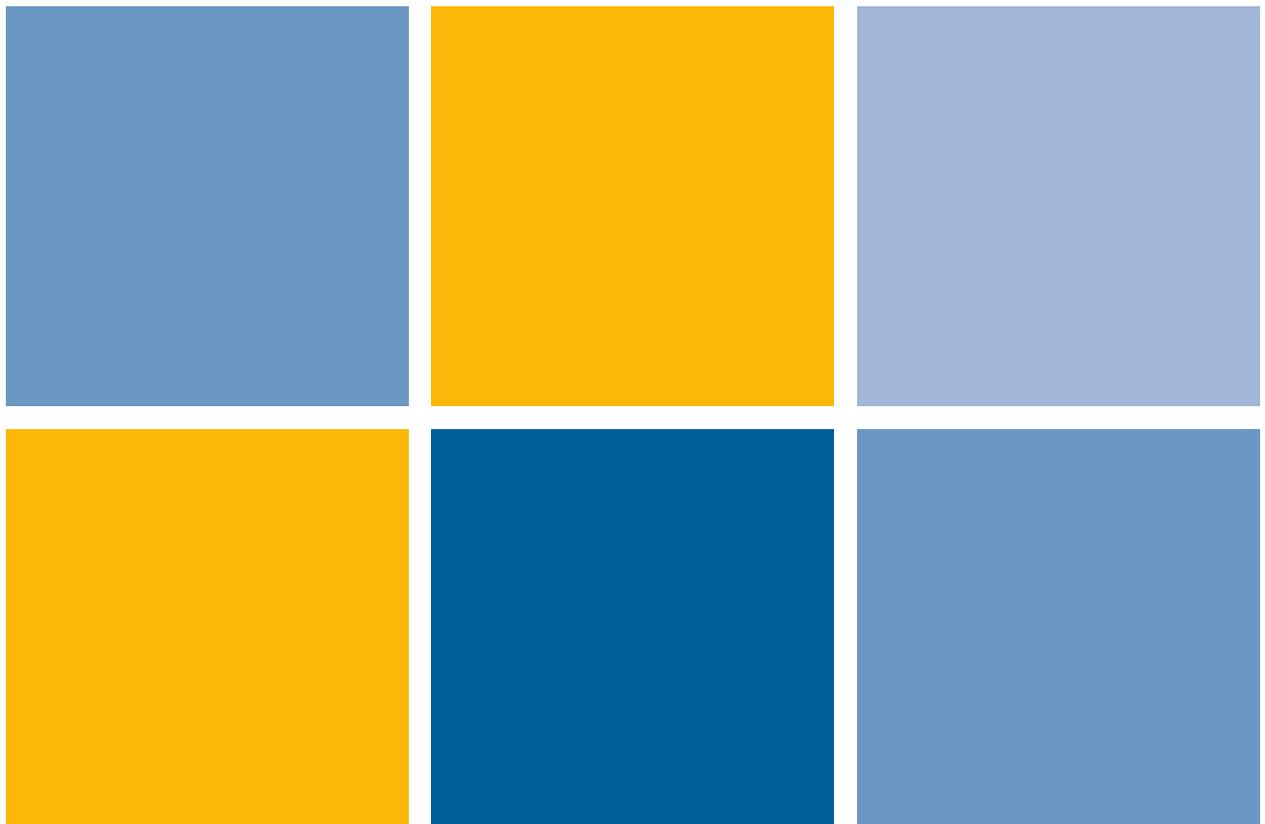


Report of the expert meetings

# ICPD Beyond 2014 review in the UNECE region



**ICPD** =  
International Conference on  
Population and Development  
Beyond 2014



Report of the expert meetings

# **ICPD Beyond 2014 review in the UNECE region**

The views expressed in this publication do not necessarily represent the views of UNFPA, the United Nations or any of its affiliated organizations.

Layout and production by Phoenix Design Aid A/S. Printed on environmentally friendly paper without chlorine and with vegetable-based inks. The printed matter is recyclable.

# Contents

## ICPD Beyond 2014 review in the UNECE region

Foreword .....	2
Introduction.....	3
Limitations .....	3

## Population Dynamics and Sustainable Development

Vienna, 25–26 March 2013

<b>1. Population dynamics and sustainable development .....</b>	<b>6</b>
Investing in human capital .....	6
<b>2. Regional population dynamics since Cairo: a brief regional overview .....</b>	<b>7</b>
<b>3. The new reality: current challenges and emerging issues.....</b>	<b>8</b>
Fertility .....	8
Migration.....	9
Internal migration.....	9
International migration .....	9
Ageing.....	10
Environment .....	11
The region’s influence on the global environment.....	11
The impact of environmental and climate changes on the region .....	11
Population dynamics, sustainable development and regional governance.....	12
<b>4. Solutions and interventions .....</b>	<b>13</b>
Take a long-term, holistic, rights-based approach to population issues .....	13
Focus on people rather than numbers .....	13
Reconsider assumptions about low fertility and ageing.....	13
Take a cross-sectoral, human-rights based approach to migration.....	14
Make gradual and continuous policy changes to support the vitality of ageing populations .....	14
Invest in human capital throughout the life-cycle .....	14
Address disaster risk reduction .....	15
Look beyond regional borders and interests.....	15
Strengthen regional cooperation and governance .....	15
Improve and expand monitoring and evaluation .....	16

# Inequalities, Social Inclusion and Rights

Belgrade, 15–16 April 2013

<b>1. Equality, equity, social inclusion, rights &amp; advancement of the ICPD agenda in the region</b> .....	18
Progress since Cairo .....	18
Improved understanding of inequality.....	18
International, regional and national policy achievements .....	18
Indicators of progress .....	19
Civil society and regional expertise .....	19
Remaining and (re)emerging challenges .....	19
<b>2. Successes and challenges in implementing the ICPD Programme of Action as a rights-based instrument for addressing inequalities and enhancing social inclusion</b> .....	21
Diversity among and within countries.....	21
Economic growth, SRHR and equality.....	21
Equitable access to high-quality SRH information and services .....	22
Education .....	22
<b>3. Inequalities and vulnerable groups</b> .....	23
The changing face of disadvantage and vulnerability .....	23
Young people.....	24
Addressing the complex needs of young people in a changing region.....	24
Education for young people, in and out of school.....	24
Older persons .....	25
People with disabilities.....	25
Migrants.....	26
Sex workers .....	26
Orphaned children.....	26
Ethnic minorities .....	26
<b>4. Gender equality and the empowerment of women</b> .....	27
Family policies and gender equality.....	27
Division of household labour .....	27
Policy responses .....	28
Re-emergence of restrictive pro-natalist policies .....	28
Role of the private sector .....	28

Gender-based violence and harmful practices as indicators of gender inequality .....	29
<b>5. Solutions</b> .....	<b>30</b>
Encourage positive, non-discriminatory gender roles and attitudes.....	30
Increase governments' accountability in relation to human rights conventions and other international agreements .....	30
Encourage and fund research to understand diversity and the drivers of vulnerability ...	31
Consider the impact of multiple forms of discrimination on individuals and groups .....	31
Improve quality and accessibility of education and lifelong learning.....	32
Increase and enable participation .....	32
Ensure people know their rights and have access to justice .....	32
Eliminate gender-based violence and ensure access to critical services .....	33
Support civil society .....	33

## **Families and Sexual and Reproductive Health over the Life Course**

**Bucharest, 25–26 April 2013**

<b>1. The family: Its roles, rights, composition and structure</b> .....	<b>36</b>
Drivers of change.....	37
Family policies and fertility decisions .....	37
The need for coordination and a holistic approach.....	38
Migration and families.....	38
<b>2. Health in the life course: Meeting the needs of adolescents and young people</b> .....	<b>39</b>
Overarching progress and challenges .....	39
Addressing the diverse needs of young people.....	39
Focus on the 'R' in SRHR .....	40
The need for cross-sectoral coordination .....	40
Sexuality education .....	40
Youth-friendly services .....	41
The role of the media .....	41
<b>3. Health in the life course: Meeting the needs of older persons</b> .....	<b>41</b>
Addressing the diverse needs of older persons.....	41
Need for more and better research and information.....	42
<b>4. Technology, research and development in SRH</b> .....	<b>43</b>
Lack of collaboration between researchers and NGOs .....	43
Lack of strategic priorities for research .....	43
Legal and ethical issues .....	43

<b>5. Prevention of HIV and STIs</b> .....	44
Inequalities in access to prevention and treatment .....	45
Education .....	45
Short-term programming and funding.....	45
Lack of enabling legal environments and participation by affected groups .....	45
<b>6. Universal access to rights-based SRH services</b> .....	46
Integrating SRH into primary health care .....	46
Community health promotion .....	47
Humanitarian settings .....	47
<b>7. Gender equality in SRH and rights</b> .....	47
Gender-based violence.....	47
LGBT rights.....	48
Multi-sectoral, holistic response.....	48
<b>8. Solutions</b> .....	48
Ensure universal access to SRHR .....	48
Protecting rights.....	48
Integrating SRH into primary health care systems .....	49
Access in humanitarian settings .....	49
Involve men and boys .....	49
Ensure SRHR for migrants and their families .....	49
STIs and HIV/AIDS response.....	49
Create enabling legislative and judicial environments and sensitize the justice system ...	50
Ensure the SRHR of young people .....	50
Comprehensive sexuality education.....	50
Youth-friendly services .....	51
Sustainability and scale up .....	51
Take a life-course approach to SRHR and human capital development.....	51
Fill research gaps and make findings accessible .....	51
Update and streamline research agendas .....	51
Expand reproductive health research .....	52
‘Repackage’ research findings to communicate effectively.....	52
Address the rights and needs of LGBT people.....	53
Policies need to be tailored to fit the context and to reach those most in need.....	53

## ANNEXES

*Vienna, 25–26 March 2013*

### **Annex 1.**

Concept note: ‘Population Dynamics and Sustainable Development’ ..... 56

### **Annex 2.**

Meeting agenda: ‘Population Dynamics and Sustainable Development’ ..... 58

### **Annex 3.**

List of participants: ‘Population Dynamics and Sustainable Development’ ..... 59

*Belgrade, Serbia 15–16 April 2013*

### **Annex 4.**

Concept note: ‘Inequalities, Social Inclusion and Rights’ ..... 61

### **Annex 5.**

Meeting agenda: ‘Inequalities, Social Inclusion and Rights’ ..... 63

### **Annex 6.**

List of participants: ‘Inequalities, Social Inclusion and Rights’ ..... 64

*Bucharest, Romania 25–26 April 2013*

### **Annex 7.**

Concept note: ‘Families, Sexual and Reproductive Health over the Life Course’ ..... 66

### **Annex 8.**

Meeting agenda: ‘Families, Sexual and Reproductive Health over the Life Course’ ..... 68

### **Annex 9.**

List of participants: ‘Families, Sexual and Reproductive Health over the Life Course’ ..... 70



**REPORT OF THE EXPERT MEETINGS**

# ICPD Beyond 2014 review in the UNECE region

## Foreword

The 20th anniversary of the International Conference on Population and Development (ICPD), which takes place next year, provides a once-in-a-generation opportunity to review and shape the global population and development agenda for the future.

The UNECE region has an important role to play in defining the population and development priorities for the 21st century. It is an extremely diverse region whose member states have accumulated unparalleled experience in addressing social and economic change and population shifts over generations. These experiences can serve as important contributions for devising policy priorities, actions and partnerships both within member states, as well as for other regions currently going through significant social and demographic change.

This report provides highlights of the three thematic meetings organized as part of the ICPD Beyond 2014 review process in the region. The meetings brought

together a total of more than 75 experts on population dynamics, reproductive health, migration, human rights, gender equality, social and economic policies and other relevant areas. The discussions were lively, complex, sometimes controversial, but always enlightening. They helped to create a compelling picture of how far UNECE countries have come since the ICPD in Cairo, and where we need to go next to ensure health, rights and choice for women, men, old and young in the region.

We would like to give our personal thanks to each of the meeting participants for their commitment, energy, and willingness to share their knowledge, and for helping to ensure that the ICPD Beyond 2014 process is informed by strong evidence and expertise. Their contributions, as outlined in this report, will serve as important input for the UNECE Regional Conference “Enabling Choices: Population Priorities for the 21st Century” in Geneva on 1-2 July 2013.

**Werner Haug**  
Regional Director  
UNFPA Eastern Europe  
and Central Asia

**Lidia Bratanova**  
Director, Statistical Division  
UNECE

## Introduction

The 1994 International Conference on Population and Development (ICPD) held in Cairo linked population dynamics and sustainable development, and represented a shift in thinking about population, from a focus on growth and quantitative targets, to human rights and enabling choices. The ICPD ushered in fundamental changes to how governments and the international community address sexual and reproductive health (SRH), moving beyond family planning and safe motherhood to a more comprehensive vision, and recognizing gender equality as an end in itself, and as a vital component of well-being for women, men and young people.

As we approach the 20th anniversary of the ICPD, the ICPD Beyond 2014 review is mobilizing governments, civil society, UN agencies and development partners to assess the progress achieved since 1994 in relation to sexual and reproductive health and rights, human rights and gender equality, to identify areas that still need attention, and to map out an agenda for the coming decades. The ICPD Beyond 2014 Secretariat has worked in partnership with civil society, governments and technical experts to develop a Global Survey, which has been a key tool for gathering evidence in relation to a number of key indicators that relate to each ICPD thematic area. This survey has been sent to governments worldwide, and the results are helping to form a clear picture of progress and what needs to be done after 2014.

As part of the ICPD Beyond 2014 review, the UN Population Fund (UNFPA) and the UN Economic Commission for Europe (UNECE) will be hosting the regional conference ‘Enabling Choices: Population Priorities for the 21st Century’ in Geneva on 1–2 July 2013. During the conference, participants will discuss the status of implementation of the commitments made in Cairo in 1994 as they apply to the UNECE region,<sup>1</sup> and outline persisting and emerging issues that need to be addressed in the areas of population and development, gender equality and empowerment of women, and sexual and reproductive health and rights (SRHR).

The conference will raise awareness about the ICPD Beyond 2014 process and possible synergies with the

debate on the post-2015 UN development agenda; mobilize political support; expand partnerships; and urge allocation of adequate resources at the national and regional levels for the advancement of the ICPD agenda.

In preparation for the regional conference, UNFPA and UNECE organized three expert meetings to enable representatives from governments, parliaments, academia and civil society organizations to reflect on relevant overarching issues of concern in the region; discuss future priorities, challenges and emerging issues; and identify key recommendations for action. The first meeting focused on ‘Population Dynamics and Sustainable Development’, and took place on 25–26 March 2013 in Vienna. The second meeting, on ‘Inequalities, Social Inclusion and Rights’, took place on 15–16 April 2013 in Belgrade. The third meeting addressed ‘Families, and Sexual and Reproductive Health over the Life Course’, and took place on 25–26 April 2013. This report provides summaries of the main themes and discussion points which emerged at each of the meetings.

The findings will inform the regional ICPD Beyond 2014 Survey report and the regional conference in July, which will be organized around the three thematic areas covered in the expert meeting reports summarized in this document. The findings from the meetings and the regional report will feed into the UN Secretary General’s report to the United Nations General Assembly Special Session (UNGASS), and the report that will be presented and debated in April 2014 at the meeting of the Commission on Population and Development (CPD). However, the findings from the expert meetings are not just intended to inform the UN process – they will also help guide and inform governments and partners to take action to accelerate implementation of the ICPD Programme of Action in their countries and the region.

## Limitations

The ICPD Programme of Action is a blueprint for action on a comprehensive range of issues related to SRHR, population dynamics, sustained economic growth and sustainable development, gender equality, and equity and empowerment of women. The reports of the three expert meetings included in this document are summaries of the discussion of some topics and key issues affecting the UNECE region, based on the knowledge, evidence and opinions of participating expert, and, therefore, should not be considered comprehensive statements of

<sup>1</sup> The UNECE region consists of 56 Member States, including all countries in Europe and Central Asia, as well as Canada, the United States and Israel.

all aspects vital to the review of the ICPD Programme of Action.

ICPD issues are highly complex and cross-cutting and, therefore, difficult to capture in a single meeting or document. For this reason, the expert meeting report is among several sources of information from the UNECE region that will feed into and inform the ICPD Beyond 2014 process. Other key sources of information include the Global Survey, and country implementation profiles which synthesize information from many internationally recognized sources. Another major piece of evidence for the ICPD review is a report commissioned by UNFPA from the Vienna-based Wittgenstein Centre for Demography and Global Human Capital. This comprehensive report will consider a range of issues, especially migration, ageing and fertility; will assess past trends, policies and how governments can mitigate these realities; and will propose possible solutions for the future.

While each of the meetings covered different main topics, some issues emerged from the discussions at more than one meeting, suggesting a strong consensus on key ICPD issues and areas in need of action. This report aims to capture some of these overarching themes from the three meetings, and to summarize them in a way that can be integrated into the regional report and regional conference, and into the global process that will culminate in 2014.

VIENNA, 25–26 MARCH 2013

# Population Dynamics and Sustainable Development

# 1. Population dynamics and sustainable development

The concept of sustainable development is fully in line with two key principles enshrined in the ICPD Programme of Action: enabling choices and investing in people. As such, the group was asked to consider: How do population dynamics today interact (harmoniously or otherwise) with the increase in quality of life of current and future generations in our region? And how might this change in the coming decades?

To frame this discussion, the group looked at the most widely accepted definition of sustainable development, which came from the World Commission on Environment and Development (also known as the Brundtland Commission). The Commission defined sustainable development as:

*“development which meets the needs of current generations without compromising the ability of future generations to meet their own needs”<sup>1</sup>*

This definition has been further articulated to encompass three pillars: social, economic and environmental. In other words, it emphasizes economic and social development, in particular for people with a low standard of living, while also underlining the importance of protecting the natural resource base and the environment. This concept also takes into account the impact of development on the opportunities for future generations. Thus, sustainable development is not just about optimizing short-term benefits – it has a long time horizon. It also takes a multidisciplinary view and is comprehensive. For example, the concept of sustainable development includes poverty eradication and sustainable consumption, which highlight the need for countries and regions to consider the effects that their choices, investments (e.g. in health, education, official development assistance) and consumption patterns have on the rest of the world.

In recent decades, discussions about development have focused mostly on the economic pillar, especially economic growth and poverty eradication. More recently, with concerns

about climate change topping development agendas, the environmental pillar has received more attention. The social pillar has been given the least attention. This may be in part because economic and environmental indicators are easier to measure than social phenomena. In addition, social factors, such as youth and age, diversity or homogeneity, may be seen variously as good, bad or otherwise by different societies, cultures or countries, making it more difficult to find consensus on social indicators.

The Brundtland Commission’s definition of sustainable development recognized that population trends may have a positive effect on one pillar and a negative effect on another. For instance, it can be challenging to increase economic growth while also reducing consumption, and no country has achieved high levels of human development and sustainable consumption. Nevertheless, policies must aim to strike a balance.

