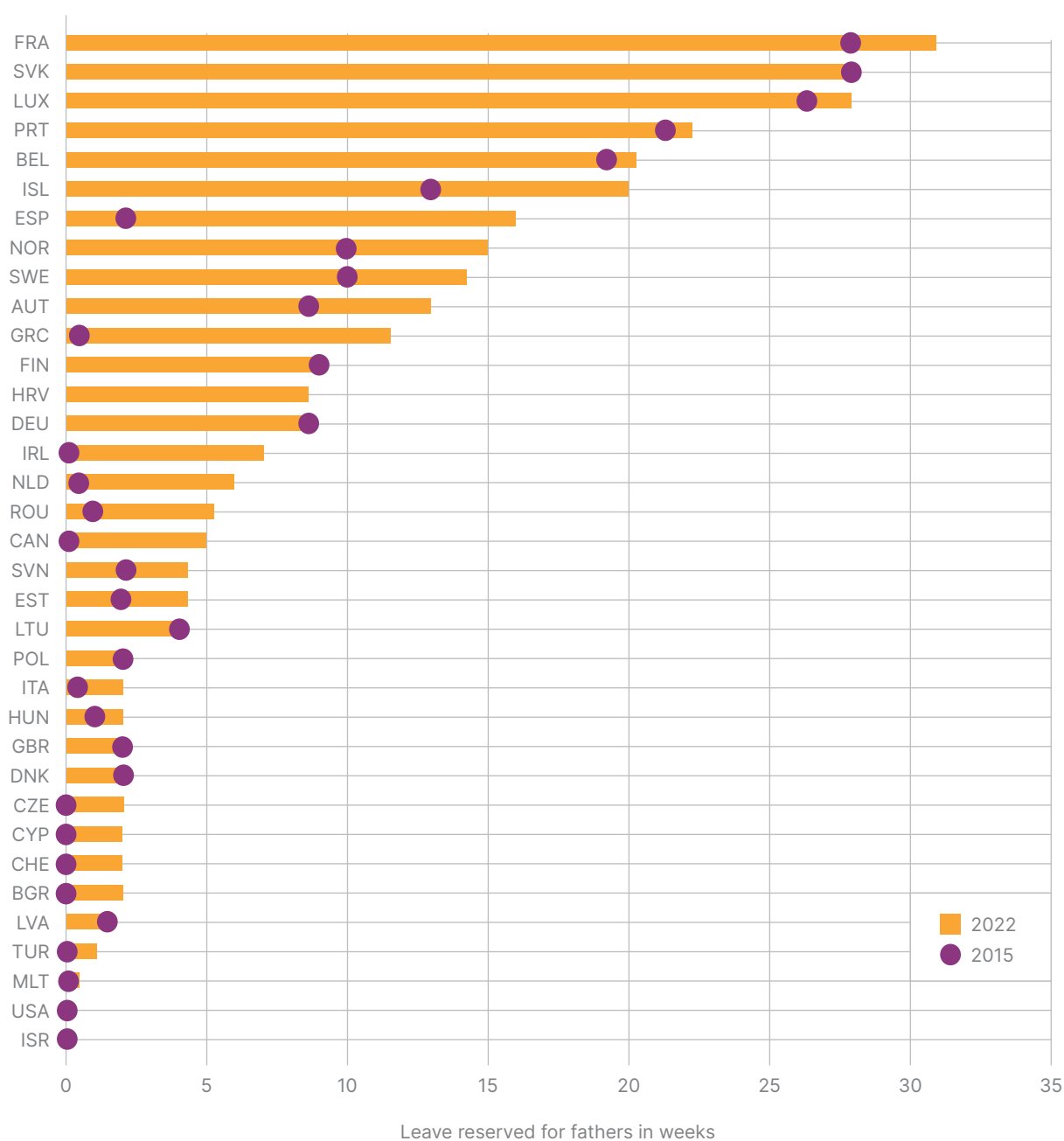
317. European Union, Council Directive 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU.

318. UNFPA, *The state of gender-responsive family policies in the Eastern Europe and Central Asia region* (Istanbul, 2023).

319. *Ibid.*

More countries are adopting paid paternity leave policies

Figure 3.6: Total paid paternity and parental leave reserved for fathers, 2015 and April 2022



Note: Paid father-specific leave refers to the number of paid weeks reserved for the exclusive use of fathers, including entitlements to paid paternity leave; so-called father quotas, or periods of paid parental leave that can be used only by the father and cannot be transferred to the mother; and any weeks of paid sharable leave that must be taken by the father in order for the family to qualify for bonus weeks of parental leave. The data reflect the situation as of April 2022.

Source: OECD, OECD Gender Data Portal. Available at <https://www.oecd.org/gender/data/>.

Work–family reconciliation remains a challenge

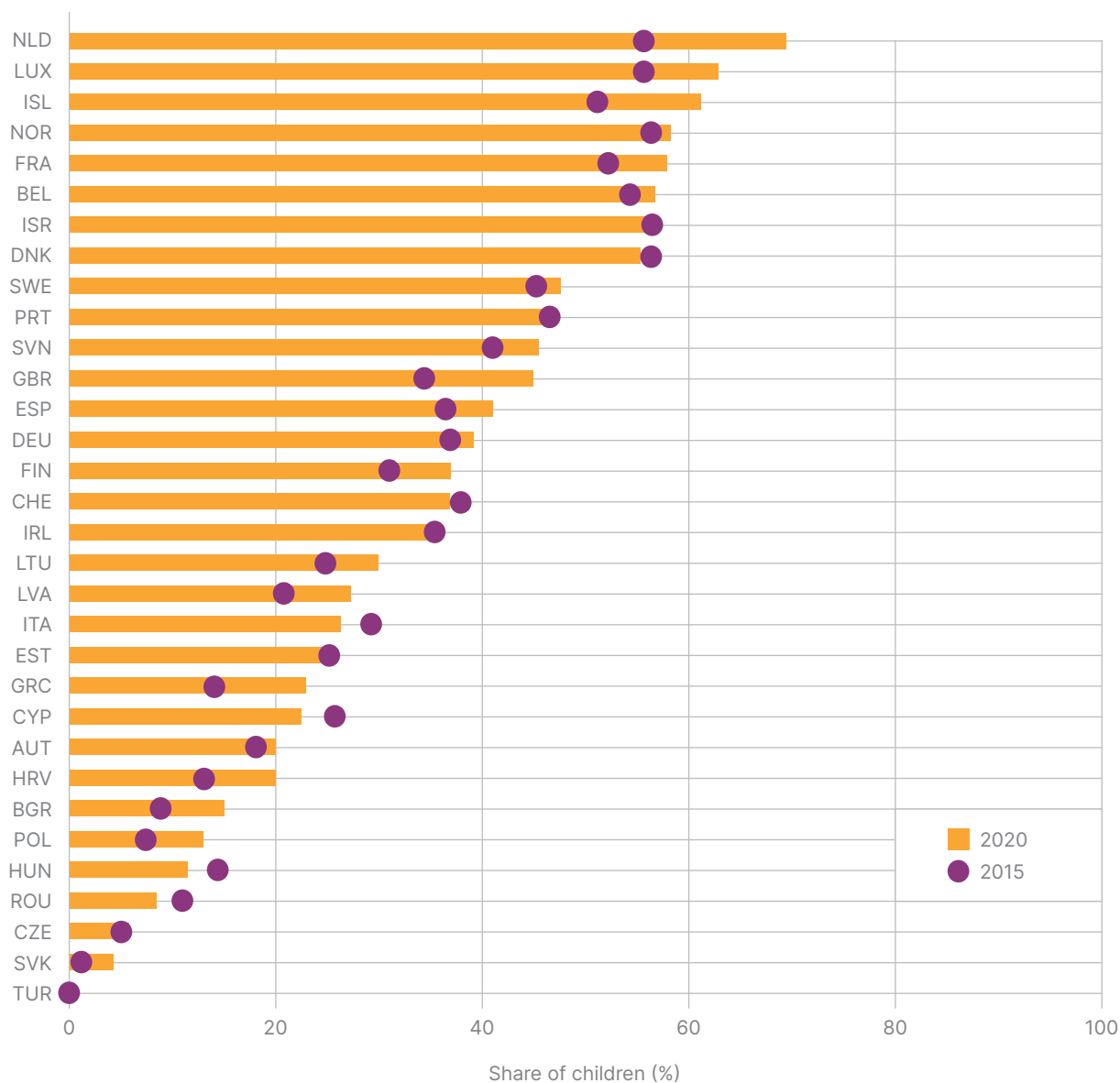
- ▶ The share of children aged 2 years and younger enrolled in early childhood education or attending care services is increasing across the region, but fewer than half of children in this age group take part in early education or attend formal childcare in most countries.
- ▶ More women with young children are working, but the gap in women’s employment between couples with and without children remains large in some countries.
- ▶ Women continue to bear the largest burden of unpaid care and domestic unpaid work, which was further exposed — and aggravated — by the impact of the COVID-19 pandemic.



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In most countries, fewer than half of children aged 2 years and younger are enrolled in early education or attend formal childcare

Figure 3.7: Share of children aged 0–2 years enrolled in early childhood education or care services (%), 2015 and 2020



Note: The most recent data for Iceland and the United Kingdom of Great Britain and Northern Ireland are from 2018. Earlier data for Hungary and Switzerland are from 2014; for Israel, from 2016; for Austria, Denmark, Estonia, Finland, Germany, Iceland, Lithuania, Norway, Portugal, Slovenia, Spain, Sweden and Türkiye, from 2017. The data refer to children using centre-based services (e.g. nurseries or day-care centres and preschools, both public and private), organized family day care and care services provided by (paid) professional childminders.

Source: OECD, OECD Family Database. Available at <https://www.oecd.org/els/family/database.htm>.

When early childhood education and care services are available, and widely used, primary caregivers — often women — have more opportunities to participate in the labour market and pursue their careers.

The share of children aged 2 years and younger taking part in early childhood education or attending care services is increasing across the region, growing from a median value of 24 per cent in 2005 to 36 per cent in 2020, but participation rates vary significantly by country.³²⁰ In some countries in Western and Northern Europe (Belgium, Denmark, France, Iceland, Luxembourg, Netherlands (Kingdom of the), Norway and in Israel, more than half of children aged 2 years and under are enrolled in early childhood education or care services, but in most countries with data, fewer than half of children in this age group are enrolled. The share remains below 15 per cent in some countries in Central and Eastern Europe and in Türkiye (Figure 3.7).

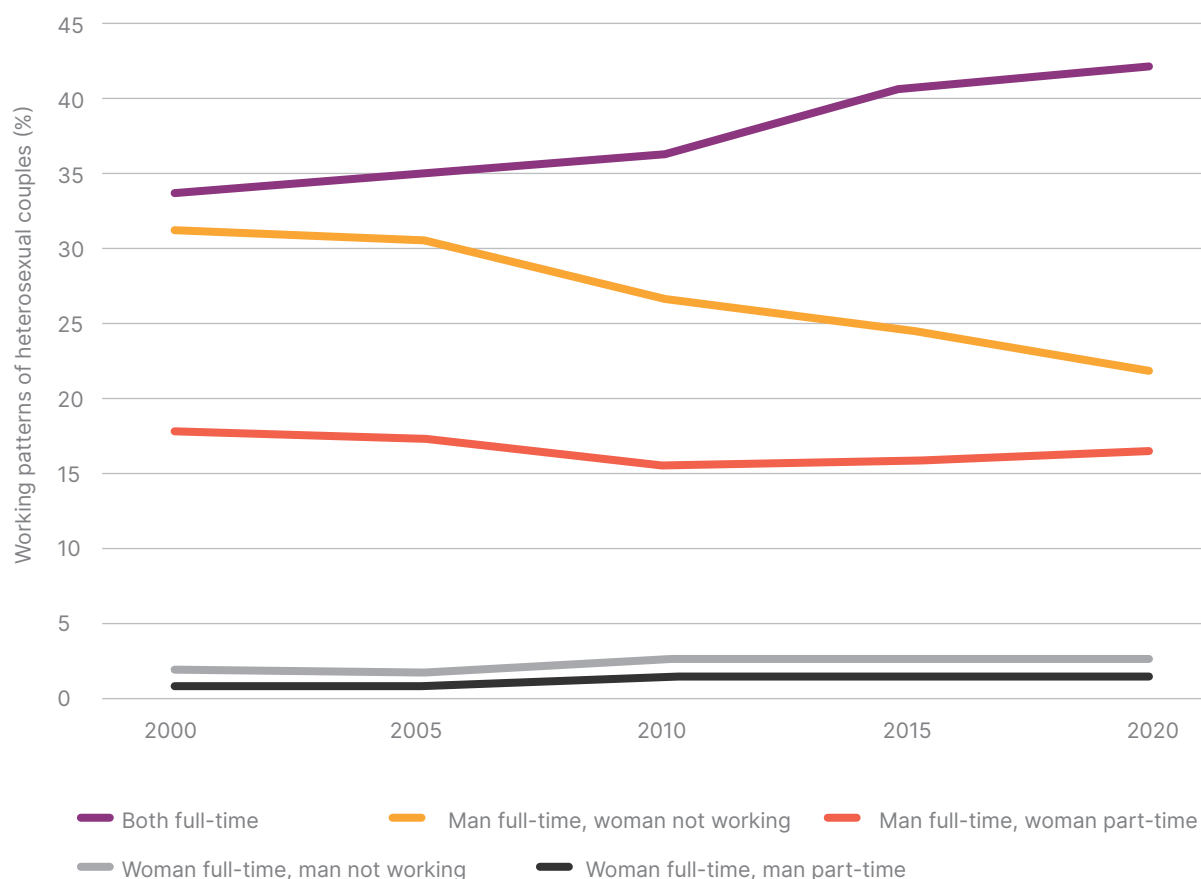
The relatively low rates of enrolment in early childhood education and care services in many countries represents a persistent barrier to women's full participation in the labour force.



320. OECD, OECD Family Database. Available at <https://www.oecd.org/els/family/database.htm> (accessed on 19 September 2023). The data refer to the median values for 34 countries with data: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands (Kingdom of the), Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye, the United Kingdom of Great Britain and Northern Ireland, the United States of America. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for years shown when data were missing. See the Appendix for details.

The share of women with young children who are working is increasing

Figure 3.8: Select working patterns of heterosexual couples aged 25–49 whose youngest child is under the age of 6 (%), UNECE median, 2000–2020



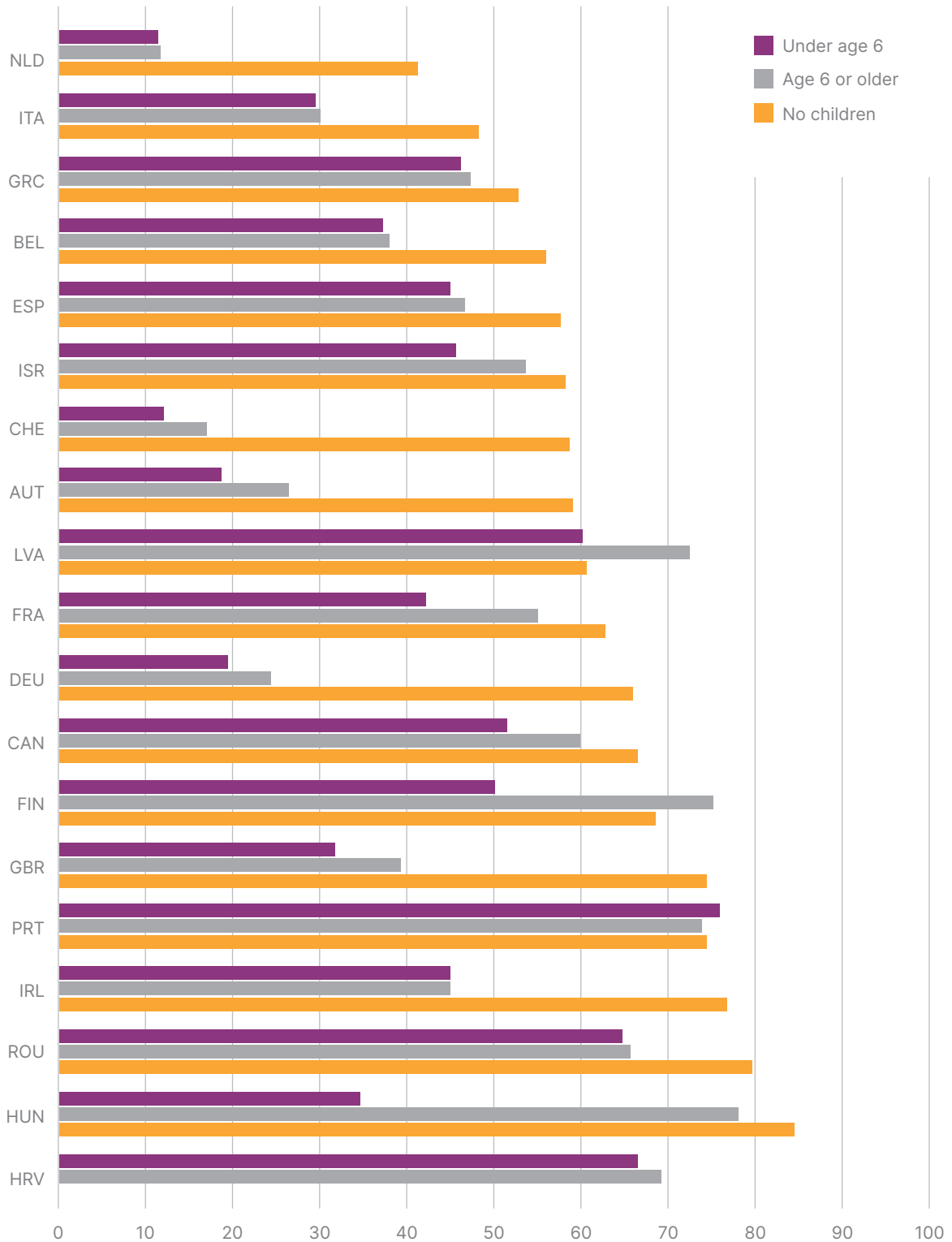
Note: The data reflect the median value for 26 countries with data: Austria, Belgium, Canada, Croatia, Czechia, Denmark, Estonia, Finland, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Liechtenstein, Luxembourg, Netherlands (Kingdom of the), Portugal, Romania, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States of America. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details.

