2018

UNECE MONITORING FRAMEWORK

FOR THE ICPD PROGRAMME OF ACTION BEYOND 2014

ICPD+25

UNECE

UNFPA

UNECE MONITORING FRAMEWORK

FOR THE ICPD PROGRAMME OF ACTION BEYOND 2014

UNECE

UNFPA

CONTENTS

ACKNOWLEDGEMENTS

1. INTRODUCTION

1.1 BACKGROUND

In 1994, the United Nations International Conference on Population and Development (ICPD) in Cairo set out a bold new vision for the relationship between population, development and individual well-being in its Programme of Action (PoA). Its focus on inclusion, human rights and quality of life still inspires the population and development agenda today.

The PoA had an intended life span of 20 years, and progress towards its implementation was reviewed at both regional and global levels between 2012 and 2014.[1] In the UNECE region, a comprehensive review of the implementation of the PoA was undertaken with contributions from governments, youth, civil society and academia. Forty-five Member States completed a comprehensive survey which fed into the UNECE Regional Report on ICPD Beyond 2014.[2] The report was further complemented by an analysis of population trends and policies in the region.[3]

The review highlighted that across UNECE countries, significant progress had been made in policy development and programming addressing the priority areas of the ICPD PoA. However, it also affirmed the need for continuous effort towards fulfilling these priorities. The analysis of population trends and policies in the UNECE region showed that societies can prosper under conditions of slow or no population growth and population ageing if they adapt their institutions and equitably invest in people's education, health and employment opportunities independently of gender, age and origin. Still, the region faces many barriers and challenges in developing people's full potential. These include unacceptably high differences in mortality and morbidity between countries and between groups within countries, an incomplete agenda of gender equality and women's economic empowerment, political leadership and participation in decision-making, large inequalities in access to sexual and reproductive health information and services, discrimination and social exclusion of migrants, minorities and other disadvantaged groups, and increasing inequalities in access to employment and income opportunities, which particularly affect young people.

The High-level Regional Conference 'Enabling Choices: Population Priorities for the 21st Century', held on 1–2 July 2013, assessed the progress made in implementing the ICPD PoA in the region, highlighted lessons learned and successful approaches and made recommendations on the further implementation of the ICPD PoA in the UNECE region beyond 2014. These recommendations were prepared in consultation with the conference participants from 43 UNECE Member States and documented in the Chair's summary, which was the outcome document of the conference.

The Chair's summary and the UNECE Regional Report on ICPD Beyond 2014 form an agenda for the region's implementation of the ICPD PoA beyond 2014 as well as for guiding the monitoring of progress going forward.

---

1   In 2012–2013, mandated by United Nations General Assembly Resolution A/65/234 (2010), a global operational review of the implementation of the ICPD PoA was carried out by UNFPA in cooperation with regional commissions and other United Nations agencies. A special report from the United Nations Secretary-General with recommendations for action based on the global review findings was presented to the United Nations Commission on Population and Development in April 2014. Subsequently, a special session of the United Nations General Assembly was held on 22 September 2014 to renew political support for the Cairo mandate.
2   Available at https://www.unece.org/index.php?id=34421.
3   Vobecká, J., B. Butz, G. Reyes. 2013. Population Trends and Policies in the UNECE Region: Outcomes, Policies and Possibilities. Laxenburg, Austria: UNFPA and IIASA, pp. 138.

Specifically, it recommended the "creation of a mechanism for continuous follow-up of the ICPD PoA implementation, including in the context of the post-2015 development agenda".[4]

1.2 OBJECTIVES AND VALUE ADDED

This Monitoring Framework was developed as part of the joint UNECE–UNFPA project 'Enhanced integration of population dynamics into development planning: follow-up to the ICPD in the UNECE region'. Its purpose is to facilitate continuous follow-up of the ICPD PoA as recommended by the Chair's summary, providing a methodology and structure for monitoring regional as well as national progress periodically, systematically and consistently. It also aims to feed into the global reporting on progress in implementing the ICPD PoA and aligns with the monitoring of the 2030 Agenda and its Sustainable Development Goals (SDGs).

The main objectives of the Monitoring Framework are:
- to reflect the priorities and themes of the Chair's summary;
- to provide a framework for a systematic monitoring of outcomes: what should be measured, and what can be measured; and
- to define indicators that measure outcomes and progress over time in compliance with other relevant monitoring frameworks such as for the 2030 Agenda and the Global ICPD Monitoring Framework (see section 1.4): *how* and *with which indicators* to measure the progress.

The value added of the Monitoring Framework lies in the following:
- providing guidance on the review of progress

against defined priorities;
- allowing systematic and consistent monitoring of progress that can be periodically repeated without restricting the possibility of modification;
- highlighting clearly the limitations and opportunities of the chosen type of monitoring and suggesting ways in which to overcome the limitations;
- defining indicators for monitoring the progress and highlighting priority areas where existing means for monitoring are unavailable or insufficient;
- ensuring synergy between the monitoring initiative in the UNECE region and the global ICPD monitoring efforts and other monitoring frameworks, such as for the 2030 Agenda, the Madrid International Plan of Action on Ageing (MIPAA)[5] and the World Health Organization (WHO) Action Plan for Sexual and Reproductive Health for Europe.[6]

1.3 STRUCTURE OF THE UNECE ICPD MONITORING FRAMEWORK

Priorities for the ICPD PoA agenda beyond 2014 for the UNECE region were defined in the Chair's summary (see section 1.1). The Chair's summary, therefore, guides the thematic structure and content of this Monitoring Framework. Under each thematic area, sub-themes combine several priorities from the Chair's summary. All the priorities mentioned in the Chair's summary are covered by the themes and sub-themes. The Monitoring Framework's structure is defined in a cross-sectoral manner and reflects the ICPD PoA's ultimate goal of social progress, increased well-being of all and the promotion of human rights in all spheres of life for everyone.

---

4   UNFPA and UNECE. 2013. UNECE Regional Conference. Enabling Choices: Population Priorities for the 21st Century. Chair's summary. Geneva: UNFPA and UNECE. Available at: https://www.unece.org/fileadmin/DAM/pau/icpd/Conference/Other_documents/Chair-s-Summary.pdf.
5   MIPAA reviews for the UNECE region are available at https://www.unece.org/population/mipaa/reviewandappraisal.html.
6   The WHO Action Plan for Sexual and Reproductive Health in Europe (2016) is available at http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/publications/2016/action-plan-for-sexual-and-reproductive-health-towards-achieving-the-2030-agenda-for-sustainable-development-in-europe-leaving-no-one-behind-2016.

TABLE 1: THEMATIC STRUCTURE OF THE MONITORING FRAMEWORK

		DEMOGRAPHIC TRENDS		
SOCIAL PROGRESS, INCREASED WELL-BEING OF ALL, AND PROMOTION OF HUMAN RIGHTS	EVIDENCE-BASED DECISION-MAKING	**1. Population dynamics and sustainable development** 1.1. Development of capabilities 1.2. Fulfilling potential 1.3. Intergenerational equity 1.4. Population–environment linkages		
		2. Families, sexual and reproductive health over the life course 2.1. Access to sexual and reproductive health information 2.2. Meeting the need for sexual and reproductive health services 2.3. Family planning 2.4. Sexual and reproductive health 2.5. Family support		
		3. Inequalities, social inclusion and rights 3.1. Gender equality and women's empowerment 3.2. Poverty and socio-economic inequalities 3.3. Social inclusion of marginalized and vulnerable groups		

The need for evidence-based decision-making is an essential cross-cutting theme throughout the framework.

The selection of themes reflects the general focus of the ICPD on human rights and equity, development of human capital and enabling choices. It also reflects region-specific issues of intergenerational equity that are particularly relevant in ageing societies with developed welfare states. The Monitoring Framework is introduced by a brief overview of demographic trends. This section describes the broader population dynamics in the context where progress towards the priorities of the Chair's summary has been taking place.

The following aspects of population dynamics are covered in the overview of demographic trends:

- population size and growth;
- age structure;
- fertility;
- mortality;
- household structure;
- migration;
- urbanization;
- income inequality.

1.4 LINKS WITH OTHER REGIONAL AND GLOBAL MONITORING INITIATIVES

The UNECE Monitoring Framework has been developed within the context of other thematically close or partially overlapping regional and global monitoring efforts. The two most relevant are the Global Indicator Framework for the Sustainable Development Goals and Targets of the 2030 Agenda for Sustainable Development (hereafter the **SDG Indicator Framework**) and the **Global Monitoring Framework for the ICPD** developed by UNFPA in 2018. The two are thematically and historically interlinked (the ICPD PoA provided a foundation for the Millennium Development Goals, the predecessor of the SDGs). Both the UNECE and Global Monitoring Frameworks take as primary reference the SDG Indicator

Framework and align both in measurement methodology as well as selected measurement indicators. This synergy is important because both the ICPD and the 2030 Agenda share common underlying principles and goals. However, the ICPD has a stronger focus on population and development and requires additional indicators complementing relevant SDG indicators in these areas.

The UNECE Monitoring Framework aligns with the SDG Indicator Framework and the Global Monitoring Framework methodologically, by focusing on monitoring outcomes, particularly those that are quantifiable and measurable. **More than half of the UNECE monitoring indicators are SDG indicators**. UNECE regional and national statistical authorities coordinate their efforts to provide timely and high-quality regional, national and subnational data for the SDG Indicator Framework. To that end they published a **Road Map on Statistics for the Sustainable Development Goals**.[7] Several UNFPA indicators from the Global Monitoring Framework are highly relevant for the UNECE region and are also included in the Monitoring Framework, in particular those related to sexual and reproductive health care, information and education.

In addition, the UNECE Monitoring Framework includes several indicators suitable for the region's specific context and its pressing issues and from relatively good data sources. The themes where region-specific indicators are most common are: population ageing, health, gender equality, work–life balance and educational system performance.

---

7   The UNECE Road Map on Statistics for the Sustainable Development Goals is available at http://www.unece.org/fileadmin/DAM/stats/publications/2017/ECECESSTAT20172.pdf.

2. INDICATORS IN THE UNECE ICPD MONITORING FRAMEWORK

2.1 FOCUS ON OUTCOMES

The Chair's summary reaffirmed commitment to the ICPD PoA and made recommendations for action under the broad themes of: (1) population dynamics and sustainable development; (2) families, sexual and reproductive health over the life course; (3) inequalities, social inclusion and rights; (4) partnership and international cooperation; and (5) cross-cutting issues. It did not define precise goals or targets to be achieved within a specific time frame, nor did it define entities responsible for implementation. This poses challenges for defining **objectives and methods of monitoring as well as for measurement of progress.** The Monitoring Framework approach focuses on population and development outcomes in the defined priority areas, acknowledging that these can only be partly attributable to the actions of entities addressed by the Chair's summary.

The Monitoring Framework distinguishes between the following types of indicators:

- **population and development outcomes**, which refer to actual changes in individual behaviour, lifestyle, living conditions and opportunities. They are key for achieving the priorities of the population and development agenda with regards to people's well-being, behaviour, choices, rights, access to services and fulfilment of potential. The measurement of accurate, up-to-date, relevant and reliable indicators is of the utmost importance. These outcomes are measured by relevant SDG indicators and indicators from United Nations and other international reporting systems; and
- **policy-related indicators**, which allow monitoring of progress in the implementation of the recommendations through legislation,

policies and programmes, partnerships and international cooperation, research and funding.

The policy-related indicators included in the Monitoring Framework are mostly relevant SDG indicators for which data might be systematically collected in the future (see section 4).

The review of progress using policy-related indicators has important limitations, as there is little systematic policy reporting by Member States on the thematic areas of the ICPD. The 20-year review of ICPD PoA implementation benefited from comprehensive reporting by Member States on policy implementatation, using a common questionnaire. Resources for similar comprehensive policy reviews have not been made available for monitoring the implementation of ICPD beyond 2014.

Some information on policy implementation under the ICPD PoA can be obtained from policy reporting on a range of international conventions and strategies/plans of action that are relevant to the ICPD, which are listed in Annex 2. However, the latter are rarely systematic and can only serve as an additional information source (see section 3.4 for further details). They have, therefore, not been included in the Monitoring Framework.

2.2 CONSIDERATIONS FOR INDICATOR SELECTION

The selected indicators had to be, first and foremost, able to measure reliably the outcomes of the priorities defined in the Chair's summary. All the priorities were clustered into themes and sub-themes and matched with relevant **outcome indicators**. For some priorities, no relevant

indicators could be identified. In other cases, the indicators only partially cover the priority outcomes. This points to an important limitation of the Monitoring Framework, since the monitoring designed around outcome indicators may omit important aspects of the development priorities. For a more complete and accurate picture, **additional (qualitative) information sources should be used to complement the quantitative monitoring**. These can be identified through expert consultations and literature reviews, policy case studies, special surveys or subregional thematic studies.

The criteria listed below in order of importance were considered for the selection of indicators measuring population and development outcomes. Ideally an indicator should fulfil all the criteria. However, in case of limited data availability, indicators fulfilling just three of the first four criteria were accepted.

The criteria for selecting indicators were the following:

- Indicator is listed among SDG indicators.
- Indicator exists in national or other relevant data collection systems. This spares national and other data providers an additional data collection burden.
- Indicator is available for most countries of the UNECE region.
- Indicator is available in a methodologically harmonized format across UNECE countries.
- Indicator has sufficient data coverage in the region (this is a problem for indicators that use data from surveys such as Demographic and Health Surveys (DHS) or Multiple Indicator Cluster Surveys (MICS), which are largely unavailable for UNECE countries).
- Indicator has data available for several points in time to capture trends.

- Indicator has data available for 2013 or more recently.
- Indicators should be complementary and not overlapping. Exceptions to this rule are SDG indicators for which data are unavailable but which do have an equivalent (usually a modelled estimate). In that case, both the SDG indicator and its modelled estimate equivalent were included, and once data become available for the SDG indicator the estimate can be dropped.

2.3 SELECTION OF INDICATORS AND DATA SOURCES

The selection of the relevant monitoring indicators was done not only by **searching databases and existing monitoring systems** but also through **expert consultations**.[8]

The Monitoring Framework includes 79 indicators. SDG Tier I and II and other readily available indicators dominate the selection (61 of them). Indicators for which data are currently not available were also included if they were highly relevant and if there was a prospect of data becoming available in the near future (for instance, in the case of SDG Tier III). A summary of the total number of indicators by theme and sub-theme as well as the number of indicators with data readily available is presented in Table 2.

TABLE 2: NUMBER OF INDICATORS BY THEME AND SUB-THEME, TOTAL AND WITH DATA READILY AVAILABLE

THEME	SUB-THEME		TOTAL	DATA AVAILABLE
1. Population Dynamics and Sustainable Development	1.1.	Development of capabilities	6	6
	1.2.1.	Fulfilling potentials: Health and well-being across the life course	1	1
	1.2.a	Fulfilling potentials: Health and well-being across the life course	9	9
	1.2.b	Fulfilling potentials: Access to employment opportunities	3	2
	1.2.c	Fulfilling potentials: Participation in decision-making	2	1
	1.3.	Intergenerational equity	4	4
	1.4.	Population-environment linkages: Sustainable use of resources	3	1
1. Population Dynamics and Sustainable Development Total			28	24
2. Families, Sexual and Reproductive Health over the Life Course	2.1.	Access to SRH information	3	0
	2.2.	Meeting the need for SRH services	3	2
	2.3.	Family planning	4	4
	2.4.a	SRH: Prevention of maternal deaths and morbidity	5	5
	2.4.b	SRH: Prevention of STIs	7	4
2. Families, Sexual and Reproductive Health over the Life Course Total			22	15
3. Inequalities, Social Inclusion and Rights	3.1.	Gender equality and women's empowerment	13	10
	3.2.	Poverty and socio-economic inequalities	8	6
	3.3.	Social exclusion of marginalized and vulnerable groups	5	5
3. Inequalities, Social Inclusion and Rights Total			26	21
4. Cross-cutting Issues			3	1
4. Cross-cutting Issues Total			3	1
Grand Total			79	61

Note: The 'data available' column indicates data availability as of May 2018.