## Investing in human capital

A key strategy for addressing all three pillars of sustainable development is investing in human capital. Human capital refers to the value to society of the skills and health of the working population, as well as contributions of people who are not formally employed but who have an important role in society, such as in the case of parenting or care for elderly people. In other words, human capital is the stock of competencies, knowledge, social and personality attributes embodied in the ability to perform labour so to produce economic value. These links can be expressed in short as follows:

### Human capital = Population x Education x Health

Human capital can also be understood as the health, well-being and productivity potential of a society. According to the November 2012 Global Thematic Consultation on Population Dynamics:

*“The nature of demographic change is strongly influenced by the development of human capital. Human capital development is an important end in itself, as well as a crucial means to sustainable development pathways”<sup>2</sup>*

<sup>1</sup> [http://www.unecce.org/oes/nutshell/2004-2005/focus\\_sustainable\\_development.html](http://www.unecce.org/oes/nutshell/2004-2005/focus_sustainable_development.html)

<sup>2</sup> From ‘Realizing the Future We Want for All: The Post-2015 Development Agenda – The Global Thematic Consultation on Population Dynamics, A Call to Integrate Population Dynamics in the Post-2015 Development Agenda, Recommendations of the Expert Group Meeting on Population Dynamics and the Post-2015 Development Agenda’, New York, 19–20 November 2012.

Investing in human capital means investing in education, which is found to improve health; and education and better health lead to greater individual well-being and productivity, which supports economic stability and the possibility for civic participation. More highly educated populations are also better able to adapt or respond to environmental pressures, such as the effects of climate change. More highly educated individuals live longer and stay healthy longer. These are just a few examples of how investing in human capital can be a driver of sustainable development and a key strategy for managing demographic change.

At the first thematic meeting, sustainable development and human capital were used as overarching frameworks for conceptualizing demographic changes and for identifying potential interventions and solutions to enable choice and support well-being in the coming decades.

Evidently, the effects of demographic change will be felt first and foremost in the countries where it occurs, but the effects are not limited to an individual country. Whether populations are growing, shrinking, ageing or moving has far-reaching implications for all countries. The world is not only bound together by trade and financial flows, but also by environmental and demographic change.

Last but not least, as population dynamics are the cumulative outcome of individual choices and opportunities, or the lack thereof, they should be addressed by enlarging, not restricting, these choices and opportunities. Effective, sustainable policies protect human rights, oppose stigma and discrimination and establish concrete measures to support the poorest and most vulnerable populations.

## 2. Regional population dynamics since Cairo: a brief regional overview

The UNECE region is home to 20 percent of the world's population. It includes some of the world's richest countries, as well as countries with a relatively low level of development. This diversity facilitates the sharing of experience, knowledge and resources. The UNECE region has been a forerunner for various population and

societal trends, so it has a vast experience to draw from in mapping its own regional priorities and sharing with other world regions.

There have been great successes in meeting the goals of the ICPD in the UNECE region. People are living longer, healthier lives (with some notable exceptions, such as men in the Russian Federation), and have higher levels of education than past generations. On the other hand the region faces new trends: fertility levels have fallen below what is often considered 'replacement level' in most countries (i.e. a total fertility rate of 2.1), with sharper recent declines seen in the countries of Eastern and Central Europe, and a slower transition in Western European countries; the median age of people in most countries is older than ever before.

In addition to specific changes in fertility and life expectancy, there have been differential levels of population growth, and even depopulation in some places. This varies by country and within countries, and is associated in large part with an increase in migration, both internally (within countries) and internationally. People no longer move once in their lifetime, settle into their new country and integrate or even become citizens. Today, people may move for short periods of time, sometimes to multiple countries, and may go back and forth between their country of origin and their adopted country or countries. The increasingly free movement of labour in the EU and CIS has been associated with this increased level of mobility.

Within the region, there are clear countries of destination and countries of origin for migration, as well as transit countries, but there are also some countries which fill all three roles (e.g. Russian Federation, Kazakhstan and Turkey). This speaks to the increasing complexity of demographic realities in the region. The changing nature of migration is changing societies, both in the sending and receiving countries, especially by creating more diversity. This is raising questions about the extent to which receiving countries are supporting social integration in relation to migrants.

These demographic changes since Cairo have interacted with and been strongly affected by the global economic crisis of the past few years. For instance, high levels of unemployment, especially among young people, have spurred migration internally and internationally. Changes in household structures have also been linked to

economic conditions – for example, where young people continue to live with their parents and wait longer to establish their own households and to have children.

Alongside the economic crisis, there has been increasing concern about levels of consumption in the region and its impact on global environmental conditions, including climate change. While energy efficiency has increased in some countries, there has also been more and more focus on how over-consumption in some countries affects sustainable development, and how demographic shifts, such as changes in household structures (e.g. smaller households) and increasing levels of urbanization, will influence environmental outcomes in the coming years.

### 3. The new reality: current challenges and emerging issues

#### Fertility

Fertility levels in much of the UNECE region have dropped below the commonly used replacement level of 2.1 children per woman. The conventional and often spontaneous reaction to this is that it is a threat to national interests, including the economy. There may be a fear of losing national strength as fertility levels go down or fears that there will be an unsustainable dependency burden, with not enough working-age people to support the ageing population.

However, fears have also been expressed based on the opposite argument: that higher levels of fertility will lead to greater environmental degradation, resource over-exploitation and climate change, or exacerbate conditions in countries with high youth unemployment. There are reasons to question why a total fertility rate (TFR) of 2.1 is considered optimal.

Some countries have introduced policies aimed at increasing fertility (pro-natalist approaches), such as linking child benefits with the number of children, or introducing grants to families who have children. The impact of these policies on TFR is equivocal, and in many instances has resulted in a slight increase in fertility rates at

first, and then a decline back to the original level. Yet other countries in the region are looking at such policies as potential models for increasing their own national fertility rates. In some cases, policies aimed at increasing fertility may be seen as benign and/or positive – for example, if they are aimed at increasing gender equality and make it easier for families to balance childrearing and paid work (such as policies in France and Sweden). However, misguided policies can undermine other gains, such as reductions in age at marriage and contraceptive use, which in turn can affect women's prospects for education and earning potential. Some pro-natalist approaches may also risk shifting the focus from policies based on enabling fertility choices – which is at the heart of ICPD principles – to quantitative goals related to fertility.

As 'enabling choices' and sustainable development are core ICPD principles, it is vital to understand the needs of people in the region with regard to their own fertility plans. Clarity is also needed on how policies can support these needs, rather than focusing solely on notions that may or may not represent today's reality. For instance, the belief that replacement-level fertility is vital to stave off economic or social collapse is not necessarily unequivocal, and at the early stages of the formation of human capital, having fewer children might be beneficial for a country. Also, a population with many young children can result in a high dependency ratio.

#### CASE EXAMPLE 1: The changing nature of migration – Tajikistan

Today, most countries are simultaneously countries of origin, of transit and of destination for migrants. This occurs to different degrees among UNECE countries, and has been increasing especially in the Western Balkans and the CIS countries.

For example, Tajikistan is both a sending country for migrants – mainly to the Russian Federation – and a transit country for people from Afghanistan. Internal migration is much less common than migration to other countries. Those that leave are usually men seeking better work opportunities abroad. This is having an effect on families and household structures, as many male migrants leave behind their wives to care for households, children and older family members. Some men who migrate to the Russian Federation marry women in that country and may leave those families behind if they migrate back to Tajikistan.

Rather than centring policies on fertility as a quantitative indicator, the focus is better placed on supporting people's fertility goals and abilities to balance childrearing and work; enabling young people to have jobs and to start families as and when they choose; and, if needed, supporting people throughout their lives, including older persons. Alternatively, some countries may consider 'population stabilization' as a guiding principle.

## Migration

Although migration has generally been a subject of interest in discussions of labour markets and national economies, today's migration – or mobility – must be viewed more broadly, as influencing and being influenced by a wide range of social factors. Migration can be a stabilizer of populations, helping to balance out differences in population growth in the short term. It can also drain populations of skilled workers or working-age or young people, and thereby exacerbate negative trends. Migration can also change societies – for example, by increasing ethnic diversity as a result of international migration – and communities and family structures, such as when working-age people migrate for work (within or outside their country) and leave behind children to be cared for by other family members.

The increasing complexity of migration patterns in the UNECE region means that it is harder than ever to understand the realities and needs of migrant populations, as they are not a unified, homogenous group (see Case Example 1). However, one clear shift that has occurred since the beginning of the 21st century is from a predominantly negative view of migration to a growing recognition that migration is an integral part of the global economic landscape and a positive aspect of development.

One important starting point is to distinguish between internal migration – which occurs within countries – and international migration. It is also vital to recognize that cultural diversity, especially in receiving countries, is the new reality, so it is increasingly important to support and encourage social integration of migrants. However, social policies are slow to respond to changes and, therefore, lag behind with regard to meeting the needs of the population.

### Internal migration

Migration occurring within countries is principally from rural to urban areas, and in many countries is having a substantial impact on the rural communities left behind.

### CASE EXAMPLE 2: Depopulation and service provision in the Russian Federation and the CIS

The Russian Federation has experienced dramatic demographic changes in the past two decades, particularly depopulation, high levels of migration, underemployment, degrading infrastructure and loss of services in rural areas. It has also experienced a marked decline in health status, especially among men, who have been among the few groups to experience a decline in life expectancy in the region.

In some areas of the country the population is shrinking very quickly, especially in central and northern areas, leaving houses in disrepair, fields uncultivated, and areas of wasteland, particularly in the north. At the same time, urban centres, particularly Moscow, are booming. These trends have been echoed in other parts of the CIS and East and Central Europe, so they represent important challenges for policymakers, not only in the affected countries, but across the UNECE region.

Many of the migrants are young people and those of working age, and their departure leaves rural areas with ageing populations and, in some cases, significant depopulation. This is occurring throughout the region, especially in Eastern and Central Europe (see Case Example 2).

Under these conditions, infrastructure and services in rural communities are suffering from being underutilized and inefficient to maintain at previous levels. Older persons are left with inadequate services, just as their social support systems – younger family members – may be relocating to urban centres. This is bringing up questions of how and whether to maintain equity in service provision across a country, and also whether government investment in infrastructure and services should support people's rights to live where they choose, rather than favouring economically booming centres over those that are economically marginalized.

### International migration

International migration occurs across the UNECE region. International migrants may be permanent or temporary, migrating for reasons of employment or education, and they may move from their country to another, then back, or to other countries. During the 1990s, humanitarian crises and the search for asylum were major drivers of international migration. Since that time, the main driver has been the search for employment.

It is more challenging today to identify where a person ‘belongs’ if they are an international migrant, which is opening up new avenues of thinking about what it means to be part of a nation. It is also making it ever more challenging to monitor and evaluate the needs of migrant populations. Moreover, migration is changing societies, both in the sending and receiving countries – for example, by altering the ethnic makeup of receiving countries and increasing diversity, or causing a ‘brain drain’ in sending countries of certain skilled workers, such as health personnel (e.g. in Romania, Moldova, Kyrgyzstan).

Migration has been and still remains desirable in many countries, to fill skills gaps, maintain the working-age population or tax base, or generally promote economic growth. Yet in some places this exists alongside desires to maintain or reinforce national identity, which may be highly politicized. These conflicting goals can complicate policymaking but may also act as a barrier to the social integration of migrants. Social integration not only influences the well-being of people who migrate, but also affects receiving countries’ ability to benefit (economically, socially and otherwise) from migration, as higher levels of social acceptance of migrants are linked to better labour market performance. Recent data suggests that some countries, such as the UK, Canada and the USA, are doing relatively well based on some indicators of social acceptance of migrants, while other countries, even those with excellent social and health systems, such as in Scandinavia, have lower levels of integration of migrants.

In countries of origin, and also in the case of internal migration, some parents leave their children behind to be raised by grandparents, which changes not only family structures but also the service and support needs and resources of older persons in those communities. In addition, remittances that migrant workers send back to their families have been a significant source of income for many households in countries of the region, and decline after families are reunited.

## Ageing

Older persons have not been a traditional focus of discussions around the ICPD, but special attention must be given to future policymaking and programming, as one of the key trends in the UNECE region has been the ageing of populations. Just as reductions in fertility levels have provoked concern in some countries, ageing populations have elicited fears of collapsing social security systems.

However, population ageing – like reduced fertility – is not necessarily a threat. Most people in the region have become healthier, with fewer years of disability and more years of economic productivity. In light of this, it is clear that beliefs about an increased dependency burden caused by ageing populations must be brought up to date, using current data about the realities of older persons’ lives and abilities to contribute. Life expectancy in the region has changed dramatically in most countries, and 70-year-olds today are as healthy as 60-year-olds were in the past. This new reality must be at the centre of policymaking in relation to ageing and fertility trends, rather than focusing on fixed notions of the conditions of chronological age or age of retirement.

Ageing is inevitable – whether or not there is an increase in fertility, the increase in life expectancy across the region is leading to – or will lead to – older populations in every country. So the emphasis should be on adjusting social institutions and increasing the opportunities for older persons to contribute and be productive for a longer period of time, rather than trying to alter population structures, such as through pro-natalist policies. Health, quality of life and cognitive development – education throughout people’s lives – are new areas for attention, and the sooner these are integrated into policies the more beneficial ageing will be to countries, societies, communities and economies. It should also be noted that the trend towards longer, healthier lives has been associated with higher levels of education, which illustrates how countries in the region have reaped dividends from investments in human capital during the past two decades.

While there are clear benefits of addressing issues related to ageing populations immediately – and potentially capitalizing on the benefits of this trend – governments still may be faced with making tough or unpopular policy changes. Obvious examples are decisions to increase the retirement age and other measures to reform pension systems in some (but not all) countries. Some experts argue that giving older persons’ groups a stronger voice in policymaking around these issues will lead to the development of good policies. Others warn that this will make reform even more challenging. Clearly, governments must strike a balance between making effective policies related to ageing which have a long time horizon, and ensuring transparency and active citizen participation in decision-making.

## Environment

The UNECE region is unique: it is a leader in innovations aimed at energy efficiency and in progressive adaptation policies related to climate change; but it also has the highest level of consumption and CO<sub>2</sub> emissions of all world regions. More than any other region, it is essential to approach environmental issues in terms of how they may affect the UNECE region, and equally important, how the region is influencing global environmental outcomes and climate change.

### The region's influence on the global environment

Consumption levels and CO<sub>2</sub> emissions vary across the UNECE region. While some countries in Western Europe have come a long way towards greater energy efficiency and waste management, other countries may still have lower relative levels of CO<sub>2</sub> emissions but have only just begun to address efficiency and waste issues.

In many countries, household size is shrinking, which is generally viewed from an environmental point of view as less efficient than when many people live under one roof. Another major trend in the region is increased levels of urbanization due to internal migration from rural to urban areas. This can be seen as conducive to efficiency, as it enables centralization of transportation, service delivery and infrastructure.

Ageing populations mean that older persons are living in smaller households or alone; yet data suggest that they tend to contribute less to CO<sub>2</sub> emissions (e.g. fewer transport and work-related emissions) and consume less than younger people. So this results in ageing populations – even within smaller households – having lower emissions. The same is true of urbanization. For instance, questions arise about the economic base for urbanized populations, and how waste will be managed as urban areas grow. In addition, to fully understand the impact of urbanization, externalities must be accounted for, such as the emissions associated with products consumed in cities but produced elsewhere.

This illustrates that the realities of specific demographic trends and their impact on emissions are complex, and assumptions need to be challenged with robust data. Sound policymaking must also account for seeming contradictions or tensions, such as the fact that urban populations tend to have higher consumption but better education (which

can mean more awareness of sustainable ways of living and energy efficiency), while rural areas are characterized by the opposite.

Overall, there is no consensus on the impact of smaller households and urbanization on sustainable development, and generalizations can be hugely misleading. What is needed is better monitoring across the region; better models for understanding the implications of urbanization, in particular; and improved systems for analysis that can accurately reflect the complex picture needed to make sound policy decisions about population shifts and environmental goals.

### The impact of environmental and climate changes on the region

The region as a whole has experienced the effects of climate change on a relatively small scale compared to other world regions, yet these impacts are still highly significant. Food security, as well as access to safe drinking water, has also been affected, and if this continues, it could affect health outcomes, such as nutrition and morbidity.

In addition to these direct effects of climate change, the unsustainably high levels of consumption in the region have contributed to global climate change, which may have slowed development in countries in Africa and South Asia, in particular. This could have led to an increase in migration from poor countries to the UNECE region.

There are projections that the number of disasters and extreme weather conditions in the region will increase in the coming decades, which is likely to disproportionately affect the most vulnerable populations, including older persons, women and children. Different countries have different abilities to cope, and special attention should be paid to a country's ability to care for its most vulnerable populations when disasters strike.

There are projections that most migration that is stimulated by disasters or environmental conditions will be internal, with people moving as close as possible to where they already live. When disasters or extreme weather conditions occurred in the past, populations were able to move to other areas, as there were fewer national borders. This is not the case today, so more emphasis must be placed on helping people to adapt. However, migration will still remain a livelihood strategy, and, for instance, people who are able to move can use remittances to support those left behind in environmentally degraded areas.

### **CASE EXAMPLE 3: Poland's holistic approach to public policy**

Population dynamics have implications in all sectors of public policy and development, yet policymaking is often done in a piecemeal way, with each sector taking care of its own issues. Poland's development strategy aimed to overcome this by streamlining its public policy strategies under a single, overall vision.

An analysis of Poland's policy environment found that there were more than 200 existing strategies for public policy development. The government reorganized and condensed these to fit under seven pillars, with each pillar representing a key priority or objective. These seven pillars fit within an overall policy vision, which helps to guide implementation.

Through this approach, policymakers can think beyond 'insular' projects unconnected to one another, and guide national development in a unified and logical way. It also enables other stakeholders, including civil society, to better understand the policy landscape and to participate through structured dialogues and coordination.

Poland's approach provides an example of how to synchronize public policymaking so that complex issues, such as those related to population dynamics and sustainable development can be addressed in a holistic, organized way across many sectors.

While these impacts of environmental changes are top priorities in policy discussions, and some countries will surely be 'net losers' from climate change, others may be 'net winners', and many of the 'winners' worldwide may be in the UNECE region. Some projections suggest, for instance, that countries such as the Russian Federation, Canada and Poland will be better off in terms of agricultural productivity.

### **Population dynamics, sustainable development and regional governance**

The UNECE region has a history of and strong potential for sharing best practices, with countries learning from each other and collaborating and coordinating on issues related to population dynamics and sustainable development. This includes regional integration processes such as the European Union (EU), Commonwealth of Independent States (CIS) and the Council of Europe, and agreements and conventions related to environmental

issues. It also includes standards on social security levels, such as the International Labour Organization normative framework for the extension of social security and establishing social protection floors; and conventions on migration, which are often addressed through bilateral agreements. In addition, the UNECE region has a strong record of collaborative data collection and monitoring.

Some experts argue that migration, in particular, is best addressed at the regional level, because changes in a sending country can affect a receiving or transit country. This interdependence means that origin, transit and receiving countries gain by sharing experiences with one another, and with other countries facing similar trends, and by cooperating through bilateral, subregional or regional agreements. (See Case Example 4.)

Cooperation and partnerships should also be encouraged within countries to address other population issues. There are strong traditions in many countries of partnering between civil society, parliamentarians, the media, labour organizations, academia and the public. It is less clear how, when and to what extent to involve the private sector in policymaking related to population dynamics, but it is generally agreed, for example, that labour unions and employer organizations should be actively involved in discussions related to ageing, especially when pension reform is on the table. Transparency is a fundamental principle to guide these partnerships, with governments ensuring that their citizenry is fully informed, even in relation to issues that may be unpopular.

A fully informed citizenry is an important goal, but not enough, and in some cases, the concept of citizenship and civic participation are still in their infancy. This is particularly true in countries of the CIS, where measures may be needed to boost civic participation beyond simply informing the public. Sharing of best practices could help to facilitate this, as countries with strong records of civic participation can partner with or provide technical assistance to countries with less developed levels of participation.