Source: UNECE, UNECE Statistical Database. Available at <https://w3.unece.org/PXWeb/en>.

The share of heterosexual couples with young children where both the man and the woman are working (full-time or part-time) is increasing across the region (Figure 3.8). However, the gap in female employment between couples with and without children remains large in some countries, pointing to ongoing challenges for families in balancing work and family life, especially for parents of young children. Moreover, across the region, couples with young children are less likely to both work full-time than those with older children or those without children (Figure 3.9). In Austria, Germany, Netherlands (Kingdom of the) and Switzerland, the share of heterosexual couples where both partners are working full-time is more than twice as high for couples without children as for couples with children under the age of 6.

Couples with young children less likely to work full-time

Figure 3.9: Share of heterosexual couples aged 25–49 with both partners working full-time, by age group of youngest child (%), 2019

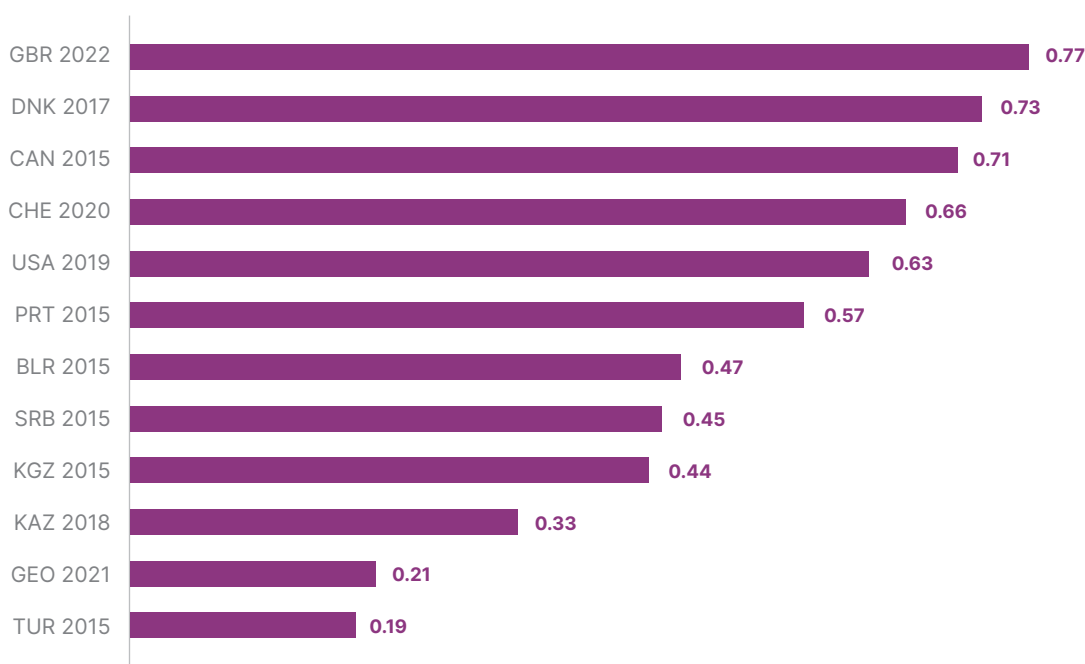


Source: UNECE, UNECE Statistical Database. Available at <https://w3.unece.org/PXWeb/en>.

Despite increasing their participation in the labour market, women continue to spend more time than their male counterparts on unpaid care and domestic work, and they often spend more total time working (paid and/or unpaid work) than men.³²¹ The ILO estimates that women in Central and Western Asia spend on average three times as much time as men on unpaid care work.³²² In Europe, women spend about twice as much time as men on average on unpaid care work.³²³ In North America, women spend 40 per cent more time on average than men on unpaid care work.³²⁴ In Belarus, Georgia, Kyrgyzstan, Kazakhstan, Serbia and Türkiye, women spend at least twice as much time as men on unpaid care and domestic work (Figure 3.10). And in Canada, Denmark, Portugal, Switzerland, the United Kingdom and the United States of America — countries where female labour force participation is high — women still spend 30 to 40 per cent more of their time on care and domestic work than men (Figure 3.10).

Women continue to spend more time than men on unpaid care and domestic work across countries

Figure 3.10: Time spent on unpaid care and domestic work, male to female ratio, select countries and years (SDG Indicator 5.4.1)



Source: For Belarus, Denmark and Kyrgyzstan, see UNECE, UNECE Statistical Database. Available at <https://unece.org/data>. For other countries, see United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

321. Jacques Charmes, *The Unpaid Care Work and the Labour Market: An Analysis of Time Use Data Based on the Latest World Compilation of Time-Use Surveys* (Geneva, International Labour Organization, 2019).

322. Ibid.

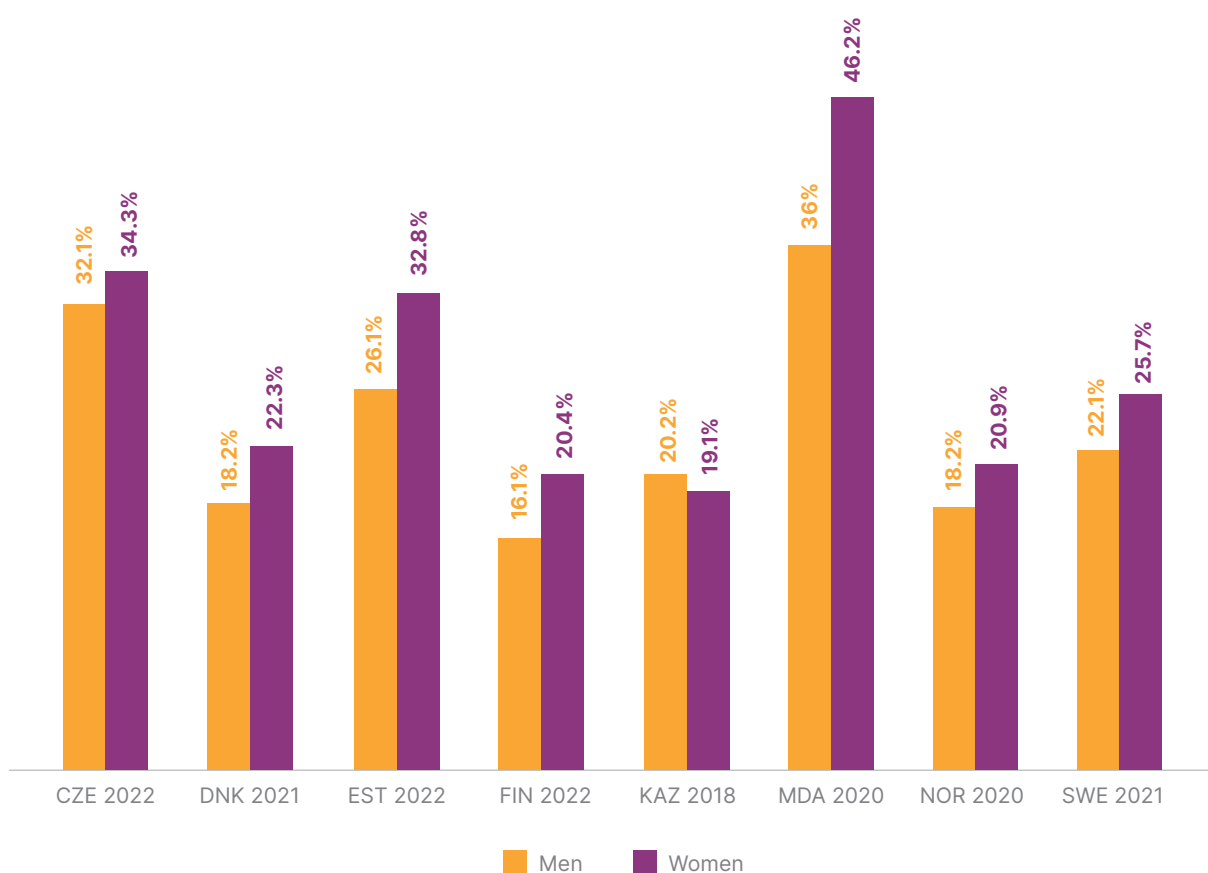
323. Ibid.

324. Ibid.

Unpaid care work is often perceived as of low value and is invisible in mainstream economics, as national accounting systems fail to factor in its total contributions. Even when women are engaged in paid work, they still do more unpaid care and domestic work than men.³²⁵ As a result, women face greater constraints on their time, limiting their access to paid work, financial independence and the accumulation of savings, assets or retirement income for later in life.³²⁶ Disparities in unpaid care and domestic work also impact the sense of work–life balance among couples. Among those in paid work, a higher share of women than men report difficulties fulfilling family responsibilities because of the amount of time they spend on paid work in seven of eight countries with data (Figure 3.11).

A larger share of women than men report difficulty balancing paid work and family responsibilities

Figure 3.11: Share of women and men in paid work who find it difficult to fulfil family responsibilities because of the amount of time spent on work (%), select countries



Note: The data reflect the share of survey respondents in paid work who answered “Several times a week” or “Several times a month” to the question “How often has it been difficult to fulfil family responsibilities because of the amount of time spent on your job.” See Anne H. Gauthier, Susana Laia Farinha Cabaço and Tom Emery, “Generations and Gender Survey study profile”, *Longitudinal and Life Course Studies*, vol. 9, No. 4 (2018), or visit the GGP website (<https://www.ggp-i.org/>) for GGS methodological details.

Source: Generations and Gender Survey, GGS-II Wave 1. Available at <https://www.ggp-i.org/ggs-round-ii/>.

325. UN Women, *Progress of the World's Women 2019–2020: Families in a Changing World* (New York, 2019).

326. UN Women, *World Survey on the Role of Women in Development 2019: Why Addressing Women's Income and Time Poverty Matters for Sustainable Development* (United Nations publication, 2020).

The situation was further aggravated during the COVID-19 pandemic. While time spent on care and domestic work increased for both men and women during this period as a result of disruptions to childcare and schooling, working mothers with school-age or younger children were disproportionately affected.³²⁷ Mothers were nearly three times as likely as fathers to report that they took on the majority or all additional unpaid care work related to closures of schools or childcare facilities.³²⁸ Recently collected data indicate that women in Finland, Norway and Sweden were more likely than men to indicate that their mental health and work situation worsened after the onset of the pandemic (Figure 3.12), pointing to the psychological and economic impacts of exacerbated imbalances in unpaid care work.

More women than men feel impacts of COVID-19 on mental health and work

Figure 3.12: Share of women and men who indicated their mental health and work situation worsened during the COVID-19 pandemic (%), select countries



Note: The data reflect the share of survey respondents who answered “Slightly worsened”, “Worsened” or “Definitely worsened” to the question “If you compare your current situation to how it was just before the start of the COVID-19 epidemic in March 2020, have the following things in your life changed for the better, worse or stayed the same?”. See Anne H. Gauthier, Susana Laia Farinha Cabaço and Tom Emery, “Generations and Gender Survey study profile”, *Longitudinal and Life Course Studies*, vol. 9, No. 4 (2018), or visit the GGP website (<https://www.ggp-i.org/>) for GGS methodological details.

Source: Generations and Gender Survey, GGS-II Wave 1. Available at <https://www.ggp-i.org/ggs-round-ii/>.

327. OECD, “Caregiving in crisis: gender inequality in paid and unpaid working during COVID-19”, 13 December 2021.

328. Ibid.

Box 5. Generations and Gender Programme³²⁹

The Generations and Gender Programme (GGP) is a social science research infrastructure that provides harmonized, large-scale, longitudinal, cross-national panel data on individual life courses and family dynamics. Its Generations and Gender Surveys (GGS) provide insights and answers to current societal and public policy challenges.

It follows respondents through relationships, marriages, parenthood, divorces, deaths and many of the opportunities and challenges that people face along the way. It tracks the causes and consequences of these events at the individual and societal levels. The GGP is a valuable source of information on intergenerational and gender relations, supporting analyses of the interplay between household and family composition, fertility intentions and outcomes, and work, income, well-being and attitudes. A contextual database complements the survey data with regional and national indicators to help increase understanding of the role policy and other contextual factors play in individuals' and families' lives.

These open-access data resources, curated by the GGP, can support the formulation of scientifically informed and policy-relevant answers to key societal questions. For the first GGS (2004–2018) panel waves data was collected on over 200,000 individuals aged 18–79 from 19 countries. A new round of data collection (GGS-II) was launched in 2020, and as of today 12 UNECE countries have completed the first wave, and four more are conducting or planning to conduct the surveys in 2023 or 2024. Several countries have used recent surveys to collect information on the impact of the COVID-19 pandemic on women, men and families. The GGP is unique in its broad coverage of Central and Eastern European countries.

The Generations and Gender Programme was launched in 2000 by the UNECE Population Unit and has been coordinated by the Netherlands Interdisciplinary Demographic Institute since 2009.

329. For more information, visit the GGP website: <https://www.ggp-i.org/>.

Advancing policy frameworks to strengthen gender equality in paid and unpaid work

Public policies around childcare, family allowances and parental leave support the continued and active participation in the labour force of both women and men and can serve as tools to shift discriminatory gender norms and redistribute unpaid care work so that both men and women can realize their family and career aspirations.

When Spain realized that mothers were requesting more than 90 per cent of childcare leave and that women were requesting more than 80 per cent of family care leave, it adopted measures to address the imbalance. Actions were taken to reduce gender inequalities in social protection, pensions, access to the labour market and salary conditions. These included introducing several changes with a significant impact on work–life balance and equality, such as measures against discrimination based on gender, measures to promote and improve the reconciliation of family and work life, and measures to guarantee equal pay for women and men.³³⁰

In Iceland, the provisions on a shorter work week included in collective pay agreements adopted in 2019 have been beneficial to professions where women are in the majority — for example, in health care and caretaking — and they have made it possible for women to increase their employment rate and thus increase their income and lifetime earnings. The 2020 Act on Maternity/Paternity Leave and Parental Leave is intended to further enhance the position of women in the labour market and to make it possible for them to better harmonize their labour market participation and private lives. Equal pay certification has also been an important tool in the effort to eradicate gender-specific pay differences.³³¹

In the Kingdom of the Netherlands, to equalize the share of paid and unpaid work between men and women, the parental-leave gap between mothers and fathers was addressed by extending paternity leave up to one working week, with the option of an additional five weeks at 70 per cent pay. The Kingdom of the Netherlands has also introduced financial support for day care and early education for women with low socioeconomic status, single mothers and migrant women.³³²

Even when parental leave policies are in place, social norms and gender stereotypes prevent many women and men from enjoying those policies to the fullest. Albania, for example, has adopted a variety of family-friendly policies, including generous parental leave benefits for women and men. Even though paternity leave is now available, few men choose to take advantage of it.³³³ Improving the gender division of unpaid care work requires a change in

330. Spain, “Report on the follow-up to the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing in Spain 2021”, 2021.