2.4 ALIGNMENT WITH THE SDG INDICATOR FRAMEWORK

When thematicaly appropriate, SDG indicators were favoured for inclusion in the Monitoring Framework. Consequently, strong linkages between the UNECE Monitoring Framework and the 2030 Agenda were ensured by including 41 SDG indicators. Table 3 shows the distribution of the SDG indicators across the themes and sub-themes of the Monitoring Framework, with an indication of those with good data coverage that are readily available to be used. It should be noted that just 27 of the 41 SDG indicators included in the Monitoring Framework have data available.

TABLE 3: DISTRIBUTION OF THE SDG INDICATORS ACROSS THE THEMES AND SUB-THEMES OF THE UNECE MONITORING FRAMEWORK, TOTAL AND WITH DATA READILY AVAILABLE

THEME	SUB-THEME		TOTAL	DATA AVAILABLE
1. Population Dynamics and Sustainable Development	1.1.	Development of capabilities	3	3
	1.2.1.	Fulfilling potentials: Health and well-being across the life course	1	1
	1.2.a	Fulfilling potentials: Health and well-being across the life course	5	5
	1.2.b	Fulfilling potentials: Access to employment opportunities	2	1
	1.2.c	Fulfilling potentials: Participation in decision-making	1	0
	1.4.	Population-environment linkages: Sustainable use of resources	3	1
1. Population Dynamics and Sustainable Development Total			15	11
2. Families, Sexual and Reproductive Health over the Life Course	2.1.	Access to SRH information	1	0
	2.2.	Meeting the need for SRH services	1	0
	2.3.	Family planning	3	3
	2.4.a	SRH: Prevention of maternal deaths and morbidity	3	3
	2.4.b	SRH: Prevention of STIs	1	0
2. Families, Sexual and Reproductive Health over the Life Course Total			9	6
3. Inequalities, Social Inclusion and Rights	3.1.	Gender equality and women's empowerment	7	4
	3.2.	Poverty and socio-economic inequalities	4	2
	3.3.	Social exclusion of marginalized and vulnerable groups	3	3
3. Inequalities, Social Inclusion and Rights Total			14	9
4. Cross-cutting Issues			3	1
4. Cross-cutting Issues Total			3	1
Grand Total			41	27

Note: The 'data available' column indicates data availability as of May 2018.

2.5 DISTRIBUTION OF INDICATORS BY SOURCE OF DATA

United Nations agencies and their databases were used most frequently as sources for the Monitoring Framework indicators, followed by Organisation for Economic Co-operation and Development (OECD) and European Union data sources (see Table 4).

2.6 DISAGGREGATION

The level of disaggregation of an indicator determines in large part its relevance for the **Monitoring Framework**. When monitoring progress in reducing inequalities and 'leaving no one behind', it is important to disaggregate data by sex, age, race, migration status, sub-national levels, disability, income/wealth etc. to capture progress towards desired priorities relating to

specific or disadvantaged groups. SDG goals and indicators (namely, Goal 17.18) also highlight this requirement. Despite the obvious need for disaggregation, most indicators are available with no or only basic disaggregation such as by sex or age group. Many SDG indicators aim to have rich, disaggregated data sets. However, such disaggregation is currently unavailable for most SDG indicators. This is a result of several factors: the need for coordination, the additional burden on national statistical offices, larger survey samples and related expenditures. Thus, probably only a minority of indicators will be available with ideal disaggregation in the foreseeable future.

To overcome the problem of absent or insufficient disaggregation, the quantitative monitoring should be complemented by targeted case studies, surveys and studies of existing literature. Quantitative monitoring based on indicators alone can only provide a partial picture of the progress made.

TABLE 4: DISTRIBUTION OF INDICATORS BY DATA SOURCE

DATABASE	SUM
World Health Organization (WHO)	17
United Nations Children's Fund (UNICEF)	10
International Labour Oranization (ILO)	6
Oganisation for Economic Co-operation and Development (OECD)	6
United Nations Population Fund (UNFPA)	6
United Nations Educational, Scientific, and Cultural Organization (UNESCO)	5
European Quality of Life Survey (EUROFOUND)	4
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)	4
United Nations Statistical Division (UNSD)	4
United Nations Department of Economic and Social Affairs (UN DESA)	3
United Nations Economic Commission for Europe (UNECE)	4
United Nations Office on Drugs and Crime (UNODC)	3
International Telecommunication Union (ITU)	2
Inter-Parliamentary Union (IPU)	2
World Bank	2
World Values Survey	2
European Social Survey	1
Eurostat	1
International Energy Agency (IEA)	1
Office of the United Nations High Commissioner for Human Rights (OHCHR)	1
Paris 21	1
United Nations Human Settlements Programme (UN Habitat)	1
Joint United Nations Programme on HIV/ AIDS (UNA IDS)	1
United Nations Industrial Development Organization (UNIDO)	1
United Nations Inter-agency Group for Child Mortality Estimation (UN IGME)	1
Not available	4

Note 1: A few indicators combine data from several databases.
Note 2: 'Not available' is used for some SDG Tier III indicators where data are unavailable and the data source is unknown.

3. USE OF THE UNECE ICPD MONITORING FRAMEWORK

3.1 DATA GATHERING AND DATA ANALYSIS

The main use of the Monitoring Framework is to provide a framework for a systematic, periodic and reliable review of progress towards population and development priorities for the UNECE region as stated in the Chair's summary. To that end, the Monitoring Framework provides guidance on relevant indicators that can measure progress and gives definitions and the rationale for their use. An important part of the Monitoring Framework is to state the limits of its use and manage expectations about the depth and breadth it can bring to the assessment of progress in the implementation of the ICPD PoA in the UNECE region (discussed in sections 3.2 and 2.6 among others).

3.2 CHALLENGES AND LIMITATIONS

The Monitoring Framework presented here is based on a quantitative assessment of progress through the outcomes indicators. **The capacity to monitor trends and the comparison of trends across countries in the region and beyond** is the main advantage of a quantitative monitoring approach. On its own, however, it can only provide an incomplete picture of progress towards the priorities stated in the Chair's summary. Such analysis of population and development trends in the region should then be complemented by qualitative means of progress monitoring such as case studies, targeted surveys, literature reviews or reviews of the implementation of policy recommendations.

The following paragraphs list the most important limitations that should be taken

into consideration when using this Monitoring Framework for the assessment of progress:

▶ *Limits to what changes/trends in population and development can be attributed to a policy and legislative change*

The causes of population and development changes are complex; they include economic, cultural, normative and policy-related aspects. They go beyond the scope of the Monitoring Framework to disentangle or measure the impact of those variables on population and development changes. The assumption here is that institutional and legislative changes can enable or motivate population and development changes. For instance, a new policy introducing paternity leave entitlements with good wage compensation may encourage more fathers to take paternity leave. However, other factors such as culture and norms, an employer's attitude or other opportunity costs (real or perceived) for men and women may influence a father's decision.

Legislative and policy changes rarely have a straightforward and directly measurable impact on population and development changes. Any discussion about the impact of policy or legislative action should include a critical evaluation of other intervening variables (contextual or inherent to the target group). **Thus, the aim of the monitoring is to check progress towards the desired population and development outcomes. It is in no way a reflection of the effectiveness of any policy or legislation put in place**.

▶ *Limits to what can be measured*

What can be measured is limited by data availability. This can lead to the false perception that reality and progress are limited to what is visible through the indicators. **Reality, however, exists**

beyond the scope of the available data. There are vast areas covered by the Chair's summary priorities in which data are missing, insufficient or without adequate disaggregation. They include: (1) areas characterizing specific populations that are hard to reach, such as migrants or sex workers; (2) 'soft' aspects of life, such as social cohesion, discrimination, violence and corruption; (3) areas related to subpopulations that are overlooked due to a lack of data disaggregation; and (4) areas of measurement of the impact of policy/legislative changes.

▶ *Limits to which indicators can be used*

Only those **indicators that are available and comparable across the UNECE region** were included in the Monitoring Framework. There are a vast range of country- or subregion-specific indicators. However, since the aim of the monitoring is to obtain not only country-specific but also a broader overview of developments in the UNECE region as a whole, many interesting indicators covering only a minority of UNECE countries had to be omitted. **Data compiled from different sources for different countries should be compared with caution**, since the methodology of data collection and their quality or reliability (in the case of survey data) may vary across countries. This also applies to data collected under the SDG Global Database.

▶ *Too short time frame to monitor progress over time*

The aim of the monitoring is to check progress towards priorities that were defined in 2014. For many indicators used for the monitoring, **the most recent available data are for 2015**. For the first review since 2014, this is too short a time frame to show any trends and to conclude on progress. Only with a longer time frame can trends and changes in population and development outcomes be observed. That is why—for the 2018 review—priority was given to indicators with data available for several points in time, with the most recent data point in 2013 or more recent.

3.3 INDICATOR AND DATA GAPS

The review of relevant indicators for the Monitoring Framework uncovered several important indicator and data gaps. Some priorities of the Chair's summary have no or insufficient data coverage, with indicators either covering the priority only partially or having insufficient levels of disaggregation. Some indicators and data are available for only a small number of countries of the UNECE region, most often for European Union or OECD countries. Many Eastern European and Central Asian countries are not included in comparative surveys or data gathering. There is space for improvement for data collection partnerships and initiatives across the region. The 2030 Agenda and other United Nations Strategic Plans have ambitious goals for the systematic improvement of data availability and comparability across the world. However, at present, the following main indicator and data gaps remain:

- **Policy and legislative implementation:** although quantitative monitoring of policy and legislative changes is relatively common and straightforward (indicator such as: Does a country have laws and policies ensuring accessible early childcare?), indicators on implementation are often missing (indicator such as: How many new day-care places were created after new legislation and a policy on accessible early childcare were adopted in a country?).
- **Disaggregation of indicators for marginalized groups or territorial segments** such as minorities, people with disabilities, low levels of education or rural areas are often missing. For some indicators, further levels of disaggregation are planned but not yet available (a number of SDG indicators).
- **Data on the need for and prevalence of comprehensive sexuality education**: data for indicators covering this theme are currently unavailable for the majority of countries in the UNECE region. Some information can

be found for individual countries, but these do not represent consistent and comparable data sources that could be used in the Monitoring Framework.

- **Data on migrants**, including migration flows, or disaggregation by migration status for indicators of inequality and social exclusion.
- **Indicators and data on government performance:** Good government performance is essential for the advancement of social and economic reforms that enable population and development priorities to be fulfilled. Quantitative monitoring of government performance is currently insufficient.

3.4 DATA AND INFORMATION COMPLEMENTARY TO THE MONITORING FRAMEWORK

The fulfilment of numerous priorities stated in the Chair's summary requires the adoption and implementation of new legislation and policies. Although they cannot ensure the desired outcome for the target population, they are a prerequisite for the desired change and fulfilment of rights.

The monitoring of legislative and policy implementation is important to provide complementary information to the quantitative indicators included in the Monitoring Framework. Some policy-related indicators are included in the Monitoring Framework in compliance with the SDG indicators, but these do not sufficiently cover the priorities stated in the Chair's summary. Although several national reporting mechanisms are in place to report on policy and legislative progress on related themes (see the overview in Annex 2.1), they are often unsystematic and

have a varied breadth and depth of information. A review of ratifications and entry into force of various international conventions provides useful information on formal compliance with international treaties (see Annexes 2.1 and 2.2 for a review of accession dates of United Nations Human Rights Conventions and Council of Europe conventions).

Policy implementation can be monitored through tailored surveys (such as the ICPD Beyond 2014 global survey), but these can be quite costly. In the absence of tailored surveys, secondary sources such as national reporting mechanisms combined with thematic qualitative case studies can be used to assess progress in policy implementation as well as the impacts of policy changes.

The World Population Policies Database[9] maintained by the Population Division of the United Nations Department of Economic and Social Affairs (UN-DESA) provides complementary information on government policies related to population issues. Policy variables covered in country profiles include aspects of population growth, ageing, fertility, family planning and reproductive health.

There are a number of policy databases covering specific themes and countries within the UNECE region. Examples include the European Union Family Policy Dataset (EUFamPol),[10] the LawsAndFamilies Database,[11] which covers aspects of legal family formats for same-sex and different-sex couples, and the Collection of Family Policies of the Population Europe Resource Finder and Archive (PERFAR).[12] These databases were recently updated in the framework of the Families and Societies[13] project funded by the European Union's Seventh

---

9   https://esa.un.org/PopPolicy/about_database.aspx.
10 http://www.suda.su.se.
11 http://www.LawsAndFamilies.eu.
12 http://www.perfar.eu/policy/family-Children; soon to be relaunched as the Social Policy and Law Shared Database (SPLASH).
13 http://www.familiesandsocieties.eu.

Framework Programme. Other sources of information on family policies include the OECD Family Database[14] and country reports prepared by the International Network on Leave Policies & Research.[15]

In the area of sexual and reproductive health, country information on sexual rights is compiled in the National Sexual Rights Law and Policy Database[16] and the Universal Periodic Review Sexual Rights Database.[17] Information on contraception is provided in the Contraction Atlas,[18] which tracks government policies on access to contraceptives, counselling and the provision of online information.

3.5 FUTURE MODIFICATION OF THE MONITORING FRAMEWORK

The Monitoring Framework is open to revisions and changes when new and pressing issues emerge or new indicators or disaggregation become available. Thus, as mentioned in the Global ICPD Monitoring Framework, future reviews of the ICPD PoA should also contribute to revisiting and improving this Monitoring Framework. It should be considered a living document, to be adapted over time, based on learnings and informed by further development of the SDG indicators, in particular of the meta data for Tier III indicators, as well as the development of other relevant monitoring frameworks and indicators.[19]

Section 4 presents the ICPD Monitoring Framework, listing the indicators by theme and sub-theme.

14   https://stats.oecd.org/Index.aspx?DataSetCode=FAMILY.
15   http://www.leavenetwork.org/lp_and_r_reports/country_reports/?S=ohne%3F%3F%3F%3F%3Ftype%3D98.
16   http://sexualrightsdatabase.org/countries.
17   http://www.uprdatabase.org/.
18   https://www.contraceptioninfo.eu/.
19   Cited from UNFPA. 2018. Global Monitoring Framework for the International Conference on Population and Development (ICPD). New York: UNFPA.