#### **CASE EXAMPLE 4: Mobility Partnerships – a model for cooperation**

Mobility Partnerships are mechanisms for cooperation between the EU and non-EU countries, which facilitate and organize legal migration, and effective and humane measures to address irregular migration. They also aim to reinforce the development outcomes of migration.

Mobility Partnerships represent a unique way of providing choice while promoting cooperation. EU countries join on a voluntary basis, with a minimum of five countries needed to make each Partnership effective. Each Mobility Partnership includes a standard agreement, and beyond that, it can include a variety of different migration elements, based on the needs of the countries involved.

Mobility Partnerships have been part of the EU's approach to migration for a number of years, and could be a model for bilateral and/or regional cooperation related to other sectors of social policy as well.

A key consideration with regard to governance is whether it is more effective to address global issues, such as sustainable development, using a 'top-down' approach, whereby global issues and needs drive policy debates. Alternatively, it may be more beneficial to encourage a 'bottom-up' approach, by finding locally driven solutions to regional or global problems. Experts agree that both directions are important and complementary.

## **4. Solutions and interventions**

The UNECE region is facing three major demographic issues: low fertility, ageing, and increasing migration with more complex patterns. Of these, none needs to be a threat if demographic changes are addressed. The only threat is related to the lack of anticipation, of planning and of timely change or adaptation. Consequently, experts at the first thematic meeting stressed the fact that human rights protection is the cornerstone of policy development and identified a number of elements that need to be incorporated into policy discussions beyond 2014.

### **Take a long-term, holistic, rights-based approach to population issues**

Approaches to population and sustainable development should be holistic, across many sectors and based on a long time horizon. It is by looking holistically at population dynamics today and understanding future projections that governments can turn any potential threats from reduced fertility or an increasingly ageing population into positive forces for social and individual well-being. Timeliness of policies, and continuous adjustments – rather than sweeping policy changes – are vital. To achieve this, it is essential to leave aside political cycles, because some measures have to be taken now, but effects will not be seen within a four- or eight-year period.

### **Focus on people rather than numbers**

Discussions about population should focus on individuals, well-being and quality of life for all people, throughout their lives. To achieve this, it helps to revisit the definition of sustainable development, which aims to: "meet the needs of current generations without compromising the ability of future generations to meet their own needs". Thus, instead of focusing on threats to the way things are, policies should focus on how to meet the needs of the current and future populations, whether they are younger, older, more ethnically diverse or otherwise different.

In addition, policies focused on fertility must not undermine gains made since the ICPD. For example, increases in age at marriage and contraceptive use are associated with higher levels of education and better health for women and girls. Therefore, policy dialogue related to fertility, and especially pro-natalist approaches, must consider potential effects, both good and bad, on individual rights and well-being.

### **Reconsider assumptions about low fertility and ageing**

It is essential to reframe current beliefs and views on key population changes: from the view that major changes, such as reduced fertility, ageing populations and increases in migration are threats, to putting people and sustainable development at the centre of policies and seeing the potential benefits of these changes. For instance, short-term, below-replacement-level fertility is not a threat to

sustainable development and at the early stages of the formation of human capital is beneficial for a country. Also, in the coming decades, the health of older persons is predicted to continue to improve, particularly if there are supportive policies for this population to maintain health over a lifetime. Policies should be created with this in mind.

It is also crucial not to use past demographic trends or the current situation as a vantage point for future policies, because life expectancy, health and other underlying forces are evolving rapidly. Misconceptions about demographic methods and indicators – such as the ‘dependency burden’ or ‘replacement fertility rate’ – must be clarified by researchers, technical experts and advocates, and seen as part of the rich picture of demographic realities.

### **Take a cross-sectoral, human-rights based approach to migration**

There is a need to expand the understanding of the complexity of today’s migration – or mobility – and of migrants as a heterogeneous group, with a diversity of needs at different stages of their lives. In addition, migration issues and the welfare of migrants need to be brought into a wide range of policy discussions, not just in terms of economics, employment and labour. For example, there are family and community implications of migration, especially as more and more grandparents raise children left behind by working-age people who migrate internally or internationally. Policy discussions about migration must also address the differences between cultures, as migration increases the level of ethnic diversity in some countries.

Regional and/or subregional agreements are particularly relevant for addressing migration (e.g. EU policy of regional development), and sharing lessons learned is also a vital basis for effective migration policies. In line with calls for better and more data collection, there is a clear need for both qualitative and quantitative data on the effects of migration (in- and out-) as a foundation for evidence-based policies.

### **Make gradual and continuous policy changes to support the vitality of ageing populations**

To achieve sustainable development, the UNECE region needs a society for all generations, which includes

unlocking the potential of older persons to contribute to societies in the economic and social domains. The ICPD Programme of Action did not include significant treatment of issues related to older persons. Today, a comprehensive approach is needed to prevent a perception that policies which support older persons are not discriminating against younger people. Future generations of young people will be older and healthier, and will have more to contribute, so policies today need to support young people to enable this process, while also ensuring support for the vitality of ageing populations.

Regionally, Western and Eastern European countries have become increasingly attentive to ageing and have created a number of policies and measures in this area, whereas such actions are lagging behind in Central Asia.

Existing policies which are positive examples of this approach include the Madrid International Plan of Action on Ageing (MIPAA) and the UNECE Regional Implementation Strategy for the MIPAA.

Ageing populations are not a threat to any society unless policies related to ageing – such as changes to pension systems, health care and other social supports – are not dealt with today through gradual and continuous changes. This might mean finding a way to prolong working lives without that being seen as a threat to people’s quality of life, or creating policies that safeguard autonomy and independence and enable families to assist their older family members, in the same way they have been supported to raise their children.

### **Invest in human capital throughout the life cycle**

Focusing more on people, instead of numbers, is most clearly manifested by investments in human capital. This should include the promotion of healthy lifestyles, and the empowerment of individuals, families and communities to care for themselves. Though discussions about human capital often focus on education, these efforts should not be limited to early phases of life, as health and education are no less important for people in all other age groups. Investment in people throughout their life course, as well as appropriate levels of intergenerational support, will build and maintain the capacity of people to contribute to society at all ages, and can help to exploit the benefits of ageing populations.

Strategies to provide a continuum of care and support should also recognize that people's needs can change depending on their age, location, income level and evolving personal preferences and expectations. Social protection, including access to essential health care, reduces disparities, empowers women, as well as migrants and their children, and contributes to human development throughout the life course.

Investing in human capital should also be seen as a primary strategy for addressing environmental issues, including over-consumption and the effects of climate change. Education can influence consumption – for example, by making populations better informed about more energy-efficient, less consumptive lifestyles. It can also enable people to adapt to environmental impacts such as climate change.

### **Address disaster risk reduction**

The number of natural disasters and extreme weather conditions are projected to increase in the coming decades, so disaster risk reduction must be part of policy discussions. Disaster risk reduction can be improved through education, so investing in human capital is an important approach. In addition, the ability of a society to care for its most vulnerable people, who are likely to be most affected by disasters, is a crucial consideration, and methods to support this are fundamental.

Another important issue to be factored into policy discussions is the possibility that some countries may be net winners in terms of climate change – for example, with increased agricultural productivity.

### **Look beyond regional borders and interests**

The UNECE region has responsibilities towards itself and its population, but also towards the rest of the world. Two examples of this are its contribution towards international development and its pattern of over-consumption, which contributes disproportionately to CO<sub>2</sub> emissions. These impacts should be central in policy discussions. It is impossible to ensure a good future for the region without reducing inequalities and improving well-being in other regions of the world. Likewise, it is important to address issues related to climate change as they relate to impacts on our own countries, but more importantly, how our consumption patterns and lifestyles contribute to climate change in other regions.

Investments in economic growth can be in conflict with efforts to reduce consumption, as growth is associated with increased consumption and, therefore, increased environmental pressure. It is important to assess the idea that growth is eternal and always good, and to reconsider the belief that a smaller population is always bad when in fact it could be the most benign solution to problems such as over-consumption.

Overall, policy discussions can consider how key population and demographic issues in UNECE countries – including fertility, ageing and migration – interact with consumption, and how this may affect long-term goals to achieve sustainable development, including global environmental aims. Cultural values related to consumption can be challenged as part of efforts to improve environmental outcomes.

### **Strengthen regional cooperation and governance**

The UNECE region has a strong record of effective cooperation and policymaking, which should be expanded in efforts to address population and sustainable development. As the region includes donors, emerging donors and recipient countries, consideration should also be given to providing regional assistance, such as technical assistance, to each other, through partnerships, South–South cooperation and institutional exchanges. It would be most useful to find a mechanism for documenting and sharing lessons learned and best practices, and for scaling up initiatives that have worked in a country or subregion. In addition, official development assistance in the region could be directed towards helping recipient countries to manage population and demographic changes.

Effective regional, subregional or bilateral agreements must have a long-term vision. This is facilitated by the fact that regional agreements are less prone to the shifting priorities that characterize political or election cycles in national policymaking environments. A holistic approach is also needed, which means involving a wide range of stakeholders across many sectors. Transparency and accountability is also vital. While governments need to be able to take tough decisions, there is also an imperative to consult with partners, including civil society, the media and the public. They must also communicate clearly at all stages of policymaking and implementation, using language and channels of communication tailored to different audiences, and take steps to engage the public and promote active citizenship.

#### **CASE EXAMPLE 4: The Active Ageing Index**

Active ageing is the situation where people continue to participate in the formal labour market, as well as engage in other unpaid productive activities (such as caring for family members and volunteering), and live healthy, independent and secure lives as they age.

The Active Ageing Index (AAI) is a new analytical tool that aims to support the development of policies for active ageing. Designed to reflect the multidimensional concept of ageing, it is made up of 22 indicators, across four different domains that each present a different aspect of active ageing: employment; unpaid work/social participation; independent living; and the capacity for active ageing as determined by individual characteristics and environmental factors. The AAI is a composite index, which means that a number of individual indicators contribute to each of the domains. The results of the AAI are presented as a ranking of countries by the scores achieved in the overall AAI and in the domain-specific indices.

The AAI was developed in 2012 by the European Centre for Social Welfare Policy and Research in Vienna in close collaboration with the European Commission's Directorate General for Employment Social Affairs and Inclusion and the UNECE. It represents an important model for other regions looking to capitalize on the benefits of an ageing population. Its composite design could also be seen as a model for addressing other complex areas of population dynamics.

Social media may be highly effective in this regard as one channel for reaching some audiences, and working with the media and promoting responsible media can help to create an informed citizenry.

Parliamentarians have an important oversight role, and they should be accessible to their constituents. This is not true in every country, so it should be promoted – for instance, by countries with strong parliamentary accountability sharing its lessons learned with countries whose level of citizen participation is still in its infancy.

### **Improve and expand monitoring and evaluation**

One of the UNECE region's major strengths is its data collection and monitoring. However, the quality of data varies significantly across the region, and monitoring of social development is weak in the transition economies

and particularly in the Central Asian countries. On many issues and in many countries, the data is simply not available for informed policy decisions, so more commitment needs to be made to fund research and data collection as well as making the data publicly available.

There is significant potential to improve monitoring region-wide with a single instrument designed to provide regional assessment of statistical systems.<sup>3</sup> To facilitate this, researchers and institutions should develop strong core indicators or composite indices for specific population issues (see Case Example 4), and systems for impact assessment of interventions. These measures will enable better data for policy debate, and make it easier to identify successful initiatives that are ready for scaling up.

### **Create a mechanism for continuous follow-up of ICPD-related goals**

In addition to general enhancements to research in the region, and to increased funding for research, there should be an effort to implement a mechanism for continually monitoring implementation of ICPD Programme of Action goals.

Cooperation is essential, as not all countries have the capacity to carry out large-scale, robust research, so research academies and institutions should push for more cooperation in this regard.

<sup>3</sup> There are some good practices in this regard: for instance, UNECE, together with Eurostat and the European Free Trade Association (EFTA), conducts global assessments of national statistical systems of countries of Eastern Europe, Caucasus and Central Asia, and South-East Europe.

**BELGRADE, 15–16 APRIL 2013**

# Inequalities, Social Inclusion and Rights

# 1. Equality, equity, social inclusion, rights and advancement of the ICPD agenda in the region

## Improved understanding of inequality

Among the major achievements of the past few decades is the improved understanding of the impact of inequality on societies. Today, a large and reliable evidence base from many countries shows that, while measures such as gross domestic product (GDP) are still important markers of well-being in poorer countries, in middle- and higher-income countries average well-being is no longer dependent on national income and economic growth to the same extent. While the differences between countries are less obvious, the differences within countries are striking: nations with more in-country equality do better on nearly every measurable health and social indicator than countries with more inequality. Also, it is now clear that greater equality in a society makes the most difference among the poorest people but also has positive effects on those in the middle and at the top.<sup>1</sup>

New evidence has also revealed some of the factors that drive social exclusion and inequality. While in the past it was common to assume that obvious groups (e.g. migrants, ethnic minorities, single mothers) are the most vulnerable, we now know that vulnerability and disadvantage are linked as much to individual characteristics and contexts as to group membership. New methodologies and approaches (e.g. the Multidimensional Social Exclusion Index, highlighted in Case Example 1) go beyond assumptions about group-level vulnerability to address the entire social exclusion chain.

<sup>1</sup> These findings come largely from the work of Richard Wilkinson, in the book *The Spirit Level: Why equality is better for everyone* (Penguin Publishers), which is co-authored by Kate Pickett; and from Wilkinson's Ted Talk, which is available to view online: [http://www.ted.com/talks/richard\\_wilkinson.html](http://www.ted.com/talks/richard_wilkinson.html)

## International, regional and national policy achievements

All of this new and emerging knowledge brings hard evidence to back up the fundamental principles set out at the ICPD, and shows the importance of the hard-won gains of SRHR and women's advocates since 1994, for promoting more equal societies and greater well-being for all. These achievements include global frameworks on freedoms and rights, anti-discrimination laws and independent institutions aimed at protecting human rights in many countries and at international level. Gender equality is recognized as a right and a principle that is critical for achieving all human development goals. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) has been ratified by 187 states, including all but one state in the UNECE region, and 47 UNECE countries are members of the Council of Europe, which has been working on gender equality for at least 35 years. Since Cairo, there has also been good progress implementing the objectives of

### CASE EXAMPLE 1: The Multidimensional Social Exclusion Index

The drivers of social exclusion are complex and multi-faceted, making it a difficult phenomenon to understand and to measure. To address this, UNDP has developed the multidimensional social exclusion index.

The index employs 24 indicators to assess the degree to which people are excluded from: 1) economic opportunities (e.g. access to labour markets), 2) social services (including education and health) and 3) political participation and civil networks.

A person is considered to be socially excluded if she or he is deprived in two of the three dimensions or at least nine indicators.

The index reflects both the share of people that experience at least nine out of 24 deprivations, and the depth (how many deprivations socially excluded people experience on average).

The index can be used to spark national debates on social exclusion, and can be supplemented with specific indicators that have national relevance. The index is also considered to be useful in EU-level analysis of social exclusion, which to date has focused mainly on money-based measures of poverty and social exclusion.

For more information visit: <http://europeandcis.undp.org/ourwork/poverty/show/42524883-F203-1EE9-B1013DC9E989F963>

the Beijing Platform for Action, especially with regard to gender equality and women's empowerment. Moreover, there has been significant work done by Member States to harmonize their national legislation with international standards, including through the introduction of favourable policies.

### Indicators of progress

More generally in the region, there has been progress in reducing maternal mortality, increasing access to modern contraceptives, increasing longevity and advancing the access of young people to information and services. In some countries, there has also been progress in decriminalizing abortion and homosexuality.

Preliminary results from a survey completed by 46 governments in the UNECE region has revealed specific progress on a number of ICPD issues related to young people, older persons and people with disabilities. For example, more than three quarters of the 46 countries that responded to the survey reported that they have addressed violence, exploitation and abuse of children, adolescents and youth through policies, programmes or strategies, and nearly three quarters (33 out of 46) have taken steps to implement these measures. Young people's access to SRH services, including HIV prevention services, has been addressed by the majority of respondent countries (37 out of 46), with budget allocated for these policies by more than half (28 out of 46). Well over half of respondent countries (about 30 out of 46) report having policies, programmes or strategies aimed at enabling older persons to make full use of their skills and to find employment, and providing support to families caring for older persons. Policies and strategies supporting the needs of people with disabilities have also been introduced, according to the survey. For example, the majority of the 46 respondent countries report having policies, programmes or strategies which ensure equal access to education and employment opportunities for people with disabilities (38 and 40 out of 46, respectively). Nearly three quarters (33 out of 46) of countries have introduced measures to ensure access to SRH services for disabled people, and just over half have made specific budget allocations to these efforts.

### Civil society and regional expertise

Another notable achievement in the UNECE region is the increasingly strong and vocal role of civil society

organizations (CSOs) in promoting the integration of the components of international agreements into national policies. There are more partnerships between CSOs, parliamentarians and governments, and NGOs in particular – especially women's, SRHR and human rights organizations – have been critical in getting gender equality and empowerment on global, regional and national agendas. CSOs have also played a vital role in implementing the ICPD Programme of Action 'on the ground', and in generating evidence by conducting high-quality research and analyses that have helped to improve monitoring and evaluation.

The UNECE region benefits not only from the strength and expertise of CSOs, but also from the knowledge of other experts (e.g. researchers, policymakers, parliamentarians) who have vast experience promoting gender equality and women's empowerment and developing effective policies and interventions. By exchanging knowledge and sharing best practices, countries and stakeholders in the region have seen steady progress in many aspects of rights and equality.

### Remaining and (re)emerging challenges

Despite major achievements, some policy successes have not always resulted in implementation, nor have they translated into changes for people. This is partly due to a lack of funding but also a lack of continuous political commitment.

Reviews of CEDAW, the ICPD Programme of Action and other conventions and commitments have revealed persistent gaps in the development and implementation of national policies, and in norms, actions and achievements related to gender equality. In the UNECE region, conditions still exist that directly discriminate against women, including those related to family issues and access to justice, even in some of the more equal societies. There is also a persistent lack of comprehensive sexuality education in schools and a lack of or limited access to youth-friendly services, including health services and particularly sexual and reproductive health services. In many places where abortion is legal, there is limited or no access to high-quality abortion services, post-abortion counselling and education, and family-planning services, including modern contraception, and there is a noticeable absence of reliable statistics on abortion and contraceptive prevalence in many places. There are still unacceptably high levels of violence against

### **CASE EXAMPLE 2: Health and rights in Lithuania**

In the 1990s, Lithuania saw rapid political and social progress, spurred by requirements for entering the European Union. The government adopted a range of democratic laws and policies and signed up to international and regional conventions and agreements.

In 2004 the country became an EU Member State, and the political and social climate shifted. The Catholic Church and conservative politicians joined forces to influence many policy areas, such as education. Today, Lithuania does not have compulsory sexuality education for young people nor youth-friendly sexual and reproductive health services available through its public health system. There is no law on reproductive health, and conservative forces are continuing to seek a ban on abortion. There have also been attempts to embed a narrow definition of the 'family' into the Lithuanian Constitution.

In addition, there are still huge challenges in ensuring access to health for all people. This has been attributed in part to corruption in the health system and unchecked involvement of private-sector medical providers.

Access to quality health care is a priority for Lithuania, as is ensuring a strong civil society and political voice to counter conservative forces which endeavour to turn back the clock on SRHR.

women throughout the UNECE region. This violence occurs in domestic settings as well as in armed conflicts, and in many forms, including trafficking and harmful practices such as early and forced marriage, which remain persistent problems in many countries.