331. Committee on the Elimination of Discrimination against Women, “Ninth periodic report submitted by Iceland under article 18 of the Convention, due in 2021”, 29 December 2021 (CEDAW/C/ISL/9).

332. The Netherlands, Dutch Ministry of Health, Welfare and Sport, “Report on the follow-up to the Regional Implementation Strategy (RIS) of the Madrid International Plan of Action on Ageing (MIPAA) in The Netherlands”.

333. UNFPA Eastern Europe and Central Asia, “Family-friendly workplaces to support demographic resilience”, 19 April 2023.

attitudes towards caregiving among men and women and efforts to address discrimination against men and women who take leave from work to care for dependents.³³⁴ In parts of the region already grappling with shrinking labour forces due to migration and population ageing, there are economic consequences of the failure to benefit from the skills of women who are unable to enter the labour market or to re-enter it after giving birth.³³⁵

Violence against women and harmful practices continue to deprive women and girls of their fundamental rights

- ▶ Acceptance of gender-based violence is deeply concerning, with the share of those believing it is justifiable for a man to beat his wife increasing in recent years in some countries.
- ▶ Gender-based violence (GBV) presents a barrier to gender equality because of persistent harmful practices, such as child marriage, and the prevalence of intimate partner violence, as shown during the COVID-19 pandemic.

Gender-based violence is a phenomenon that transcends social, economic and geographic borders and impacts girls, women, men, boys and gender-nonconforming individuals all over the world. GBV and other harmful practices are rooted in power imbalances between the sexes and are fuelled by multiple factors, including social and cultural norms, social acceptance of harmful practices and insufficient legal protections.

Women and girls suffer disproportionately from GBV. Violence against women and girls takes many forms and occurs across private and public settings, including online and in digital spaces. Violence against women and girls includes physical, psychological and sexual violence, and includes threats of violence, coercion, the deprivation of individual liberties and sexual harassment.³³⁶

The immediate consequences of GBV and harmful practices include physical injury, depression, sexually transmitted infections, unintended pregnancy and increased risk of HIV infection.³³⁷ More broadly, violence against women impedes gender equality; deprives women and girls of fundamental human rights, access to opportunities and bodily autonomy; and threatens the democratic and economic integrity of societies. The 2013 Chair's Summary stressed the need to ensure zero tolerance for GBV and to address harmful gender norms and practices as an integral part of the development agenda for the UNECE region.

334. OECD, "Caregiving in crisis: gender inequality in paid and unpaid working during COVID-19", 13 December 2021.

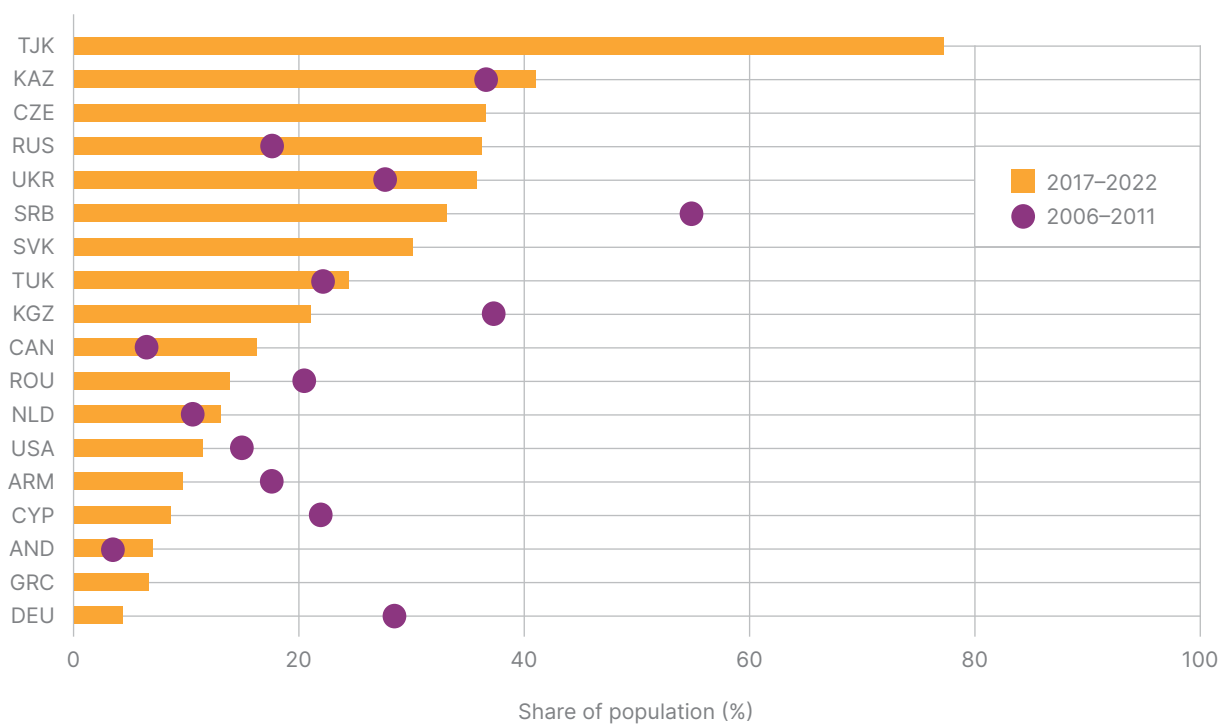
335. UNFPA Albania and IDRA Research & Consulting, *Implementing Family-Friendly Policies and Gender Equality in the Public and Private Sectors* (Tirana, UNFPA Albania, 2022).

336. UN Women, "Frequently asked questions: Types of violence against women and girls". Available at <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence> (accessed on 27 September 2023).

337. WHO, "Violence against women". Available at https://www.who.int/health-topics/violence-against-women#tab=tab_1 (accessed on 19 September 2023).

The share of individuals believing it is justifiable for a man to beat his wife is increasing in some countries

Figure 3.13: Share of the population aged 18 and older who agree it is sometimes or always justifiable for a man to beat his wife (%), select countries, 2017–2022 and 2006–2011 (when available)



Note: Survey years as follows: Andorra (2006, 2018), Armenia (2011, 2021), Canada (2006, 2020), Cyprus (2006, 2019), Czechia (2018), Germany (2006, 2018), Greece (2021), Kazakhstan (2011, 2018), Kyrgyzstan (2011, 2020), Netherlands (Kingdom of the) (2006, 2022), Romania (2006, 2018), the Russian Federation (2006, 2017), Serbia (2006, 2017), Slovakia (2017), Tajikistan (2017), Türkiye (2007, 2018), Ukraine (2020), the United States of America (2006, 2017).

Source: World Values Survey, Wave 5 (2005–2009), Wave 6 (2010–2014), and Wave 7 (2017–2022). Available at <https://www.worldvaluessurvey.org/wvs.jsp>.

Gender-based violence affects women in all countries in the UNECE region, and concerning trends in attitudes towards violence against women in some countries may be perpetuating harmful gender norms and practices. In half of the countries in the region with data, the share of individuals believing it is justifiable for a man to beat his wife has increased over time (Figure 3.13). In 10 countries with recent data, young people (aged 18 to 29) are more likely to agree that it is justifiable for a man to beat his wife than people in older age groups (Figure 3.14). In all countries with data except Tajikistan, men are more likely than women to believe it is justifiable for a man to beat his wife, though the gender gaps are quite small in several countries.

Acceptance of violence against women points to the persistent existence of gender norms and attitudes that impede gender equality and perpetuate discrimination against women.

Young people in several countries more likely to agree that it is justifiable for a man to beat his wife

Figure 3.14: Share of the population aged 18 and older who agree it is sometimes or always justifiable for a man to beat his wife (%), by age, select countries, 2017–2022



Note: Survey years as follows: Andorra (2018), Armenia (2021), Canada (2020), Cyprus (2019), Czechia (2018), Germany (2018), Greece (2021), Kazakhstan (2018), Kyrgyzstan (2020), Netherlands (Kingdom of the) (2022), Romania (2018), the Russian Federation (2017), Serbia (2017), Slovakia (2017), Tajikistan (2017), Türkiye (2018), Ukraine (2020), the United States of America (2017).

Source: World Values Survey, Wave 7 (2017–2022). Available at <https://www.worldvaluessurvey.org/wvs.jsp>.

Evidence regarding violence against women and girls remains limited. Violence is often underreported, and official estimates may understate the scale of the issue. Surveys conducted before the COVID-19 pandemic in selected countries in Eastern and South-Eastern Europe suggest that 30 per cent of women experienced some form of violence in the year before the survey.³³⁸ In Central Asia, nearly 20 per cent of women reported having experienced intimate partner violence in 2019.³³⁹ Violence against women and especially domestic violence intensified during the pandemic, creating a shadow pandemic during which victims were locked down with abusers and access to support services was restricted.³⁴⁰

Country-level statistics concerning violence against women mask the varied experiences of different population groups. Ethnic and religious minorities or people of diverse sexual orientation are at higher risk of violence, and within these groups women are consistently the ones suffering more violence.³⁴¹ Muslim women are disproportionately affected by Islamophobic attacks across Europe, as wearing a headscarf makes their religious affiliation easily recognizable; older women face a higher risk of experiencing violence, abuse and neglect. Older women are overrepresented among people in need of long-term care, and the sexist attitudes and power imbalances that enable violence against women become more pronounced with age.³⁴² In her 2023 report on violence against and abuse and neglect of older persons to the Human Rights Council, the Independent Expert on the enjoyment of all human rights by older persons noted that sexual violence in old age remains the least reported and documented form of abuse of older persons and that the lack of disaggregated data impedes a comprehensive understanding of its magnitude.³⁴³

Examples of recent policy measures addressing gender-based violence include Malta's National Strategy on Gender-Based Violence and Domestic Violence (2021–2022)³⁴⁴ and Spain's National Strategy for the Eradication of Patriarchal Violence (2022–2025).³⁴⁵ In addition to wide-reaching strategies, countries have also implemented measures to address violence in specific settings and among vulnerable population groups. Denmark's Equal Treatment Act was amended in 2022 to provide a clear regulatory framework in cases of sexual harassment in the workplace, and to ensure a higher level of compensation in serious cases of sexual harassment. Entering into

338. Organization for Security and Co-operation in Europe, *OSCE-Led Survey on Violence against Women: Well-Being and Safety of Women – At a Glance Report* (Vienna, 2019).

339. OECD, *Gender gaps in Eurasia: the daunting effects of COVID-19* (Paris, 2021).

340. UN Women, *Measuring the shadow pandemic: violence against women during COVID-19* (New York, 2021).

341. European Institute for Gender Equality, *Gender Equality Index 2020: Digitalisation and the Future of Work* (Vilnius, 2020).

342. The World Health Organization estimates that one in six people over the age of 60 experienced abuse in community settings and that two thirds of staff in care institutions reported having committed abuse. The incidence increased during the COVID-19 pandemic. See WHO, "Abuse of older people", 13 May 2022. Available at <https://www.who.int/news-room/fact-sheets/detail/abuse-of-older-people> (accessed on 19 September 2023).

343. United Nations, Human Rights Council, "Violence against and abuse and neglect of older persons: report of the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler*", 7 August 2023 (A/HRC/54/26).

344. Malta, "National report for the fourth review and appraisal cycle of the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) 2018-2022", September 2021.

345. España, Ministerio de Igualdad, *Estrategia Estatal para combatir las violencias machistas 2022-2025*. Available at https://violenciagenero.igualdad.gob.es/planActuacion/estrategiasEstatales/combaterViolenciaMachista/docs/EEVM_22-25.pdf (accessed on 12 October 2023).

force in July 2023, the amendments stipulate the employer's responsibilities and obligations in ensuring that work environments are "harassment-free" and in handling cases of sexual harassment.³⁴⁶ The National Board of Health and Welfare of Sweden has produced a training course on violence against older women and men for workers who come into contact with older persons.³⁴⁷ The United States of America adopted the Abuse in Later Life Program, which focuses on people over 50 years of age and funds projects that support a comprehensive approach to addressing elder abuse, which disproportionately affects women.³⁴⁸

Eliminating child marriage in UNECE countries

Child marriage, which entails both formal marriage and informal unions between a child under the age of 18 and an adult or another child, is a human rights violation that persists in several UNECE countries, with varying degrees of prevalence, despite legal prohibitions. Girls who are child spouses are usually forced to drop out of school to bear children and provide household labour. They also generally have fewer social connections, restricted mobility, limited control over resources and little or no power in their new households, leaving them especially vulnerable to domestic violence, sexual abuse and other forms of exploitation.

Child marriage hinders girls' rights to education, life and physical integrity, as the early childbearing that often accompanies child marriage is more likely to result in complications during pregnancy or childbirth.³⁴⁹ This practice affects children, the vast majority of them girls, and also has consequences for society as a whole through losses in earnings and productivity, increased health-care costs due to poor maternal and child health, and higher expenditures for social benefits due to the intergenerational cycle of poverty.

Child marriage is uncommon in most of the region, but its prevalence remains high in some countries. More than 1 in 10 women aged 20–24 were married or in a union before the age of 18 in Albania, Georgia, Kyrgyzstan and Türkiye (Figure 3.15). Child marriage tends to be more common among women with low levels of education and income, with sizable differences in rates in some countries between those with primary education and those with secondary education.³⁵⁰

346. Council of Europe, Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO), "Report submitted by Denmark pursuant to Article 68, paragraph 4 of the Council of Europe Convention on preventing and combating violence against women and domestic violence (1st thematic evaluation round)", 5 July 2023. See also Denmark, Beskæftigelsesministeriet, "Trepartsaftale om seksuel chikane skal fremme en sund kultur på arbejdspladser", 4 March 2022. Available at <https://bm.dk/nyheder/pressemeddelelser/2022/03/trepartsaftale-om-seksuel-chikane-skal-fremme-en-sund-kultur-paa-arbejdspladser/> (accessed on 12 October 2023).

347. Sweden, Ministry of Health and Social Affairs, "National follow-up of the Regional Implementation Strategy of the Madrid International Plan of Action on Ageing (MIPAA) in Sweden", 29 October 2021. Available at <https://unece.org/sites/default/files/2021-11/mipaa20-report-sweden.pdf> (accessed on 12 October 2023).