4. UNECE ICPD MONITORING FRAMEWORK

4.1 FORMAT USED FOR THE UNECE ICPD MONITORING FRAMEWORK

THEME AND SUB-THEME DETAILS	
Recommendations	
Recommendations from the Chair's Summary of the UNECE Regional Conference on ICPD beyond 2014 'Enabling Choices: Population Priorities for the 21st Century'	
Dimensions	**Indicators**
Population and development outcomes	Indicator at this dimension with available data
	Indicator at this dimension with available data
	Indicator at this dimension without sufficient data availability
Policy indicators	Indicator at this dimension with available data
	Indicator at this dimension with available data
	Indicator at this dimension without sufficient data availability

4.2 LIST OF ICPD UNECE MONITORING FRAMEWORK INDICATORS BY THEME AND SUB-THEME

THEME 1. POPULATION DYNAMICS AND SUSTAINABLE DEVELOPMENT

Theme 1.1. Development of capabilities

Recommendations of the Chair's Summary

Investing in quality education and training of individuals throughout the life course is key to ensuring inclusive economic growth. This theme includes indicators that measure the development of capabilities that adolescents, young people and older persons need to expand their individual choices and shape the innovative and sustainable future of the region. This theme covers the Chair's Summary Priorities (§ 5, 6, 7):
- High levels of human capital (skills, knowledge, experience) at all ages within and outside formal education
- High level of social cohesion and development across the UNECE region
- Everyone has access to quality education in a safe and participatory environment

Dimension	Indicators
Population and development outcomes	1.1.1 PISA mean science performance
	1.1.2 Proportion of youth and adults with information and communications technology (ICT) skills (SDG 4.4.1)
	1.1.3 Proportion of individuals using the Internet (SDG 17.8.1)
	1.1.4 Seniors in training or education
	1.1.5 Participation rate in organized learning one year before the official primary school entry age (SDG 4.2.2)
	1.1.6 Volunteering for community and social services

Theme 1.2.a. Fulfilling potential: Health and well-being across the life course

Recommendations of the Chair's Summary

Poor health, and the multiple risk behaviours leading to it, limits economic growth and the ability of individuals of all ages to achieve their full potential in society. This theme comprises indicators tracking progress towards achieving universal health coverage, promoting healthy lifestyles among adolescents and youth, and increasing their participation in the job market and decision-making processes. This sub-theme covers the Chair's Summary Priorities (§4, 7, 30):
- End excess mortality among men
- People at all ages lead healthy lifestyles
- People at all ages have access to the health and social care services they need
- Everyone has access to inclusive education in a safe environment

Dimension	Indicators
Population and development outcomes	1.2.a.1 Coverage of essential health services (SDG 3.8.1)
	1.2.a.2 Catastrophic health expenditure: spending more than 10% of household consumption or income on out-of-pocket health-care expenditures
	1.2.a.3 Mortality rate attributed to non-communicable diseases (SDG 3.4.1)
	1.2.a.4 Proportion of population who regularly take part in sports or physical exercise at least once a week
	1.2.a.5 Proportion of young people with overweight or obesity
	1.2.a.6 Harmful use of alcohol (SDG 3.5.2)
	1.2.a.7 Age-standardized prevalence of current tobacco use among persons aged 15 years and older (SDG 3.a.1)
	1.2.a.8 Young people who have been bullied
	1.2.a.9 Proportion of young people who drink alcohol at least once a week
	1.2.a.10 Suicide mortality rate (SDG 3.4.2)

Theme 1.2.b. Fulfilling potential: Access to employment opportunities

Recommendations of the Chair's Summary

Poor health, and the multiple risk behaviours leading to it, limits economic growth and the ability of individuals of all ages to achieve their full potential in society. This theme comprises indicators tracking progress towards achieving universal health coverage, promoting healthy lifestyles among adolescents and youth, and increasing their participation in the job market and decision-making processes. This sub-theme covers the Chair's Summary Priorities (§ 6):
- High level of social cohesion and development across the UNECE region
- Everyone has access to quality education in a safe and participatory environment
- Everyone has access to decent work in a secure and non-discriminatory environment

Dimension	Indicators
Population and development outcomes	1.2.b.1 Proportion of youth (aged 15-24 years) not in education, employment or training (SDG 8.6.1)
	1.2.b.2 Unemployment rate (SDG 8.5.2)

Theme 1.2.c. Fulfilling potential: Participation in decision-making

Recommendations of the Chair's Summary

Poor health, and the multiple risk behaviours leading to it, limits economic growth and the ability of individuals of all ages to achieve their full potential in society. This theme comprises indicators tracking progress towards achieving universal health coverage, promoting healthy lifestyles among adolescents and youth, and increasing their participation in the job market and decision-making processes. This sub-theme covers the Chair's Summary Priorities (§ 5, 9, 39):
- Individuals are meaningfully involved in decision-making at all ages
- Place of residence does not inequitably impede access to key services and opportunities
- Strengthened evidence-based policies and legislation by use of qualitative and quantitative data

Dimension	Indicators
Population and development outcomes	1.2.c.1 Members of Parliament who are 39 years and younger

Theme 1.3. Intergenerational equity

Recommendations of the Chair's Summary

As smaller generations of younger people will shoulder the higher per capita support of older generations, the need to ensure both the productivity of younger and older generations alike, and the social protection and income security of older persons, particularly women, becomes evident. This subsection contains indicators on the provision of informal care, and on the economic participation of older persons in rapidly changing economies. This theme covers the Chair's Summary Priorities (§ 3, 8, 26):
- Individuals are able to find the balance between work and care that they wish
- Intergenerational equity is achieved in that the burden of population ageing is equitably shared

Dimension	Indicators
Population and development outcomes	1.3.1 Informal care involvement and time spent, population 18+
	1.3.2 Persons aged 55 and above providing care to their children or grandchildren
	1.3.3 Persons aged 55 and above providing care to elderly or disabled relatives
	1.3.4 Average effective labour market exit age

Theme 1.4. Population-environment linkages: Sustainable use of resources

Recommendations of the Chair's Summary

Sustainable use of resources: The region's high levels of consumption and CO2 emissions have implications for the whole world, but most notably for poor people, who endure most of the impacts of climate change. This theme contains an indicator that measures CO2 emissions per value added, which is sensitive to the structure of the productive sector, the carbon intensity of the energy mix used, the energy efficiency of production technologies and the economic value of outputs produced. This theme covers the Chair's Summary Priorities (§ 11, 33):
- CO2 emissions are reduced, and energy efficiency is achieved
- Developed multi-stakeholder and international approach to effectively address challenges of globalization

Dimension	Indicators
Population and development outcomes	1.4.1 CO2 emissions per unit of value added (SDG 9.4.1)

Theme 1 Policy Indicators

Dimension	Indicators
Policy indicators	*1.2.b.3 Total government spending in social protection and employment programmes (SDG 8.b.1)*
	1.2.c.2 Proportion of population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city (SDG 11.a.1)
	1.4.2 Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment (SDG 12.8.1)
	1.4.3 Amount of support to developing countries on research and development for sustainable consumption and production and environmentally sound technologies (SDG 12.a.1)

Note: Indicators in italics have insufficient or no data availability as of May 2018.

THEME 2. FAMILIES, SEXUAL AND REPRODUCTIVE HEALTH (SRH) OVER THE LIFE COURSE

Theme 2.1. Access to SRH information

Recommendations of the Chair's Summary

Gender-sensitive and life skills-based comprehensive sexuality education is a tool that empowers adolescents and youth to make responsible and autonomous decisions about their sexuality and sexual and reproductive health, to promote values of tolerance, mutual respect and non-violence in relationships, and to plan their lives. This theme contains indicators to monitor the extent to which adolescents and youth are receiving quality comprehensive sexuality education, both in and outside school. This theme covers the Chair's Summary Priorities (§ 14, 20):
- Reduce unintended pregnancies and STIs among adolescents and young people
- Teachers, school psychologists, social workers and parents are trained and sensitized to the benefits of CSE

Dimension	Indicators
Population and development outcomes	*2.1.1 Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year*
	2.1.2 Sexual and reproductive health literacy
	2.1.3 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG 5.6.1)

Note: Indicators in italics have insufficient or no data availability as of May 2018.

Theme 2.2. Meeting the need for SRH services

Recommendations of the Chair's Summary

Many individuals and couples across all age groups continue to live without access to sexual and reproductive health services due to age and marital status restrictions, lack of availability and affordability of certain contraceptive methods, among other barriers. In this regard, the highest priority should be to strengthen primary health-care systems to deliver integrated, comprehensive, quality sexual and reproductive health services, with adequate referrals for more specialized needs. This theme contains indicators that measure whether the needs for sexual and reproductive health of women and men, adolescents and youth, girls and boys, older persons and migrants is being met. This theme covers the Chair's Summary Priorities (§ 3, 12, 13, 14, 17):
- Individuals freely and responsibly decide about the number and spacing of their children
- Individuals are free and able to make informed choices and fulfill their potential
- All women and adolescent girls have access to sexual and reproductive health services
- Reduce unintended pregnancies and STIs among adolescents and young people
- Everyone has access to affordable contraceptives and timely and non-judgemental counselling services
- All young people have access to quality sexual and reproductive health services

Dimension	Indicators
Population and development outcomes	2.2.1 Unmet need for family planning among married or in-union women of reproductive age (15-49 years)
	2.2.2 Induced abortions per 1,000 live births

2.3. Family planning

Recommendations of the Chair's Summary

Family planning methods and information enable individuals and couples to exercise their right to decide freely and responsibly on the number, timing and spacing of their children, and thus serves as a means to prevent unwanted pregnancies. This theme comprises indicators that illustrate patterns of induced abortion and birth outcomes among girls and women. This theme covers the Chair's Summary priorities (§ 3, 12, 13, 17):
- Individuals freely and responsibly decide about the number and spacing of their children
- Individuals are free and able to make informed choices and fulfill their potential
- All women and adolescent girls have access to sexual and reproductive health services
- Reduce unintended pregnancies and STIs among adolescents and young people
- Everyone has access to affordable contraceptives and timely and non-judgemental counselling services
- All young people have access to quality sexual and reproductive health services

Dimension	Indicators
Population and development outcomes	2.3.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1)
	2.3.2 Contraceptive prevalence among married or in-union women of reproductive age (15-49 years)
	2.3.3 Proportion of women aged 20-24 years who were married or in a union before age 15 or before age 18 (SDG 5.3.1)
	2.3.4 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SDG 3.7.2)

Theme 2.4.a. Sexual and reproductive health: Prevention of maternal deaths and morbidity

Recommendations of the Chair's Summary

The elimination of preventable maternal mortality and morbidity as well as the prevention and treatment of sexually transmitted infections (STIs) remain challenges in the region. This sub-theme covers the Chair's Summary priorities (§ 19):
- Eliminate preventable maternal mortality and morbidity

Dimension	Indicators
Population and development outcomes	2.4.a.1 Antenatal care coverage, any
	2.4.a.2 Maternal mortality ratio (SDG 3.1.1)
	2.4.a.3 Neonatal mortality (SDG 3.2.2)
	2.4.a.4 Proportion of births attended by skilled health personnel (SDG 3.1.2)
	2.4.a.5 Antenatal care coverage, at least four visits

Note: Indicators in *italics* have insufficient or no data availability as of May 2018.

Theme 2.4.b. Sexual and reproductive health: Prevention of sexually transmitted infections

Recommendations of the Chair's Summary

The elimination of preventable maternal mortality and morbidity as well as the prevention and treatment of sexually transmitted infections (STIs) remain challenges in the region. In addition, gender-based violence and discrimination continue to plague most societies. Intimate partner violence is associated with an increased risk of HIV and other STIs, higher rates of induced abortion and poor birth outcomes, including low birth weight and pre-term births. This sub-theme covers the Chair's Summary priorities (§ 14, 17, 18):
- Reduce unintended pregnancies and STIs among adolescents and young people
- Everyone has access to affordable contraceptives and timely and non-judgemental counselling services
- All young people have access to quality sexual and reproductive health services
- Ensure the prevention, treatment and long-term elimination of STIs

Dimension	Indicators
Population and development outcomes	2.4.b.1 Percentage of young people (15 years old) who used a condom at last intercourse
	2.4.b.2 Adults newly infected with HIV
	2.4.b.3 Antiretroviral therapy coverage among people living with HIV
	2.4.b.4 Syphilis incidence
	2.4.b.5 Number of new HIV infections per 1,000 uninfected population (SDG 3.3.1)
	2.4.b.6 Avoidance of HIV services because of stigma and discrimination among key populations
	2.4.b.7 Percentage of primary health-care facilities that offer essential SRH services

Theme 2 Policy Indicators

Dimension	Indicators
Policy indicators	*2.2.3 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2)*
	2.4 Number of countries that have reported on the implementation of the WHO Europe Action Plan for Sexual and Reproductive Health

Note: Indicators in *italics* have insufficient or no data availability as of May 2018.

THEME 3. INEQUALITIES, SOCIAL INCLUSION AND RIGHTS

Theme 3.1. Gender equality and women's empowerment

Recommendations of the Chair's Summary

Advancing gender equality requires responses in the economic, social and political spheres as well as a transformation of gender norms. This theme comprises indicators that monitor equal access to education, employment and political participation for women and men; equal sharing of responsibilities between women and men, such as domestic and care work; support to reconcile work and family life, including through paid maternity and paternity leave and early childhood education; and prevalence of harmful gender norms. Gender-based violence and discrimination continue to plague most societies.This theme covers the Chair's Summary priorities (§ 24, 25, 26, 27, 28, 29):
- Individuals are able to find the balance between work and care that they wish
- Transform harmful gender roles and norms to promote family policies based on gender equality
- All forms of gender-based violence are criminalized
- Victims of gender-based violence receive the support and services they need
- Diverse family forms are recognized, and vulnerable family members are protected
- All people enjoy their human rights and are able to realize their potential
- Achieve gender equality

Dimension	Indicators
Population and development outcomes	3.1.1 Gender wage gap
	3.1.2 Proportion of seats held by women in (a) national parliaments and (b) local governments (SDG 5.5.1)
	3.1.3 Proportion of women in managerial positions (SDG 5.5.2)
	3.1.4 Percentage of children aged 0-2 enrolled in formal childcare and preschool
	3.1.7 Proportion of time spent on unpaid domestic and care work (SDG 5.4.1)
	3.1.9 Couples with both partners aged 25-49 by working pattern and age of youngest child
	3.1.10 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner (SDG 5.2.1)
	3.1.11 Acceptance of gender-based violence in the family
	3.1.12 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner (SDG 5.2.2)
	3.1.13 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 (SDG 16.2.3)

Note: Indicators in *italics* have insufficient or no data availability as of May 2018.