Many women from disadvantaged or marginalized groups (including migrant women, women with disabilities, ethnic minority women such as those in the Roma community, women with mental health problems, and women in rural and remote areas) still have a low level of knowledge about their rights. Laws aimed at protecting rights are not always comprehensively understood or effectively executed by key actors in the judiciary system at both international and regional levels, including in the European Court of Human Rights.

While the creation of national mechanisms for human rights protection is something to celebrate, these mechanisms are underfunded and under-supported.

In addition, gender mainstreaming has not been fully understood nor always used in good faith, and in some cases the pursuit of gender mainstreaming has meant fewer efforts have been made to address gender equality more directly.

The participants in the thematic meeting shared a concern that harmful attitudes and stereotypes related to gender are still prevalent in the region and continue to hinder efforts to protect the human rights of women and girls and to promote empowerment. There is an attitude among some decision makers that gender equality can wait until other priorities have been achieved. This demonstrates a complete lack of understanding of the now well-documented links between gender equality and all other areas of policy, economic and social development. More recently, global-level discussions have seen governments and other stakeholders, including religious entities, saying 'yes' to development but 'no' to rights. There are new alliances among conservative actors opposed to women's rights and many aspects of the ICPD agenda. At the global level, discussions are not focused on evidence but on politics, and while issues related to abortion and to lesbian, gay, bisexual and transgendered (LGBT) people were once the primary taboo subjects, today discussion is quashed even on issues of girls' empowerment, children's issues, including sexuality education, and anything related to sexual rights. However, amidst these disappointing developments, there has been some progress. For example, France recently became the 14th country to legalize same-sex marriage.

Since Cairo, conservative forces have also been emerging at national level in many countries. This has been exacerbated by political changes and the global economic crises, which have conspired along with lack of political will in a loss of some gains made in gender equality and empowerment, and SRHR more broadly (see Case Example 2: Health and rights in Lithuania).

Clearly, the gains should be celebrated, but the challenges need to be addressed with evidence-informed policy discussions and interventions which reflect a human rights approach. The following sections outline specific areas for attention related to gender, rights, equality and social inclusion across the UNECE region.

## 2. Successes and challenges in implementing the ICPD Programme of Action as a rights-based instrument for addressing inequalities and enhancing social inclusion

### Diversity among and within countries

Social protection schemes in Western European countries – many of which were introduced as early as the 1950s – have gone a long way towards improving welfare but are now being reconsidered due to the economic and Euro crises. While there have been significant cuts and austerity measures in many countries of Western Europe, comprehensive social protection still remain less developed in countries in Eastern Europe, which suffer from insufficient services and deteriorating infrastructure. While this difference between welfare systems in east and west is significant, there are even greater and more urgent differences within countries. Until recently, most consideration and measurement of inequalities and social inclusion were based on national-level averages, such as those related to the Millennium Development Goals (MDGs) and to measures of GDP. But averages and economic indicators obscure the needs of groups or municipalities within countries which are underserved. In some countries, data are of poor quality, and the use of different methodologies across studies limits comparability and gives a skewed picture of progress or needs in relation to social indicators and equity.

### Economic growth, SRHR and equality

Economic growth, indicated by increased GDP, is still viewed by policymakers as a bigger priority than equity and social inclusion. This is especially true in countries which have seen a decline in GDP after years

**Policies and programmes must protect and enhance the capabilities of all people to develop their own potential. This includes protecting their rights and abilities to make choices about their lives.**

of improvement. There is some perception that, with the economic crisis and worsening conditions, ‘everyone is vulnerable now’. However, this notion has been strongly challenged, with calls to reconsider the prevalent belief that growing GDP is the answer and for policymakers to grasp the extent to which social inequality influences national economics and well-being. This includes a comprehensive understanding of how poor SRHR, including lack of access to services and inability to exercise one’s rights, contributes to poverty. Moreover, during times of economic crisis, groups which are particularly disadvantaged and face multiple vulnerabilities should be given special attention in terms of policy responses. In the UNECE region this includes Roma people, and especially young people, who face very high unemployment. Roma people have shorter life expectancies due to inadequate access to health services, and Roma girls and young women have fewer educational opportunities. There will always be competing policy priorities, but the key is to protect and enhance the capabilities of all people to develop their own potential, including protecting their rights and abilities to make choices about their lives.

Overall, there is a concern that indicators reflect averages and, therefore, do not generate accurate data about persistent pockets of poverty or the needs of special groups or populations. There is still limited data available on social exclusion, and there is a need for more use of qualitative research methods to generate evidence on what has been achieved and what the contextual factors are that have led to a particular development or advancement. In addition, existing social protection systems were designed based on a model of continuous economic growth, which is being challenged by the economic crisis. This has left governments to debate the merits of different options for protecting individual capabilities in the new economic environment. At this time of limited financial resources, health promotion and disease prevention, social investment and social protection over the life course, and broadening the response of the current social agenda are highly significant.

## Equitable access to high-quality SRH information and services

There are good laws and regulations related to access to and quality of SRH information and services in many countries, yet coverage remains unequal, particularly among young people and those from disadvantaged groups, such as the Roma, LGBT people, migrants, and people living in poverty.

For instance, there are still significant challenges in the region in relation to access to safe abortion. Some countries have seen access to safe abortion eroded and even criminalization. In some countries, policies aimed at lowering gestational limits are creating obstacles to access to safe abortion. Conscientious objection also prevents women from accessing abortion services. There are good guidelines in the region for addressing these issues, but there is very little accountability on the part of some governments for adhering to the guidelines. Canada, for example, has some of the most liberal abortion laws in the world, but very few hospitals offer abortion. This makes abortion particularly inaccessible for women in rural or remote areas, and for young, poor and indigenous women. In addition, the quality of services varies, with free or affordable public services being of poorer quality than some private (paid for) health services.

For young people, there are few youth-friendly facilities, especially in countries where health systems are underfunded. Even where young people can access services, they may experience discrimination from health care providers. In countries such as Kyrgyzstan, NGOs play an important role in providing information to young people about SRHR, but the health system does not follow this up with SRH services and supplies. This creates a huge gap in expectations and leads to frustration and increased health risks. In addition, high-quality, comprehensive sexuality education is still unavailable in a large number of countries in the region.

One of the main reasons for the lack of implementation of conventions and policies related to access and quality is that ministries of health often fail to understand that human rights standards are relevant to them, when in fact these standards should be embedded within the public health system. Moreover, governments often do not recognize that several ministries must be involved in implementing human rights protocols, including ministries of justice, finance, health and women's issues.

Keeping governments accountable for providing minimum standards of service is more complex in countries with huge territories, such as Canada, the Russian Federation and Kazakhstan, and in countries experiencing depopulation of some rural or remote areas. There is some discussion going on, even in countries such as Germany, about whether it is feasible to deliver services equitably in areas with significant differences in population size, or even if it would be practical to relocate people to ensure they are nearer to where basic health and social services can be delivered. From a rights-based perspective, and in the context of the ICPD, the key to addressing these issues is to ensure respect for individual decisions and to empower people to make informed choices.

The decentralization of powers in many countries has also changed the way services are implemented, people's access to services and the quality of those services. In some cases this has led to inequalities in availability or quality from one municipality to another. However, the decentralization process is dynamic and varied, and while it can put up obstacles, it can also create windows of opportunity. These differing implications should be considered in policymaking in relation to access to and quality of services.

Filling the gaps in service provision and quality has been achieved in some countries by involving the private, for-profit sector, in the form of public-private partnerships. Some experts feel these partnerships can and do improve service coverage compared to state-run health systems. However, this issue remains contentious, and it is unclear if there are net benefits for equality of access and in terms of quality of services when parts of the public health system are privatized. For example, private health care usually require users to pay for services, so it is available only to those who can afford it, which is detrimental to efforts to increase equity of access and to ensure that all people have access to high-quality services.

## Education

Education is a major trigger for empowerment, so ensuring adequate access to education for multiply disadvantaged groups, such as the Roma, is vital. Strong advocacy has led to the passage of anti-discrimination laws protecting Roma people, but lack of adequate implementation means that Roma people still experience high levels of discrimination. Many Roma girls and young women do not receive adequate formal education

**People are not born vulnerable – conditions and circumstances drive vulnerability. The more we understand these drivers, the more we can create effective policies that enable social inclusion.**

due to traditional notions of gender within families and communities. This could be redressed by providing informal educational opportunities, such as professional courses for young women or more flexible education arrangements for women and girls who are otherwise left out of the education system. However, education is not the only intervention needed. For example, many educated youth in Europe are unemployed or underemployed, including among the groups such as the Roma.

### 3. Inequalities and vulnerable groups

Enabling individuals to live up to their full potential and to participate in society are fundamental principles of the ICPD Programme of Action. This is especially true for groups of people facing discrimination. However, people are not born vulnerable – conditions and circumstances drive vulnerability, and the more we understand these drivers, the more we can create effective, evidence-based policies that enable social inclusion and greater equality. The following summary represents key themes from a discussion about inequalities and vulnerable groups, including in relation to the rights and needs of young people, older persons, disabled people, migrants, orphans and sex workers in the UNECE region. Other groups were not discussed at length during this session, such as LGBT people and people living with HIV and AIDS, but the needs of those groups were taken up to some extent at the third thematic meeting.

#### The changing face of disadvantage and vulnerability

In the UNECE region, LGBT people, ethnic minorities (including Roma people, and especially Roma girls and women) and migrants are among the groups whose members experience multiple levels of discrimination

and disadvantage. Among some populations, particularly in the Central Asian countries, child marriage and bride abduction persist and compound the levels of inequality experienced by girls and women. Early pregnancy, violence and trafficking are other factors that increase vulnerability.

Some groups remain vulnerable and experience multiple forms of discrimination despite the existence of anti-discrimination laws. For example, ethnic minority women such as the Roma are still subjected to coercive sterilization, which reflects persistent false assumptions that Roma people have high fertility, despite clear evidence that fertility among the Roma, like all other populations in the region, is declining.

While these groups are clearly more vulnerable than others, identifying vulnerability is not always straightforward, and group membership is only one factor to consider. Increasingly, researchers are looking more closely at individual characteristics that a person has or is exposed to, and how these influence the risk of social exclusion. Individual characteristics include education, disability and minority status, and they interact with drivers of social exclusion, including structures and institutions, values and behaviours. All of these factors exist within the context of specific local conditions, such as the predominant industry in the area and whether there are single or multiple employment opportunities. These factors interact to influence a person's social exclusion status. While there is still a need to focus on specific groups such as ethnic minorities, this should be seen as complementary to a focus on individual vulnerability.

Better knowledge about the drivers of social exclusion has challenged many assumptions. For instance, research has revealed a number of factors related to local conditions that are linked to social exclusion, including limited access to social services, lower levels of education, and limited number of industries or employers in a locality. Experts suggest, for example, that investing in health infrastructure, doctors and hospitals is one of the best ways to redress social exclusion. It is also apparent that places where there is only one major employer or industry are likely to have higher levels of corruption, which is linked to higher levels of social exclusion.

Understanding disadvantage must be carefully assessed in each country, so that policymaking does not rely on assumptions as a basis for meeting the needs of

disadvantaged groups. Interventions must be tailored and targeted to reach the intended groups, and they must be monitored and evaluated on a regular basis. This requires robust mechanisms for data collection that can be used to inform policy debates and to develop effective, rights-based interventions. Censuses are a primary source of data in many countries, but these data are not always made available to the public.

While policies are vital to addressing vulnerability, the media must also be recognized as a key player in shaping perceptions of disadvantaged and marginalized groups. Although journalists and media sources can help to promote positive attitudes about disadvantaged groups, such as the Roma or migrants, they can just as easily portray these groups as social burdens or trouble-makers, or can provide a platform for hate speech and discriminatory stereotypes. While state policies should not restrict freedom of expression in the media, states can play a role in assessing media influences on discriminatory attitudes.

## Young people

### Addressing the complex needs of young people in a changing region

By its nature, youth is a time of experimentation. Yet in many places, especially in Eastern European and Central Asian countries, offer few social safety nets for young people. This is compounded by cuts in education and health budgets made in response to economic pressures in many countries, and is in direct opposition to the strong evidence supporting the need to invest in human capital – particularly health and education. Human capital investment has a direct link to employability, earning potential and well-being of young people over their lifetimes, not to mention the development of the future workforce. In most UNECE countries, the lack of employment opportunities is among the most pressing issues facing young people and societies.

Policies must recognize that ‘young people’ do not constitute a homogenous group, and interventions to reach them must be tailored for different contexts. For example, LGBT youth experience multiple forms of discrimination and multiple vulnerabilities. They are often abandoned by their families and may not finish their education, which seriously affects their lifelong opportunities for employment. Good policies must

ensure that social service providers are sensitized to the needs of LGBT youth, and safe houses and other forms of support are available and accessible. In Serbia, for example, the government has supported a training programme for social workers focused on the needs of LGBT youth.

Despite the diverse needs of young people, especially those affected by multiple vulnerabilities (e.g. LGBT youth, Roma and other ethnic minorities, young people living with disabilities), there are very few opportunities for young people’s voices to be heard.

### Education for young people, in and out of school

The importance of high-quality education that promotes positive gender roles and values, and helps to dispel harmful stereotypes, cannot be overstated. These principles should be integrated into formal educational institutions and complemented by other, non-formal solutions. This includes NGO programmes that may take place in or out of schools, and peer education, such as the peer-to-peer networks in Kyrgyzstan, which educate young people about SRHR and have received government support despite the strong taboo against discussing young people’s sexuality. Informal educational interventions can be used as outreach to marginalized communities, such as Roma people. Innovations are also needed as more and more young people become harder to reach: if they are not in school and cannot find a job, which is increasingly the case across the region, they will not be able to be reached through discos, bars and sports clubs, because entry to those outlets costs money. Social media, for example, may be a way to reach some hard-to-reach groups.

One barrier to this approach is the lack of sustainable funding for NGOs, and the short-term, project-based funding that persists in the development sector. NGOs need to be fully funded and supported so that programmes are sustainable. Programmes/interventions should be institutionalized.

### Older persons

Old age does not necessarily make a person disadvantaged or vulnerable, and older persons do not constitute a homogenous group – their needs will differ by context, location and many other factors, including their health. However, they represent an increasing proportion of the

populations of most countries in the region. Policies which affect older persons must reinforce their abilities to live autonomous and decent lives and to contribute to societies in an active and positive way. The key is enabling choice for older persons about where and how they live and, when the time comes, where and how they are cared for, which requires a strong understanding of the realities of the lives of older persons in different contexts.

Among the major trends in the region are an increase in the number of women caring for their own children and for their ageing parents; an increase in the number of older persons caring for their grandchildren after their children migrate to find work; and older persons living in remote or rural areas that have seen massive out-migration and, therefore, a deterioration in social support and services and infrastructure. In some countries, while older persons have fared better than other groups since the economic crisis, the impact on the working-age population has led many older persons to use their own resources to provide housing and financial or other forms of support to younger people. This is happening in countries as diverse as the UK, the Netherlands and Moldova.

Austerity measures in many countries have led to a regression in some policies. For example, in Serbia and Slovenia social transfers of food and/or care have been replaced by policies that provide services to older persons in exchange for a guarantee that the state will be paid back after the person's death using funds from the sale of their home or property. Many older persons are rejecting these policies and, therefore, not receiving the services they need. Similar policies exist in relation to long-term care for older persons. Another policy area that needs careful consideration is in relation to mandatory age of retirement, which limits people's choices by forcing them out of work regardless of their health or personal desires. Increasing choice among older persons can be achieved, for example, by eliminating the mandatory retirement age (which has been done recently in the UK and does not exist in Canada and the USA), while maintaining the statutory age at which people can begin drawing from their pensions.

Policies which affect older people and their families must take a long-term view, considering potential benefits but also potential harms with regard to choices, autonomy and rights to adequate care and support. Policies must also ensure that people have a right to a life of dignity, as well

as a right to die with dignity. The Madrid International Plan of Action on Ageing (MIPAA) provides important guidance for policymaking in these areas (see Case Example 3).

### **Case Example 3: The Madrid International Plan of Action on Ageing (MIPAA) +10**

The Madrid Plan of Action and the Political Declaration were adopted at the Second World Assembly on Ageing in April 2002. They offered a bold new agenda for handling the issue of ageing in the 21st century, with a focus on 'building a society for all ages'.

The Plan of Action focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. For the first time, it represents an agreement by governments to link questions of ageing to other frameworks for social and economic development and human rights, most notably those agreed at the United Nations conferences and summits of the past decade.

In September 2002, in Berlin, the UNECE Member States agreed on the Regional Implementation Strategy (RIS) for MIPAA and carried out five-year progress reviews. The second review cycle took place in 2012 and in the UNECE region culminated in the adoption of the 2012 Vienna Ministerial Declaration. The Declaration spelled out a number of goals and commitments that are highly relevant to policymaking around active ageing in the UNECE region. For more information see: <http://www.unece.org/pau/age/welcome.html>

## **People with disabilities**

In many countries, people with disabilities, of all ages, are not provided with adequate care or support from the state, and this is left to their families, with the greater part of the care burden placed on women. At the other extreme, there are countries where disabled people (including those with mental disabilities) are taken from their homes or families and placed in care homes, sometimes in remote locations. Agreements such as the Convention on People with Disabilities provide useful guidance in some contexts. Good practices in the region include community care and involvement, with support from municipalities and the public sector, in the care

of disabled people. Engaging civil society in supporting disabled people and their families can also be a good step, but it is vital to ensure all care provision is humane and of high quality. Respite care should also be available for family members who care for disabled relatives, with flexible hours for people who work or have other obligations such as caring for children.

There are examples from across the region of the lack of access to basic education and employment for people with disabilities. For example, in Kyrgyzstan, legislation requiring all private-sector companies to allot a percentage of job places for disabled people is not enforced, and compliance is low. Where educational opportunities are available, disabled people may be segregated from their non-disabled peers, especially in primary and secondary schools. Many women who are disabled have no access to SRHR information and services, which curtails their rights to make choices about their sexual and reproductive health.

Policies for supporting the rights of disabled people must be based on choice and enabling people to live healthy, dignified lives, where and how they choose.

## Migrants

The UNECE region has seen new trends in migration, including increased mobility as people move between and among several countries over their lifetimes, rather than moving to one country and settling for life. In this new reality, migrants can face multiple vulnerabilities, especially when they lack legal status in a country. For instance, migrants often cross international borders and do not have access to health care because they lack legal status in their destination country or they simply lack information about how to access services. This is especially urgent as more and more working-age people, including women, are migrating during their reproductive years, and may start their families while living abroad. People who are living with HIV or AIDS, those involved with sex work, and those facing other criminalized or stigmatized conditions are even less likely to access the services they need, and they are often met with discrimination. In addition, people living with HIV cannot migrate to or travel freely within some countries in the region.

Legal status is an important first step, but it does not guarantee that a person can access services or will be treated fairly.

## Sex workers

In the past few decades, evidence has emerged that decriminalizing sex work reduces gender-based violence, including state-sanctioned violence, and makes sex work safer. There is also agreement that sex workers (including men and transgender individuals) need to be part of the solution to addressing vulnerabilities related to prostitution, using a participatory approach, and they must be enabled to make their own reproductive choices by increasing and improving access to sexual health information and services. This is true for all sex workers, including those who do not have legal status in the country where they work: migrant women, whether or not they have been trafficked, need access to services, including health and legal services, as a fundamental protection of their rights.