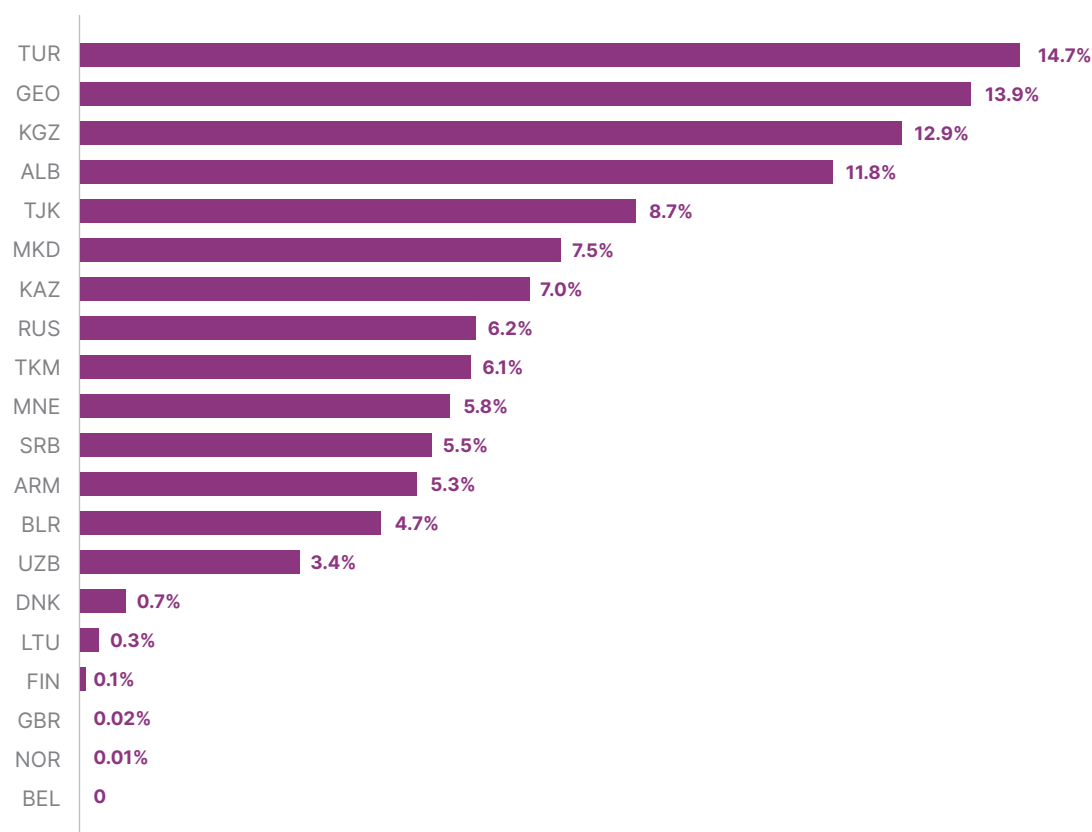
348. United States of America, "National report for the fourth review and appraisal cycle of the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) 2018–2022", 12 November 2021. Available at https://unece.org/sites/default/files/2021-11/mipaa20-report_united_states.pdf (accessed on 12 October 2023)

349. UNFPA Eastern Europe and Central Asia, "Adolescent pregnancy".

350. Based on data from recent MICS and DHS surveys for Albania, Armenia, Belarus, Georgia, Kyrgyzstan, Montenegro, North Macedonia, Tajikistan, Türkiye and Turkmenistan.

Child marriages continue in some countries in the region

Figure 3.15: Share of women aged 20–24 who were married or in a union before the age of 18 (%), select countries, 2015–2022 (latest year available) (SDG Indicator 5.3.1)



Note: The data are from 2015 for Kazakhstan; 2016 for Armenia; 2017 for Finland, the Russian Federation and Tajikistan; 2018 for Albania, Georgia, Kyrgyzstan, Montenegro and Türkiye; 2019 for Belarus, Belgium, North Macedonia and Serbia; 2021 for Denmark, Lithuania, Norway and the United Kingdom of Great Britain and Northern Ireland; and 2022 for Uzbekistan.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

Although there are limited data on the prevalence of child marriage in UNECE countries that are disaggregated by individual characteristics, there are indications that child marriage is more common among marginalized communities.³⁵¹ In Serbia, Montenegro and North Macedonia, child marriage among the Roma population is 10 times as high as among the total population (Figure 3.16). In Albania, child marriage is more prevalent among the Roma, Egyptian and rural communities.³⁵² In parts of the Caucasus, Central Asia and in Türkiye, child marriage is higher among refugee and migrant populations.³⁵³ The fact that there is limited evidence concerning child marriage and the subpopulations most affected restricts the development of targeted

351. Office of the United Nations High Commissioner for Human Rights, “Adverse impact of forced marriage on the full and effective enjoyment of all human rights by all women and girls - Report of the Office of the United Nations High Commissioner for Human Rights”, 2 February 2023 (A/HRC/52/50).

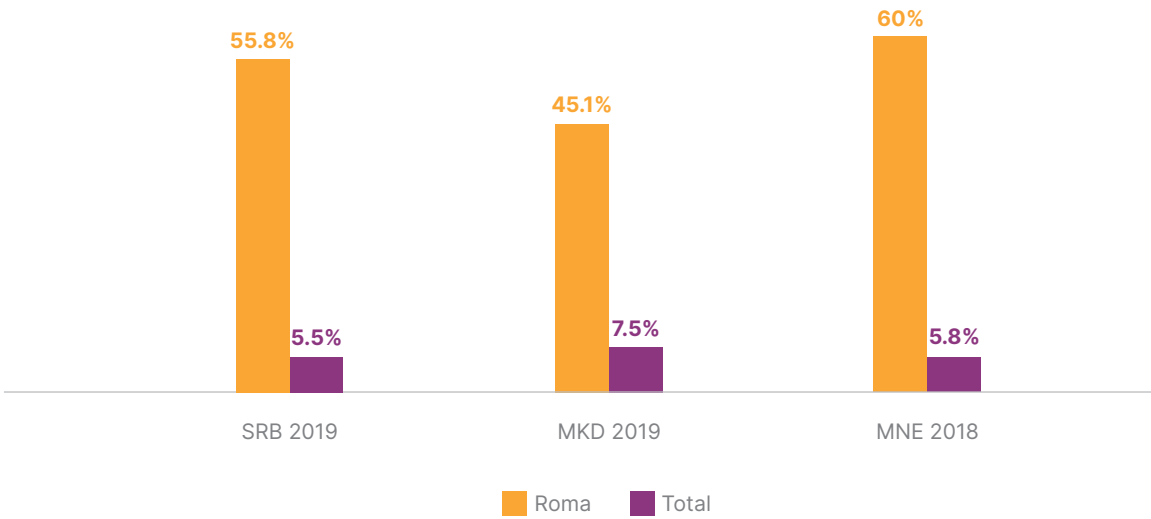
352. European Commission, “Albania 2019 report”, 29 May 2019 (SWD(2019) 215 final).

353. UNICEF, “Preventing child marriage”. Available at <https://www.unicef.org/eca/what-we-do/child-marriage> (accessed 19 September 2023).

policy responses aimed at ending child marriage. The available data do not reflect the impact of the COVID-19 pandemic, which may have slowed progress towards reducing child marriage in some countries. Prevention and protective factors aimed at reducing child marriage were affected by lockdowns and travel restrictions, while physical distancing made it difficult for girls to access health care, social services and community support.³⁵⁴ Economic hardship, a driver of child marriage, also increased for many as a result of the pandemic, placing more girls at risk.

Roma girls are at higher risk of child marriage

Figure 3.16: Share of Roma women and all women aged 20–24 who were married or in a union before the age of 18 (%), select countries, 2018/2019



Source: Statistical Office of Montenegro (MONSTAT) and UNICEF, *Montenegro and Roma Montenegro Settlements: Multiple Indicator Cluster Survey 2018 – Survey Findings Report* (Podgorica, MONSTAT and UNICEF, 2019); State Statistical Office and UNICEF, *North Macedonia and North Macedonia Roma Settlements: Multiple Indicator Cluster Surveys 2018-2019 – Survey Findings Reports* (Skopje, State Statistical Office and UNICEF, 2020); Statistical Office of the Republic of Serbia and UNICEF, *Serbia Multiple Indicator Cluster Survey and Serbia Roma Settlements Multiple Indicator Cluster Survey, 2019: Survey Findings Report* (Belgrade, Statistical Office of the Republic of Serbia and UNICEF, 2020).

Legal frameworks outlawing marriage under the age of 18 are present in most countries; however, many have provisions allowing marriage at younger ages with the consent of a public authority or parent. Several countries in the region have recently amended laws and policies to remove exceptions to the minimum age of marriage. Since 2018, Finland, Ireland, Norway and the United Kingdom (England and Wales only) have removed legal provisions allowing children aged 16 and 17 to marry under certain circumstances, joining Denmark, Germany, Netherlands (Kingdom of the) and Sweden as countries that fully prohibit marriage before the age of 18.³⁵⁵

354. UNFPA and UNICEF, *Child marriage in COVID-19 contexts: disruptions, alternative approaches and building programme resilience* (2021).
 355. UN Women, *Legislating and Enforcing the Minimum Age of Marriage: A Comparative Study of Experiences and Lessons Learned in Ending the Legalization of Child Marriage* (New York, 2023); European Union Agency for Fundamental Rights, "Marriage with consent of a public authority and/or public figure". Available at <https://fra.europa.eu/en/publication/2017/mapping-minimum-age-requirements/marriage-consent-public-authority-and-or-public-figure> (accessed on 19 September 2023); Ireland, Courts Service, "Marriage exemption". Available at <https://courts.ie/marriage-exemption> (accessed on 19 September 2023).

While legal frameworks outlawing child marriage are essential to protecting the rights of girls at risk, measures to address social norms and the wide acceptance of this practice also need to be implemented. A 2017 survey conducted among Roma populations in Albania, Montenegro and North Macedonia shows that Roma men and women are much more accepting of child marriage than non-Roma populations, especially in Montenegro and North Macedonia.³⁵⁶ Active outreach services that engage Roma communities and highlight the needs and structural inequalities faced by Roma women are needed. Examples of such approaches include Croatia's National Roma Inclusion Plan 2021–2027 and the Programme for Social and Civic Integration of the Roma Community in Poland for 2021–2030, which include provisions and activities aimed at the prevention of early and/or forced marriage among the Roma population.³⁵⁷

Positioning gender equality high on the government agenda

Gender inequality is a structural issue that affects all countries in the UNECE region, limiting women's and girls' access to services and resources, opportunities, well-being and even bodily safety and autonomy. Gender-responsive approaches, which untangle underlying gender inequalities, are essential to achieving sustainable development and the aims of the ICPD Programme of Action.

In the last decade progress has been made in institutionalizing gender perspectives within policymaking. A number of countries in the UNECE region have elevated the gender portfolio to senior levels of government and enacted norms that make it compulsory to conduct gender assessments before policies are adopted. In Iceland, the gender equality policy area was transferred to the Prime Minister's Office in 2019, and a special Department of Equality was established.³⁵⁸ In France, a Ministry for Gender Equality, Diversity and Equal Opportunities was established in 2020 and is mandated to eliminate all forms of gender discrimination and ensure equality in all areas.³⁵⁹

By positioning gender issues higher up on the agenda, it is expected that countries will be better prepared to both integrate gender-specific analysis across policies and to address any backlash against gender equality and women's empowerment.

356. Nataša Milenković, *Nowhere to Turn: Gender-Based Violence against Roma Women* (UNDP, 2018).

357. Office of the United Nations High Commissioner for Human Rights, "Questionnaire on child, early and forced marriages". Available at <https://www.ohchr.org/sites/default/files/2022-06/submission-hc-report-child-marriage-states-Croatia.docx> (accessed on 12 October 2023); Office of the United Nations High Commissioner for Human Rights, "A comprehensive report to the General Assembly on progress made towards ending CEFM, including in the context of the COVID-19 pandemic: Poland's input". Available at <https://www.ohchr.org/sites/default/files/2022-06/submission-hc-report-child-marriage-states-Poland.docx> (accessed on 12 October 2023).

358. Committee on the Elimination of Discrimination against Women, "Ninth periodic report submitted by Iceland under article 18 of the Convention, due in 2021", 29 December 2021 (CEDAW/C/ISL/9).

359. Committee on the Elimination of Discrimination against Women, "Ninth periodic report submitted by France under article 18 of the Convention, due in 2022", 17 March 2022 (CEDAW/C/FRA/9).

Poverty and socioeconomic inequality

Poverty is at the centre of individual and household vulnerability, resulting in and perpetuating exclusion and inequality cycles. Vulnerability is often the result of the interaction between individual characteristics and environmental factors such as group membership. Poverty generates cycles of exclusion and inequality, limiting individuals' ability to achieve their full potential in society. It manifests itself in a lack of access to quality education and health care, including sexual and reproductive health care, exposure to violence and discrimination and a lack of political participation, affecting different population groups in different ways.

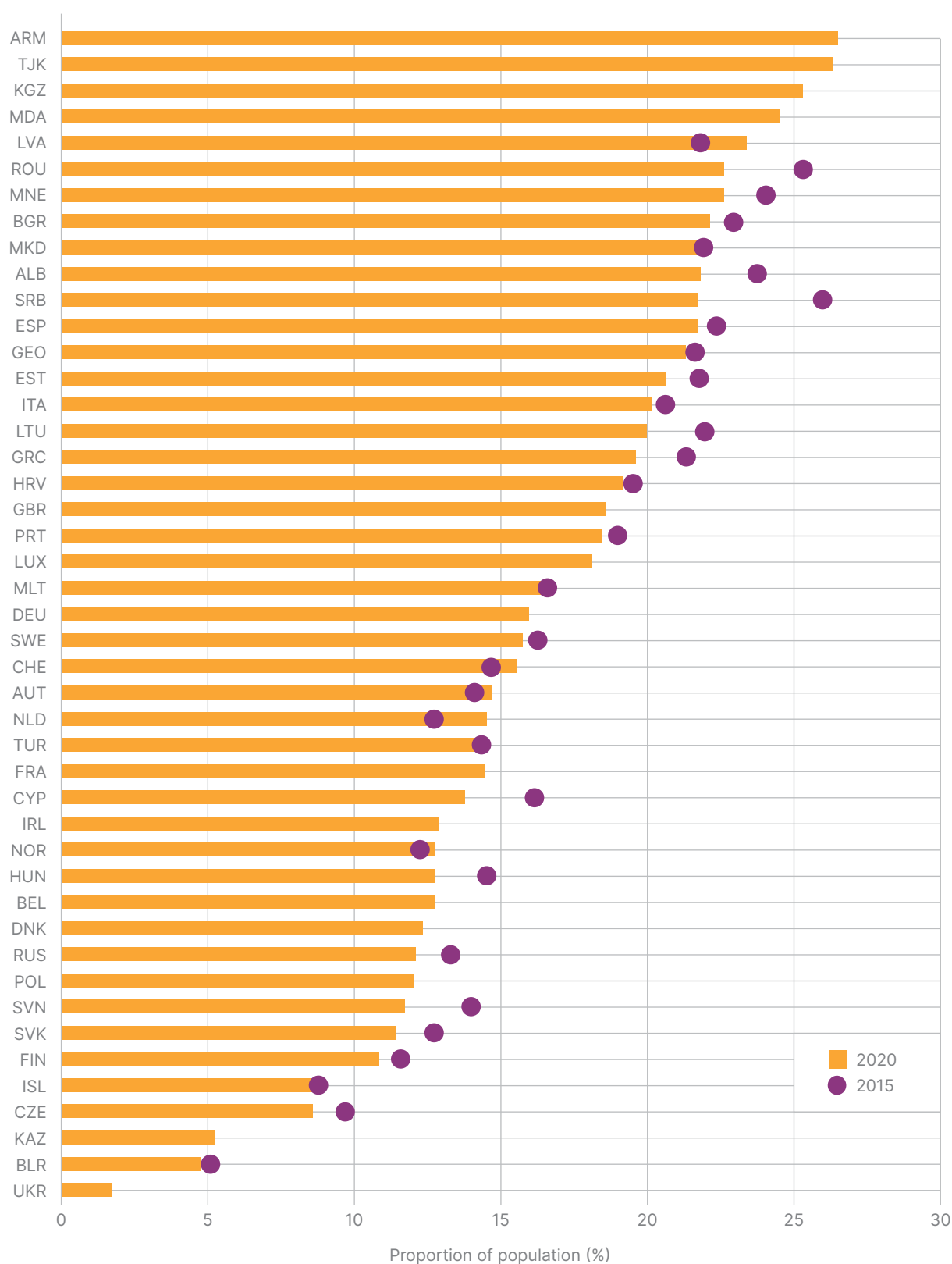
Recent events, including the COVID-19 pandemic, the escalation of the war in Ukraine and subsequent refugee outflows, as well as the many refugee and migrant flows resulting from other conflicts and disasters, and other factors, have had a devastating impact on the population of the UNECE region. These impacts are not fully reflected in the available data, yet we know that inequalities in access to essential services, including health and education, have been exacerbated.

Children, young adults and older persons are more likely to face poverty and social exclusion

- ▶ Across almost all countries with data, at least one in 10 people face monetary poverty. In one quarter of countries in the region with data, at least one in five people live in poverty.
- ▶ Women are more likely than men to face poverty and social exclusion at all ages, but gender gaps increase with age. More than one in four women aged 75 and older across countries with data are at risk of poverty or social exclusion.
- ▶ Women and girls aged 16 to 24 are the most at-risk group, reflecting higher levels of unemployment among young people and the fact that a greater share of young women than young men are not in employment, education or training.