Theme 3.2. Poverty and socio-economic inequalities

Recommendations of the Chair's Summary

Poverty generates cycles of exclusion and inequality, limiting individuals' ability to achieve their full potential in society. Its representations include the lack of access to quality education and health care, including sexual and reproductive health care, exposure to violence and discrimination and the lack of political participation, affecting different population groups in different ways. This theme contains indicators to monitor monetary poverty, inequalities by socio-economic factors such as income, age, gender and place of residence, and the coverage of social protection floors and systems for specific population groups. This theme covers the Chair's Summary priorities (§ 5, 6, 30, 31, 32):
- High levels of human capital (skills, knowledge, experience) at all ages within and outside formal education
- High level of social cohesion and development across the UNECE region
- Everyone has access to quality education in a safe and participatory environment
- Everyone has access to decent work in a secure and non-discriminatory environment
- Everyone has access to inclusive education in a safe environment
- Higher educational attainment among marginal groups is achieved
- School curricula are gender-sensitive, and challenges from multiple and intersecting forms of inequality, disempowerment and discrimination are minimized/addressed
- Accountable, participatory and transparent governance compliant with the rule of law

Dimension	Indicators
Population and development outcomes	3.2.1 Proportion of the population living below the national poverty line, by sex and age (SDG 1.2.1)
	3.2.2 At risk of poverty or social exclusion
	3.2.3 Variation in science performance explained by students' socio-economic status in PISA 2015
	3.2.4 Disparities in career expectations by socio-economic status based on PISA
	3.2.5 Parity indices for education indicators (SDG 5.4.1)
	3.2.6 Children in residential care
	3.2.7 Proportion of the population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of discrimination prohibited under international human rights law (SDG 10.3.1)
	3.2.8 Proportion of the population satisfed with their last experience of public services (SDG 16.6.2)

Note: Indicators in *italics* have insufficient or no data availability as of May 2018.

Theme 3.3. Social inclusion of marginalized and vulnerable groups

Recommendations of the Chair's Summary

Ensuring that persons with disabilities, international migrants and those suffering insecurity of place (internally displaced persons, refugees and homeless people) 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. In the case of international migrants, protecting and fulfilling their human rights in an increasingly connected region requires international cooperative efforts, which may be directed at ensuring the portability of acquired benefits and fostering their integration and reintegration, among other actions. This theme comprises indicators that measure educational outcomes of international migrants and human trafficking. This theme covers the Chair's Summary priorities (§ 6, 10, 27, 28, 30, 31, 32):
- Everyone has access to quality education in a safe and participatory environment
- Everyone has access to decent work in a secure and non-discriminatory environment
- The human rights of all migrants are protected and fulfilled
- All people enjoy their human rights and are able to realize their potential
- Everyone is equal before the law
- Challenges from multiple and intersecting forms of inequality, disempowerment and discrimination are minimized/addressed
- Accountable, participatory and transparent governance compliant with the rule of law

Dimension	Indicators
Population and development outcomes	3.3.1 Number of victims of human trafficking per 100,000 population (SDG 16.2.2)
	3.3.2 Stigma and prejudice towards people living with HIV, homosexuals, people of a different race
	3.3.3 Difference in PISA 2015 science performance between immigrant and non-immigrant students

Theme 3 Policy Indicators

Dimension	Indicators
Policy indicators	*3.1.5 Maternity leave: wage and minimum length*
	3.1.6 Paternity leave: minimum length
	3.1.8 Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1)
	3.3.4 Proportion of children under 5 years of age whose births have been registered with a civil authority (SDG 16.9.1)
	3.3.5 Existence of independent national human rights institutions in compliance with the Paris Principles (SDG 16.a.1)
	3.1.14 Number of countries that have ratified the Coucil of Europe's Istanbul Convention 'Action Against Violence Against Women and Domestic Violence'

Note: Indicators in *italics* have insufficient or no data availability as of May 2018.

THEME 4. CROSS-CUTTING ISSUES

Recommendations of the Chair's Summary

Evidence-based decision-making is key to strenghtening policies and legislation. The development of reliable, up-to-date analysis are necessary for this purpose. It should be based on relevant qualitative and quantitative data. This theme covers the Chair's Summary priorities (§ 2, 38, 39):
- Generate, collect and use quality, timely and disaggregated census, survey and vital registration data
- Use comparable methodologies
- Diverse family forms are recognized, and vulnerable family members are protected
- Create cross-national partnerships to advance the ICPD agenda
- Integrate better population dynamics into development planning

Dimension	Indicators
Policy indicators	*4.1.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics (SDG 17.18.1)*
	4.1.2 Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics (SDG 17.18.2)
	4.1.3 Proportion of countries that have: (a) conducted at least one population and housing census in the last 10 years; and (b) achieved 100% birth registration and 80% death registration (SDG 17.19.2)

Note: Indicators in *italics* have insufficient or no data availability as of May 2018.

ANNEXES

ANNEX 1: LIST OF VARIABLES, THEIR DEFINITION, RATIONALE FOR THEIR INCLUSION IN THE MONITORING FRAMEWORK, AND DATA SOURCES

UNECE Monitoring Framework for the ICPD PoA Beyond 2014:
List of variables, their definition and rationale for inclusion in the Monitoring Framework, and data sources

1. Population Dynamics and Sustainable Development

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/Custodian agency for SDG indicators
1.1.1	PISA mean science performance	Scientific performance, for PISA, measures the scientific literacy of a 15-year-old in the use of scientific knowledge to identify questions, acquire new knowledge, explain scientific phenomena and draw evidence-based conclusions about science-related issues. We use the average that represents the national average score in the 2015 testing wave and the change in the national score between the 2015 and 2012 waves. A positive score shows better average performance in 2015 compared to 2012.	It shows comparative educational outcomes. It serves as a check of quality of educational systems. We choose the science literacy scores because the scoring in the other two tested areas (reading and mathematics) does not significantly change the country ranking and because further relevant questions on future career attitudes focus on science in the PISA survey.	PISA 2015 Volume 1, Table 1.2.4a
1.1.2	Proportion of youth and adults with information and communications technology (ICT) skills, by type of skill (SDG 4.4.1)	Proportion of youth and adults with ICT skills, by type of skill, defined as the percentage of youth (aged 15-24 years) and adults (aged 15 years and above) that have undertaken certain computer-related activities in a given time period (e.g. last three months)	SDG 4.4.1 indicator. ICT skills determine the effective use of ICT. The lack of such skills is one of the key barriers preventing people, and in particular women, from fully benefiting from the potential of ICT.	UNESCO-UIS, International Telecommunication Union (ITU)
1.1.3	Proportion of individuals using the Internet (SDG 17.8.1)	Proportion of individuals who used the Internet from any location in the last three months	SDG 17.8.1 indicator. It shows access to ICT. The lack of such access may represent a barrier to participating fully in a society where communication and information are progressively digitalized.	ITU
1.1.4	Seniors in training or education	Percentage of persons aged 55-74 involved in training or education	This indicator is a proxy for active and healthy ageing and life skills development.	MIPAA
1.1.5	Participation rate in organized learning one year before the official primary school entry age (SDG 4.2.2)	The percentage of children in the given age range who participate in one or more organized learning programmes, including programmes which offer a combination of education and care. The age range will vary by country depending on the official age for entry into primary education. The limitation of the indicator is that participation in learning programmes in the early years is not full-time for many children, meaning that exposure to learning environments outside the home will vary in intensity.	SDG 4.2.2 indicator. Early childhood education is typically designed with a holistic approach to support children's early cognitive, physical, social and emotional development and to introduce young children to organized instruction outside the family context. It prepares children for entry into primary education and should ensure that all children possess the skills required for that entry. Thus, a high level of participation in preschool learning is a proxy for public policy efforts to ensure equity in preparedness for primary education among preschool children.	UNESCO-UIS
1.1.6	Volunteering for community and social services	Proportion of population involved in unpaid voluntary work for community and social services at least once every month in the last 12 months	This indicator shows a commitment to contribute directly and without profit to the community. It is a proxy to determine the extent of social cohesion and whether civil society is vibrant. It can also serve as a proxy for the development of individuals' life skills.	European Quality of Life Survey 2016

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
1.2.a Fulfilling potential: Health and well-being across the life course				
1.2.a.1	Coverage of essential health services (SDG 3.8.1)	Defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases (NCDs) and service capacity and access, among the general and the most disadvantaged population	SDG 3.8.1 indicator of essential health services coverage. It serves as a proxy for the accessibility of the essential health-care services that are crucial for prevention and child, maternal and reproductive health outcomes.	WHO
1.2.a.2	Catastrophic health expenditure: spending more than 10% of household consumption or income on out-of-pocket health-care expenditures	Proportion of population spending more than 10% of household consumption or income on out-of-pocket health-care expenditures, expressed as a percentage of the total population of a country	This indicator shows the proportion of the population that is burdened by high out-of-pocket health expenditures, which can lead to a fall into poverty. It is a proxy for the efficiency and equity of the health-care system for both public and private schemes.	WHO
1.2.a.3	Mortality rate attributed to NCDs (SDG 3.4.1)	Probability of dying between the ages of 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases, defined as the percentage of 30-year-old people who would die before their 70th birthday from cardiovascular disease, cancer, diabetes, or chronic respiratory disease, assuming that s/he would experience current mortality rates at every age and would not die from any other cause of death (e.g. injury or HIV/AIDS). This indicator is calculated using life table methods.	SDG 3.4.1 indicator. Disease burden from NCDs among adults is rapidly increasing in developing countries due to ageing. Cardiovascular diseases, cancer, diabetes and chronic respiratory diseases are the four main causes of NCD burden. Measuring the risk of dying from these four major causes is important to assess the extent of the burden from premature mortality due to NCDs in a population.	WHO
1.2.a.4	Proportion of the population who regularly take part in sports or physical exercise at least once a week	Proportion of the population who regularly take part in sports or physical exercise at least once a week	This indicator is a proxy for healthy lifestyles among the population. Regular physical exercise has proven positive effects on health outcomes for populations of all ages.	European Quality of Life Survey
1.2.a.5	Proportion of young people with overweight or obesity	Proportion of young people with overweight or obesity, using the international BMI standards for young people adopted by the International Obesity Taskforce (IOTF), called the IOTF BMI cut-off points	The proportion of overweight and obese young people is a measure of unhealthy lifestyles among youth and the potential for health impairment later in life.	WHO, HBSC survey
1.2.a.6	Harmful use of alcohol (SDG 3.5.2)	Harmful use of alcohol, defined according to the national context as per capita alcohol consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	SDG 3.5.2 indicator. Alcohol consumption can have an impact not only on the incidence of diseases, injuries and other health conditions but also on the course of disorders and their outcomes in individuals. Alcohol abuse in many UNECE countries contributes to health complications, and excess mortality among men.	WHO
1.2.a.7	Age-standardized prevalence of current tobacco use among persons aged 15 years and older (SDG 3.a.1)	The indicator is defined as the percentage of the population aged 15 years and over who currently use any tobacco product (smoked and/or smokeless tobacco) on a daily or non-daily basis.	Tobacco use is a major contributor to illness and death from NCDs. There is no proven safe level of tobacco use or of second-hand smoke exposure. All daily and non-daily users of tobacco are at risk of a variety of poor health outcomes across the life course, including NCDs. Reducing the prevalence of current tobacco use will make a large contribution to reducing premature mortality from NCDs.	WHO
1.2.a.8	Young people who have been bullied	Proportion of young people who have been bullied at least once or twice at school in the previous couple of months	Experience in bullying impedes the healthy development of young people and is a proxy for an unsafe school environment.	WHO, HBSC survey

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
1.2.a.9	Proportion of young people who drink alcohol at least once a week	Young people were asked how often they drink any alcoholic beverage and were given a list of drinks: beer, wine, spirits, alcopops or any other drink that contains alcohol. Response options ranged from never to every day. The findings presented here show the proportion who reported drinking any alcoholic beverage at least every week.	This indicator measures risky habits of youth that can have adverse impacts on their health and educational outcomes.	WHO, HBSC survey
1.2.a.10	Suicide mortality rate (SDG 3.4.2)	The suicide mortality rate is defined as the number of suicide deaths in a year, divided by the population, and multiplied by 100,000.	Mental disorders occur in all regions and cultures of the world. The most prevalent of these disorders are depression and anxiety, which are estimated to affect nearly 1 in 10 people. At its worst, depression can lead to suicide. In 2012, there were over 800,000 estimated suicide deaths worldwide. Suicide was the second leading cause of deaths among young adults aged 15–29 years, after road traffic injuries.	WHO

1.2.b Fulfilling potential: Access to employment opportunities

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
1.2.b.1	Proportion of youth (aged 15-24 years) not in education, employment or training (SDG 8.6.1)	This proportion of youth (aged 15-24 years) not in education, employment or training, also known as the 'NEET rate', conveys the number of young persons not in education, employment or training as a percentage of the total youth population.	It serves as a broader measure of potential youth labour market entrants than youth unemployment. It includes discouraged worker youth as well as those who are outside the labour force due to disability and engagement in household chores, among other reasons. The NEET rate is also a better measure of the current universe of potential youth labour market entrants than the youth inactivity rate, as the latter includes those youth who are outside the labour force and are in education, and thus cannot be considered currently available for work.	ILO
1.2.b.2	Unemployment rate (SDG 8.5.2)	Unemployment rate is the percentage of unemployed persons in the total number of persons in the labour force.	SDG 8.5.2 indicator. It measures the proportion of the labour force that is ready to work but cannot find a suitable job. It is one of the basic indicators of individual and societal prosperity.	ILO, UNECE statistical database
1.2.b.3	Total government spending in social protection and employment programmes as a proportion of the national budget and gross domestic product (GDP) (SDG 8.b.1)	Not available	This indicator reflects a government's commitment and efforts to sustainably tackle unemployment and the risks of poverty and social exclusion linked to it.	ILO

1.2.c Fulfilling potential: Participation in decision-making

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
1.2.c.1	Members of Parliament (MPs) who are 39 years and younger	MPs (lower chamber) aged under 40, as a percentage of all MPs	It is a proxy for the involvement of younger generations in politics and public life, and a proxy for the capacity of public bodies to include younger people in decision-making.	IPU
1.2.c.2	Proportion of the population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city (SDG 11.a.1)	Not available	SDG 11.a.1 indicator. It measures progress towards achieving SDG 11.a: "Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning".	UN Habitat

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
1.3. Intergenerational equity				
1.3.1	Informal care involvement and time spent	The proportion of informal care carried out by the population aged 18+ and the number of hours spent on this care for those who are involved: the proportion of people who look after or give help to family members, friends, neighbours or others that is not a part of their paid employment	It indicates the frequency of unpaid informal care in the population. Together with the indicator on the time intensity of such care, we can assess the role informal carers play in the care system and whether the proportion of informal care is lower or higher than in other countries. If the proportion of informal care is above the regional average, we may conclude that public care services may be insufficient.	European Social Survey
1.3.2	Persons aged 55 and above providing care to their children or grandchildren	The indicator of the provision of care to children or grandchildren refers to the percentage of persons aged 55 and above who regularly provide care to their children or grandchildren. For the countries covered by the EQLS, the indicator takes into account provision of care at least once a week.	It is an indicator of intergenerational solidarity from the older part of the population. If the proportion of informal care is above the regional average, we may conclude that public care services may be insufficient, resulting in a heavy burden on unpaid carers.	Eurofound (European Quality of Life Surveys (EQLS) 2007, 2012), national time-use surveys and other national surveys, data collected under the Active Ageing Index project
1.3.3	Persons aged 55 and above providing care to elderly or disabled relatives	Indicator of provision of care to elderly or disabled relatives refers to the percentage of persons aged 55 and above who regularly provide care to elderly or disabled relatives. For the countries covered by the EQLS the indicator takes into account provision of care at least once a week.	It is an indicator of inter-generational solidarity from the elderly part of population. In case that informal care share is above the regional average, we may conclude that public care services may be insufficient giving high burden on unpaid carers.	Eurofound (European Quality of Life Surveys (EQLS) 2007, 2012), national time-use surveys and other national surveys, data collected under the Active Ageing Index project
1.3.4	Average effective labour market exit age	The average age of withdrawal from the labour market: while based on European Union Labour Force Survey (EU-LFS) data, the indicator is estimated using a probabilistic model.	The extension of working lives has been identified as having significant potential to meet the social challenges of ageing by harnessing personal competencies of older men and women in productive activities, even beyond retirement age. The average effective labour market exit age monitors the progress towards extended working lives and serves as a proxy that reflects policy effectiveness in this area.	UNECE MIPAA
1.4. Population-environment linkages: Sustainable use of resources				
1.4.1	CO2 emissions per unit of value added (SDG 9.4.1)	Emissions of carbon dioxide per unit of GDP (PPP)	SDG 9.4.1 indicator. As the region with the highest emissions of harmful CO2 globally, we need to monitor the trends in production of these emissions as well as policies that regulate and encourage their reduction.	International Energy Agency (IEA) United Nations Industrial Development Organization (UNIDO)