Throughout Europe there are a number of policy approaches related to sex work, but the overarching approach should be to move away from criminalization and to focus instead on the rights of sex workers to services and justice.

## Orphaned children

Children who are orphaned or who are removed from their families are at multiple risks, including being less likely to complete their education and being more at risk of trafficking and sexual violence. In many post-Soviet countries, institutionalization is the most common approach, while adoption and fostering is less common, though it can lead to better outcomes. Children in institutions are often given care and shelter until the age of 17 or 18 and then must leave to fend for themselves, usually with limited or no ongoing support from the state. However, there are good practices in the region – for example in Serbia, where orphaned children in institutions are given shelter in half-way houses for two years after the age of 17 or 18, where they live independently but have access to professional guidance.

## Ethnic minorities

While there is now recognition that group status – such as ethnic minority status, age or gender – does not necessarily indicate a person's level of vulnerability or disadvantage, this should not detract from the continued imperative to address the vulnerability and disadvantage faced by ethnic groups in all countries of the region.

An important focus should be the impact of multiple vulnerabilities. For instance, many Roma women face discrimination because of their gender and their ethnicity, which multiplies their vulnerability or disadvantage. Migrant and minority women with disabilities and mental health problems face even greater obstacles. Roma women and women in other ethnic minority groups are more likely to be affected by restrictive gender stereotypes and conservative attitudes within their own communities, which often restrict their access to education, work, care and services. Coercive sterilization is still inflicted on some ethnic minority women in a number of countries in this region, such as Uzbekistan.

Social cohesion in many countries is influenced by myths and stereotypes about ethnic minority groups, which can lead to hate speech and violence, fuelled by dangerous and divisive public debates. While these actions can also affect other groups, ethnic minorities are a particularly common target of hate speech and actions across the region, and this should remain a primary focus of policy responses in relation to equality.

## 4. Gender equality and the empowerment of women

In Cairo it was clear that to break the cycle of poverty and address vulnerabilities, we needed to promote gender equality and women's empowerment as well as SRHR. Twenty years on, the evidence for this is even stronger. Gender equality influences all aspects of social development, yet it is rarely seen as a priority in policymaking. For instance, the current austerity measures being imposed in the region are working against effective policy development and implementation on gender equality measures.

Failure to address gender inequality is reflected in very high levels of gender-based violence, trafficking and inaccessibility of health services, especially in rural or remote areas. It is also manifested as a lack of access to basic requirements for survival, such as land and economic resources, education and employment. The percentage of women on corporate boards in the EU is so low that some countries are discussing ways to address it.

**Countries need flexible working environments that increase the choices available to women and men.**

Low levels of gender equality and women's empowerment also have a clear impact on fertility – for example, greater gender equality is linked to higher levels of fertility and women's workforce participation. This can be seen in Denmark, Norway and Sweden, which have relatively high levels of gender equality and total fertility rates around two children per woman. Germany, Italy, Portugal and Spain, on the other hand, have more traditional gender norms and fertility around 1.4 children per woman.

The following section is a summary of the discussion around women's empowerment, which centred on gender equality in the home and the workplace, on the impact of criminalizing practices such as abortion and sex work, and on forms of gender-based violence which strongly affect the rights and well-being of women and girls in the region.

### Family policies and gender equality

In the UNECE region, women still shoulder the majority of the care burden in addition to working outside the home. Men are more involved in childcare than in the past – even basic childcare – but some studies suggest this is true primarily during the work week, and during free time (e.g. weekends) women still do the majority of family and household work.

Unfortunately, more and more women are being 'squeezed' between taking care of their children and their ageing parents, at the same time that austerity measures are cutting care services that could help to alleviate the burden.

### Division of household labour

The distribution of labour within families in the region has changed in some places, but less so in societies with more traditional gender roles. This is influenced by the welfare policies in a country, and the prevalent gender model. For example, if a welfare regime favours women's workforce participation, but the gender model in the society is more traditional, women are more likely to

work outside the home and to shoulder the burden of household work and childcare. However, where welfare policies support women's paid work and the society has a more egalitarian model of gender norms, there is likely to be a more equitable sharing of household and care duties. Any policy efforts to reconcile work and family, and to increase male involvement, must take into account not only the impact of policies but also the prevailing gender roles and norms in a society. Data and trends show us that norms and attitudes are key to behaviour change in relation to gender issues, particularly with regard to men's role as carers. These norms are reinforced through many mechanisms, including, for example, the media and educational curricula, which have important roles to play in promoting more egalitarian gender norms and the importance of caregiving.

### Policy responses

There have been some policy responses in the region in terms of reconciling work within and outside the home, but there is no perfect solution. In Europe, where the rate of women in employment has increased in recent decades, it is due largely to women in part-time work, and in many cases they are given few opportunities to move into full-time work if and when they choose. This is happening, for example, in the Netherlands, and is increasing the (already significant) gap between men's and women's incomes and pension contributions. In other cases, countries have introduced paternity leave but have made the policy inflexible, so that it is not transferable to the mother if the couple chooses. The effects of this need to be investigated, rather than assuming that paternity leave is always the right choice for every family. However, there is general acceptance of the need for non-transferable paternity leave, which encourages fathers to take up this leave, which is the case in countries such as Sweden. Moreover, there is a need for flexible working environments that increase the choices available to women and men.

### Re-emergence of restrictive pro-natalist policies

The glorification of motherhood through pro-natalist policies or measures is a persistent and sometimes re-emerging issue in the region. While such policies are viewed by some governments as a way to increase fertility, they are even re-emerging where fertility is relatively high, such as in Turkey.

**Pro-natalist policies and measures need to be approached holistically, with consideration of any potential negative effects they could have on families, gender equality and employment.**

Some pro-natalist measures contribute to greater gender equality and more choices for women and men. For instance, some countries have mechanisms in place to assist women to maintain their skills and knowledge, which helps to create a smooth transition from maternity leave back into the labour market. In other cases, pro-natalist measures can erode equal opportunities and competitiveness, with huge burdens on employers. An extreme example is Hungary, where maternity leave can be extended to six years for each child, forcing employers to keep a job open for a woman from six to as many as 18 or more years.

Evidence suggests that pro-natalist policies do not always have the intended effect of raising fertility rates, and that access to family planning is not the reason for reduced rates of fertility; rather, family planning provides better opportunities and enables more choice among the population. It is vital for governments in the region to create policies centred on individual rights and which support choice in relation to one's reproductive desires, in line with ICPD principles. There is a need for continued advocacy around the rights-based approach, especially with governments that see declining fertility as a threat, despite existing evidence to the contrary. These policies need to be approached holistically, with consideration of any potential negative effects they could have on families, gender equality and employment, including, for example, women's loss of income and pension contributions during long periods of maternity leave.

### Role of the private sector

Reconciliation of paid and unpaid work requires institutional support, including childcare facilities and elder care facilities that are accessible and available during the hours that working families require. This is another area where there are ongoing debates about the role the private sector does or could play, particularly in economically weak states and those with a limited care infrastructure. In some cases this may be feasible and could improve geographical coverage of services, but in

other cases it may lead to benefits for those who can pay and, therefore, could increase inequities.

### Gender-based violence and harmful practices as indicators of gender inequality

While gender inequality in the home and the labour market is a highly relevant focus for policymaking, it is also vital to look at overarching obstacles to equality. One of the most ubiquitous and entrenched indicators of gender inequality is gender-based violence, which remains widespread in the UNECE region. Despite many decades of awareness raising and interventions to address gender-based violence, there are still very few evidence-informed laws in place and limited access to justice for those who experience violence. Many women cannot get the services they need, such as post-crisis counselling. They may also not be aware of their rights, and can be re-victimized through existing justice processes, by judges, police and others who are unaware of people's rights or insensitive to the pressures people face in exercising these rights. Tragically, governments are not being held accountable for their actions or inactions related to gender-based violence.

Another indicator of stalled progress in relation to gender equality is the persistence of child marriage and other harmful practices. While there has been progress in many countries with raising the age of consent for marriage, forced marriage is still pushing some girls and young women into vulnerable situations, including early or unsafe pregnancy and childbirth, exposure to violence and lack of support to leave violent marriages, and reduced opportunities for education and employment. Recent research found that forced marriage is still a problem in parts of Eastern Europe, among minority groups in Central Europe, and population-wide in Central Asia (e.g. bride kidnapping in Kyrgyzstan). Girls forced into marriage generally have no rights to property, as it is passed on through the male line. Family name and honour, restrictive values related to masculinity, and a high value placed on girls' virginity are also common in communities where forced marriage takes place. While there may be some less malevolent reasons for forced marriage, such as parents' belief that a husband can better care for their daughter during times of uncertainty, forced marriage should be seen as a cultural tradition that violates the law and the rights of women and girls, and must be eliminated.

#### CASE EXAMPLE 4: The High-Level Task Force for ICPD

The High-Level Task Force for the ICPD was established in September 2012 as an independent body of 25 distinguished leaders with a record of service as heads of state, ministers and parliamentarians, civil society, private, sector and philanthropic leaders.

The Task Force is focused on advancing SRHR for all, especially those living in poverty and otherwise marginalized, and on advancing gender equality and the empowerment of women and young people. It is actively engaged with promoting a more robust implementation of the ICPD Programme of Action and preserving its integrity and holistic approach as originally envisaged in Cairo.

In addition, the Task Force is placing specific emphasis on neglected and emerging issues and on integrating current knowledge and understanding of SRHR issues into discussions and the post-2015 development agenda. For example, there has been a dramatic increase in understanding of the role of human rights in SRH since 1994, and the Task Force is working to ensure that this knowledge is part of ongoing policymaking around SRHR and sustainable development more broadly.

The ICPD Task Force is an important and innovative accountability mechanism for global governments and development partners, and its recommendations provide an important foundation for policymaking.

## 5. Solutions

In Cairo it was clear that advocates and governments needed to address gender equality and women's empowerment as well as SRHR, in order to break the cycle of poverty and tackle the drivers of vulnerability and disadvantage. There have been huge gains in a number of areas in relation to equality and empowerment since that time, but much remains to be done. The following areas for action are among those that should be prioritized in the ICPD Beyond 2014 follow-up.

### **Promote evidence-informed, human-rights-based welfare policies that enable choices**

Empowering people's autonomy and ability to live with dignity, good health and adequate support, and upholding international human rights standards, should be at the centre of policies and programmes for promoting gender equality and social inclusion. This is particularly relevant with regard to social welfare and family policies, which should focus on improving quality of life and increasing choices, rather than on quantitative goals related to optimum population size or demographic factors.

This must include steps to promote flexible working arrangements and full participation of women in the formal economy, and should avoid forcing women into part-time or low-skilled jobs. Whether or not women take time off to have and rear children, they must receive equal pay for equal work and not be penalized in terms of pension contributions. Also, any efforts to reconcile work and family must address the need for services for child and elder care, including parental leave. Paternity leave should be available and non-transferrable, so that it encourages fathers to take up their leave.

When it comes to the growing population of older persons in the UNECE region, it is vital to see them as a heterogeneous group with a range of needs depending on their situation and context. Policies are needed to increase the potential for active ageing and autonomy, without curtailing choices – for example, in relation to retirement age, and older person's options for receiving care or providing care and support to younger family members. There are good-practice examples from the region, including the World Health Organization's initiative to promote age- and mobility-friendly cities, which is helping to ensure choices for older persons but also for people with disabilities.

### **Encourage positive, non-discriminatory gender roles and attitudes**

Policies are not the only thing needed to improve gender quality and promote social inclusion: values also need to change. Eliminating stigma and discriminatory stereotypes must involve public awareness-raising campaigns and integration of positive values into educational curricula and of out-of-school and informal educational programmes. This is important for redressing negative gender stereotypes, including about masculinity and the value of caregiving – working with boys and men is key to changing norms. Promoting positive values could also help to redress age discrimination – for instance, through the creation of intergenerational spaces and opportunities for children and young people to interact with older persons.

The media plays an important role in influencing values – both conventional media and social media outlets – so it can and should be engaged in reinforcing positive norms, but also held accountable for actions that reinforce discriminatory stereotypes of all kinds. Freedom of the press is vital to democracy, but public and private media must also respect constitutional human rights principles. The private sector in most countries is prohibited from promoting harassment and discrimination, and this should be equally applied to the media.

### **Increase governments' accountability in relation to human rights conventions and other international agreements**

One of the great achievements since the ICPD has been the drafting and ratification of international and regional conventions, agreements and protocols aimed at protecting human rights and promoting equity and equality (e.g. CEDAW). Advocacy must continue to ensure that all governments in the UNECE region ratify and uphold these agreements (e.g. conventions on disability and ageing have not been signed by all governments in the region) and that mechanisms are put in place to ensure implementation and enforcement. This must take priority even in the face of opposition from conservative forces at international and national levels.

National-level legislation related to gender and other forms of discrimination must be brought into line with international conventions, and monitored and evaluated at all levels through gender impact assessment and the

use of robust human rights indicators. Parliamentarians can and should play an important role by encouraging accountability and drafting legislation that reflects legally binding agreements and non-binding agreements, such as the ICPD Programme of Action, and standards on equality, social inclusion and human rights. Governments must be kept accountable for implementation of ICPD-related legislation and policy, including providing adequate budget allocations. In addition, governments must ensure the effective functioning of gender mainstreaming mechanisms, on top of gender-specific legislation and policies.

In addition to overarching human rights principles, governments are responsible for protecting people's access to SRH services, including, where legal, to safe abortion services, which are under threat in many countries.

One aspect of government accountability relates to its oversight role in involving the private sector in service provision and in upholding human rights standards. There are differing opinions about what role public-private partnerships should play in public health and welfare, and decisions should be made based on the best interests of the public, with particular emphasis on increasing equity of access.

In light of this, international and regional agreements and conventions should be used to advocate for better implementation and to keep governments accountable. For example, CEDAW, the Council of Europe and the extensive caseload in human rights courts in the region can be invoked in advocacy work.

### **Encourage and fund research to understand diversity and the drivers of vulnerability**

Informed policy debate requires an understanding of the complexity of people's lives and realities, rather than focusing on national-level averages or simplistic notions of vulnerability. Disaggregation of data should be a priority in all countries, and the data and analyses should be made available in user-friendly formats for use in advocacy and research. It is important to capture data on groups that are considered vulnerable or disadvantaged, which complements individual-level data.

Specific recommendations include the creation and use of good indicators that can help to reveal diversity among populations and groups; methodologies which

reconcile individual agency with context and structural and cultural factors (e.g. the Social Exclusion Index highlighted in Case Example 1); and qualitative methods that complement quantitative analyses by providing information about cultural context. Time-use surveys are also important for understanding the dynamics of reconciling caregiving and paid work for women and men.

However, while new data and methods are needed, we also need to make better use of the data that already exist. One important step – and a matter of priority – is disaggregation according to sex, age and ethnicity in censuses and other national, regional and local surveys. This can help to reveal evolving trends, including those related to gender roles and family issues, and lead to more tailored responses to people's needs. Researchers and government bodies should aim to employ comparable methodologies across studies and sectors, within countries and the region, to help create a broader and more accurate picture of the reality of rights, equality and inclusion. All of these actions should be complemented with the sharing of best practices – for example, by creating regional platforms for shared learning.

While these measures are important throughout the UNECE region, they are absolutely critical in the countries in Eastern and Central Europe and Central Asia, where robust, comparable national-level data are urgently needed. In most countries, data should be collected on trafficking, bride abductions, early marriage, gender-based violence, teenage pregnancy, women migrants and women with disabilities.

### **Consider the impact of multiple forms of discrimination on individuals and groups**

People are not born vulnerable – context and other factors, including discrimination, force people into vulnerable situations. Understanding the drivers of vulnerability (such as through good research, as outlined above) must also take into consideration the added risks faced by people who experience multiple forms of discrimination. For instance, despite adequate laws in place, many Roma people face double and triple discrimination, as can LGBT people, migrants, sex workers, and people living with HIV and AIDS.

Vulnerability can come in the form of isolation and social stress, and is not limited to what are assumed to

be the most marginalized groups. Today, men who lose their jobs, and older persons can become isolated from their social network, which leads to high levels of stress and increased vulnerability. These types of drivers of vulnerability are emerging issues in the UNECE region and must be factored into policy discussions.

### **Improve quality and accessibility of education and lifelong learning**

In line with ICPD principles, all groups, of all ages, must be informed about SRHR. This means ensuring universal access to comprehensive sexuality education for all young people, in and out of school, as part of young people's basic 'life literacy'. This will enable them to understand and make informed decisions about their sexuality and plan their lives, including to protect themselves from unwanted pregnancy, HIV and sexually transmitted diseases; and to promote values of respect for human rights, tolerance, gender equality and non-violence.

Comprehensive sexuality education for young people must include gender-sensitive curricula in formal education systems, complemented or reinforced by programmes, peer education or other interventions delivered by NGOs and other civil society groups and supported through government funding. Governments are accountable for ensuring that sexuality education and information about all aspects of SRHR reach those who need it, including ethnic minority girls and women, disabled people and young people who are not in formal education. Sexuality education programmes and curricula should be developed with the participation of young people and evaluated on a regular basis.

Formal education systems and informal training and education programmes need to emphasize positive gender roles and redress discriminatory stereotypes and norms. Education must also be inclusive – for example, of people with disabilities – which means understanding and addressing their needs for access and support in classrooms alongside their non-disabled peers.

Lifelong learning should be a priority, including informal education or training opportunities for women who may not have received a full education due to cultural or other barriers (e.g. Roma women), and for older persons, to promote active ageing.

### **Increase and enable participation**

Effective policies require the participation of the people those policies will affect the most. Young people, ethnic minorities (particularly the Roma), older persons, women, LGBT, youth and others must be encouraged and enabled to inform policymaking at all levels. This can be done indirectly through high-quality qualitative research that feeds into policymaking discussions, or more directly, by developing platforms and opportunities (e.g. using social media, or outreach in remote communities) for their voices to be heard.

Sex workers should also be part of policymaking discussions that affect their lives. As a first step, this requires the decriminalization of sex work, which would enable sex workers to more fully participate in society and gain access to services and support, including SRH services.

### **Ensure people know their rights and have access to justice**

Reproductive rights must be respected, protected and fulfilled through enabling public education and legal and policy reforms. This includes providing recognition and protections in national legislation that affirm fundamental human rights, specifically sexual and reproductive rights, and that guarantee people's ability to exercise these rights without any form of discrimination, coercion or violence. All people must have these protections, regardless of their age, sex, race, ethnicity, culture, religion, marital status, disability status, national origin, language, sexual orientation, gender identity or HIV status.

Justice systems need to be sensitized to the needs of people who face discrimination, and especially multiple forms of discrimination. For instance, European standards recommend penal, civil and other courts specifically designed to address the unique needs of young people, with staff trained to deal with and be sensitive to youth issues and needs. This could be extended to address victims of gender-based violence, and other groups who face multiple vulnerabilities, such as ethnic minorities.

## **Eliminate gender-based violence and ensure access to critical services**

Ensure that all women and girls who experience gender-based violence have prompt access to critical services and support for their safety, health, housing, legal and other needs and rights, from a multisectoral and holistic approach. This includes quality post-rape care with psychosocial support, emergency contraception, post-exposure prophylaxis to prevent HIV, access to safe abortion for all survivors of rape and incest, and diagnosis and treatment of sexually transmitted infections.

Responses to gender-based violence should be systematically integrated into SRH programmes and services.