In almost every country in the UNECE region, at least 1 in 10 people live in poverty

Figure 3.17: Proportion of the population living below the national poverty line (%), 2020 and 2015 (when available) (SDG Indicator 1.2.1)



Note: National poverty thresholds vary. The most recent data for Israel and the United Kingdom of Great Britain and Northern Ireland are from 2017; for Albania, Montenegro, North Macedonia, Norway, Serbia, Slovakia, Switzerland and Tajikistan, from 2019; and for Armenia, Kazakhstan, Netherlands (Kingdom of the), Poland and Republic of Moldova, from 2021. Early data for Albania are from 2016.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

The share of the population with income below the national poverty threshold decreased between 2015 and 2020 in 25 countries with data. The share of the population living in poverty increased between 2015 and 2020 in Austria (14.1 per cent to 14.7 per cent), Latvia (21.8 per cent to 23.4 per cent), Malta (16.5 per cent to 16.9 per cent), Netherlands (Kingdom of the) (12.7 per cent to 14.5 per cent in 2021), Norway (12.2 per cent to 12.9 per cent in 2019), Switzerland (14.7 per cent to 15.5 per cent in 2019), and Türkiye (14.3 per cent to 14.4 per cent) (Figure 3.17). Across almost all countries with data, at least one in 10 people face poverty. In one quarter of countries in the region with data, at least one in five people live in poverty.

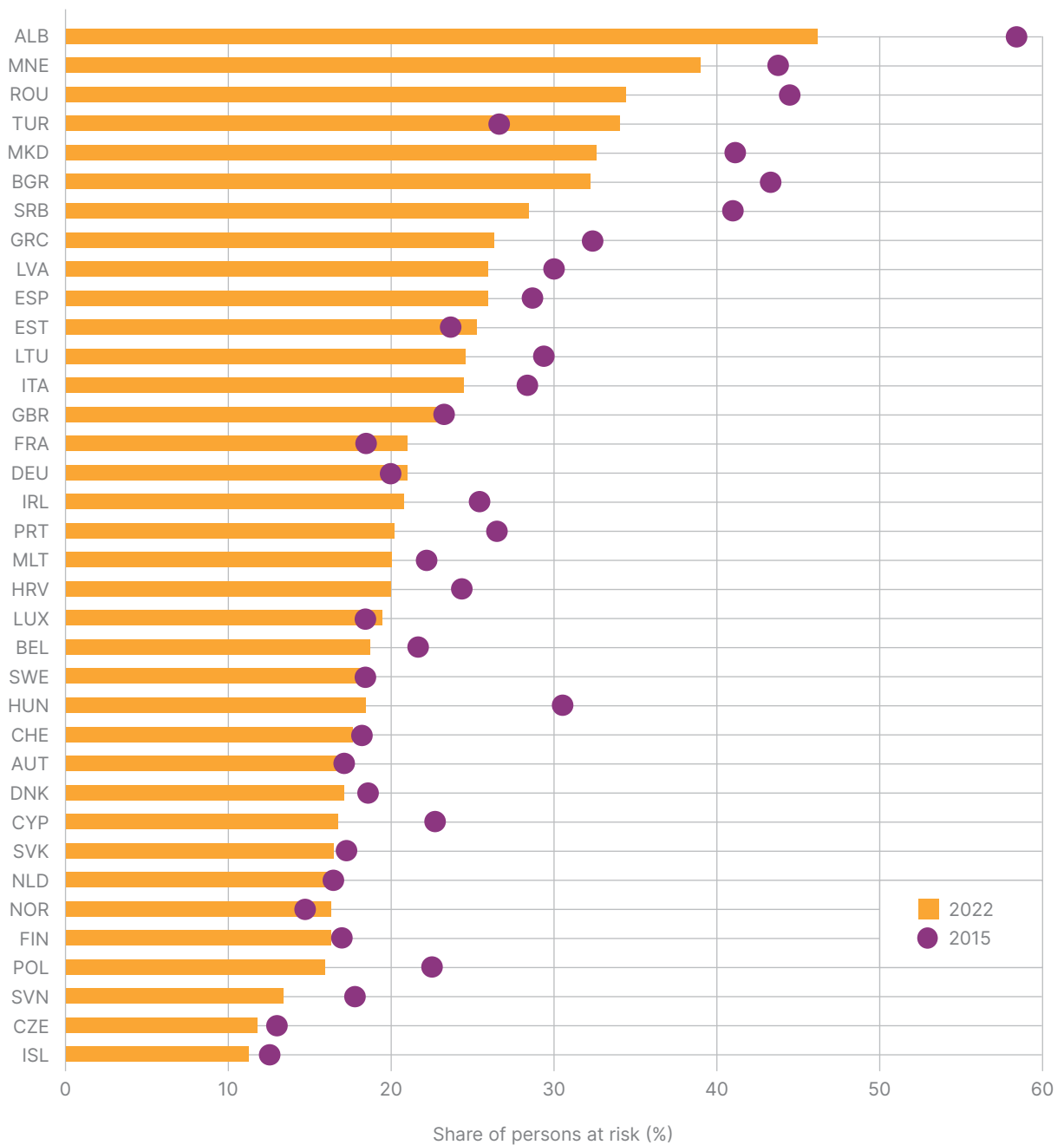
Poverty is a multidimensional phenomenon, and income-based measures of poverty do not capture all aspects of socioeconomic disadvantage. The AROPE (at risk of poverty or social exclusion) rate considers three dimensions of poverty and exclusion from the labour market: risk of income poverty, severe material and social deprivation, and low employment intensity in the household. Individuals in one of these three situations are considered at risk of poverty or social exclusion. In all countries with data, more than one in 10 people are at risk of poverty or social exclusion (Figure 3.18). Since 2015, the share of people at risk of poverty or exclusion across countries with data decreased only slightly, from a median value of 23 per cent to 20 per cent in 2022.³⁶⁰ Although there was a more accelerated downward trend between 2015 and 2019, progress has slowed since 2020, reflecting the impact of the multiple crises affecting the region and the deceleration of the global economy.



360. See Eurostat. Available at <https://ec.europa.eu/eurostat>. The data reflect the median value for 36 countries with data: 27 EU member States, Albania, Iceland, Montenegro, North Macedonia, Norway, Serbia, Switzerland, Türkiye and the United Kingdom of Great Britain and Northern Ireland. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details.

In half of countries, one in five people are at risk of poverty or social exclusion

Figure 3.18: Share of people at risk of poverty or social exclusion (%), select countries, 2015 and 2022



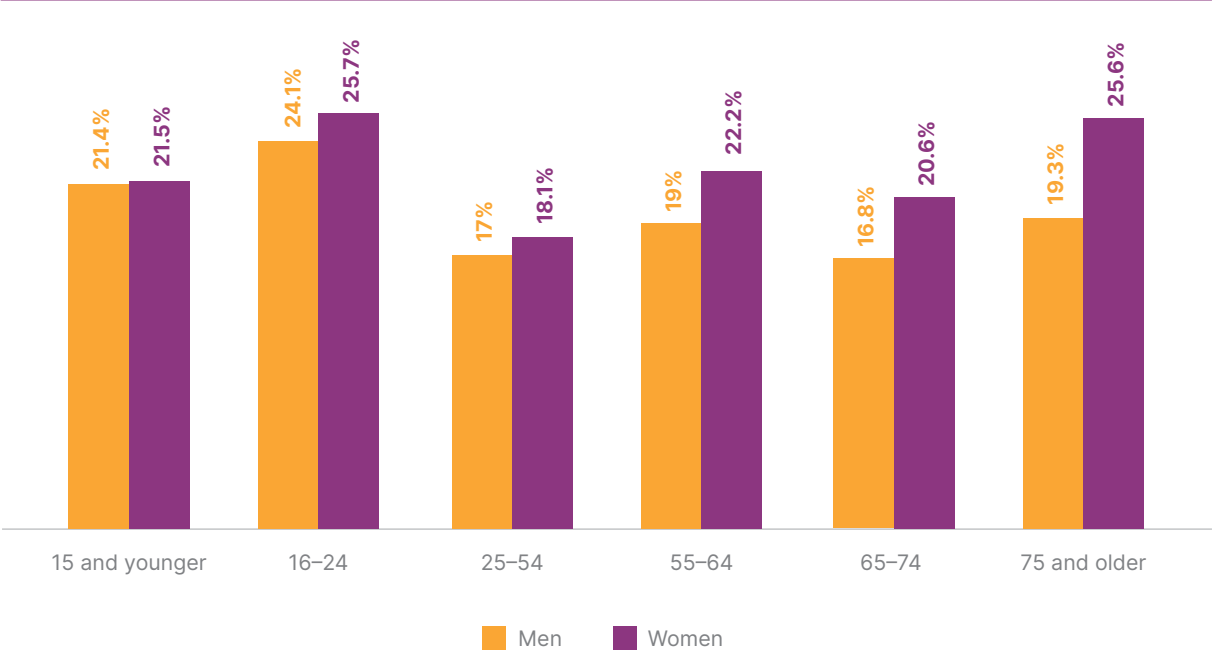
Note: The most recent data for Israel and the United Kingdom of Great Britain and Northern Ireland are from 2018; for North Macedonia and Norway, from 2020; and for Montenegro, Switzerland and Türkiye, from 2021. The data for Albania are from 2017 and 2020.

Source: Eurostat. Available at <https://ec.europa.eu/eurostat>.

Children, young adults and older persons are more likely to face poverty and social exclusion than the working-age population (Figure 3.19). Women are more likely than men to face poverty and social exclusion at all ages, but gender gaps increase with age. More than one in four women aged 75 and older across countries with data are at risk of poverty or social exclusion, reflecting the cumulative impacts of lifetime inequalities in employment and earnings for women. Women and girls aged 16 to 24 are the most at-risk group, reflecting higher levels of unemployment among young people and a higher share of young women than young men not in employment, education or training (see Chapter 1).

Women experience poverty and social exclusion more than men across all age groups

Figure 3.19: Share of people at risk of poverty or social exclusion by age group and gender (%), UNECE median, 2022



Note: The data reflect the median value for 36 countries with data: 27 EU member States, Albania, Iceland, Montenegro, North Macedonia, Norway, Serbia, Switzerland, Türkiye and the United Kingdom of Great Britain and Northern Ireland. The most recent data for Iceland and the United Kingdom of Great Britain and Northern Ireland are from 2018; for Albania, North Macedonia and Norway, from 2020; and for Montenegro, Switzerland and Türkiye, from 2021.

Source: Eurostat. Available at <https://ec.europa.eu/eurostat>.

While data disaggregated by ethnicity are not widely available across the UNECE region, evidence from several countries indicates that ethnic and racial minorities and foreign-born populations are more likely to experience poverty and social exclusion. An estimated 80 per cent of Roma living in 10 European countries were at risk of poverty and social exclusion in 2021, and more than 40 per cent were living in severe material deprivation.³⁶¹ In Canada,

361. European Union Agency for Fundamental Rights, *Roma in 10 European Countries: Main Results* (Vienna, 2022). The 10 countries are Croatia, Czechia, Greece, Hungary, Italy, North Macedonia, Portugal, Romania, Serbia and Spain.

immigrants of all races (9.1 per cent) as well as South Asian (10.8 per cent), Chinese (15.3 per cent) and Black (12.4 per cent) populations were more likely to be living in poverty in 2020 than White Canadians (8.1 per cent).³⁶² In Sweden, 25 per cent of foreign-born people were at risk of poverty in 2019, compared with 7 per cent of native-born people.³⁶³ In the United States of America, the share of Black (19.5 per cent) and American Indian/Alaska Native (24.3 per cent) people living in poverty in 2021 was twice as high as that of White people (10 per cent).³⁶⁴

Inequalities in educational attainment persist

- ▶ Even before the pandemic, gaps between traditionally advantaged and traditionally disadvantaged students were widening in many countries.
- ▶ Gaps in the proportion of students achieving the minimum level of proficiency in reading and math by immigration status, language spoken at home and residence in urban versus rural areas have widened since 2000.

The 2013 Chair's Summary highlighted increased educational levels as an important tool in fighting unemployment and poverty. Poverty is, indeed, the epitome of the failure to invest in individual capabilities. It is the result of, and perpetuates cycles of, exclusion and inequality, limiting individuals' ability to achieve their full potential.

Ensuring universal and equitable access to quality education is one of the most effective means of breaking cycles of poverty and inequality. While the available data predate the COVID-19 pandemic, they can serve as an indicator of inequalities present among the population when the pandemic resulted in the lockdown of education centres across the region and around the world, possibly pushing vulnerable population groups further behind.

Even before the pandemic, gaps between traditionally advantaged and traditionally disadvantaged students were widening in many countries. Parity indices provide a measure of what share of disadvantaged students achieve the country-defined level of proficiency in reading and math compared with the share of advantaged students achieving proficiency. Gaps in the proportion of students achieving the minimum level of proficiency in reading and math by immigration status, language spoken at home, and residence in urban versus rural areas have widened since 2000 (Figure 3.20). Gaps by household wealth have narrowed slightly but remain significant, with approximately 30 per cent fewer students in the lowest wealth quintile achieving minimum proficiency than students in the highest wealth quintile. These data were last collected in 2018, and it is likely that the COVID-19 pandemic has exacerbated inequalities.

362. Statistics Canada, "Disaggregated trends in poverty from the 2021 Census of Population", 9 November 2022.

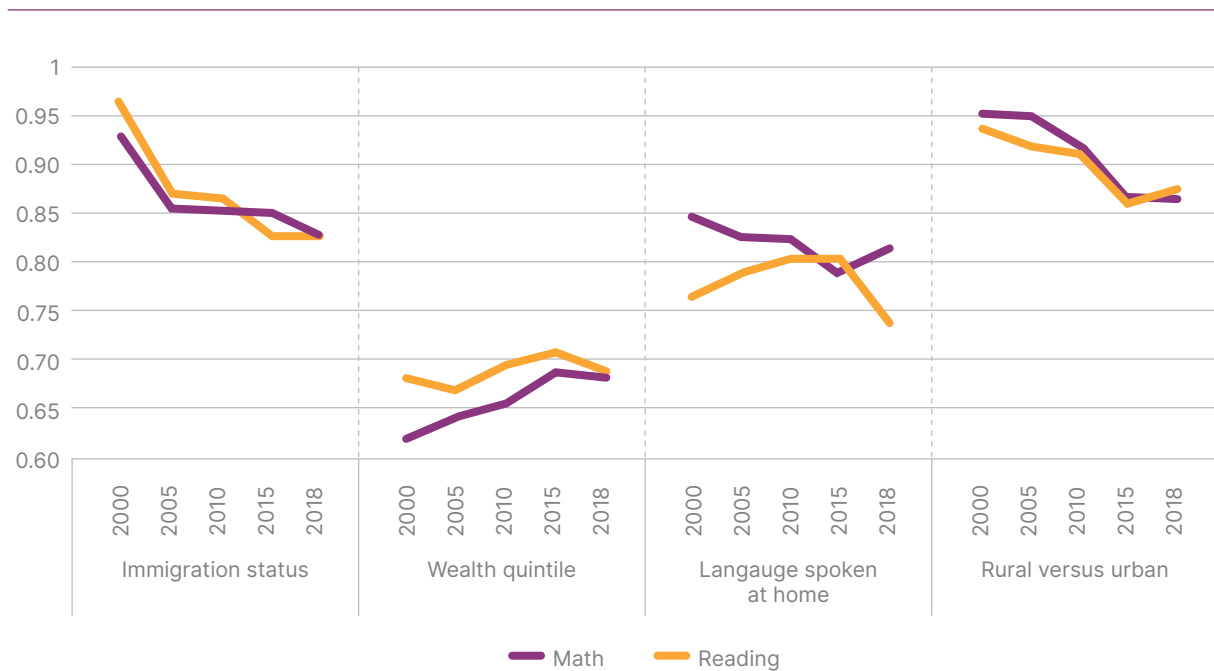
363. Statistics Sweden, "Persistent low income common among foreign born persons", 25 March 2021.