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
1.4.2	Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education; and (d) student assessment (SDG 12.8.1)	Not available	It measures the progress towards achieving SDG 12.8: "Ensure that people everywhere have the relevant information and awareness for sustainable development and lifestyles in harmony with nature".	UNESCO-UIS
1.4.3	Amount of support to developing countries for research and development for sustainable consumption and production and environmentally sound technologies (SDG 12.a.1)	Not available	SDG 12.a.1 indicator. It monitors the progress towards achieving SDG 12.a: "Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production".	Under discussion
2. Families, Sexual and Reproductive Health over the Life Course				
2.1. Access to SRH information				
2.1.1	Percentage of schools that provided life skills-based HIV and sexuality education in the previous academic year	This indicator assesses progress towards implementation of life skills-based HIV and sexuality education in all schools (UNESCO indicator known as 'voluntary SDG indicator' 4.7.2).	This indicator tracks the proportion of schools that provide life skills-based HIV and sexuality education within the formal curriculum or as part of extra-curricular activities. This is a critical indicator for the sector, as it deals with curriculum delivery in support of national HIV prevention programmes; it includes extra-curricular activities that schools might engage in.	UNESCO
2.1.2	Sexual and reproductive health (SRH) literacy	A person's knowledge regarding SRH-related issues, including their understanding of related human rights and available services	This indicator supplements existing indicators on Comprehensive Sexuality Education (CSE) which focus on the delivery of sexuality education for in- and out-of-school youth.	UNFPA
2.1.3	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG 5.6.1)	Not available	This indicator captures the longer-term effects of CSE.	

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
2.2. Meeting the need for SRH services				
2.2.1	Unmet need for family planning	The percentage of married or in-union women of reproductive age (15-49 years) who want to stop or delay childbearing but are not using a modern method of contraception: model-based data	The indicator of unmet need for family planning by any modern method is useful in assessing a lack of coverage of family planning programmes and services. Meeting the demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk of poor obstetric outcomes. This indicator is closely related to the SDG 3.7.1 indicator on the proportion of women of reproductive age who have their need for family planning satisfied with modern methods.	UN DESA
2.2.2	Induced abortions per 1,000 live births	The total number of induced abortions per 1,000 live births in a given year. Induced abortion are considered irrespective of the method. Abortion is the termination of a pregnancy before the foetus has attained viability. The legal requirements for abortion vary between countries.	This ratio is indicative of how common it is to use induced abortion to terminate pregnancy among all women aged 15+. It is desirable for women to have access to abortion but also for it not to be used instead of modern means of contraception. Thus, a high ratio may indicate a failure in the accessibility of modern means of contraception. The number of abortions per 1,000 live births among women aged under 20 also reflects the level of acceptance of teenage motherhood in a society, but also the availability of contraceptives and the prevalence of unintended pregnancies.	WHO Europe
2.2.3	Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2)	Not available	Laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH care, information and education are a basic precondition of meeting the need for SRH services for all.	UNFPA
2.3. Family planning				
2.3.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1)	The percentage of married or in-union women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern contraceptive method. This is a UN DESA estimate.	SDG 3.7.1 indicator. It is based on survey data unavailable for most of the UNECE region. If data are available, it should replace the model-based indicator on unment need for family planning. The proportion of demand for family planning satisfied with modern methods is useful in assessing overall levels of coverage of family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk of poor obstetric outcomes. Levels of demand for family planning satisfied with modern methods of 75% or more are generally considered high, and values of 50% or less are generally considered very low.	UN DESA Population Division

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
2.3.2	Contraceptive prevalence	Percentage of married or in-union women of reproductive age (15-49 years) who are currently using any method of contraception		UN DESA
2.3.3	Proportion of women aged 20-24 years who were married or in a union before age 15 or before age 18 (SDG 5.3.1)	Proportion of women aged 20-24 years who were married or in a union before age 15 or before age 18	SDG 5.3.1 indicator. Marriage before the age of 18 is a fundamental violation of human rights. Child marriage often compromises a girl's development by resulting in early pregnancy and social isolation, interrupting her schooling, limiting her opportunities for career and vocational advancement and placing her at increased risk of intimate partner violence. In many cultures, girls reaching puberty are expected to assume gender roles associated with womanhood. These include entering a union and becoming a mother.	UNICEF
2.3.4	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SDG 3.7.2)	The proportion of all live births to mothers aged 19 years and younger	SDG 3.7.2 indicator. There is substantial agreement in the literature that women who become pregnant and give birth very early in their reproductive lives are subject to higher risks of complications or even death during pregnancy and childbirth and that their children are also more vulnerable. Therefore, preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality. Furthermore, women having children at an early age experience a curtailment of their opportunities for socio-economic improvement, particularly because young mothers are unlikely to continue studying and, if they need to work, may find it especially difficult to combine family and work responsibilities. The adolescent birth rate also provides indirect evidence on access to pertinent health services, since young people, and in particular unmarried adolescent women, often experience difficulties in access to SRH services.	WHO Europe

2.4.a SRH: Prevention of maternal deaths and morbidity

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
2.4.a.1	Antenatal care	The percentage of pregnant women receiving pregnancy consultations	This is a basic indicator of the prevalence of services for pregnant women for the prevention of maternal death and birth-related complications.	UNICEF Transmonee
2.4.a.2	Maternal mortality ratio (SDG 3.1.1)	The maternal mortality ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births during the same time period. It captures the risk of death in a single pregnancy or a single live birth.	SDG 3.1.1 indicator. It is a basic indicator of maternal health and reflects the capacity of the health-care system to prevent and treat complications related to labour or post-partum complications within 42 days after giving birth.	WHO
2.4.a.3	Neonatal mortality (SDG 3.2.2)	The number of live-born children that die in the first 28 days of life (day 0 - day 27 included) divided by the total number of live births	This indicator is included in the global indicator framework for the SDGs as indicator 3.2.2. Mortality during the neonatal period can be considered an indicator of both maternal and newborn health and care. A high rate of deaths in the first week of life might reflect poor management of labour or a problem with (post-partum) paediatric care.	United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2015.
2.4.a.4	Proportion of births attended by skilled health personnel (SDG 3.1.2)	The percentage of births attended by skilled health personnel (generally doctors, nurses or midwives) is the percentage of deliveries attended by health personnel trained in providing life-saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period, conducting deliveries on their own and caring for newborns. Traditional birth attendants, even if they receive a short training course, are not included.	Having a skilled attendant at the time of delivery is an important life-saving intervention for both mothers and babies. Not having access to this key assistance is detrimental to women's health and gender empowerment because it could cause the death of the mother or long-lasting disability, especially in marginalized settings.	UNICEF
2.4.a.5	Antenatal care coverage, at least four visits	Percentage of women aged 15-49 years attended at least four times during pregnancy by any provider: survey data	This is a basic indicator of the prevalence of services for pregnant women for the prevention of maternal death and birth-related complications.	UNICEF

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
2.4.b SRH: Prevention of sexually transmitted infections				
2.4.b.1	Percentage of young people (15 years old) who used a condom at last intercourse, by sex	Young people aged 15 years of age were asked whether they or their partner had used a condom the last time they had intercourse. The findings presented here show the proportions who reported having had sexual intercourse and who responded positively to the questions on condom use.	It reflects the level of awareness about the means for the prevention of sexually transmitted infections (STIs) and about family planning methods among young people. It shows the prevalence of use of the preventive method among sexually active youth.	WHO, Health Behavior in School-aged Children (HBSC)
2.4.b.2	Adults newly infected with HIV	Number of adults (aged 15+) newly infected with HIV in a given year: UNAIDS estimate	When seen as a time line, it can serve as a proxy for the capacity of public policy to prevent the spread of HIV. The trend in the number of people newly infected with HIV reflects the health-care system's ability to detect new cases.	World Bank
2.4.b.3	Antiretroviral therapy coverage	Estimated antiretroviral therapy coverage among people living with HIV (%): WHO estimate	This indicator assesses the progress in providing antiretroviral combination therapy to all people living with HIV. It shows the capacity of the health-care system to provide the most effective care that slows down progression of the illness. Currently too many countries in the UNECE region have missing data: data are available for only 25 countries.	WHO Global Health Observatory
2.4.b.4	Syphilis incidence	Number of new syphilis cases per 100,000 population	Eastern Europe experienced epidemic levels of syphilis after the collapse of the Soviet Union. It is important to monitor how and whether this epidemic is contained. It reflects the capacity of the health-care system to treat and prevent STIs.	WHO Europe
2.4.b.5	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations (SDG 3.3.1)	The number of new HIV infections per 1,000 uninfected population, by sex, age and key populations, is defined as the number of new HIV infections per 1,000 person-years among the uninfected population: a Global AIDS monitoring indicator.	The overarching goal of the global AIDS response is to reduce the number of people newly infected with HIV to less than 200,000 in 2030. Monitoring the rate of people newly infected over time measures the progress towards achieving this goal. This indicator is one of the 10 global indicators in the WHO consolidated strategic information guidelines. When seen as a time line, it can serve as a proxy for the capacity of public policy to prevent the spread of HIV. The trend in the number of people newly infected by HIV reflects the health-care system's ability to detect new cases.	UNAIDS
2.4.b.6	Avoidance of HIV services because of stigma and discrimination among key populations	The indicator measures progress towards reducing discriminatory attitudes and support for discriminatory policies in health-care settings.	This is Global AIDS Monitoring 2017 indicator 4.1.2. It is important for providing a measure of the proportion of members of key populations who have avoided accessing general health-care services, HIV testing, HIV medical care and HIV treatment due to fear of stigma and discrimination. Data related to the avoidance of HIV testing services are important for addressing barriers to health-seeking behaviours, especially when health-care facilities are available and accessible.	UNFPA
2.4.b.7	Percentage of primary health-care facilities that offer essential SRH services	This indicator specifies the availability of SRH services at the level of primary health-care facilities. It is meant to include the availability at the local level of maternity care, provision of contraception, HIV counselling and testing, STI testing and family planning counselling.	It is a newly suggested UNFPA Global Monitoring Framework indicator. It enables assessment of the availability of specified SRH services at the level of local health facilities, those most likely used by vulnerable and marginalized groups.	UNFPA

3. Inequalities, Social Inclusion and Rights

3.1. Gender equality and women's empowerment

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/Custodian agency for SDG indicators
3.1.1	Gender wage gap	The gender gap in median earnings of full-time employees is defined as the difference between the median earnings of men and of women as a proportion of the median earnings of men. The gap is unadjusted - that is, not corrected for gender differences in observable characteristics that may explain part of the earnings gap. However, to account for gender differences in working hours and part-time employment, the gap is based where possible on earnings for full-time employees only.	This is an indicator of gender equality in the remuneration of paid work. Positive trends over time may signal wider acceptance of gender equality in the society. This may be an outcome of various factors, including policy interventions.	OECD
3.1.2	Proportion of seats held by women in (a) national parliaments and (b) local governments (SDG 5.5.1)	Currently measured as the number of seats held by women members in single or lower chambers of national parliaments, expressed as a percentage of all occupied seats	SDG 5.5.1 indicator. It reflects gender inequality in access to decision-making positions in the public sphere.	IPU, UN Women
3.1.3	Proportion of women in managerial positions (SDG 5.5.2)	This indicator refers to the proportion of females in the total number of persons employed in senior and middle management.	SDG 5.5.2 indicator. It provides information on the proportion of women who are employed in decision-making and management roles in government, large enterprises and institutions, thus providing some insight into women's power in decision-making and in the economy (especially compared to men's power in those areas).	ILO
3.1.4	Percentage of children aged 0-2 enrolled in formal childcare and preschool	The enrolment rates presented here for 0 to 2-year-olds concern formal childcare arrangements such as group care in childcare centres, registered childminders based in their own homes looking after one or more children, and care provided by a carer at the home of the child. To obtain a more comprehensive view of childcare across countries, participation rates are also presented as the full-time equivalent (FTE) of the proportion of children as if they were receiving formal childcare for 30 hours per week.	This indicator measures two main aspects: the accessibility of formal early childhood services and the proportion of children who use these services. In the case of the existence and wide use of formal childcare, primary caregivers (often women) have more opportunities to participate in the labour market and pursue their careers. It is a proxy indicator for achieving an optimal work-life balance.	OECD Family Database
3.1.5	Maternity leave: wage and minimum length	Wages paid during maternity leave as a percentage of the total wage and the minimum length of paid maternity leave in weeks	This indicates whether and what proportion of a woman's wage is paid during maternity leave. The second dimension of the indicator informs whether and for how long a woman has a legal right to take leave with her newborn child. Both dimensions combined have an implication for women's opportunities to achieve an optimal work-life balance. It is also reflects a welfare model for issues related to family and motherhood in the country.	ILO
3.1.6	Paternity leave: minimum length	Minimum length of paternity leave in days	This indicates whether and for how long have men legal rights to take leave with their newborn children. It has an implication for men's opportunities to achieve an optimal work-life balance for themselves and their families.	ILO
3.1.7	Proportion of time spent on unpaid domestic and care work (SDG 5.4.1)	The average time women and men spend on the provision of household services for their own consumption. Domestic and care work includes food preparation, dishwashing, cleaning and upkeep of a dwelling, laundry, ironing, gardening, caring for pets, shopping, installation, servicing and repair of personal and household goods, childcare, and caring for sick, elderly or disabled household members, among others.	SDG 5.4.1 indicator. Excessive time spent on unpaid domestic and care work and a strong gender imbalance are indicative of the welfare state's deficiencies in care provision and of gender inequality.	UNSD UN Women