States should be held accountable for their actions and inactions related to giving people access to justice and adequate services, including counselling, support and legal representation. With regard to gender-based violence, a recent Council of Europe convention is comprehensive but needs more support from countries in the region. With regard to migrants, there are good-practice examples in the region. For instance, in Vilnius, Lithuania, a cultural centre for migrants provides language courses in Lithuanian and legal help specifically tailored to the needs of migrants, whether they come to Lithuania for work, study or other reasons.

## **Support civil society**

Civil society organizations and NGOs must be supported with long-term funding and an enabling environment that continues to encourage the huge gains they have helped bring about in the region in terms of rights legislation and policies, data collection and analysis, changing norms related to gender and discriminatory stereotypes, social exclusion, and implementing programmes, especially among underserved populations. Governments and other stakeholders should continue to strengthen partnerships with civil society groups and NGOs, provide adequate and sustainable funding, and especially support the work of CSOs in eliminating social exclusion.



**BUCHAREST, 25–26 APRIL 2013**

# **Families and Sexual and Reproductive Health over the Life Course**

# 1. The family: Its roles, rights, composition and structure

The family is the basic unit of society. It can take many forms, and these forms are changing as the realities of our region change (see Box 1). Figure 1 gives a visual presentation of many of the key demographic changes affecting the composition of families and the timing of entry into family life. For example, there has been a clear reduction in the total fertility rate across the region since 1990, with only slight increases seen in some countries that already had low fertility. Another strong indicator of change is the average age at which women first give birth – from 1990 to 2010, the mean age increased across the region. As a result of these and other changes, today's families are generally smaller, mothers are older, and there are fewer adolescent mothers (though not in all countries). More children are born outside marriage (but not necessarily outside stable unions). There are higher levels of cohabitation, and there is more divorce

and separation, which is leading to an increased number of single mothers in some countries. More young adults are living at home longer, in part due to the recent financial crisis, which is delaying their abilities to set up their own households. There are more older parents and more grandparents providing some care for their grandchildren. At the same time, more women are caring both for their children and their ageing parents. One of the greatest successes in the region has been the increase in women's employment, which has increased the urgency for policies that enable women and their families to reconcile the needs of work and childrearing.

While these averages and trends are useful ways to understand change in relation to families, it is also important to recognize that there is still wide diversity between and within UNECE countries, especially between socio-economic and ethnic groups.

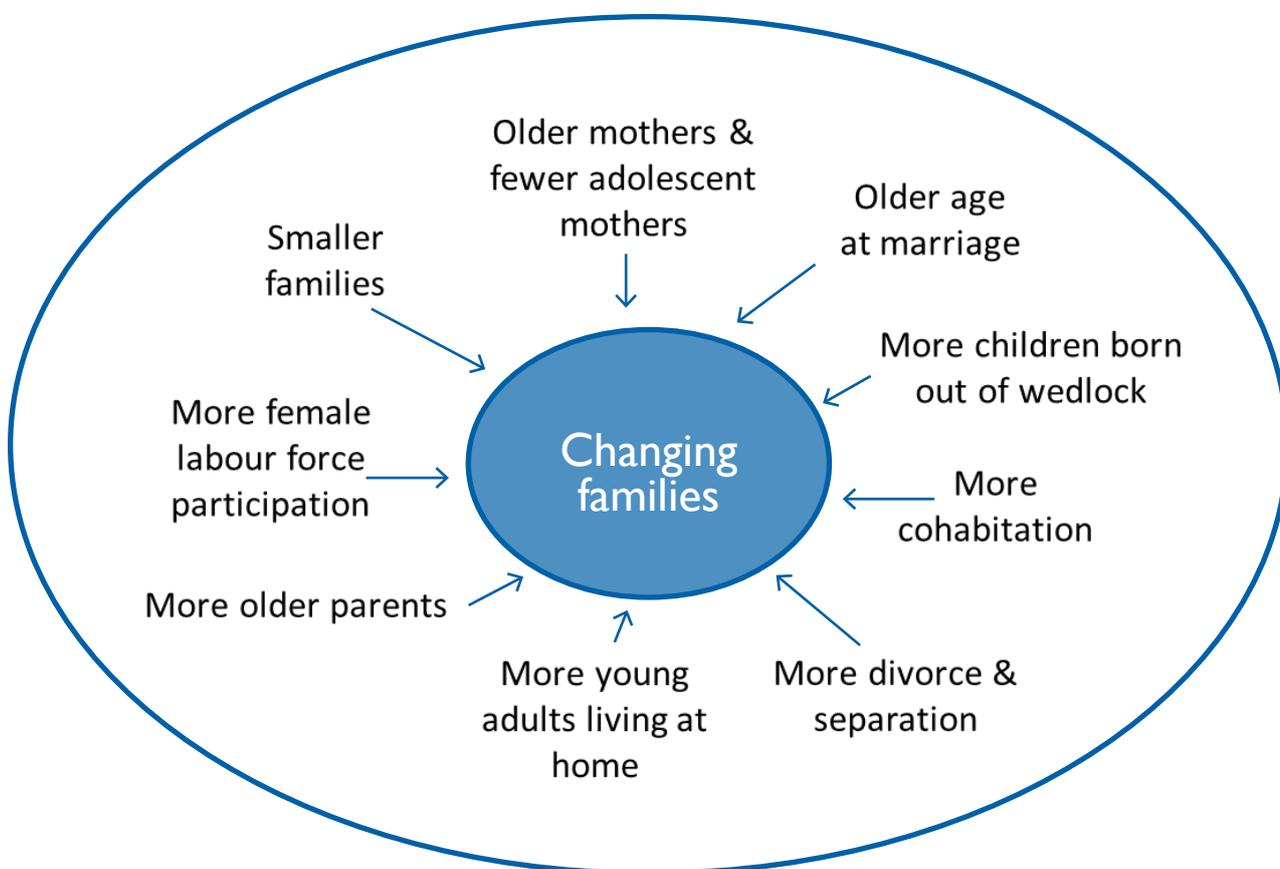


Figure 1. Key demographic trends affecting families (AH Gauthier, Netherlands Interdisciplinary Demographic Institute)

## Drivers of change

Many factors help to shape family structures and trends, but chief among these are: legal institutions, government support, social norms and the labour market and economy. First, the acceptance or lack of acceptance of new family forms within the legal system has a strong influence on families. This includes, for example, laws regarding child support in cases of divorce and separation and laws related to same-sex unions. There is huge diversity in these across the region. Second, government support is a driver of change. This includes financial support, which may be aimed, for example, at low-income families and single mothers, or delivered as a universal benefit to all families; parental leave options (which have increased dramatically across the region since the 1990s); and child-care provision or subsidies. The recent financial crisis has led to cuts in all of these governmental supports in many countries. Third, social norms strongly influence family structures. For instance, they affect the level of acceptance of women in the workplace and of men's role in the family and household, both of which are closely linked to overall levels of fertility. Finally, the labour market and economy influence family structures. This is clearly illustrated among young people, who have been particularly hard hit by unemployment. This is making their transition to work difficult and delaying their entry into parenthood. It is also leading to unrealized fertility desires, because people are unsure if they can afford to have children or to have additional children. Migrant families and some ethnic groups in the region, such as the Roma, were already struggling and continue to be strongly affected by the recent shifts in the labour market.

## Family policies and fertility decisions

Many policies which affect families are directed at more traditional forms of families, rather than at the diverse range of family structures that exist today. They also may not necessarily respond to the realities of current work or financial pressures. For instance, many countries provide monetary incentives to families for each child they have, in some cases with the aim of increasing fertility, yet there is very little evidence that these policies have a noticeable impact on fertility. Austerity measures and other factors are prompting cuts in these benefits across the region. For example, in the UK cuts are being proposed in response to accusations that these policies do not necessarily lead to improvements in children's educational or behavioural outcomes, while in the Russian Federation financial

incentives for having children are seen by some families as a route out of poverty, which may not contribute to wider social and economic goals.

Monetary incentives for having children are more likely to influence fertility decisions if they are part of a package of family benefits which are guaranteed over a period of years, giving families some certainty that they will have support as they raise their children, not just immediately after birth.

While monetary incentives do not strongly influence fertility decisions, gender norms do. The degree to which men and women share in housework and childcare, and the amount of support a woman gets from her partner, family, employer and the state, are closely associated with fertility decisions. This includes the decision not to have children at all, and the decision to delay childbearing, both of which have become much more common. Delaying childbearing is associated with higher levels of infertility and the demand for reproductive technologies such as in-vitro fertilization (IVF).

Demand for infertility treatments may also come from indirect causes of infertility, such as high levels of unsafe abortion and STIs, which are more common in Eastern European and Central Asian countries. There is a need for a better understanding of the demand for infertility

### CASE EXAMPLE 1: The Generation and Gender Programme

The Generations and Gender Programme (GGP) is a freely accessible data source of national comparative longitudinal surveys and contextual databases, which aims to improve knowledge on issues such as fertility, partnership, transition to adulthood, economic activity and intergenerational and gender relations.

The programme was launched in 2000 and is coordinated by UNECE together with a consortium board of 10 leading European research institutes. Currently GGP provides comparative data on 19 countries, from an average of 10,000 respondents per country, and the data cover a wide age range – from 18 to 79 years old. The GGP is intended for use by researchers and policymakers, with the ultimate goal of supporting evidence-informed policies and programmes that improve well-being across the life course.

More information is available at: <http://www.ggp-i.org/>

treatments, and also phenomena such as IVF ‘tourism’, whereby women and couples travel to other countries to receive treatments that are unavailable or unaffordable in their own country. There is neither regional legislation nor guidelines in place to ensure quality or standards of care for treatments such as IVF. There is also limited reliable population-level data on levels of infertility and demand for reproductive technologies.

More importantly, though, addressing infertility should be part of a broad approach to supporting people’s fertility desires, which starts with ensuring universal access to SRH services and education. This is the primary way to prevent indirect infertility that results from poor reproductive health, such as unsafe abortion and STIs. Alongside this there needs to be coordinated, evidence-informed policies that help families to reconcile work and childcare, and which are appropriate for the national context, particularly in terms of the prevailing gender norms. These measures can help to ensure that delayed childbearing and voluntary childlessness are conscious decisions, rather than a reaction to unsupportive social, workplace or economic conditions or unequal household division of labour.

### **The need for coordination and a holistic approach**

Good policymaking in relation to families requires a cross-sectoral approach and coordination, because the policies that influence families come from many different sectors of government, including social care, education and labour and employment. Lack of coordination is leading to policies that are at cross purposes and do not serve the needs of families. For example, in Romania women are entitled to one to two years of maternity leave, and when they return to work they receive a payment. However, the lack of pre-primary childcare makes a return to work very challenging for many families. Policymakers are now considering creating incentives for grandparents to fill the gap in care for mothers who wish to return to work before their children reach primary school.

Better monitoring is a priority, as data are needed which cover the whole life course, including indicators on life’s major transitions: school to work; work to parenthood; two-parent families to divorce; working age to old age (e.g. see Case Example 1: the Generation and Gender Programme). Understanding these transitions can help to inform policies. For instance, in Bulgaria, there are cases of young people dropping out of tertiary education

because they have children and find it too difficult to balance their studies with family life. Better data on phenomena such as this could help in designing programmes to support young people’s choices regarding education and family.

In addition, while it is important to share best practices across the region, there is no guarantee that a policy transported from one country to another will be successful. Many factors need to be carefully considered in tailoring policies for a country’s context. These include the influence of social and cultural norms, legal environments and even the historical relationship between the government and its people.

### **Migration and families**

One of the major forces shaping the UNECE region over the past 20 years has been the increase in migration within and between countries. In sending countries, there is an increasing trend of long-term separation of families when men migrate for employment. This is leading to an increase in women-headed households, where women who are left behind carry the full burden of child and household duties. Some men start new families in their receiving country as well. When women migrate, grandparents may be left to raise their grandchildren, yet they may not be granted the same guardianship rights as parents. While grandparents can have a very positive influence on children’s development, the absence of parents can affect what children learn about sexuality, especially where grandparents may not be aware of modern contraception, the risks of HIV or other issues. Policies and legal institutions need to recognize how migration patterns affect family dynamics, and to put in place support mechanisms – for instance, for women-headed households, grandparents’ guardianship of their grandchildren, and other measures.

Some ethnic minority communities, such as the Roma, already face high levels of poverty, gender inequality, discrimination and lack of access to services. Increased migration, particularly of men, has led to the disintegration of many families, with women struggling to earn a living, increased levels of children forced to work to support their families, and other negative outcomes.

Men and women who migrate are often of childbearing age, and they may give birth to children in the receiving country, where they may not have access to health and

social services, including SRH services and commodities. Language barriers or simply lack of knowledge about how or where to get the help they need is common even when people migrate and enter a country legally. The barriers and risks are compounded for those who enter a country illegally or who are engaged in illegal work, such as sex work. For all migrants, poor access to SRH can have long-term effects even after they return home. In Moldova, for example, there are high levels of maternal mortality and morbidity and poor newborn health among women who return to Moldova after living in other countries, where they did not get adequate antenatal care. This is true even when they are returning from countries where antenatal care is free.

Receiving countries have become much more diverse in this age of increased mobility. This has prompted some fears about the pressure immigrant populations may place on social protection systems. For instance, there are perceptions that ethnic minority communities have higher fertility and, therefore, put disproportionate pressure on health and education systems. However, data from across Europe show a convergence in fertility rates among immigrant and native populations in the medium and long term. The broader issue relates to the extent to which immigrant communities integrate into their new country, and whether disparities remain between ethnic minority groups and the general population. This calls for integration policies that can help to prevent disparities, with a focus on preventing and redressing inequality, rather than simply targeting the fertility practices of ethnic minority communities.

## 2. Health in the life course: Meeting the needs of adolescents and young people

The number of young people in the world is at an all-time high, with an estimated 1.8 billion people between the ages of 10 and 24 years old.<sup>1</sup> More than 245 million of them live in the UNECE region. Ninety percent of today's young people live in low- and middle-income

<sup>1</sup> The United Nations defines 'young people' as those between 15 and 24 years old. Researchers and others often use the term 'adolescents' to describe people from 10 to 19 years old.

countries. Projections strongly suggest, though, that the number of young people is likely to remain stable or even to go down as a proportion of the total population due to the global decline in fertility.

### Overarching progress and challenges

There are indications that countries in the UNECE region have made progress in increasing equal access to education for girls at all levels, including providing programmes that support pregnant girls to finish their education. In addition, governments in the region indicate that they have policies in place to make school curricula more gender sensitive and to provide training and employment opportunities to girls who are not in school. These results come from preliminary analysis of data from a global survey that is part of the ICPD Beyond 2014 review. There are also many more data available from other sources, illustrating the improvement in data collection and monitoring on issues related to young people. For instance, improved data collection on sexuality education in Europe has enabled the WHO to develop sexuality education guidelines and minimum standards based on the best available evidence, which are intended to be adapted to local contexts. However, while monitoring has greatly improved in Western Europe, there is limited reliable data on sexuality education in Eastern European and Central Asian countries. There are promising signs, though, that some countries in the east, such as Turkmenistan, which do not have strong policies on sexuality education, are interested in learning from good practices in other countries.

### Addressing the diverse needs of young people

While many governments have reported that they are taking steps at policy level to address young people's issues, national-level data can mask differences within countries. Qualitative surveys with young people and research assessing implementation of policies for young people show that not everyone has access to good quality, affordable services. Young people from more vulnerable or marginalized groups are the most affected and also experience barriers to adequate education.

While young people share many needs and experiences, they are a hugely diverse group, even within the UNECE region. Across the region, youth unemployment is a persistent and intractable challenge, but recent research has found huge disparities in terms of access to and quality

of education and employment opportunities. Even where country indicators show high levels of well-being among young people, there are often subgroups which do not have proper access to services or education, including sexuality education and SRH services. In addition, there are still varying levels of early and/or unwanted pregnancies and childbirth among young people, poor maternal and/or neonatal health outcomes for young mothers, unsafe abortion, STIs, sexual violence and coercion (adolescent girls are especially at risk). There are also indications that, while there has been an increase in knowledge about SRH among young people, it has not necessarily translated into changes in behaviour (e.g. in relation to condom use).

### Focus on the 'R' in SRHR

The overall approach to meeting young people's needs should focus on rights: to information, services and the tools and knowledge to make informed choices about their own health and lives. Young people's rights are restricted in many ways but particularly by legislative barriers such as age of consent laws related to sexual activity and SRH services, laws that require parental consent for accessing services, and laws that enable parents to refuse to allow their children to receive sexuality education in schools.

One of the barriers to behaviour change is the persistent taboo around talking with young people about sexuality in positive ways, and the myth that sexuality education and discussion promotes early sexual debut. Parents, teachers, policymakers, religious entities and others are still putting up resistance to comprehensive sexuality education and to providing SRH services to young people, despite the very strong evidence associating comprehensive sexuality education with later sexual debut, fewer sexual partners and higher contraceptive use. Moreover, sexuality education is still largely focused on the negative aspects of sexual development, disease and risk, rather than on positive, healthy sexual development, pleasure and choice. There is a need for a more holistic approach, whereby young people can develop essential skills to determine their own sexuality and to form healthy relationships at appropriate developmental stages.

A focus on rights would also be a route towards ensuring access to SRH information and services for young people who are disadvantaged or from vulnerable or marginalized groups (e.g. LGBT youth, those living with HIV and AIDS, those who are disabled, ethnic

minorities, migrants, sex workers, people who inject drugs). The key is to recognize that every young person – no matter their abilities, background, health status or lifestyle – has a right to health and sexual well-being.

Finally, a rights-based approach means ensuring the SRHR not only of girls and young women but also of boys and young men. Positive gender norms and gender equality should be reinforced in all aspects of SRH education and services.

### The need for cross-sectoral coordination

One of the big challenges with regard to ensuring young people's SRHR is that it is seen as an issue largely for ministries of health and education, rather than more broadly as an important aspect of young people's lives that needs to be addressed by multiple ministries. A coordinated approach requires the support and involvement of young people themselves, parents, teachers, health providers and authorities. Without this, even the best policies can be undermined. For example, efforts to promote sexuality education in schools in Bulgaria ran into problems when health providers in the schools refused to give SRH services or commodities to the young people because they believed they were too young. This shows how one-dimensional policies or programmes are not enough – there must be support from many avenues.

### Sexuality education

Sexuality is not just about intercourse, and sexuality education needs to be understood as a medium for teaching age-appropriate life skills from an early age. However, in some places there may be a need to change terminology and expand focus – from sexuality to a broader focus on life skills and relationships. There have also been suggestions that sexuality education, by whatever name, should be embedded into broader health education. Currently, NGOs or civil society groups that provide peer education usually do not have sustainable sources of funding, and they are rarely fully supported by government or local authorities. They may also lack the robust evaluation methods needed to persuade authorities of the effectiveness of their approaches.

Fortunately, there is a large and reliable evidence base – with data from many countries – showing the positive impact of comprehensive sexuality education on young

people's health and well-being. This evidence can and should be used to persuade parents, in particular, but also health providers and policymakers, of the importance of sexuality education for children from a young age.

### Youth-friendly services

Examples of successful youth-friendly SRH services are not widespread. In some cases, there are good policies in place which are not implemented or are implemented poorly. Even where young people can access SRH services, these services are rarely designed for them. Opening hours may not accommodate the schedules of young people, services and commodities may not be affordable, and there can be a lack of confidentiality, especially in villages and smaller towns and cities. In some places, providers may be influenced by their own negative beliefs about young people's sexuality or about sex in general. Restrictive laws regarding parental consent for accessing SRH services and commodities can also discourage health care providers from delivering good-quality care to young people.