364. John Creamer and others, *Poverty in the United States: 2021* (United States Census Bureau, 2022), Table A-1.

Recent assessments indicate that schools in Central and Eastern Europe still face barriers to universal and inclusive education, with about 60 per cent of Roma, Ashkali and Egyptian youth in the Balkans not attending upper secondary school, and just 7 of 23 countries having policies or action plans explicitly addressing and prohibiting school bullying based on sexual orientation and gender identity.³⁶⁵

Gaps in education outcomes by immigration status, language spoken at home and place of residence have widened

Figure 3.20: Parity indices for achieving a minimum level of proficiency in reading and math, lower secondary students, the ratio of immigrant students to native-born students, the ratio of students in the lowest wealth quintile to students in the highest, the ratio of students speaking a foreign language at home to students speaking the national language at home and the ratio of students in rural areas to students in urban areas, UNECE median, 2000–2018



Note: The data reflect the median value for countries with data. The traditionally disadvantaged group is the numerator in each ratio. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details. Language spoken at home, immigration status, math: Albania, Austria, Azerbaijan, Belgium, Bulgaria, Canada, Croatia, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Iceland, Ireland, Israel, Kazakhstan, Latvia, Lithuania, Luxembourg, North Macedonia, Montenegro, Netherlands (Kingdom of the), Norway, Poland, Portugal, Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America. Language spoken at home, immigration status, reading: previous list plus Hungary, Italy, Malta, Türkiye. Rural, math: Albania, Austria, Azerbaijan, Belgium, Bulgaria, Canada, Croatia, Czechia, Denmark, Finland, Georgia, Germany, Greece, Iceland, Ireland, Israel, Kazakhstan, Latvia, Lithuania, Luxembourg, Netherlands (Kingdom of the), Norway, Poland, Portugal, Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, the United States of America. Rural, reading: previous list plus Hungary, Italy, Türkiye. Wealth quartile, math: Albania, Austria, Belgium, Bulgaria, Canada, Croatia, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Iceland, Ireland, Israel, Kazakhstan, Latvia, Lithuania, Luxembourg, Montenegro, Netherlands (Kingdom of the), North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America. Wealth quartile, reading: previous list plus Hungary, Italy, Malta, Türkiye.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

365. UNESCO, *Global Education Monitoring Report, 2021: Central and Eastern Europe, Caucasus and Central Asia Report – Inclusion and Education: All Means All* (Paris, 2021).

Addressing poverty and inequality in the UNECE region

Poverty is a complex situation, and efforts to reduce poverty and inequality and promote social inclusion require a holistic approach that cuts across many policy domains, including childcare, education and training, health, housing and transportation, social protection, employment, anti-discrimination, gender equality and women's empowerment. The compound effects of the COVID-19 pandemic and rising energy prices across the region have slowed and, in some cases, reversed progress around poverty and social exclusion, increasing vulnerability among those already at risk. Countries across the UNECE region have implemented policies and programmes to reduce poverty generally and to improve access to quality education, decent work and adequate income for the most vulnerable and marginalized groups. In Bosnia and Herzegovina, for example, several projects were implemented between 2019 and 2023 with support from the Ministry of Human Rights and Refugees that were aimed at supporting the Roma population, including through the construction and rehabilitation of housing, the creation of employment opportunities and the enhancement of education.³⁶⁶ In an effort to address the link between low skills and lifelong economic instability, the Greek employment agency, with support from UNICEF, implemented a project in 2021–2022 aimed at enhancing the skills and employability of at-risk young people aged 16 to 24, including those from migrant, refugee or minority backgrounds as well as children and young people with disabilities.³⁶⁷ Recognizing the higher risk of poverty and social exclusion among older people and people with disabilities, Latvia introduced a comprehensive minimum income reform, changing the principles for setting and increasing the minimum old-age and disability pension payments.³⁶⁸

In the UNECE region, socioeconomic disparities begin in schools with persistent and growing gaps in educational achievement between advantaged and disadvantaged students. Roma and foreign-born students are among the most disadvantaged across the region, and many countries have intervened to improve educational outcomes among these populations. In Croatia, the Keep Step project carried out in 2019 and 2020 was designed to give Roma students a better starting position in the early stage of their education and to engage parents in their learning to creating better educational environments.³⁶⁹ In North Macedonia, a strategy and action plan around Roma inclusion involves scholarships for Roma students, mentoring and tutoring programmes as a means of improving high school graduation rates and learning outcomes, as well as efforts to create tolerant and welcoming learning environments. Such programmes have proven successful, with a secondary school dropout rate of less than 1 per

366. Bosnia and Herzegovina, "Voluntary Review: Implementation of Agenda 2030 and the Sustainable Development Goals in Bosnia and Herzegovina", 2023.

367. Greece, "Voluntary National Review 2022 on the Implementation of the 2030 Agenda for Sustainable Development", 2022.

368. Latvia, "Implementation of the Sustainable Development Goals - 2022", 2022; Latvia, "Report on the implementation of the Madrid International Plan of Action on Ageing and its Regional Implementation Strategy (MIPAA/RIS) in Latvia 2018-2022", 2022.

369. Croatia, "Croatia: Voluntary National Review of the Implementation of the United Nations 2030 Agenda for Sustainable Development", 2023.

cent among Roma students receiving scholarships.³⁷⁰ The Irish Migrant Integration Strategy has set out several actions aimed at improving access to, and outcomes in, education since 2017, including monitoring of the numbers of non-English-speaking children in schools, reviewing teacher training on managing diversity and tackling racism, and reviewing the adequacy of language supports in schools.³⁷¹

Box 6. European Pillar of Social Rights Action Plan³⁷²

The European Commission target to reduce the number of Europeans living below the national poverty line by 25 per cent between 2010 and 2020 was not achieved, and in March 2021 the Commission announced a new target of reducing the number of people living in poverty by at least 15 million by 2030 as part of the European Pillar of Social Rights Action Plan. The action plan includes two additional targets: to achieve at least 78 per cent employment among the population aged 20 to 64 by 2030 and 60 per cent participation in training among adults every year. To achieve these targets, the action plan recognizes the need to close the gender employment gap by increasing the provision of early childhood education and care; decreasing the percentage of young people not in employment, education or training; and making sure other underrepresented groups, including older people, people with disabilities and Roma and other ethnic minority groups, participate in the labour market to the maximum extent possible. The plan also emphasizes the need for relevant, quality education and training that promotes digital skills, reduces school dropout rates and increases participation in upper secondary school.

370. North Macedonia, "Sustainable Development Goals Voluntary National Review", 2020.

371. Ireland, Department of Children, Equality, Disability, Integration and Youth, "Migrant Integration Strategy", 28 December 2020.

372. European Union, "Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: The European Pillar of Social Rights Action Plan", 4 March 2021 (COM/2021/102 final).

Social Inclusion of marginalized and vulnerable groups

Individuals experience a combination of social identities based on their gender, ethnicity, age, socioeconomic status and disability. These multiple identities create complex patterns of risk where individuals experience these identities within the context of institutional and socially accepted discrimination.³⁷³ Ensuring that all individuals, regardless of race, migrant status, disability, religion, age or sex, live a life free from poverty and discrimination and are able to access social services and, more broadly, enjoy the protection and exercise of their human rights remains an unfinished item on the region's population and development agenda.

Policy frameworks combat sex-based discrimination

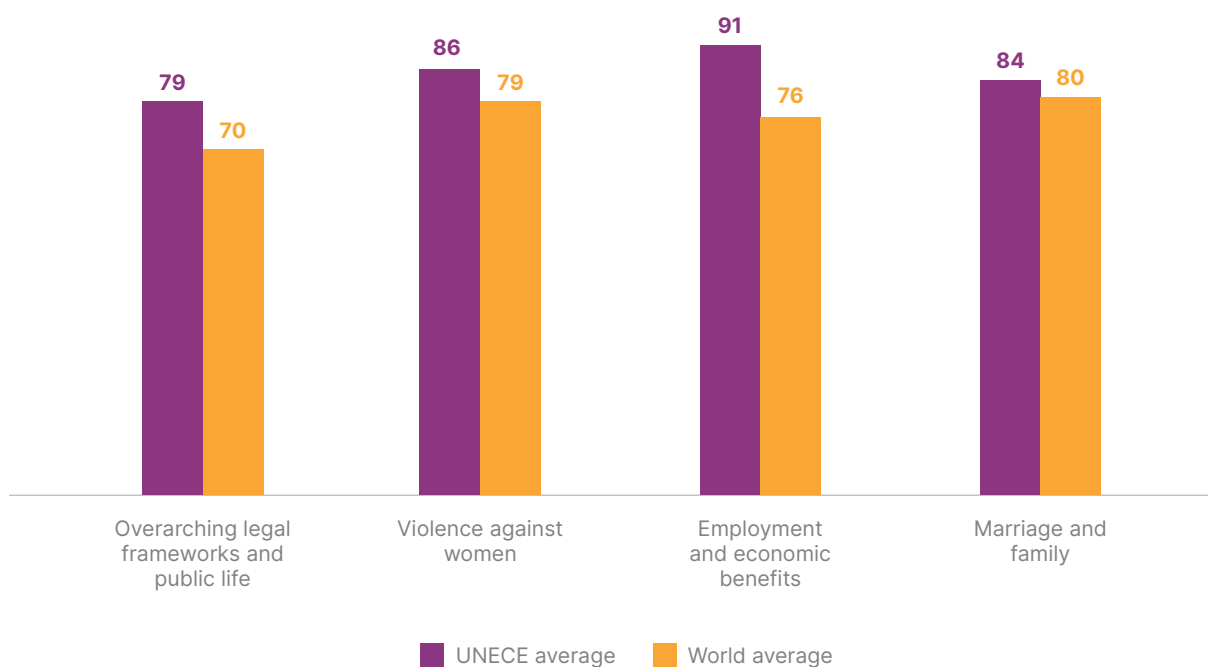
- ▶ Countries across the UNECE region exceed the global averages in adopting legal frameworks that promote, enforce and monitor gender equality.
- ▶ Legal frameworks that promote, enforce and monitor gender equality have been strengthened since 2018 in 12 countries in the region.



373. United Nations Network on Racial Discrimination and Protection of Minorities, *Guidance Note on Intersectionality, Racial Discrimination and Protection of Minorities* (2022).

The UNECE region exceeds global averages in adopting legal frameworks on gender equality

Figure 3.21: Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex, percentage of achievement, UNECE and world averages, 2022 (SDG Indicator 5.1.1)



Note: The UNECE average reflects the simple average for 48 countries with data. Data were unavailable for Andorra, Belgium, Liechtenstein, Monaco, the Russian Federation, San Marino, Tajikistan and Turkmenistan. The world average is as reported in the Global SDG Database. For more information on data collection, see [SDG metadata for indicator 5.1.1](#).

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

Recent assessments of national legislation, policies and policy action plans indicate that, on average, countries across the UNECE region exceed the global averages in adopting legal frameworks that promote, enforce and monitor gender equality (Figure 3.21). Across four areas of legislation and policy related to gender equality, countries in the UNECE region have the strongest legal basis for gender equality and non-discrimination when it comes to employment and economic benefits and violence against women. Since 2018, when these data were first collected, Armenia, Greece, Iceland, Norway and Sweden have strengthened legislation around violence against women. Armenia, Belarus, Kyrgyzstan, Switzerland, Ukraine and the United Kingdom have added or reformed legal frameworks to improve gender equality in employment and economic benefits. In the area of marriage and family — the domain where the UNECE average is closest to the world average — legislation on gender equality and non-discrimination has been strengthened in Cyprus and Finland.

Discrimination and stigma are barriers to inclusion

- ▶ While progress is being achieved in the adoption of supportive policies to strengthen social inclusion and reduce social inequalities, there is less evidence of changes happening at the level of social norms, with deeply held beliefs and actual practices showing little sign of change.
- ▶ People with a disability are more likely to have experienced discrimination than people without a disability.
- ▶ Despite important progress in terms of legal frameworks to address discrimination, social exclusion persists, including ageism, and discrimination towards people with a disability, people living with HIV and homosexuals, and people of a different race also remains concerningly common in the region.

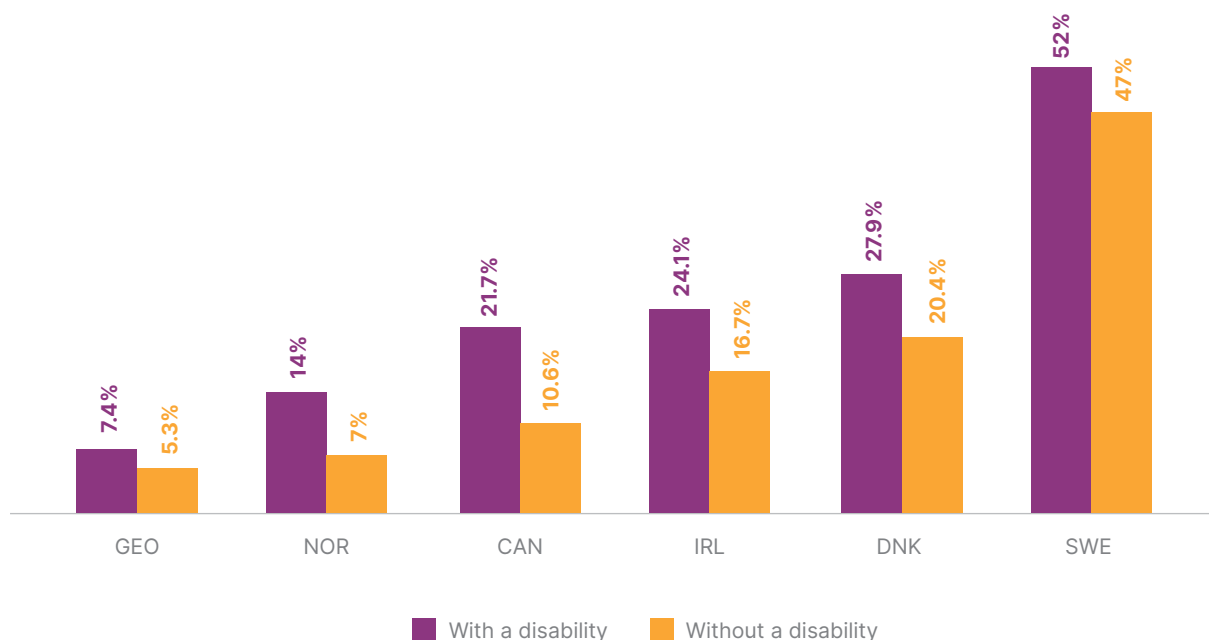
There is limited evidence regarding the percentage of people living with disabilities that have experienced discrimination and harassment. Still, according to surveys conducted in six countries between 2014 and 2019, people with a disability were more likely to have experienced discrimination or harassment in the 12 months before the respective survey than people without a disability (Figure 3.22). Among women, those living with disabilities are two to three times more likely to have experienced discrimination or harassment than those without a disability.³⁷⁴



374. Based on data available from the Global SDG Database for Belarus (2019), Georgia (2018), Kyrgyzstan (2018), North Macedonia (2018) and Turkmenistan (2019).

People living with disabilities more likely to experience discrimination than those without disabilities

Figure 3.22: Percentage of the population having felt discriminated against or harassed in the previous 12 months (%), by disability status, 2014–2019 (latest year available) (SDG Indicator 10.3.1)



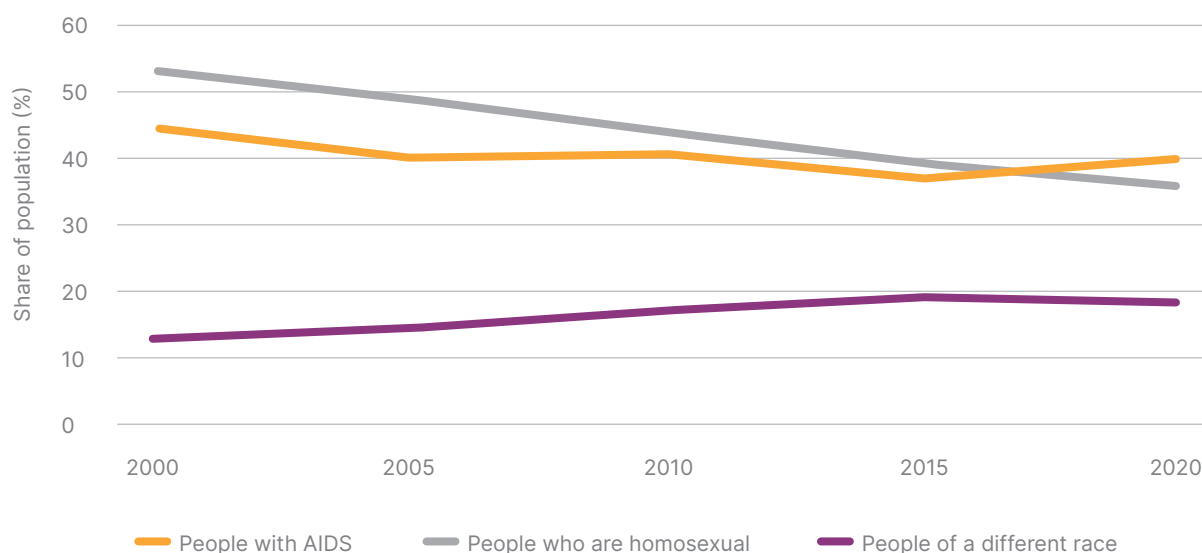
Note: The data for Canada are from 2014; for Denmark, from 2016; for Georgia, from 2018; for Ireland, from 2019; for Norway, from 2015; for Sweden, from 2018.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database.
Available at <https://unstats.un.org/sdgs/dataportal>.