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/Custodian agency for SDG indicators
3.1.8	Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex (SDG 5.1.1)	Not available	Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex is an essential indicator of a government's commitment to gender equality.	Not available
3.1.9	Couples with both partners aged 24-49 by working pattern and age of youngest child	Couple: A couple is defined as a man and woman living as a married couple, a registered couple or a couple who lives in a consensual union. Two persons are considered partners in a consensual union when they have usual residence in the same household, are not married to each other and have a marriage-like relationship to each other. Data refer to couples where both partners are in the age range 25-49. Data are reported according to the age of the couple's youngest child. Children living outside the household are not considered. Part-time/full-time: A part-time worker is an employed person whose normal hours of work are less than those of comparable full-time workers. In most countries, the distinction between part-time and full-time work is based on self-declaration. In a few countries, work is defined as part-time when the hours usually worked are below a fixed threshold. Not working: Both inactive and unemployed persons are considered not working. General note: Data come from the Labour Force Survey (LFS) unless otherwise specified.		UNECE Statistical Database, compiled from national official sources (Labour Force Survey unless otherwise specified)
3.1.10	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner (SDG 5.2.1)	This indicator measures the percentage of ever-partnered women and girls aged 15 years and older who have experienced physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months. Data are currently available for women aged 15-49 years.	SDG indicator 5.2.1. It represents one manifestation of gender inequality. These data are a starting point for informing laws and policies and developing effective responses and programmes to stop various forms of violence and their consequences. They also allow countries to monitor change over time and assess the effectiveness of their interventions.	UNICEF, UN Women, UNFPA, WHO, UNODC
3.1.11	Acceptance of gender-based violence in the family	This is based on a survey question asking whether it is ever justifiable for a man to beat his wife. The scores represent the proportion of respondents answering that it is 'sometimes' and 'always' justifiable (in other words, it includes all the responses on the scale with the exception of the answer 'never justifiable').	It represents general attitudes in the population towards gender-based violence in the family. A high approval rate is a proxy for the gender values and attitudes that contribute to disempowering and discriminating against women in a society.	World Values Survey

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
3.1.12	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner (SDG 5.2.2)	The proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	SDG indicator 5.2.2. It represents one manifestation of gender inequality. These data are a starting point for informing laws and policies and developing effective responses and programmes to stop various forms of violence and their consequences. They also allow countries to monitor change over time and assess the effectiveness of their interventions.	UNICEF, UN Women, UNFPA, WHO, UNODC
3.1.13	Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18 (SDG 16.2.3)	The proportion of young women and men aged 18-29 years who experienced sexual violence by age 18	Sexual violence is one of the most unsettling of children's rights violations. Experiences of sexual violence in childhood hinder all aspects of development: physical, psychological/emotional and social. Apart from the physical injuries that can result, researchers have consistently found that the sexual abuse of children is associated with a wide array of mental health consequences and adverse behavioural outcomes in adulthood. The issue is universally relevant, and the indicator captures one of the gravest forms of violence against children. The right of children to protection from all forms of violence is enshrined in the Convention on the Rights of the Child (CRC) and its Optional Protocols.	UNICEF
3.2. Poverty and socio-economic inequalities				
3.2.1	Proportion of the population living below the national poverty line, by sex and age (SDG 1.2.1)	The national poverty rate is the percentage of the total population living below the national poverty line. The rural poverty rate is the percentage of the rural population living below the national poverty line.	SDG indicator 1.2.1. Monitoring national poverty is important for country-specific development agendas. National poverty lines are used to make more accurate estimates of poverty consistent with the country's specific economic and social circumstances, and are not intended for international comparisons of poverty rates.	World Bank
3.2.2	At risk of poverty or social exclusion	The proportion of persons with an equivalized disposable income below the risk-of-poverty threshold (poverty line). The poverty line based on EU-SILC is set at 60% of the national median equivalized disposable income (after social transfers). This indicator corresponds to the sum of persons who are: at risk of poverty or severely materially deprived or living in households with very low work intensity. Persons are only counted once even if they are present in several sub-indicators. At risk of poverty are persons with an equivalized disposable income below the risk-of-poverty threshold, which is set at 60% of the national median equivalized disposable income (after social transfers). Material deprivation covers indicators relating to economic strain and durables. Severely materially deprived persons have living conditions severely constrained by a lack of resources, they experience at least 4 out of the following 9 deprivations and cannot afford: i) to pay rent or utility bills; ii) keep their home adequately warm; iii) face unexpected expenses; iv) eat meat, fish or a protein equivalent every second day; v) a week's holiday away from home; vi) a car; vii) a washing machine; viii) a colour television; or ix) a telephone. People living in households with very low work intensity are those aged 0-59 living in households where the adults (aged 18-59) worked 20% or less of their total work potential during the past year.	It is an indicator of the material well-being of individuals and inequality in a society, with large repercussions for most aspects of population and development that are addressed in this monitoring framework.	EU-SILC Eurostat

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
3.2.3	Variation in science performance explained by students' socio-economic status in PISA 2015	Measures to what extent the variation in individual students' results in the PISA science literacy test can be attributed to their socio-economic status, in %	It indicates how equitably the benefits of schooling are being shared among students from differing socio-economic backgrounds, at least in terms of student performance. Together with the PISA 2015 mean science performance and variation it indicates the equity and inclusiveness of the educational system.	PISA 2015 Volume 1, Figure I.1.3
3.2.4	Disparities in career expectations by socio-economic status based on PISA	Disadvantaged students' likelihood of expecting a career in science (relative to advantaged students), after accounting for performance based on the PISA 2015 questionnaire	It shows the effect of socio-economic status on ambitions for a challenging and prestigious career. It is a proxy for the capacity of a society and a country's policies to mitigate the effect of socio-economic background on youth aspirations. It is also a proxy for the perceived equity of life chances and aspirations of the young people themselves.	PISA 2015 Volume 1, Table I.6.8
3.2.5	Parity indices for education indicators (SDG 5.4.1)	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated	It shows the inequity of access to quality education between girls and boys, in urban/rural settings, between different wealth groups etc. It is an indicator of inequality in access to education along multiple dimensions.	UNESCO
3.2.6	Children in residential care	Rate of children in formal residential care (at the end of the year, per 100,000 population aged 0-17). Differences in the definition of residential care across countries affect data comparability.	Placing children in formal residential care is the least suitable way to ensure the healthy development of children living outside their biological family. Alternative options such as foster care should have a priority. The indicator shows countries with above average use of residential care and, therefore, the potential for improvement towards ensuring better well-being of children living outside their biological family. It reflects insufficiencies in family support policies.	UNICEF Transmonee
3.2.7	Proportion of the population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of discrimination prohibited under international human rights law (SDG 10.3.1)	Not available	SDG indicator 10.3.1. Monitoring the occurence and perception of discrimination is essential for monitoring the impact and implementation of policies, laws and regulations linked to human rights.	Not available
3.2.8	Proportion of the population satisfied with their last experience of public services (SDG 16.6.2)	Not available	SDG indicator 16.6.2. It is a proxy for the measurement of the quality of governance.	Not available

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/Custodian agency for SDG indicators
3.3. Social exclusion of marginalized and vulnerable groups				
3.3.1	Number of victims of human trafficking per 100,000 population, by sex, age and form of exploitation (SDG 16.2.2)	The indicator is defined as the ratio between the total number of victims of trafficking in persons detected or living in a country and the population resident in the country, expressed per 100,000 population.	SDG indicator 16.2.2. It shows the proportion of the population that was exploited or held by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. All the above are violations of basic human rights, and a high proportion of such people in the population implies state deficiencies in safeguarding the human rights of all its residents.	UNODC
3.3.2	Stigma and prejudice towards people living with HIV, homosexuals, people of a different race	The proportion of respondents in a survey who answered that they would not like to have as neighbours people living with HIV, homosexuals or people of a different race	It represents attitudes towards minorities. A high level of approval of these attitudes is a proxy for the level of stigmatization, prejudice and, potentially, discrimination against people living with HIV, homosexuals or people of a different race.	World Values Survey
3.3.3	Difference in PISA 2015 science performance between immigrant and non-immigrant students	Difference in science performance between immigrant and non-immigrant 15-year-old students, after accounting for economic, social and cultural status and language spoken at home. A positive score indicates a performance difference in favour of non-immigrant students; a negative score indicates a performance difference in favour of immigrant students. Values that are statistically significant are indicated in bold.	It is a proxy for equity in education. Together with the indicators of the PISA 2015 mean science performance score, its variation and disparities in science-related aptitudes can serve as a proxy for the level of inclusiveness, equity and quality of the national educational system.	PISA 2015 Volume 1, Figure I.1.3
3.3.4	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age (SDG 16.9.1)	The proportion of children under 5 years of age whose births have been registered with a civil authority	SDG indicator 16.9.1. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights and ensuring that any violation of these rights does not go unnoticed.	UNSD, UNICEF
3.3.5	Existence of independent national human rights institutions in compliance with the Paris Principles (SDG 16.a.1)	The existence of independent national human rights institutions in compliance with the Paris Principles	SDG indicator 16.a.1. The existence of independent national human rights institutions is a necessary condition for the fulfilment of basic human rights for all.	OHCHR

Indicator code	Indicator	Definition	Motivation/Rationale	Data source/ Custodian agency for SDG indicators
4. Cross-cutting Issues				
4.1.1	Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics (SDG 17.18.1)	The proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	Evidence-based decision-making is key to strenghtening policies and legislation. The development of reliable, up-to-date analysis is necessary for this purpose. It should be based on relevant qualitative and quantitative data.	Paris 21
4.1.2	Number of countries that have national statistical legislation that complies with the Fundamental Principles of Official Statistics (SDG 17.18.2)	This indicator refers to the number of countries that have statistical legislation which respects the Fundamental Principles of Official Statistics.	Evidence-based decision-making is key to strenghtening policies and legislation. The development of reliable, up-to-date analysis is necessary for this purpose. It should be based on relevant qualitative and quantitative data.	UNSD
4.1.3	Proportion of countries that have: (a) conducted at least one population and housing census in the last 10 years; and (b) achieved 100% birth registration and 80% death registration (SDG 17.19.2)	The proportion of countries that have: (a) conducted at least one population and housing census in the last 10 years; and (b) achieved 100% cent birth registration and 80% death registration	Evidence-based decision-making is key to strenghtening policies and legislation. The development of reliable, up-to-date analysis are necessary for this purpose. It should be based on relevant qualitative and quantitative data.	UNSD

ANNEX 2: DATA AND INFORMATION COMPLEMENTARY TO THE MONITORING FRAMEWORK

ANNEX 2.1 OVERVIEW OF POLICY REPORTING MECHANISMS

Country	Universal Periodic Review	Beijing +20	CEDAW	MIPAA	Rights of the Child (CRC)	Rights of Persons with Disabilities (CRPD)	Economic, Social and Cultural Rights (CESCR)	Rights of Migrant Workers and their Families (CMW)	Voluntary National Reviews
	Date of Consideration	2009-2014	State Report	2012-2016	State Report	State Report	State Report	State Report	
ALB	2014	2014	2014	2016	2011	2017	2011	2017	2018
AND	2015	2014	2012	/	2011	No date on report	/	/	2018
ARM	2015	2014	2015	2016	2011	2013	2013	/	2018
AUT	2015	2014	2017	2016	2011	2011	2012	/	
AZE	2013	2014	2013	2016	2011	2013	2011	2012	2017, 2019
BLR	2015	2014	2010	2017	2010	/	2012	/	2017
BEL	2016	2014	2007	2016	2017	2013	2012	/	2017
BIH	2014	2014	2011	2017	2011	2013	2012	2017	2019
BGR	2015	2014	2011	2016	2007	2014	2011	/	
CAN	2013 (Feb/May 2018)	2014	2015	2016	2012	2014	2014	/	2018
HRV	2015	2014	2013	/	2013	2013	2000	/	2019
CYP	2014	2014	2017	2016	2011	2013	2015	/	2017
CZE	2017	2014	2014	2016	2010	2013	2013	/	2017
DNK	2016	2014	2013	2017	2016	2013	2011	/	2017
EST	2016	2014	2015	2016	2002	2017	2017	/	2016, 2020
FIN	2017	2014	2004	2016	2010	/	2013	/	2016, 2021
FRA	2018	2014	2014	2016	2015	2017	2014	/	2016, 2019
GEO	2015	2014	2013	/	2016	2016	2001	/	2016, 2023
DEU	2013 (Feb/May 2018)	2014	2015	2017	2012	2013	2017	/	2016, 2024
GRC	2016	2014	2011	2017	2011	2015	2013	/	2018
HUN	2016	2014	2011	2016	2013	2011	2006	/	2018
ISL	2016	2014	2014	2017	2010	/	2011	/	2019
IRL	2016	2014	2003	2017	2015	/	2013	/	2018
ISR	2018	2014	2017	2016	2012	2017	2010	/	2019
ITA	2014	2014	2016	2017	2017	2013	2013	/	2017
KAZ	2014	2014	2012	2016	2014	2017	2017	/	2019
KGZ	2015	2014	2007	/	2012	/	2013	/	
LVA	2016	2014	2003	2016	2014	2015	2005	/	2018
LIE	2018	/	2010	/	2005	/	2016	/	2019

Country	Universal Periodic Review	Beijing +20	CEDAW	MIPAA	Rights of the Child (CRC)	Rights of Persons with Disabilities (CRPD)	Economic, Social and Cultural Rights (CESCR)	Rights of Migrant Workers and their Families (CMW)	Voluntary National Reviews
	Date of Consideration	2009-2014	State Report	2012-2016	State Report	State Report	State Report	State Report	
LTU	2016	2014	2011	2016	2012	2014	2011	/	2018
LUX	2018	2014	2006	2016	2012	2014	2001	/	2017
MLT	2013	2014	2009	2016	2012	2015	2003	/	2018
MDA	2016	2014	2012	2016	2016	2013	2016	/	
MCO	2013	2014	2014	2016	2012	/	2013	/	2017
MNE	2018	/	2016	/	2016	2014	2013	/	2016
NLD	2017	2014	2014	2016	2014	/	2016	/	2017
NOR	2014	2014	2016	2016	2017	2015	2012	/	2016
POL	2017	2014	2013	2017	2014	2015	2015	/	2018
PRT	2014	2014	2013	2017	2012	2014	2013	/	2017
ROU	2018	2014	2013/2017	2016	2016	/	2013	/	2018
RUS	2013	2014	2014	2016	2012	2015	2016	/	
SMR	2014	/	/	/	2003	/	2007	/	
SRB	2018	/	2017	2017	2016	2014	2013	/	2019
SVK	2014	2014	2014	2017	2006	2014	2017	/	2018
SVN	2014	2014	2014	2017	2003	2014	2013	/	2017
ESP	2015	2014	2013	2016	2017	2010	2017	/	2018
SWE	2015	2014	2014	2016	2014	2012	2015	/	2017
CHE	2017	2014	2015	2016	2013	2016	2009	/	2016, 2018
TJK	2016	2014	2017	/	2016	/	2013	2017	2017
MKD	2014	2014	2017	2017	2009	2015	2014	2016	
TUR	2015	2014	2014	2016	2011	2017	2010	/	2016, 2019
TKM	2013 (Feb/May 2018)	2014	2016	/	2013	2013	2017	/	2019
UKR	2017	2014	2015	2016	2010	2014	2012	/	
GBR	2017	2014	2017	2016	2008	2013	2014	/	2019
USA	2015	2014	na	2016	/	/	/	/	
UBZ	2013 (Feb/May 2018)	2014	2014	2017	2012	/	2012	/	