The fact remains that education and information about SRHR are not enough – they must be accompanied by SRH services that are accessible and affordable for young people, with a wide range of contraceptive supplies available, and delivered in places and ways that make young people feel safe and comfortable seeking them out. Health workers who deliver SRH services to young people must do so in a neutral and objective way, and this requires training and sensitization of providers.

### The role of the media

The strong evidence supporting young people's access to sexuality education and SRH services is not always taken up by the media, which can influence the beliefs and actions of parents, health providers and policymakers. In addition, the media have a strong influence on young people themselves, including in relation to harmful gender stereotypes and myths about sex and sexuality. Fortunately, the internet and social media have transformed the one-way media communication of the past into a platform for dialogue and debate, which supports more diverse opinions and accountability. Through traditional or new media, journalists and others can and should be part of the movement towards greater acceptance of young people's rights and needs in relation to sexuality and SRH.

## 3. Health in the life course: Meeting the needs of older persons

The increase in life expectancy has been one of the great achievements in human development. Combined with declining fertility rates, populations around the world, and especially in the UNECE region, are getting older, and people are living healthily for longer. This demographic revolution must be met by a proactive, evidence-informed policy response, as well as a change in norms and values related to ageing and youth. To date, the policy and media responses to ageing populations have been largely negative, with fears of overburdening pension and social care systems. On the contrary, rather than seeing ageing populations as a threat, governments, media and the general population need to recognize and support the rights of older persons, as well as the tremendous potential this demographic shift can offer to families, societies and economies.

The response must take a whole life-course approach, recognizing that the experiences of youth can have lifelong impact, and that needs such as those related to SRHR do not stop even though a person is older. However, health providers and the SRHR sector have largely neglected the needs of older persons. This is even evident in the ICPD Programme of Action, which gave little attention to SRHR among older persons.

### Addressing the diverse needs of older persons

While on average older persons are healthier today than ever before, inequalities exist, including differences in life expectancy, non-communicable diseases and chronic conditions. This is just one example of why populations of older persons cannot be treated as a homogenous group in terms of policies. They differ between and within countries, according to needs for care and support and levels of dependency and autonomy. Most people want to remain autonomous as long as possible, to stay in their home if they choose, and to get the support they need. Having an ageing population does require an expanded and modified system of care. Currently, the burden of caring for older persons who require support is being taken up largely by women, who often must also

care for their own children and work for pay. Expanding health care systems to help alleviate this care burden and to respond to the needs of ageing populations must be done as a matter of urgency, but it should be strategic. Quick-fix or poorly thought out solutions can lead to unforeseen consequences, such as the health care 'brain drain' from developing countries as high-income countries recruited nurses and other health providers from low-income countries.

Care and support for older persons must also incorporate ways to keep them connected to their families and communities. It should especially address the needs of vulnerable elderly people, such as those living in poverty, widows (in particularly women, who tend to outlive men), and those who have been hit hard by the economic downturn or have limited pensions or incomes.

### Need for more and better research and information

Designing evidence-informed policies to address the needs of older persons is hampered by the lack of data about this population, in particular in relation to their SRH. This is illustrated by STI and HIV surveillance, which generally collects data on people up to age 49, but not those 50 and older. Clearly, sexuality does not end at age 49, even though social and cultural pressures may prevent older persons from having a sexual life if they choose. There is also a need to better understand what older persons want beyond health and care, and how to support active ageing more broadly.

One thing that sets current generations of older persons apart from their predecessors is a facility with and demand for information. The eight-country European Patient of the Future study found that older persons want better and more reliable information about health, among other things, and are less likely to rely solely on advice from health care providers. In addition, today's generation of older persons are accustomed to using the internet to source information, and this trend is likely to continue and increase. Successful models of online counselling for young people could be adapted for the needs of older persons, which could address barriers to access caused by mobility issues.

The demands of older persons for more and better information should also be accompanied by tailored services, delivered by health and care professionals with

adequate training in and sensitization to the needs and rights of this population, including their SRH needs. Aged-friendly services are just as important as youth-friendly services, and both should be priorities in the post-2014 agenda, with a focus on enabling choices for people throughout their lives.

#### **CASE EXAMPLE 2: Good practice examples of coordinated frameworks for research and policy**

In 2012, all 50 WHO European member states approved 'Health 2020: A European policy framework supporting action across government and society for health and well-being'. This initiative aims to reduce inequalities and improve governance through a coordinated policy strategy. It focuses on children, ageing and working-age people, and although it does not comprehensively capture data across the life course in terms of SRH, it is a good model for coordinated data collection.

Another good example of coordinated action across regions and the world is the WHO Health Behaviour in School-aged Children (HBSC) study. The HBSC collects data every four years on the social determinants of health and well-being among young people, providing comparable, reliable data from a large number of countries. It is supported by strong political commitment.

The Special Programme of Research, Development and Research Training in Human Reproduction (HRP) is a joint initiative between UNDP, UNICEF, UNFPA, WHO and the World Bank, which focuses specifically on reproductive health. In addition, the WHO Reproductive Health Library compiles overviews of high-quality research and assessment of evidence on SRH indicators. More information is available at: <http://apps.who.int/rh/en/>

## 4. Technology, research and development in SRH

The ICPD Programme of Action set out clear objectives for basic data collection and research on reproductive health and the socio-cultural and economic determinants of health. For example, it aimed to strengthen national capacity for and political commitment to data collection. Twenty years after the ICPD, basic data collection is a reality, and there is a large amount of data available. There is political commitment in some countries, but limited national capacity for data collection and analysis in many. The data that are available can be contradictory or incompatible, and many European countries do not disaggregate data on SRH, though this varies across the region. For instance, the Demographic and Health Surveys (DHS) for Eastern European countries collect more comprehensive data than the DHS in Western European countries on the social determinants of SRH, such as poverty and whether subjects live in urban or rural areas. Overall, though, there are very few data on inequality from any part of Europe, including in the DHS.

Reproductive health research suffers from a lack of coordination in setting research priorities and is often donor- or industry-driven, rather than driven by the needs of populations. In addition, implementation research is still largely unknown and remains a low priority in many European countries.

A great deal of national statistical data are not available or accessible to the public. At the same time, research that is made available (from many sources, including governments, research institutions, NGOs etc.) can fail to reach its target audience, or there may be no clear strategy for ensuring the findings are useful, either for informing policies, strengthening NGO advocacy or informing the media. Public authorities must make national data widely available and accessible, while researchers and research institutions, including UN agencies, need to package and disseminate their research information in user-friendly, accessible ways. A largely unexplored avenue is engaging young people in disseminating research, especially those who are adept at using new technologies and social media.

### Lack of collaboration between researchers and NGOs

One route to improving the dissemination of data and communicating findings in a more accessible way is through collaborations between researchers and NGOs. Many NGOs report difficulty in finding relevant data for advocacy work – they know how important good data are, especially for persuading policymakers and making a strong case for their advocacy, but finding reliable data, understanding them and using them is a challenge.

Collaboration between researchers and NGOs needs to be a two-way relationship, with researchers involving NGOs in research design and communications, and NGOs taking up the research to inform their programmes and advocacy. Of course, not all NGOs have the capacity to undertake high-quality research. In addition, researchers must consider how the NGO is perceived by the government, and whether this is likely to influence the government's acceptance of or trust in the findings. NGOs, on the other hand, must assess the risks and benefits of taking part in research, including whether it is the best use of limited resources.

### Lack of strategic priorities for research

With copious data available on SRH in the region, it is important that all future research responds to the needs for data, rather than simply conducting the same surveys each year without a strategic focus on what is missing. For instance, there are large amounts of data on safe motherhood, but very little on STI control.

In some cases, surveys and research initiatives can be rigorous and of high quality but based on short-term thinking or political motivations, so they are discontinued or not followed up (e.g. this occurred with a national sexual health survey among young people in Spain). This illustrates how, even when good research is conducted, it can be underutilized and, therefore, may not contribute to positive change.

### Legal and ethical issues

Collecting data on vulnerable, disadvantaged or marginalized groups is challenging, particularly because some national laws forbid data collection on ethnic minorities, such as the Roma. However, these barriers can be overcome. For example, when researchers in Hungary found they could not conduct a survey among

the Roma population, they contacted young Roma people and engaged them to do interviews, which was not only legal but also more acceptable among the Roma who took part.

This is an example of using innovative thinking to collect reliable data on the topics that matter, something that the UNECE region can champion because it has arguably the highest levels of skill and human resources for doing high-quality research of any region in the world. Ensuring comprehensive, comparable, coordinated research across Europe, and making it available and accessible through a single database or a few key sources, is a highly achievable goal.

## 5. Prevention of HIV and STIs

The ICPD Programme of Action recognized the importance of minimizing the impact of HIV and AIDS, ensuring adequate care and services, free of discrimination, for people living with HIV, and supporting these efforts with rigorous research. Many of these actions have been taken, up and most (but not all) countries in the UNECE region have HIV prevention measures in place, including prevention of mother-to-child transmission (PMTCT), and universal access to antiretroviral therapy. There has also been good progress in decriminalizing same-sex practices, especially in former Soviet countries. In terms of other STIs, rates of syphilis have dropped dramatically, particularly in the CIS countries.

Despite these achievements, HIV and AIDS remain at the top of list of concerns in the UNECE region, and unsafe sex remains the second largest cause of the loss of disability adjusted life years (DALYs). STIs, including HIV, are increasing among people over the age of 65; rates of chlamydia (which is linked to infertility) are increasing in Nordic countries; and gonorrhoea treatment has become less effective due to antibiotic resistance. The most disturbing trend is the differences in rates of STIs among subregions, and the fact that the Eastern Europe and Central Asia (EECA) region is the only one in the world where HIV prevalence is rising. The number of people living with HIV in these regions has almost tripled since 2000, reaching 1.4 million in 2009. The HIV epidemic in the EECA region is concentrated mainly among people who use drugs, sex workers and

### CASE EXAMPLE 3: Support for the rights of women and children with HIV in the Russian Federation

Equity. Verity. Activity. (EVA) is the first and only network created for the protection and support of women, children and teenagers in the Russian Federation living with HIV and other socially significant diseases, including Hepatitis, Tuberculosis and chemical dependency. They provide services and carry out advocacy and support work with a focus on protecting the rights of people living with HIV and other diseases.

A key part of EVA's work is to promote tolerance and awareness of people living with HIV, and to eliminate stigma and discrimination. The organization works on a range of activities, including with NGOs in support of peer education, within state structures such as Social Policy Committees, and with activists who are advocating for improvements in public health responses to HIV and other diseases. They also offer services such as HIV testing via a mobile testing facility. This provides anonymous, fast and reliable HIV testing and counselling for people at high risk of HIV, such as young people, and for those who are unlikely to seek out testing through the public health system.

One of EVA's key aims is to show that HIV and other diseases affect a wide range of people, not just marginalized or stigmatized groups, and that all people have rights and must be able to exercise those rights, regardless of their disease status or other factors, such as sexual orientation or lifestyle.

[www.evanetwork.ru](http://www.evanetwork.ru)

their sexual partners, though it is slowly spreading from these key populations who are at higher risk to the general population. Estimates suggest that 15 percent of people who inject drugs in Belarus and Tajikistan are living with HIV, as are more than 20 percent in Ukraine and more than 50 percent in Estonia.<sup>2</sup>

There are good data available on HIV and STI risks in many countries, with key populations including people who use drugs and their sexual partners, sex workers and their sexual partners, prisoners, marginalized young people, migrants and mobile workers and their sex

2 UNAIDS (2012) 'Regional Fact Sheet 2012: Eastern Europe and Central Asia', Geneva: UNAIDS. [http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012\\_FS\\_regional\\_ecca\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_ecca_en.pdf)

partners, internally displaced people, refugees, some people from ethnic minority communities, men who have sex with men, and transgendered people. (There are still questions about reliability of data on MSM.) Despite all of this knowledge about HIV and STI risks, estimates suggest that only 11 percent of investment and programmes are aimed at the key populations at higher risk of HIV. There is also a clear deficiency in setting priorities with regard to STI prevention and treatment, which receives very limited research funding compared, for example, to maternal health and family planning.

### **Inequalities in access to prevention and treatment**

Access to services varies among different populations and subregions, which compounds the inequalities that already exist. This includes marginalized groups such as the Roma, which tend to have limited access to prevention and services. In countries such as Romania and Turkey, there has been an increase in settlements of Roma people with a high percentage of people who use drugs and people living with HIV. Services are rarely available in these remote places, or people cannot access them, especially women. Currently, the only services that are provided tend to be delivered by NGOs.

Migrants often cannot access services in receiving countries. Sex workers who migrate face multiple barriers – even if they enter a country legally, they are working illegally and so are often invisible to service providers. They may also avoid accessing services for fear of arrest or deportation.

Overall, policies must help to ensure access to health services and particularly SRH services, including HIV and STI prevention and treatment, and affordable, high-quality commodities.

### **Education**

Throughout life, people need education and information to protect their health. This includes young people, people of working age, and older persons. Yet today many young people know less about HIV and other STIs than their parents' generation did, and myths and unhealthy behaviours persist. For example, it is still less common for young people to use condoms in stable relationships than in casual sexual relationships. Education about HIV and STIs often comes from the media, which may

present myths or discriminatory attitudes about people living with HIV. HIV prevention information is almost never targeted towards older persons.

### **Short-term programming and funding**

Governments must take more ownership of STI prevention and treatment, including the response to HIV and AIDS. Much of the response in the EECA region, like in many developing countries, is funded by international donors and organizations. The risks of this could be seen last year in Kyrgyzstan, where there was a gap between one tranche of funding from the Global Fund to Fight Aids, Malaria and Tuberculosis and the next. This put a temporary stop to condom provision and educational programmes related to HIV prevention, which had been operating for years. Surveillance data following this halt in programming showed an increase in STI and HIV prevalence. Not all governments are able to immediately take control of the STI/HIV and AIDS response in their country, but this should be encouraged, as it is the only way to ensure the sustainability of prevention and treatment.

### **Lack of enabling legal environments and participation by affected groups**

Rights-based approaches to preventing HIV and STIs go hand in hand with enabling legal environments. For example, distributing condoms to sex workers, people who use drugs and other groups can help to uphold their rights to health, but in some countries possession of condoms is used as grounds for harassment or arrest. Punitive laws and policies can fuel stigma and discrimination against people living with HIV, including among health and social service providers, which can prevent access to services. Restrictive laws include criminalization of drug use, sex work and same-sex practices, but also more direct penalization of people living with HIV, such as denial of property rights and rights to adopt children (e.g. in the Russian Federation).

While it is important to address harmful laws and policies, the solutions are not always obvious. For instance, recommending better legal environments for sex workers does not necessarily mean promoting legalization of sex work. In some places, legalization has led to mandatory testing for HIV and STIs, which is not welcomed by many sex workers and can violate their rights to privacy. Instead, decriminalization or 'depenalization' may be

the preferred options. Changes to legal systems must be undertaken with the participation of those most affected, based on a full understanding of the complexity of the social, cultural and other drivers of HIV and STIs, and grounded in the fundamental human rights of all those affected. People who are most at risk, and people living with HIV, must be empowered to advocate for their rights, alongside other advocates and within supportive policy and legal environments.

## 6. Universal access to rights-based SRH services

There continue to be political, cultural and social barriers to universal access to SRHR, but it is important to re-emphasize that health is a human right – it is as fundamental as food, water and education. Likewise, SRH is not a luxury: it is basic health care which governments are obliged to provide. This means governments must develop and implement policies to ensure access to SRH, financial mechanisms to reduce inequalities related to SRH, and good practices for increasing access to high-quality services and commodities. These duties have been codified in international agreements and treaties, including the ICPD Programme of Action.

Services and commodities must be affordable, acceptable, appropriate, available, of high quality and physically accessible. Governments must ensure the essential list of medicines includes a wide range of contraceptives, and make every effort to remove barriers to the affordability, quality and development of contraceptives and other SRH commodities. Universal access to SRH goes beyond provision of contraceptives, though, and must also include high-quality antenatal and delivery care, post-natal care, safe abortion services, STI and HIV and AIDS prevention and treatment, promotion of sexual health (including comprehensive sexuality education), infertility services, and other essential services.

There must be sustainable financial mechanisms which help to reduce inequalities by ensuring coverage of family planning through insurance and other mechanisms; reducing or eliminating fees for services and commodities; providing incentives for targeted populations to obtain services; and encouraging national allocation for procurement.

There is some debate about whether SRH services and commodities should always be free for everyone, or if there are merits in charging fees. However, there is general agreement that contraception and other services need to be free for poor people, including most young people, and for many marginalized and disadvantaged groups. Cost considerations must take into account that there are also costs involved with travelling to health centres, which can be considerable, especially for people in remote communities. This especially affects marginalized groups and those least able to afford health care. Governments should respond by bringing services to communities.

Policies must also ensure that services are professional, private and confidential, that commodities are of high quality, and that these measures are sustained and constantly monitored and improved based on evidence-based quality-of-care standards.

### Integrating SRH into primary health care

Primary health care is often the first and sometimes only contact many people have with the health care system. So it is vital that basic SRH – including family planning, contraceptives and STI/HIV prevention – are integrated into the primary health care system, especially in rural and remote areas, which are less likely than urban areas to have family planning clinics. True integration means that all SRH services are available and, where necessary, referral systems are effective and do not inhibit access to services. In addition, health systems need to avoid vertical programmes. For example, when women receive abortion services, they must also have immediate access to family planning information and supplies, rather than running abortion services separately from other SRH services.

There have been calls to strengthen primary health care systems for decades, and this is still urgently needed to ensure that all people have access to a basic package of health services, including SRH. Governments and civil society must also ensure that health care offered through the private sector is of high quality and is not increasing inequalities in access through fees or other practices. Currently, there are limited data available about private sector health care provision, and there are not clear oversight mechanisms to ensure the standards of care.

## Community health promotion

Although SRH care provision has come a long way since Cairo, basic information and education is still vital for all communities. For instance, a 2010 survey in Serbia found that traditional methods of contraception – which have a low level of effectiveness – are still common among Roma women. In other areas, young women are relying more on emergency contraception (e.g. the morning-after pill) than other forms of contraception. This suggests the need for education, information and counselling to ensure people have the information to make healthy choices.

Moreover, there are still cultural and religious barriers, including harmful practices, which violate people's rights to SRHR. These include the need for parental and spousal consent, and early and forced marriages. These need to be tackled through various routes, including the legal system.

## Humanitarian settings

Humanitarian settings present particular challenges related to access to health services, including SRH. Maternal mortality rates are often higher in these settings, as well as among immigrant women, who are also less likely to use or be able to access contraception. Humanitarian settings and situations of forced migration or mobility disrupt family structures, lead to increases in gender-based violence and are particularly dangerous for pregnant women due to a lack of safe delivery and post-natal care facilities and services. However, most governments do not include SRH services in their national preparedness plans. International guidelines for national plans include SRHR, and these guidelines are readily available to all governments. The average length of conflicts tends to be longer than expected, and SRH services are absolutely vital, especially at a time of increased vulnerability for women and girls.

# 7. Gender equality in SRH and rights

Gender equality is a key social determinant of health, which underpins the ICPD Programme of Action and strongly influences wider development goals, including all of the MDGs. There have been important advances in promoting gender equality at policy and legislative levels,

with measures such as paternity leave, laws related to sexual harassment and employment-related equality, legalization of same-sex relationships, hate-crime legislation, and measures aimed at preventing gender-based violence. Yet gender equality is still not a reality in many people's lives and in many parts of the UNECE region.