Discriminatory attitudes towards people living with HIV, homosexuals and people of a different race also remain concerningly common in the region. Such attitudes have severe implications for people's health and well-being; they constitute serious violations of international human rights law and have a far-reaching impact on society, contributing to increased vulnerability to ill health, including HIV infection and social and economic exclusion, putting strain on families and communities and having a negative impact on economic growth, decent work and progress towards achieving the Sustainable Development Goals.

Mixed progress on changing discriminatory attitudes and stigma

Figure 3.23: Percentage of the population aged 18+ indicating that they would not like to have members of various groups as neighbours (%), UNECE median, 2000–2020



Note: The data reflect median values. People of a different race (38 countries): Albania, Andorra, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Cyprus, Czechia, Estonia, Finland, France, Georgia, Germany, Hungary, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Montenegro, Netherlands (Kingdom of the), North Macedonia, Norway, Poland, Romania, the Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye, Ukraine, the United States of America. People who have AIDS (33 countries): see the list for people of a different race, less Canada, Croatia, France, Italy, Latvia, Lithuania, and plus the United Kingdom of Great Britain and Northern Ireland. People who are homosexual (38 countries): see the list for people of a different race, less Andorra and plus the United Kingdom of Great Britain and Northern Ireland. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details.

Source: World Values Survey. Available at <https://www.worldvaluessurvey.org/wvs.jsp>.

Across the UNECE region, the median percentage of people aged 18 and older indicating that they would not like to have a person of a different race as a neighbour (18.2 per cent in 2020) has decreased slightly since 2015 (19.1 per cent) but remains higher than in 2000 (12.6 per cent) (Figure 3.23). In 24 of 38 countries with data, the percentage of people with prejudiced attitudes towards people of a different race increased between the earliest and most recent surveys collecting these data. After a downward trend between 2000 and 2015, the median percentage of people indicating that they would not like to have someone with AIDS as a neighbour increased slightly between 2015 (37.4 per cent) and 2020 (39.1 per cent). Prejudicial attitudes towards people who are homosexuals have been decreasing. Nonetheless, more than one in three people (median value of 35.7 per cent) still indicate that they would not like to have a person who is homosexual as a neighbour. Older people are more likely to have prejudiced attitudes towards these groups than younger people, and more highly educated people of all ages are less prejudiced against these groups than those with less education.

Ageism — the stereotyping of, and prejudice and discrimination against, people based on their age — continues to be prevalent across the region. In Europe, one in three older persons aged 65 or older report experiences of ageism. Ageism affects young persons as well. More than half of youth aged 15 to 24 across European countries report being treated with a lack of respect because of their age.³⁷⁵

Discrimination based on racial or ethnic origin, bias-motivated crimes and racist speech remained widespread in 2022, according to a report by the European Union Agency for Fundamental Rights (FRA).³⁷⁶ One in four Roma living in 10 countries in Europe reported experiencing discrimination based on their ethnic background in 2021.³⁷⁷ Research from across the EU reveals differences in outcomes between ethnic and racial minority groups and the general population in access to employment, education and housing, systematic racism against Roma in some member States, as well as ethnic profiling and racist practices during encounters with law enforcement.³⁷⁸

Countries have taken measures to address discrimination and stigma. These include measures to enhance diversity in public administrations and to address racism in policing. For example, Belgium and Germany have developed strategies and targets to increase diversity in federal entities.³⁷⁹ In the Kingdom of the Netherlands, the police appointed a national coordinator to combat discrimination and racism, and equality bodies in Denmark and in Ireland called for revisions in national legislation to prohibit and tackle discriminatory ethnic profiling by law enforcement.³⁸⁰

Countries have also been working to address other forms of discrimination by adopting and reforming policy frameworks. For example, Greece adopted a National Action Plan for the Rights of Persons with Disabilities (2020), while Georgia adopted several laws and regulations on people with disabilities and created various mechanisms for their implementation, including a national action plan on employment that included specific goals to support the employment of people with disabilities.³⁸¹

Several countries have adjusted legal frameworks and developed strategies to address discrimination on the basis of sexual orientation or gender identity. Andorra, for example,

375. World Health Organization, *Global Report on Ageism* (Geneva, 2021).

376. European Union Agency for Fundamental Rights, *Fundamental Rights Report 2023* (Luxembourg, Publications Office of the European Union, 2023).

377. European Union Agency for Fundamental Rights, *Roma in 10 European Countries: Main Results* (Vienna, 2022).

378. European Union Agency for Fundamental Rights, *Fundamental Rights Report 2023* (Luxembourg, Publications Office of the European Union, 2023).

379. *Ibid.*

380. *Ibid.*

381. Greece, "Voluntary National Review 2022 on the Implementation of the 2030 Agenda for Sustainable Development", 2022; Committee on the Rights of Persons with Disabilities, "Initial report submitted by Georgia under article 35 of the Convention, due in 2016", 29 November 2018 (CRPD/C/GEO/1); Office of the United Nations High Commissioner for Human Rights, "Experts of the Committee on the Rights of Persons with Disabilities commend Georgia on anti-discrimination legislation, ask questions on legal capacity reform and access to healthcare for vulnerable persons in occupied regions", 10 March 2023.

formalized the right of individuals to change their name and sex in national registries, allowed civil unions among people of the same sex and recognized the parenthood of both parties in such unions.³⁸² In Sweden, the 2020–2023 action plan for equal rights and opportunities for LGBTQI people raises awareness of gender identity and supports equal rights and opportunities regardless of gender, sexual orientation, gender identity or gender expression.³⁸³ Switzerland also legalized same-sex marriage and banned discrimination on the basis of sexual orientation,³⁸⁴ while Greece adopted its first LGBTQI+ strategy in 2021, which prohibits discrimination on the basis of sexual orientation or gender identity.³⁸⁵ Other countries have been focusing on expanding protection and non-discrimination for LGBTQI+ persons, such as in Denmark, where a ban on discrimination on the basis of sexual orientation, gender identity, gender expression and gender characteristics has been made explicit in legislation, and a new LGBT+ action plan adopted in August 2022 promotes the safety and well-being of, and equal opportunities for, LGBT+ persons.³⁸⁶



382. ILGA Europe, *Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans and Intersex People in Europe and Central Asia 2022* (Brussels, 2022); Andorra, “Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans, and Intersex People in Andorra Covering the Period of January to December 2021”, 2021.

383. UNESCO, *Comprehensive sexuality education (CSE) country profiles* (Paris, 2023).

384. Switzerland, “Implementing the 2030 Agenda for Sustainable Development: Voluntary National Review of Switzerland”, 2022.

385. Greece, “Voluntary National Review 2022 on the Implementation of the 2030 Agenda for Sustainable Development”, 2022.

386. Denmark, Ministry of Transport, “Room for diversity in the community: LGBT+ action plan 2022–2025 – an abbreviated version”.

Box 7. Combating ageism

Ageism, as defined by WHO in the first *Global Report on Ageism* published in 2021, refers to stereotypes (thoughts), prejudice (feelings) and discrimination (actions or behaviours) towards others or ourselves based on age. It can be institutional, interpersonal and self-directed and can be either conscious or unconscious. Ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode intergenerational solidarity. It takes different forms across the life course and affects all age groups. Ageism has serious and far-reaching consequences for people's health, well-being and human rights.³⁸⁷

Since the last ICPD review, several international initiatives have contributed to raising awareness of the prevalence of ageism and identified ways of combating it through policy and law, educational interventions and international contact. The *Global Report on Ageism* made three recommendations for action: to invest in evidence-based strategies to prevent and tackle ageism, to improve data and research to gain a better understanding of ageism and how to reduce it, and to build a movement to change the narrative around age and ageing.

The Global Campaign to Combat Ageism³⁸⁸ and the United Nations Decade of Healthy Ageing have engaged a broad range of stakeholders to raise awareness, share knowledge, build evidence and inform policies to prevent ageism and address its consequences.

In 2021, the Independent Expert on the enjoyment of all human rights of older persons reported on ageism and age-discrimination (A/HRC/48/53) to the Human Rights Council, which adopted a substantive resolution on the Human Rights of Older Persons (A/HRC/RES/48/3) that called upon all States to combat ageism and eliminate age discrimination.

387. WHO, *Global Report on Ageism* (Geneva, 2021).

388. See WHO, *Global Campaign to Combat Ageism – toolkit* (Geneva, 2021). Available at <https://www.who.int/publications/m/item/global-campaign-to-combat-ageism-toolkit> (accessed on 27 September 2023).

Increases in the number of detected victims of trafficking

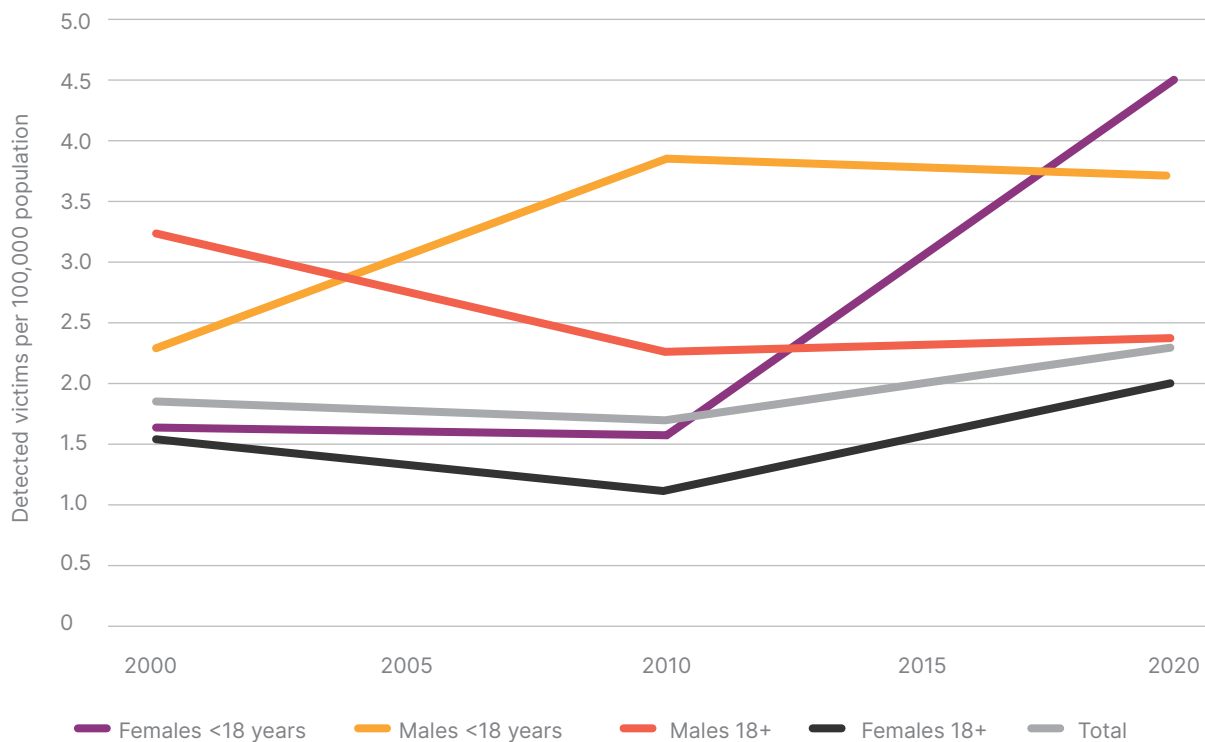
- ▶ The number of detected victims of human trafficking has increased since 2015 across UNECE countries with data.
- ▶ The growth across the region has been driven by a large increase in the number of female children detected as victims of human trafficking.
- ▶ The COVID-19 pandemic has impacted the number of prosecutions and convictions for trafficking-related crimes.

Human trafficking is the recruitment, transportation, transfer, harbouring or receipt of people through force, fraud or deception with the aim of exploiting them for profit. All the above are violations of basic human rights; a high proportion of trafficked people in a population implies that a State has deficiencies in terms of safeguarding the human rights of all its residents. Men, women and children of all ages and from all backgrounds can become victims of this crime, which occurs in every region of the world. Trafficking in human beings disproportionately affects women and girls: 65 per cent of all victims detected worldwide are female.³⁸⁹

389. United Nations Office on Drugs and Crime, *Global Report on Trafficking in Persons 2022* (United Nations publication, 2023).

The number of female children detected as victims of human trafficking has increased

Figure 3.24: Detected victims of human trafficking per 100,000 population by age group and sex, UNECE average, 2007–2021



Note: The data reflect the simple average for 36 countries with data: Albania, Armenia, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Czechia, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Netherlands (Kingdom of the), North Macedonia, Norway, Portugal, Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, Spain, Switzerland, Tajikistan, Türkiye, Ukraine, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uzbekistan. Time-weighted linear regression based on available empirical data was used to estimate the underlying country-level values for the years shown when data were missing. See the Appendix for details.

Source: United Nations, Department of Economic and Social Affairs, Global SDG Database. Available at <https://unstats.un.org/sdgs/dataportal>.

The number of detected victims of human trafficking (per 100,000 population) has increased since 2015 across UNECE countries with data (Figure 3.24). This growth across the region has been driven by a large increase in the number of female children detected as victims of human trafficking, which increased from an average of 1.6 per 100,000 population in 2015 to 4.5 per 100,000 in 2021. The average number of male children detected as victims of trafficking has changed little since 2015 but was higher in 2021, at 3.7 per 100,000 population, than it was in 2007 (2.3 per 100,000 population). The increase in detected victims may partially reflect an improvement in monitoring and surveillance, but recent research by the United Nations Office on Drugs and Crime confirms continued increases in the number of detected victims of human trafficking in Europe, Central Asia and North America and an increase in detected child victims in North America and Western and Southern Europe in 2020 compared with previous years.³⁹⁰

390. United Nations Office on Drugs and Crime, *Global Report on Trafficking in Persons 2022* (United Nations publication, 2023).

The COVID-19 pandemic has not impacted the detection of victims of human trafficking in the region, but it seems to have affected the criminal justice response to trafficking-related crimes, with the number of prosecutions and convictions falling in 2020 compared with previous years in North America, Eastern Europe and Central Asia, and Western and Southern Europe.³⁹¹

The importance of responsive governance for social inclusion and rights protection

Participatory governance — or inclusive governance — calls for everyone affected by a particular decision to be able to take part in the decision-making process, without discrimination. The 2013 Chair's Summary highlighted the importance of responsive governance “based on accountability, participation, transparency and rule of law to address inequalities and achieve social inclusion and rights”.³⁹² Along the same lines, SDG Indicator 16.7.2 aims to ensure inclusive and responsive decision-making for sustainable development.

In recent years, the European Union has increasingly been integrating national human rights institutions and ombudspersons into monitoring mechanisms for the implementation of EU funds.³⁹³ These institutions, often in the form of an ombudsperson (or ombudsman), are seen as an important element in a State based on democracy, the rule of law, respect for human rights and fundamental freedoms, and good administration. In 2019, the Council of Europe issued the Venice Principles on the protection and promotion of the ombudsman institution, reinforcing their key role in the protection and promotion of human rights and the rule of law.