Green 2016 or more recent   Yellow 2014 or 2015

ANNEX 2.2 COUNCIL OF EUROPE CONVENTIONS: DATE OF RATIFICATION AND ENTRY INTO FORCE

Country	Convention for the Protection of Human Rights and Fundamental Freedoms		European Convention on Social and Medical Assistance		European Convention on the Legal Status of Migrant Workers		Convention for the Protection of National Minorities		European Convention on the Exercise of Children's Rights		Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse		Convention on Preventing and Combating Violence against Women and Domestic Violence	
	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force
ALB	02/10/1996	02/10/1996	/	/	03/04/2007	01/08/2007	28/09/1999	01/01/2000	19/10/2011	01/02/2012	14/04/2009	01/07/2010	04/02/2013	01/08/2014
AND	22/01/1996	22/01/1996	/	/	/	/	/	/		/	30/04/2014	01/08/2014	22/04/2014	01/08/2014
ARM	26/04/2002	26/04/2002	/	/	/	/	20/07/1998	01/11/1998	/	/	/	/	/	/
AUT	03/09/1958	03/09/1958	/	/	/	/	31/03/1998	01/07/1998	25/06/2008	01/10/2008	25/02/2011	01/06/2011	14/11/2013	01/08/2014
AZE	15/04/2002	15/04/2002	/	/	/	/	26/06/2000 a	01/10/2000	/	/	/	/	/	/
BLR	/	/	/	/	/	/	07/05/1999	01/09/1999	/	/	/	/	/	/
BEL	14/06/1955	14/06/1955	24/07/1956	01/08/1956	/	/	/	/	/	/	08/03/2013	01/07/2013	14/03/2016	01/07/2016
BIH	12/07/2002	12/07/2002	/	/	/	/	24/02/2000 a	01/06/2000	/	/	14/11/2012	01/03/2013	07/11/2013	01/08/2014
BGR	07/09/1992	07/09/1992	/	/	/	/	/	/	/	/	15/12/2011	01/04/2012	/	/
CAN	/	/	/	/	/	/	/	/	/	/	/	/	/	/
HRV	05/11/1997	05/11/1997	/	/	/	/	11/10/1997	01/02/1998	06/04/2010	01/08/2010	21/09/2011	01/01/2012	/	/
CYP	06/10/1962	06/10/1962	/	/	/	/	04/06/1996	01/02/1998	25/10/2005	01/02/2006	12/02/2015	01/06/2015	10/11/2017	01/03/2018
CZE	18/03/1992	01/01/1993	/	/	/	/	18/12/1997	01/04/1998	07/03/2001	01/07/2001	02/05/2016	01/09/2016	/	/
DNK	13/04/1953	03/09/1953	30/06/1954	01/07/1954	/	/	22/09/1997	01/02/1998	/	/	18/11/2009	01/07/2010	23/04/2014	01/08/2014
EST	16/04/1996	16/04/1996	20/07/2004	01/08/2004	/	/	06/01/1997	01/02/1998	/	/	22/11/2016	01/03/2017	26/10/2017	01/02/2018
FIN	10/05/1990	10/05/1990	/	/	/	/	03/10/1997	01/02/1998	29/11/2010	01/03/2011	09/06/2011	01/10/2011	17/04/2015	01/08/2015
FRA	03/05/1974	03/05/1974	30/10/1957	01/11/1957	22/09/1983	01/12/1983	/	/	19/09/2007	01/01/2008	27/09/2010	01/01/2011	04/07/2014	01/11/2014
GEO	20/05/1999	20/05/1999	/	/	/	/	22/12/2005	01/04/2006	/	/	23/09/2014	01/01/2015	19/05/2017	01/09/2017
DEU	05/12/1952	03/09/1953	24/08/1956	01/09/1956	/	/	10/09/1997	01/02/1998	10/04/2002	01/08/2002	18/11/2015	01/03/2016	12/10/2017	01/02/2018
GRC	28/11/1974	28/11/1974	23/06/1960	01/07/1960	/	/	/	/	11/09/1997	01/07/2000	10/03/2009	01/07/2010	/	/
HUN	05/11/1992	05/11/1992	/	/	/	/	25/09/1995	01/02/1998	/	/	03/08/2015	01/12/2015	/	/
ISL	29/06/1953	03/09/1953	04/12/1964	01/01/1965	/	/	/	/	/	/	20/09/2012	01/01/2013	/	/
IRL	25/02/1953	03/09/1953	31/03/1954	01/07/1954	/	/	07/05/1999	01/09/1999	/	/	/	/	/	/
ISR	/	/	01/07/1958	01/08/1958	/	/	/	/	/	/	/	/	/	/
ITA	26/10/1955	26/10/1955	/	/	27/02/1995	01/05/1995	03/11/1997	01/03/1998	04/07/2003	01/11/2003	03/01/2013	01/05/2013	10/09/2013	01/08/2014
KAZ	/	/	/	/	/	/	/	/	/	/	/	/	/	/
KGZ	/	/	/	/	/	/	/	/	/	/	/	/	/	/
LVA	27/06/1997	27/06/1997	/	/	/	/	06/06/2005	01/10/2005	30/05/2001	01/09/2001	18/08/2014	01/12/2014	/	/

Country	Convention for the Protection of Human Rights and Fundamental Freedoms		European Convention on Social and Medical Assistance		European Convention on the Legal Status of Migrant Workers		Convention for the Protection of National Minorities		European Convention on the Exercise of Children's Rights		Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse		Convention on Preventing and Combating Violence against Women and Domestic Violence	
	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force	Ratification	Entry into force
LIE	08/09/1982	08/09/1982	/	/	/	/	18/11/1997	01/03/1998	/	/	11/09/2015	01/01/2016	/	/
LTU	20/06/1995	20/06/1995	/	/	/	/	23/03/2000	01/07/2000	/	/	09/04/2013	01/08/2013	/	/
LUX	03/09/1953	03/09/1953	18/11/1958	01/12/1958	/	/	/	/	/	/	09/09/2011	01/01/2012	/	/
MLT	23/01/1967	23/01/1967	06/05/1969	01/06/1969	/	/	10/02/1998	01/06/1998	09/03/2015	01/07/2015	06/09/2010	01/01/2011	29/07/2014	01/11/2014
MDA	12/09/1997	12/09/1997	/	/	20/06/2006	01/10/2006	20/11/1996	01/02/1998	/	/	12/03/2012	01/07/2012	/	/
MCO	30/11/2005	30/11/2005	/	/	/	/	/	/	/	/	07/10/2014	01/02/2015	07/10/2014	01/02/2015
MNE	03/03/2004	06/06/2006	/	/	/	/	11/05/2001 a	06/06/2006	01/10/2010	01/02/2011	25/11/2010	01/03/2011	22/04/2013	01/08/2014
NLD	31/08/1954	31/08/1954	20/07/1955	01/08/1955	01/02/1983	01/05/1983	16/02/2005	01/06/2005	/	/	01/03/2010	01/07/2010	18/11/2015	01/03/2016
NOR	15/01/1952	03/09/1953	09/09/1954	01/10/1954	03/02/1989	01/05/1989	17/03/1999	01/07/1999	/	/	/	/	05/07/2017	01/11/2017
POL	19/01/1993	19/01/1993	/	/	/	/	20/12/2000	01/04/2001	28/11/1997	01/07/2000	20/02/2015	01/06/2015	27/04/2015	01/08/2015
PRT	09/11/1978	09/11/1978	04/07/1978	01/08/1978	15/03/1979	01/05/1983	07/05/2002	01/09/2002	31/03/2014	01/07/2014	23/08/2012	01/12/2012	05/02/2013	01/08/2014
ROU	20/06/1994	20/06/1994	/	/	/	/	11/05/1995	01/02/1998	/	/	17/05/2011	01/09/2011	23/05/2016	01/09/2016
RUS	05/05/1998	05/05/1998	/	/	/	/	21/08/1998	01/12/1998	/	/	09/08/2013	01/12/2013	/	/
SMR	22/03/1989	22/03/1989	/	/	/	/	05/12/1996	01/02/1998	/	/	22/03/2010	01/07/2010	28/01/2016	01/05/2016
SRB	03/03/2004	03/03/2004	/	/	/	/	11/05/2001 a	01/09/2001	/	/	29/07/2010	01/11/2010	21/11/2013	01/08/2014
SVK	18/03/1992	01/01/1993	/	/	/	/	14/09/1995	01/02/1998	/	/	01/03/2016	01/07/2016	/	/
SVN	28/06/1994	28/06/1994	/	/	/	/	25/03/1998	01/07/1998	28/03/2000	01/07/2000	26/09/2013	01/01/2014	05/02/2015	01/06/2015
ESP	04/10/1979	04/10/1979	21/11/1983	01/12/1983	06/05/1980	01/05/1983	01/09/1995	01/02/1998	18/12/2014	01/04/2015	05/08/2010	01/12/2010	10/04/2014	01/08/2014
SWE	04/02/1952	03/09/1953	02/09/1955	01/10/1955	05/06/1978	01/05/1983	09/02/2000	01/06/2000	/	/	28/06/2013	01/10/2013	01/07/2014	01/11/2014
CHE	28/11/1974	28/11/1974	/	/	/	/	21/10/1998	01/02/1999	/	/	18/03/2014	01/07/2014	14/12/2017	01/04/2018
TJK	/	/	/	/	/	/	/	/	/	/	/	/	/	/
MKD	10/04/1997	10/04/1997	/	/	/	/	10/04/1997	01/02/1998	15/01/2003	01/05/2003	11/06/2012	01/10/2012	23/03/2018	01/07/2018
TUR	18/05/1954	18/05/1954	02/12/1976	01/01/1977	19/05/1981	01/05/1983	/	/	10/06/2002	01/10/2002	07/12/2011	01/04/2012	14/03/2012	01/08/2014
TKM	/	/	/	/	/	/	/	/	/	/	/	/	/	/
UKR	11/09/1997	11/09/1997	/	/	02/07/2007	01/10/2007	26/01/1998	01/05/1998	21/12/2006	01/04/2007	27/08/2012	01/12/2012	/	/
GBR	08/03/1951	03/09/1953	07/09/1954	01/10/1954	/	/	15/01/1998	01/05/1998	/	/	/	/	/	/
USA	/	/	/	/	/	/	/	/	/	/	/	/	/	/
UBZ	/	/	/	/	/	/	/	/	/	/	/	/	/	/

ANNEX 3: CHAIR'S SUMMARY OF UNECE REGIONAL CONFERENCE 'ENABLING CHOICES: POPULATION PRIORITIES FOR THE 21ST CENTURY'

INTRODUCTION

The high-level regional conference 'Enabling Choices: Population Priorities for the 21st Century', held on 1–2 July 2013 in Geneva, Switzerland, was organized jointly by the United Nations Population Fund (UNFPA) and the United Nations Economic Commission for Europe (UNECE), and hosted by the Government of Switzerland.

The conference marked the culmination for the UNECE region[20] of a process aimed at reviewing the implementation of the Programme of Action (PoA) adopted by the International Conference on Population and Development (ICPD), held in 1994 in Cairo, Egypt. Its objective was to assess the progress made in implementing the ICPD PoA in the region, highlight lessons learned and successful approaches, and make recommendations on the further implementation of the ICPD PoA in the UNECE region beyond 2014.

The review process in the region included the ICPD Beyond 2014 Global Survey, as well as a regional report based on the Survey results and a study of population trends and policies in the region. It also included three thematic consultations corresponding to the three thematic sessions of the regional conference, as well as consultations with civil society, young people and parliamentarians.

The UNECE Regional Report summarizes information on legislation, policies, programmes and strategies adopted and implemented by UNECE Member States in relation to the ICPD PoA. Overall, the report confirmed the PoA's continuing relevance for achieving inclusive social and economic development, prosperous societies and environmental sustainability, based on gender equality and the respect for human rights. It indicates that significant progress has been made in policy development and programming.

The analysis shows that societies can prosper under conditions of slow or no population growth and ageing if they adapt their institutions and equitably invest in people's education, health and employment opportunities independently of gender, age and origin. Still, the region faces many barriers and challenges in developing people's full potential. These include unacceptably high differences in mortality and morbidity between countries and between groups within countries, an incomplete agenda of gender equality and women's economic empowerment, political leadership and participation in decision-making, large inequalities in access to sexual and reproductive health information and services, discrimination and social exclusion of migrants, minorities and other disadvantaged groups, and increasing inequalities in access to employment and income opportunities which affect particularly young people.

The conference was chaired by Ambassador Urs Schmid of Switzerland and consisted of five sessions. The opening plenary session included a keynote speech by Ms. Tarja Halonen, Former President of Finland, followed by an intervention by young people on their vision and priorities for the region, and by the presentation and discussion of the UNECE Regional Report on the outcome

---

20   The UNECE region encompasses 56 countries in Europe and Central Asia, as well as Canada, the United States of America and Israel.

of the ICPD Beyond 2014 Global Survey in the region. Three thematic sessions were dedicated to the following topics: *Population Dynamics and Sustainable Development*; *Families and Sexual and Reproductive Health over the Life Course*; and *Inequalities, Social Inclusion and Rights*. Each thematic session commenced with a keynote presentation and two discussant interventions, and proceeded with statements by delegations and discussions on the respective topics. Young people presented the Call to Action adopted by the Regional Youth Forum held in Istanbul in May 2013. A panel session on *Partnership and International Cooperation* for advancing the ICPD agenda beyond 2014 also took place during the conference.

Participants included representatives of governmental authorities, including high-level officials, academia, civil society organizations and youth, as well as members of national parliaments. Experts representing relevant UN agencies and other international and regional intergovernmental organizations also participated. In total, over 300 participants from 43 UNECE Member States and one area attended the conference.

At the closing session of the conference, Ambassador Urs Schmid, Chair of the Conference, presented this Summary, which was prepared in consultation with the conference participants.

PROGRESS AND RECOMMENDATIONS

1. Participants welcomed the findings and conclusions of the review of the implementation of the Programme of Action of ICPD and its follow up beyond 2014, and reaffirmed their commitment to the ICPD agenda. They emphasized that people should be at the center of development, with particular attention to human rights, gender equality, health and education, especially the education of girls.

Population Dynamics and Sustainable Development

2. Participants noted that in the UNECE region, people are living longer, healthier lives, and have higher levels of education than past generations. This has been accompanied by lower fertility, population ageing, and more complex migration patterns, with resultant policy implications, all set against a backdrop of economic crisis. Participants underscored the need for better integration of population dynamics into development planning at the national and sub-national levels in order to comprehensively respond to demographic change and its implications. Participants also underlined the necessity to take a long-term, holistic, rights-based approach to population dynamics and its interlinkages with sustainable development.

3. It was stressed that policies in both low and high fertility countries should be based on the right of individuals to decide freely and responsibly on the number and spacing of their children and to have the information and means to do so, taking into account the need for such policies to be based on evidence and best practices. Participants emphasized a recommendation for policymakers to develop a holistic approach and family-friendly, gender sensitive and responsive policies, across all relevant sectors – including health, education, employment and migration. Policies need to support all forms of families, and address in particular vulnerable families. They should also enable women and men to find a balance between family and work responsibilities, e.g. with flexible, affordable care options for children and older persons. Assumptions about low fertility were questioned by participants, as below-replacement-level fertility is not a threat if accompanied by adequate investments in health, education and employment opportunities. Participants also highlighted the evidence that in the

European context gender equality contributes to higher levels of fertility and to women's labour force participation. Moreover, participants emphasized that many countries with slow or no population growth are very prosperous.

4. One of the major successes identified by the participants was that in many countries of the UNECE region people live longer and healthier lives. The reasons for this success include improvements in public health and better access to health services, including sexual and reproductive health services, progress in medicine, as well as the adoption of healthier lifestyles. At the same time, persisting differences in life expectancy and adverse trends in mortality, especially among working-age men, in some countries in Eastern Europe and Central Asia were pointed out as an area of concern. Participants recommended that particular attention is paid to addressing excess mortality among men in these countries.

5. Participants recommended that governments invest in building human capital throughout the life course of individuals, particularly in building the capacities of adolescents and young people and developing their full potential, and allow them meaningful participation in all stages of the formulation, implementation and evaluation of policies and programmes, such as those related to job-creation and employment.

6. Participants emphasized the right to quality education at all levels in a safe and participatory environment, and to decent work for young people through effective policies and programmes that generate employment, which is secure and non-discriminatory, and provides a decent wage and opportunities for career development. Participants were of the opinion that this is essential for social cohesion and for ensuring

social, economic and human development, as well as returns from the demographic dividend in the less developed countries of the region where this is relevant.

7. Participants recommended the promotion of healthy lifestyles among adolescents and young people, with access to youth-friendly health services and social security coverage, in order to improve the lives of the future generations of older persons. To better respond to ageing societies, participants recommended that effective policies and programmes be adopted aiming at providing appropriate health and social services. The conference participants believe that prevention of discrimination, securing the health care, income and social networks of older persons will allow societies to benefit from their productivity and contribution as caregivers, volunteers and entrepreneurs, and reap the longevity dividend of current and future generations of older persons. Participants recommended that support be given to communities and families to ensure that older persons receive the long-term care they need, and to promote independent, active and healthy ageing at the place of residence.

8. Participants noted that population ageing in the UNECE region has implications for intergenerational equity, and called for policies and measures taking into account that in most countries relatively small generations of young people will shoulder higher per capita support for older generations.

9. Participants noted that in many countries migration of young people from rural to urban areas is having a substantial impact on both rural and urban communities. They recommended that governments formulate innovative policies and measures that are responsive to the evolving nature of these

communities and create dynamic relations between rural and urban areas.

10. Participants recommended that greater attention be given to protecting and fulfilling the human rights of migrants, almost half of which are women and girls that are particularly vulnerable, including victims of human trafficking and those forced to leave their homes due to humanitarian crises. Participants also called for promoting policies that foster the integration and reintegration of migrants. They called for ensuring regional and international portability of acquired benefits from work abroad and migration. Participants were in agreement that migration can be of benefit for both origin and destination countries, noting, however, the different impact that migration has for countries of origin and destination.

11. Participants noted the impact of climate change and that the UNECE region has the highest levels globally of consumption and CO2 emissions which has implications for the whole world. They called for further emphasis on innovations aimed at energy efficiency and in progressive adaptation policies related to climate change.

Families, Sexual and Reproductive Health over the Life Course

12. Participants emphasized that freedom, and the ability and right to make informed choices and decisions, empower individuals to fulfil their potential and participate fully in economies and societies. They underscored that the promotion and protection of sexual and reproductive health and rights are essential to achieving gender equality, social justice and sustainable development.

13. Participants called upon governments to take a human rights-based approach to sexual and reproductive health, including support for sexual and reproductive health services that protect women's and girls' general health and well-being, allow for well-informed decisions, and are respectful of individual choices. Participants stressed the need for national legislation and policies to be free of any form of discrimination, coercion and violence, including intimate partner violence. Governments, in partnership with parliamentarian networks and CSOs, should take effective steps to combat practices violating the reproductive rights of women and adolescent girls, such as spousal or parental consent requirements to receive health services, forced sterilization and forced abortion, or discrimination in education and employment due to pregnancy and motherhood. Participants also called for the removal of all barriers preventing women and girls from access to safe abortion services, and for protecting the rights of people living with HIV to access sexual and reproductive health services and education.

14. Participants recognized that gender sensitive and life-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 (STIs), including HIV and AIDS, to promote values of tolerance, mutual respect and non-violence in relationships, and to plan their lives. They called for the design and implementation of programmes, in particular youth-friendly programmes, that provide accurate information about human sexuality, including growth and development, sexual anatomy and physiology; reproduction, contraception; pregnancy and childbirth, STIs, including HIV and AIDS; family life and inter-personal relationships; culture and sexuality, human rights empowerment; non-discrimination,

equality and gender roles, sexual behavior, sexual abuse, gender-based violence, harmful practices; as well as, opportunities to explore values, attitudes and norms concerning sexual and social relationships, deal positively and responsively with their sexuality, promote the acquisition of skills and encourage young people to assume responsibility for their own behavior and to respect the rights of others; taking into account scientific data and evidence.

15. Participants recommended that professional groups such as health care providers, members of the judiciary, teachers, social workers, and law enforcement personnel be provided with training to enhance their understanding of human rights-based, gender-sensitive and responsive, non-discriminatory approaches to all individuals, regardless of age, sex, race, ethnicity, class, religious affiliation, marital status, occupation, disability, HIV status, sexual orientation, gender identity, national origin, immigration status, or language.

16. Participants reaffirmed the critical role policy makers, parliamentarians, community leaders, and media have in fostering an enabling environment for the full and equal enjoyment of human rights, including sexual and reproductive health and rights.

17. Participants particularly stressed the recommendation to improve access to information, counselling, supplies and services that increase the ability of all couples and individuals to make free and informed decisions about the number and spacing of children. They emphasized that highest priority needs to be given to preventing unintended pregnancies by, inter alia, removing all barriers to access to contraceptives, including restrictions based on age or marital status or the prohibition of certain contraceptive methods. The need

to supplement affordable contraception with free contraception for marginalized groups was emphasized. Emergency contraception and counselling services need to be made available in a timely and non-judgmental manner to all women and adolescent girls. Participants further recommended that sexual and reproductive health services that offer a high quality of care be made widely available to all young people according to their needs. Availability includes both affordability and convenience, which generally implies a range of comprehensive and integrated services. Another recommendation made by participants was to have sexual and reproductive health services for women and men integrated within a system that offers both primary health care and referrals for more specialized needs. The need to strengthen health systems in some countries of the region was also stressed by participants.

18. Participants observed that STIs, including HIV and AIDS, continue to be a major concern in the UNECE region. Their prevention and treatment need to be an important part of health system responses. Investment in STI prevention will reduce a leading cause of health problems for women of reproductive age, including secondary infertility the prevalence of which is increasing in the region. Participants recommended that all governments assume full ownership over the long term of their response to STIs, including HIV and AIDS, rather than relying on donor funding. Also recommended by the participants is more funding for prevention and treatment of STIs, including but not limited to HIV. Funding and attention are especially needed in Eastern Europe and Central Asia.

19. Participants called for eliminating 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. Access to emergency obstetric care and management of complications arising from unsafe abortions, including revising restrictions within existing abortion laws, should be integrated into policies and practices to safeguard the lives of women and adolescent girls. Participants further called for establishing mechanisms that foster providers' compliance with human rights and ethical and professional standards.

20. Participants emphasized the need for comprehensive sexuality education training to be fully integrated into undergraduate and in-service training of teachers, school psychologists and social workers. Participants also recommended assisting parents through special programmes to increase their awareness of the benefits of comprehensive sexuality education for their children.

21. Participants recognized the sexual and reproductive health needs of migrants and recommended that affordable access to sexual and reproductive health services be made available to them in their own language and in places that are accessible to them. The governments of countries of origin and destination should act jointly in a coordinated manner to address migrants' needs and rights.

22. Participants noted that laws and practices that criminalize consensual adult sexual behaviors and relationships, including outside of marriage and including those of voluntary sex work, potentially marginalize the status of individuals in society, while constituting a public health threat.

23. In view of the fact that population ageing is a salient feature of demographic development in the region, participants called for ensuring effective policies and programmes related to sexual and reproductive health services that better respond to the needs of an ageing population.

24. Participants underscored the need for governments and societies in general to ensure zero tolerance for gender-based violence and call for measures to criminalize violence against women and girls, provide all victims/survivors of gender-based violence with access to critical services, including 24-hour hotlines, and psychosocial and mental health support. Treatment of injuries, post-rape care, including emergency contraception, post-exposure prophylaxis for HIV prevention and access to safe abortion services in cases of violence, rape and incest should be provided in a timely manner.

25. Increasing access of men and boys to sexual and reproductive health information, counseling and services is recommended by the participants. Participants also called on countries across the region to give more priority to engaging men and boys in promoting participation and equal sharing of responsibilities, such as care work, including through support programmes that target men and boys and sensitize them to gender equality and rights issues. Participants also recommended that priority be given to awareness raising campaigns and to the introduction of programmes aimed at ending sex selection in the countries affected.

26. Participants noted the diversity in the forms of the family in the region and called for appropriate public policy responses, responsive legal frameworks, and support, including financial support, facilitating work-life reconciliation providing quality early childhood education, and quality care for both children and older persons. They also

noted the need to address harmful gender norms, such as ideas what are appropriate roles for boys and men, girls and women. Transforming gender norms is vital for the success of family policies. A life-course approach is needed as individuals move in and out of families and partnerships, and as they experience various family transitions. This life-course approach is also essential to ensure the protection of family members, including children, rendered vulnerable due to family circumstances.

Inequalities, Social Inclusion and Rights

27. Participants underscored that the realization of human potential and innovation depends upon guaranteed rights of personhood, bodily integrity, and protection from violence; the right to health, education, housing, livelihoods; and the benefits of scientific development. They noted that many groups, in particular women, girls and minorities, continue to suffer from multiple and overlapping forms of disempowerment and discrimination. Participants called for policies to advance gender equality, enable equal participation and social inclusion of all individuals through cross-sectoral strategies including protection against violence and abuse; preventing sex selection; creating employment opportunities for women, youth, older persons, persons with disabilities and other marginalized groups; raising awareness about their rights and facilitate their access to social services; and preventing discrimination, stigmatization and other forms of social exclusion.

28. Participants called for equality before the law and non-discrimination for all persons in the exercise of their social, cultural, economic, civil and political rights. They emphasized the need to promulgate or enforce laws that punish any kind of discrimination, violence or hate crimes and take active steps to protect

people in the region from discrimination, stigma, and violence.

29. Participants emphasized that the UNECE region is seen as a leader in the progress towards gender equality, and pointed out to the successes in ensuring equal access to education, employment and political participation. At the same time persistent gender inequalities and harmful practices were pointed out by participants as an area of concern. Participants emphasized that the achievement of gender equality, women's rights and women's empowerment can make a significant contribution to poverty-reduction, inclusive growth, democratic governance, and peace and justice.

30. Participants called for the enactment and effective implementation of laws that allow education in an environment free from discrimination, violence, mobbing and bullying. They also called for inclusive education with gender-sensitive curricula in formal education systems, complemented or reinforced by programmes, peer education or sexual and reproductive health related interventions delivered by NGOs and other civil society groups and supported through government funding. Governments, CSOs and communities were called upon by participants to work together to ensure a scaling-up of effective sexual and reproductive health services for marginalized groups. Increased educational levels were also recommended by participants as an important tool in fighting unemployment and poverty.

31. Participants noted that despite the considerable progress made in the region, challenges from multiple and overlapping forms of inequality, disempowerment and discrimination still needed to be addressed. They called for measures to ensure non-discrimination in the exercise of the social,

cultural, economic, civil and political rights of all individuals and to guarantee equality before the law, including the right to gainful employment, residence and access to services.

32. Participants highlighted the role of responsive governance based on accountability, participation, transparency and rule of law to address inequalities and achieve social inclusion and rights. They called on governments and other stakeholders to continue to strengthen partnerships with CSOs and NGOs, provide adequate and sustainable funding, and support the work of CSOs in eliminating social exclusion.

Partnership and International Cooperation

33. Participants expressed the view that with the deepening of globalization, issues of population and development have become increasingly intertwined with global economic, social and environmental concerns. This requires a multi-stakeholder and international approach, including national governments, United Nations, donors, civil society and youth organisations, religious leaders and private sector, to promote international cooperation efforts, including the development of joint programmes and initiatives, strengthening of policy dialogue and coordination, transfer of knowledge and technology, and allocation and mobilization of financial and technical resources.

34. While recognizing the role of civil society organizations as an advocate and service provider, an expert and a watch dog for sexual and reproductive health and rights, participants called for strengthened partnerships among local, national and international civil society organizations in the design, implementation, coordination,

monitoring and evaluation of population and development programmes and policies, and encouraged the promotion of activities directed at increasing the participation and strengthening the capacity of these organizations. The participants recognised the need for increased funding to civil society organisations so that they can continue to play their multiple roles effectively on the ground.

35. Participants also called for strengthening partnerships with the private sector in the design, implementation, coordination, monitoring and evaluation of population and development programmes and policies, in particular in the areas of service delivery and commodity production and distribution.

36. Advancing the ICPD agenda is only possible through strengthened international solidarity and through strong collaboration between countries. Countries should prioritize these challenges by emphasizing good governance, by making domestic resources available, by involving civil society actors, and by addressing legislative and cultural barriers that impede access to sexual and reproductive health services.

37. Participants emphasized the need for the institutions in the region, including UNECE and UNFPA, to strengthen and ensure adequate human and financial resources to support the implementation of the recommendations of the review of the ICPD beyond 2014 in the region. They also called for a respect of the commitment of 0.7% of GDP for the Official Development Assistance (ODA).

Cross-cutting Issues

38. Participants recommended that more attention is paid to generating, collecting and using quality, timely and disaggregated

census, survey and vital registration data for the purposes of research and analysis, as well as of planning, monitoring and evaluation of policies and programmes. They also recommended employing comparable methodologies across studies and sectors, within countries and the region. These measures are particularly important in Eastern Europe and Central Asia, where better data are also needed on migration, human trafficking, early marriage, gender-based violence, sex selection, teenage pregnancy, the situation of older persons, and persons with disabilities.

39. Participants called for strengthening of policies and legislations that are evidence-based by utilizing qualitative and quantitative data, disaggregated by age, sex and social vulnerability criteria. Participants noted that a gap still exist between legislation, policies and their implementation. They called for youth involvement in the design of programmes and policies, and in their monitoring and evaluation. Special emphasis was placed on the need to ensure adequate funding, involvement of stakeholders and beneficiaries, and accountability systems for follow-up. Participants also recommended the establishment of a regional platform to exchange lessons learned and good practices, and to promote effective interventions for scaling up. In general, the region has a rich experience and capacities in implementing the ICPD agenda, yet in some countries and in some areas capacity is lacking. Participants recommended that more attention is given to strengthening capacity by promoting "south-south" exchanges within the region.

40. Recognizing the returns of investing in the implementation of the ICPD PoA, participants recommended that governments at all levels, as well as communities strive to increase budget allocations and to ensure their effective utilization.

41. Participants recommended the creation of a mechanism for continuous follow-up of the ICPD PoA implementation, including in the context of the post-2015 development agenda.

CONCLUSION

The conference outcomes, together with the UNECE Regional Report on ICPD Beyond 2014, will constitute an agenda for the region's implementation of the ICPD PoA beyond 2014 and to the global review process. Given the centrality of sexual and reproductive health in the development agenda, participants called for the integration of the results of the ICPD Beyond 2014 review into the post-2015 development agenda. This Summary will, through the good offices of the Government of Switzerland, as host and chair of the Conference, be forwarded to the Secretary-General of the United Nations for consideration and possible further action. A formal report and proceedings of the meeting will be prepared and issued by the organizers of the conference.