These efforts are often complemented and supported by the work of civil society. The Chair's Summary alluded to the essential role of civil society when mentioning that “governments and other stakeholders [should] continue to strengthen partnerships with CSOs and NGOs, provide adequate and sustainable funding, and support the work of CSOs in eliminating social exclusion”.³⁹⁴ Civil society organizations (CSOs) and non-governmental organizations (NGOs) continue to show their essential role in providing services to vulnerable groups, strengthening representation of those with fewer opportunities to form part of decision-making and brokering dialogues. For example, the Roma Civil Monitor project, which assesses national strategies for Roma equality, highlighted the increasing participation of Roma and NGOs in the preparation of national Roma strategic frameworks and national action plans, although progress has been uneven across countries, and room for improvement remains.³⁹⁵ In some countries, the COVID-19 pandemic acted as a catalyst for civil society engagement, creating opportunities for CSOs to make significant contributions to the crisis response by sourcing protective equipment for medical personnel, delivering food and other essential items to vulnerable groups, and leading public health information campaigns.³⁹⁶

391. Ibid.

392. UNFPA and UNECE, “Chair's Summary”, para. 32.

393. European Union Agency for Fundamental Rights, *Fundamental Rights Report 2023* (Luxembourg, Publications Office of the European Union, 2023).

394. UNFPA and UNECE, “Chair's Summary”, para. 32.

395. European Union Agency for Fundamental Rights, *Fundamental Rights Report 2023* (Luxembourg, Publications Office of the European Union, 2023).

396. Richard Youngs, ed., *Global Civil Society in the Shadow of Coronavirus* (Washington, DC, Carnegie Endowment for International Peace, 2020).

The way forward: combating discrimination and inequalities to unlock development potential for all

Since 2018, the UNECE region has observed a shift in social norms, with broader conversations taking place on the relevance of gender equality for development, critical reviews of the social integration of migrants and debates on the prevalence of systemic racism.³⁹⁷ This has resulted in both progress and setbacks, and effective social inclusion and non-discrimination remain goals for all countries in the UNECE region. Efforts must be accelerated to address inequalities within and across countries to leave no one behind on the road to the realization of individual rights and regional sustainable development. Women, migrants, people with disabilities, older persons and ethnic minority groups continue to experience multiple and intersecting disadvantages in economic and social life in the region.

Across the life course, women continue to suffer multiple forms of discrimination and inequality that impede the full realization of their rights and potential. Traditional gender norms limit progress towards many areas of the ICPD Programme of Action. Unpaid care work continues to fall more heavily on women, and gender stereotypes tie women to reproductive roles that manifest as harmful practices for many young girls. Despite generally better educational outcomes compared with boys and men, girls and women still face barriers in the labour market, including underrepresentation in leadership positions and lower pay. Such disadvantages accumulate across the life course, leading to higher chances of poverty in older age.

Continued efforts are required to support the reconciliation of work and family responsibilities for women and men. Affordable childcare, compensation for women's lost income while they are providing full-time childcare, flexible working arrangements for employees with care responsibilities and the adoption of policies that encourage the equal participation of men in unpaid care work can support families, enabling them to freely exercise their choices around family life and labour market engagement. Systems supporting and enforcing equal pay and reducing the gender pay gap should continue to be developed alongside mechanisms that support increased representation of women in leadership roles across industries and sectors.

397. UN Women, "Op-ed: on the Black Lives Matter protests and other mass demonstrations against systemic racism and police brutality", 22 June 2020; European Parliament, "EU legislation and policies to address racial and ethnic discrimination", 20 March 2023.

Poverty and social exclusion remain common in many countries in the UNECE region, disproportionately affecting both younger and older persons, women of all ages, and Roma and other ethnic and racial minorities. In addition to policies that support inclusive labour markets, decent work and adequate income, access to equal and quality education is one of the most important tools for reducing poverty, social exclusion and inequality. Even before the pandemic, gaps between advantaged and disadvantaged students in the UNECE region were growing. To mitigate the exacerbating effect of the COVID-19 pandemic on these inequalities, countries must strengthen their efforts to guarantee access to quality education for all children, paying special attention to the academic needs of ethnic minorities and migrant communities and guaranteeing learning environments that are free of discrimination, violence and bullying.

All people have an equal right to live free from violence, persecution, discrimination and stigma. International human rights law establishes legal obligations for countries to ensure that every person, without distinction, can enjoy these rights. All forms of discrimination need to be eradicated, through prevention and community support systems, education that changes social norms and effective social integration policies. Violence against women affects women in all countries in the region, and efforts to change harmful gender norms and provide support services for survivors must be strengthened. Policies that prohibit discrimination on the basis of gender, sexual orientation, age, ethnicity or race, religion or disability status should be strengthened and enforced across sectors. Systemic and institutionalized forms of discrimination that perpetuate an uneven distribution of power and resources should be revised and reformed. The diversity and mobility of the UNECE population are a source of potential for sustainable development, and the equal enjoyment of rights and resources will support healthier and more productive lives.

The way forward: addressing setbacks and accelerating progress



The three preceding chapters have evaluated achievements and setbacks in the implementation of the ICPD PoA and the recommendations made in the 2013 Chair's Summary since the last regional review in 2018, highlighting how recent crises have impacted longer-term trends in population and development. The UNECE region has seen overall improvements in outcomes in most priority areas identified in the 2013 Chair's Summary. However, progress has continued to be uneven, both across and within countries. In some areas, the multiple and overlapping crises faced during the period under review have interrupted decades of progress, slowing or reversing positive trends, exacerbating existing inequalities or generating new ones.

The UNECE region is characterized by considerable demographic diversity. Nonetheless, most countries are facing or will soon confront declining fertility, ageing populations and projected population decline. The region will lead the world into a new demographic reality. To adequately prepare for emerging challenges and opportunities, countries should strive to understand their population dynamics and design human-rights-based public policies that build on individual potential and capabilities and that advance gender equality.

To achieve the goals and objectives of the ICPD PoA, the 2013 Chair's Summary recommendations and the SDGs, countries must redouble their efforts to sustain progress amid disruptions driven by the COVID-19 pandemic, military conflicts and economic and environmental pressures. A multi-stakeholder approach that engages all levels of government is necessary to realize the potential of individuals and societies in the areas of population dynamics and sustainable development, families and SRH over the life course, and inequalities, social inclusion and rights.

Population dynamics and sustainable development

Changing demographic dynamics in the region call for new and creative ways to fulfil individual potential and strengthen societies' demographic resilience. An essential component of this approach is the development of capabilities, focusing on the education of children and youth and the development of new skills across adulthood, leveraging the opportunities presented by technology, ensuring a gender-transformative approach and ensuring sustained focus on rural communities and those living in the most vulnerable situations. Gains in life expectancy and positive trends in advancing healthy lifestyles need to be secured. Drawing on lessons learned from the COVID-19 pandemic, countries should invest further in good practices that can expand access to health care for hard-to-reach communities. Efforts to address unemployment among young people should go hand in hand with efforts to enhance opportunities for the productive engagement of older people. Policy frameworks should be designed and implemented to support the realization of fertility intentions and to help women and men balance work and family life. To adapt to population ageing, governments should mainstream ageing into policy formulation and implementation with a special focus on active and healthy ageing and long-

term-care systems. To fulfil commitments to the Paris Agreement and the 2050 net-zero horizon, integrated and holistic action is needed on the part of all actors to shift the distribution of available resources and generate opportunities for sustainable development.

Families, sexual and reproductive health over the life course

Progress in securing sexual and reproductive health and reproductive rights in the UNECE region has been mixed. Trends observed across the region underscore the need to change unfavourable societal environments by investing in programmes that fight gender inequality and harmful gender norms, reduce violence against women and girls, and empower women and girls to control their own sexual lives and reproductive choices, access sexual and reproductive health care, and access respectful maternity care. Strengthened efforts are required to address existing inequities in access to SRH information, education and services, taking into consideration the distinct needs of women, adolescents and youth, older people, men and boys, migrants, people with disabilities, and other marginalized people, over their life course. Mandatory, age-appropriate, rights-based, evidence-based and scientifically accurate comprehensive sexuality education curricula should be mainstreamed across primary and secondary education and in non-school settings, and measures should be taken to ensure continuing, specialized competency training for teachers, educators and health professionals. Efforts should be intensified to ensure equal access to affordable modern contraception, and there is an urgent need to increase investments in and remove barriers to HIV prevention and treatment.

Inequalities, social inclusion and rights

Efforts must be accelerated to address inequalities within and across countries to leave no one behind on the road to the realization of individual rights and regional sustainable development. Policies to empower women and girls and to achieve a gender-balanced reconciliation between work and family responsibilities, including affordable childcare, flexible working arrangements for employees with care responsibilities, and systems supporting equal pay for equal work should continue to be implemented jointly with mechanisms that support increasing representation of women in leadership roles, both as elected officials and as managers in the private sector. All forms of discrimination need to be eradicated through prevention and community support systems, education that changes social norms and effective social integration policies. Policies that prohibit discrimination based on gender, sexual orientation, age, ethnicity, religion or disability status should be strengthened and enforced across sectors. Systemic and institutionalized forms of discrimination that perpetuate the uneven distribution of power and resources should be identified and reformed. The diversity and mobility of the UNECE population represent a source of potential for sustainable development, and the equal enjoyment of rights and resources will support healthier and more productive lives.

Data gaps

The regional review has highlighted the need for enhanced data collection and dissemination. Data are insufficient to assess progress in the region for nearly a quarter of the indicators in the UNECE ICPD Monitoring Framework and for more than 30 per cent of the indicators for the Sustainable Development Goals.³⁹⁸ The evidence around several population and development issues remains very limited, including comprehensive sexuality education, the SRH of older people and people with disabilities, primary and secondary infertility, gender-based violence, child and forced marriages, trafficking, and social attitudes and values, among others. Data gaps derive from the absence of relevant data but also reflect data that are outdated or collected infrequently.

Data on older persons and children and youth are particularly limited, as are data that support the analysis of intersecting disadvantages through multidimensional disaggregation. Much of the information required to monitor population and development outcomes is collected in household surveys. Such surveys often focus on the working-age population, and by design exclude some of the most vulnerable groups, such as those living in institutions or those who are precariously housed. Likewise, surveys often lack the sample sizes necessary to study small population groups or to disaggregate across multiple characteristics or variables. In many countries in the UNECE region, statistical systems increasingly rely on registration and administrative data for population statistics. While these data may represent a more up-to-date source of information, they may not capture the level of detail required to track progress on many important outcomes.

To strengthen the evidence base for population and development public policies, countries should engage national statistical offices and other national data producers, research organizations and relevant policy stakeholders to assess data gaps in the context of national policy priorities.³⁹⁹ To ensure that no one is left behind, countries should invest in the collection and dissemination of data that include all population groups, employing special efforts to target the most vulnerable groups.

Partnerships and international cooperation

As efforts in the UNECE region are accelerated to implement the 2030 Agenda for Sustainable Development, the vision of the ICPD PoA, and the guidance for its full implementation provided by the 2013 Chair's Summary, remains essential for the achievement of sustainable development. The integrated nature and linkages between these agendas demand increased

398. UNECE, *Growing Challenges for Sustainable Development: Can the UNECE Region Turn the Tide in 2023?* (Geneva, 2023).

399. UNECE, *Statistics on Children: Spotlight on Children Exposed to Violence, in Alternative Care, and with Disabilities* (Geneva, 2022).

policy coherence at both national and local levels to maximize impact and available resources. Coordination and collaboration among and within governments, donors, the United Nations, civil society organizations (CSOs), the private sector and intended beneficiaries is, therefore, essential.

Allocating domestic human and financial resources, strengthening the funding and capacity of CSOs and creating enabling environments remain key to delivering on commitments. The removal of barriers hindering access to services, including SRH services, deserves priority. Meaningfully engaging younger and older generations alike and capitalizing on their energy, innovation, experience and expertise can contribute to the realization of sustainable societies.

The diversity of the UNECE region means examples of good practices across various contexts are available as guidance towards advancing the implementation of the ICPD PoA and the 2030 Agenda for Sustainable Development. UNECE and UNFPA will continue to facilitate the exchange of experience and best practices among member States, facilitate the generation of timely, high-quality knowledge, support advocacy and policy dialogue processes, develop institutional capacities, encourage civil society engagement, and foster partnerships and coordination.

As the 30th anniversary of the ICPD PoA nears, renewed collective action is required to overcome setbacks, accelerate progress and chart pathways for realizing the potential of individuals and societies and for securing the human rights of everyone amid the new demographic realities in the UNECE region.

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Appendix. Technical notes

Monitoring Framework and data

The assessment of progress towards the implementation of the ICPD Programme of Action presented in this report is framed around the UNECE Monitoring Framework for the ICPD Programme of Action beyond 2014. The framework is made up of 79 indicators — 40 of which are also SDG indicators — structured around the three priority themes identified in the 2013 Chair's Summary, which represent the subject matter covered in the three chapters of this report: population dynamics and sustainable development; families, sexual and reproductive health over the life course; and inequalities, social inclusion and rights. The report presents trends at the regional and/or country level for 45 indicators across all the themes and sub-themes of the Monitoring Framework. Indicators not included in the report were omitted due to insufficient data.

Data sources used in the report largely correspond to those identified in the Monitoring Framework. For most SDG indicators, data were downloaded from the United Nations Global SDG Indicators Database as of 18 August 2023. In some cases, the UNECE Statistical Database or indicator custodian agency databases provide more comprehensive coverage for countries, more recent data for UNECE countries, or more precise or consistent measurements for the UNECE region. Data for indicators that are not part of the SDG indicator framework were extracted from the databases of various international organizations and survey programmes and are specified throughout the report. Though more recent data may be available for certain indicators from national data sources, only international databases and platforms were utilized to ensure the cross-national and cross-temporal comparability of the data analysed.

Aggregation and estimation

For many indicators, the report presents aggregate values for the UNECE region and/or select subregions. For population-normalized indicators, a simple average is used to aggregate to the region level. This is the case, for example, for the non-communicable disease and suicide mortality rates, which measure deaths per 100,000 population. Likewise, for indicators where the country — rather than the individual — is the unit of analysis, a simple average is used for aggregation so that each country is given equal weight in the regional value. For example,

the Universal Health Coverage service coverage index assesses national health systems at the country level. Many indicators measure the proportion of the population with a particular characteristic or behaviour — the proportion of the population living below the national poverty line, for example. To avoid bias towards the more populous countries in the region, median values rather than population-weighted averages are used to represent regional values for these indicators.

The assessment relies on regional values for several key years: most often 2000, 2010 or 2015, and 2020 or the most recent year available. To accurately assess trends over time at the regional or aggregate level, it is necessary that the same group of countries underlie the regional values for each time point estimate. To achieve this, time-weighted linear regression, which gives more importance to more temporally proximate data, is used to impute values for key years. This estimation is carried out at the country level and only when two or more empirical data points are available for the indicator. For example, if data for the adolescent birth rate are available for country X for the years 2002, 2007 and 2018, the values for 2000, 2010 and 2020 will be imputed so that the empirical value for 2002 is given more weight than more recent observations to determine the estimated value for 2000. The estimation is carried out at the country level, but imputed values are used only to produce estimates of region-level values. All country-level values presented in the report reflect empirical data reported in the source databases.

Country codes used in figures

ALB	Albania	KAZ	Kazakhstan
AND	Andorra	KGZ	Kyrgyzstan
ARM	Armenia	LIE	Liechtenstein
AUT	Austria	LTU	Lithuania
AZE	Azerbaijan	LUX	Luxembourg
BEL	Belgium	LVA	Latvia
BGR	Bulgaria	MCO	Monaco
BIH	Bosnia and Herzegovina	MDA	Republic of Moldova
BLR	Belarus	MKD	North Macedonia
CAN	Canada	MLT	Malta
CHE	Switzerland	MNE	Montenegro
CYP	Cyprus	NLD	Netherlands (Kingdom of the)
CZE	Czechia	NOR	Norway
DEU	Germany	POL	Poland
DNK	Denmark	PRT	Portugal
ESP	Spain	ROU	Romania
EST	Estonia	RUS	Russian Federation
FIN	Finland	SMR	San Marino
FRA	France	SRB	Serbia
GBR	United Kingdom of Great Britain and Northern Ireland	SVK	Slovakia
GEO	Georgia	SVN	Slovenia
GRC	Greece	SWE	Sweden
HRV	Croatia	TJK	Tajikistan
HUN	Hungary	TKM	Turkmenistan
IRL	Ireland	TUR	Türkiye
ISL	Iceland	UKR	Ukraine
ISR	Israel	USA	United States of America
ITA	Italy	UZB	Uzbekistan



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