The wide-reaching effects of inequality can affect women and girls, and men and boys; and it can be perpetuated by men as well as by women (e.g. mothers-in-law who insist on premarital virginity tests for their daughters-in-law). Two of the starkest reminders of the persistence of gender inequality are gender-based violence and violence and discrimination related to sexuality and gender identity, particularly against LGBT people.

## Gender-based violence

Levels of violence vary between and within countries, but gender-based violence occurs in all countries. There have been important advances in the health sector response to gender-based violence in some places (see Case Example 4). This has helped to address the risk of women and girls being re-victimized when they seek help and support

### CASE EXAMPLE 4: Sustainable solutions to addressing gender-based violence

UNFPA worked with the East European Institute for Reproductive Health to increase service provision and improve service quality for victims of gender-based violence. The Romanian partners spent about one third of their time and resources providing services. The other two thirds were used to train service providers and to advocate with local and national authorities to put gender-based violence at the top of their agenda.

After only one year, services for victims of gender-based violence were fully funded by local authorities, and this has been maintained for the last 13 years. This is a good example of how to encourage sustainability of services and programmes through strategic use of donor funding.

One of the group's primary advocacy tools was working with the media. They hosted training sessions for journalists, helping them to communicate about gender-based violence using non-sensationalist language, with a greater focus on rights, law and punishment for perpetrators. This has led to strong media support for initiatives to end gender-based violence and to meet the needs of those affected by violence.

because of a lack of sensitivity or awareness among health providers. However, the health system response is only one factor. Sensitization and awareness raising must take place across state institutions, including among law enforcement officials, forensic medicine specialists, people in the legal system, and among social workers and psychologists. There needs to be an integrated approach, from policy to professional and technical levels, which includes effective and supportive referral systems.

There is still very limited research on attitudes and values related to gender-based violence among health and social care providers, or among people in the justice system, including the police. Research is needed, along with training for professionals who are involved with the response, and accountability and monitoring of policies aimed at preventing and responding to gender-based violence. There also needs to be attention to developing effective psychosocial and emotional support systems and ways of responding to men as perpetrators but also as victims.

### LGBT rights

There are very low levels of awareness and protection of LGBT people in the EECA region, and limited recognition of their basic human rights. Most health systems are not prepared to respond to the needs of LGBT people, and stigma and discrimination are still common among health providers in both public- and private-sector settings, especially with regard to transgendered people. From a young age, LGBT people may experience bullying and discrimination in institutions such as schools as well as within families and communities.

The ICPD Programme of Action and multiple human rights instruments oblige governments to prevent and address discrimination and other barriers which prevent access to basic services, regardless of a person's sexual orientation or gender. This is part of the basic right to health. Discriminatory attitudes related to gender identity and sexuality need to be addressed throughout state institutions and society at large.

### Multisectoral, holistic response

All aspects of gender equality and protection of rights rely on good policies and an enabling legal environment. However, there must also be education and awareness raising that helps to transform harmful gender norms

and stereotypes at the micro level, including in schools, among parents, within religious institutions and in the media. Learning should be life-long, through multiple channels and means, and it must involve men and boys as well as women and girls.

Efforts need to be made to remove barriers to access and obstructions of people's rights at both the micro (individual) level (e.g. in families) and at the macro level (institutions, governments, and all those involved in designing and implementing policies).

## 8. Solutions

Despite shifting demographics and new challenges in the UNECE region – including ageing populations and increased mobility – the fundamental principles agreed at the ICPD in 1994 remain a valid framework for governments and the SRHR sector today. In reviewing the ICPD, we need new solutions to fit the new realities, with the focus remaining squarely on rights and enabling choices. The following themes and solutions emerged from the meeting, and help to provide a basis for the ICPD Beyond 2014 on these issues.

### Ensure universal access to SRHR

The fundamental goal of the ICPD Programme of Action still stands, and still needs attention. Ensuring universal access means that services and commodities are affordable (or free), acceptable, appropriate, available, of high quality and physically accessible. It is imperative to remove barriers to access, including restrictions based on age or marital status, or prohibitions on certain contraceptive methods, such as emergency contraception. Governments must ensure that the essential list of medicines includes a wide range of contraceptives. Universal access to SRHR can help to prevent indirect causes of infertility (i.e. poor reproductive health, STIs, unsafe abortion); however, fertility treatments such as IVF should also be considered part of basic SRH care.

### Protecting rights

Universal access means ensuring access to services but also the ability to exercise rights. For example, this should involve support for public education campaigns and community mobilization on human rights and laws related to sexual and reproductive rights, to foster

understanding of human sexuality as a positive aspect of life; create cultures of acceptance, respect, non-discrimination and non-violence; and eliminate gender discrimination and violence against women and girls. This should also involve engaging men and boys, policy-makers and law enforcers, parliamentarians, educators and health providers, employers, the private sector and journalists, in creating an enabling environment for the equal enjoyment of these rights by all.

### **Integrating SRH into primary health care systems**

Governments are responsible for providing an essential package of SRH information and services through the primary health care system, with particular attention to access by women, adolescents and youth, while improving attention to the needs of older persons. This is especially important in rural, remote areas or otherwise underserved areas. In some countries this will require investing in and strengthening the public health system while at the same time integrating SRH services. In all areas, SRH should be made a priority of the health sector, as an integral part of national health plans and public budgets, with clearly identifiable allocations and expenditures.

### **Access in humanitarian settings**

National preparedness plans must include comprehensive SRH care as a component of essential health services. This is not a luxury or add-on – it is component of basic health provision. This includes access to a full range of contraception, safe motherhood services, STI/HIV/AIDS prevention, treatment and care, and support and care services for people affected by gender-based violence.

### **Involve men and boys**

Men are vital agents of change in relation to SRHR and changing harmful gender norms. In terms of health services, men need access to the full spectrum of SRH services and commodities, including infertility treatment and support. With regard to gender norms, governments and other stakeholders need to find ways to work with men and boys through social and cultural institutions, in schools, and through media and awareness raising, to create healthier, more equitable attitudes to gender. This can also involve enhancing men's awareness of and support for their partners' reproductive health, increasing men's access to and use of reproductive health services, and mobilizing men to participate in promoting

gender equality and to protest against gender-based violence. Moreover, education for boys and girls needs to emphasize the value of caregiving, including childcare, and the fact that it is not a gendered activity but must be shared within households and societies.

### **Ensure SRHR for migrants and their families**

Policymakers and service providers need to be more aware of how migration is affecting family dynamics, and to ensure existing health and social welfare systems respond better to the new realities of mobility with access to services and support in the receiving country and also upon return to the home country. As a priority, people who migrate need information and services in their own language, in places that are accessible to them. Even if they work illegally, for example as sex workers, they need a safe, non-judgemental place to receive services where they do not fear being reported to the authorities. These efforts should be complemented through sharing of information, coordination and cooperation between governments of sending and receiving countries.

### **STIs and HIV/AIDS response**

HIV and AIDS should be approached through the rights perspective, with a focus on protecting the human rights of people living with HIV and prohibiting all discrimination and violence against them. This especially applies to marginalized and disadvantaged groups, who are among those least able to access STI and HIV/AIDS information, prevention and care. Ethnic minority populations, sex workers, LGBT individuals, and young people are among the groups that should be the focus of these efforts, depending upon country needs assessments. The response should also include special attention to migrants and ensure that the full range of prevention and treatment is available and affordable, and that information is provided in their language. Overall, there must be strong efforts to redress stigma and discrimination against people living with HIV.

Government responses should investigate the integration of HIV/AIDS prevention/treatment with SRH provision in terms of policies, systems and services, and determine if this is the most effective approach. This involves integrating HIV counselling and testing, prevention of mother-to-child transmission, comprehensive STI management, post-exposure prophylaxis and comprehensive (male and female) condom programming

into existing SRH services. It also means integrating family planning, safe motherhood and other SRH services and commodities into HIV and AIDS initiatives.

All governments need to take full ownership of their response to STIs, including HIV and AIDS, rather than relying on NGOs and donor funding over the long term. For some countries, this may not be possible immediately, but it should be the ultimate goal. There also needs to be more funding for prevention and treatment of STIs, including but not limited to HIV. This should be devoted to the populations who are most at risk in each country, particularly: people living with HIV; people who inject drugs and their sexual partners; sex workers and their clients and partners; prisoners; most-at-risk adolescents and young people; men who have sex with men; migrants and mobile workers and their sexual partners; internally displaced people; refugees; ethnic minorities; and transgender people. Initiatives should aim to empowering these key populations, for example, through user-friendly SRH/HIV/STI services, supportive legislative environments, and support for behaviour change, free of stigma and discrimination. Funding and attention are especially needed in Eastern Europe and Central Asia, which are the only world regions where HIV rates are increasing.

Finally, monitoring and surveillance should extend beyond the age of 49, to address the increasing incidence of STIs, including HIV, among older persons.

### **Create enabling legislative and judicial environments and sensitize the justice system**

Laws and policies must be enacted which respect and protect sexual and reproductive rights and enable all individuals to exercise them without discrimination on any grounds, regardless of age, sex, race, ethnicity, class, caste, religious affiliation, marital status, occupation, disability, HIV status, national origin, immigration status, language, sexual orientation or gender identity, among other factors.

A wide range of SRH commodities, including contraception, can be made affordable and accessible by removing trade barriers and barriers to development of new SRH commodities, as well as barriers to legalization of medicines. For young people, it is important remove age-of-consent laws related to sex and SRH services, laws that require parental consent for accessing services, and laws that enable parents to prevent their children from receiving

sexuality education in schools. Practices that violate the reproductive rights of women and adolescent girls should also be prohibited, such as spousal consent requirements to receive health services, forced sterilization and forced abortion, or discrimination in education and employment due to pregnancy and motherhood. Also, governments and civil society actors should advocate for the removal of legal barriers that prevent migrants, sex workers and people from marginalized groups, such as LGBT people and people living with HIV, from receiving the health services they need. These legislative changes should be made in consultation with people from the groups most affected.

In addition, governments must ensure that judicial and justice systems protect and honour the rights of people affected by gender-based violence. This includes criminalizing sexual violence and ending impunity for perpetrators, while ensuring that judges, social care providers and the police support and understand the needs of victims.

### **Ensure the SRHR of young people**

#### **Comprehensive sexuality education**

Make comprehensive sexuality and health education for children obligatory and accessible, and ensure it meets international standards for quality. While it is vital to embed it into school curricula, there should also be a consideration of the value of other modes of education, such as peer education, delivered by NGOs or others using evidence-based methods, for young people in and out of schools. Using different delivery modes and locations and engaging different people to deliver sexuality education (e.g. teachers, health providers, peers) can help to reach as many young people as possible.

Find ways to involve young people in all stages of decisionmaking around relevant policies. For example, political youth parties, national youth councils and student associations already exist in some countries, and are vital channels for understanding young people's needs and involving them in policy planning. Young people need opportunities and incentives to participate, and they need to be empowered to participate – this contributes not only to developing good policies now, but it promotes their abilities to make decisions throughout their lives, which is fundamental to democracy.

Use the most robust evidence available on SRH for young people to advocate for their rights and to overcome

opposition from parents, teachers, governments, religious institutions and others. Consider parenting programmes that educate parents about the importance of comprehensive sexuality education for their children. Integrate comprehensive sexuality education training fully into teacher training curricula, including for pre-school teachers. Work with journalists to promote the rights of young people, to overcome harmful stereotypes and norms, and to promote evidence-based beliefs about young people's sexuality.

### **Youth-friendly services**

Develop youth-friendly SRH services, which implies that they are of high quality; offer a wide range of contraceptive options; are affordable (or free); are accessible in terms of location, ease of transport and opening hours; and delivered with the utmost sensitivity to young people's needs, confidentiality and objectivity on the part of service providers.

### **Sustainability and scale-up**

Comprehensive sexuality education (in and out of schools) and youth-friendly services require strong government commitment and funding so that they are sustainable and can be scaled up to reach all young people. To achieve this, governments must reduce or eliminate reliance on donor funding. Ultimately, education and services for youth should be embedded into existing educational curricula and health services. In the interim, or where necessary, partner with and provide long-term financial support to NGOs to offer education or other specialist educational and SRH services.

(See Case Example 5 for more recommendations for addressing young people's SRHR.)

### **Take a life-course approach to SRHR and human capital development**

Taking a whole life-course approach to SRHR policies, funding and programming means taking a long-term view of people's needs from birth to old age, and developing policies that enable people's choices and protect their rights. Short-term goals such as increasing fertility levels should be replaced with a broader focus on human capital development (health and education) for generations to come.

Policymakers need to develop a whole package of family-friendly policies, across many sectors – including health, education, labour, migration and human rights/equality. Policies need to support a wide range of different types of families, address vulnerable families (e.g. migrant families, single mothers), enable women and men to find a balance between family and work responsibilities (e.g. with flexible, affordable childcare options), and promote gender equality. They must also address the impact of the financial crises, which have led to retrenchment of some supportive family policies. A holistic, coordinated approach to family support involves continued investments in human capital – investing in existing children, rather than just making payments when a child is born. It may also entail investing in parenting skills, including positive, gender-sensitive parent training for both mothers and fathers. Today's young people will be tomorrow's parents, so investing in the education and skills of young people today also contributes to good parenting and informed decision-making about fertility choices in the future.

A life-course approach also means creating policies that support active ageing, with lifelong education and attention to health and care needs, including SRH needs, in older persons. The Madrid International Plan of Action on Ageing (MIPAA) sets out a clear set of guidelines on this, including prolonging working life and participation, ensuring a conducive environment for participation, and strengthening health, care and dignity, including ending violence against older persons. This should be used as a map for all countries in ensuring full support for older persons.

### **Fill research gaps and make findings accessible**

#### **Update and streamline research agendas**

Research agendas need to be consistently updated so that new research fills the gaps in what we know about SRHR across the lifespan, about people's needs and about the effectiveness (or otherwise) of policies and interventions. For instance, there is a dearth of reliable research about the SRH realities of older persons, including surveillance data on STIs/HIV for people aged 50+.

There is a need to strengthen national capacity to seek new information and meet the need for basic data collection, analysis and dissemination. All countries should employ a common methodology for data collection on SRH,

disaggregated by ethnicity, age, gender and disadvantage, among other factors. These data should be made freely available - for example, through accessible online databases that are easy to use and understand even for the general public. This will require strengthening the national capacity for good research in some countries, and ensuring that national interests – rather than donors or private-sector interests – drive national research agendas.

Research in Europe needs to look at the socio-cultural and economic determinants of health, and to find out what works for whom, how and where. This will enable researchers to identify inequities, drivers of vulnerability and barriers to access. It is important to integrate practices that uphold basic human rights in all data collection interventions, by developing or following good ethical standards for research. This is especially relevant with research among marginalized or disadvantaged groups and in humanitarian settings.

### **Expand reproductive health research**

Despite the growing evidence base on reproductive health, there is still a need to increase understanding of the factors that affect reproductive and sexual health, and the impacts of expanding reproductive choice. Research is needed to ensure the initial and continued safety, quality and health aspects of methods of fertility regulation. To these ends, researchers, advocates and governments must mobilize the full spectrum of basic biomedical, social and behavioural and programme-related research on reproductive health and sexuality.

Finally, the lack of data about private-sector health care provision needs to be addressed, followed by clearer oversight mechanisms to ensure high standards of care in private-sector health care settings.

### **‘Repackage’ research findings to communicate effectively**

Research findings must be communicated in a way that is accessible to people outside the research and academic communities. This entails ‘translating’ research outcomes into accessible, reader-friendly language for citizens, advocates, NGOs, young people, policymakers and parents. Research institutions can work with communications professionals to repackage research findings for these audiences.

Research must also be communicated effectively to the

### **CASE EXAMPLE 5: Bali Global Youth Forum Declaration – a basis for policymaking**

The Bali Global Youth Forum took place in December 2012, with the aim of generating a new consensus on putting youth rights at the heart of development and particularly within the ICPD Beyond 2014 process and the post-2015 development agenda.

Youth groups and individuals, NGOs, private-sector institutions and UN Member States agreed to strong recommendations for youth-focused policymaking, including the following:

“Governments should decriminalize abortion, and create and implement policies and programs that ensure young women have access to safe and legal abortion, pre- and post-abortion services, without mandatory waiting periods, requirements for parental and spousal notification and/or consent or age of consent.” (Page 11)

“Cultural and religious barriers such as parental and spousal consent, and early and forced marriages, should never prevent access to family planning, safe and legal abortion, and other reproductive health services – recognizing that young people have autonomy over their own bodies, pleasures, and desires.” (Page 10)

“Governments must fund and develop, in equal partnership with young people and health care providers, policies, laws, and programs that recognize, promote, and protect young people’s sexual rights as human rights. This must be developed in accordance with the principles of human rights, non-discrimination, respect, equality and inclusivity, with a gendered, multicultural and secular approach.” (Page 9)

[http://icpdbeyond2014.org/uploads/browser/files/bali\\_global\\_youth\\_forum\\_declaration.pdf](http://icpdbeyond2014.org/uploads/browser/files/bali_global_youth_forum_declaration.pdf)

media. Journalists and media sources, including social media, can advocate for evidence-based approaches to SRH, or can undermine SRH by misinterpreting research or through the perpetuation of stereotypes or myths. Researchers and NGOs can offer seminars to journalists designed to sensitize them to complex issues related to SRHR. In addition, social media could be engaged more fully to communicate about SRHR evidence. Collaboration with young people knowledgeable about online communication could be one potential avenue for exploration.

Part of good communications is taking the broad and complex subject of SRHR and packaging it in ways that are clear and actionable to stakeholders, including policymakers. This should include impressing upon policymakers the importance of inter-sectoral collaboration, which is essential for addressing the social determinants of health, rather than the standard approach of solely engaging ministries of health.

In addition, researchers and NGOs can and should create opportunities to collaborate in doing research.

### **Address harmful gender norms and attitudes, as well as harmful practices**

Universal access to SRHR is not possible without addressing harmful gender norms, such as ideas about what are appropriate roles for boys and men, girls and women. Transforming gender norms is vital for the success of other policies related to SRHR, including family policies.

A life-course approach to changing gender norms means ensuring that educational curricula and teacher training are infused with fundamental gender equality principles and avoid harmful gender stereotyping. Gender-sensitive parenting skills training should also be considered to instil positive attitudes to gender equality from a young age.

These measures can help to prevent gender-based violence, which is rooted in harmful gender norms and inequality, but there must also be direct measures to end gender-based violence and improve support for victims. This includes sensitizing health and social care providers, the police and justice systems to the needs and rights of people who experience gender-based violence. As a basis for this, there is a need for more research on attitudes and values related to gender among health and social service providers.

Finally, policies must be in place that put an end to harmful practices, which are sometimes justified as or labelled 'cultural' practices. Any practice that puts up barriers to SRH or violates people's rights should be stopped, regardless of its cultural or religious origins. This includes, for example, parental and spousal consent for health services (such as contraception or abortion), and early and forced marriage.

### **Address the rights and needs of LGBT people**

In the EECA subregion, governments have made woefully little progress in addressing discrimination against LGBT people. This population still experiences high levels of discrimination, harassment, barriers to health services and even violence. Health systems have not been responsive to the needs of this population, and health practitioners in both the public and private sectors have a very poor record with regard to delivering high-quality health services to LGBT people. Justice systems have also shown limited awareness of the rights of LGBT people, particularly with regard to those who are transgendered. Governments and civil society need to champion rights-based approaches to protecting the rights of LGBT people and ensuring they have full access to SRH services, free of discrimination. This should also include awareness-raising among teachers and in schools.

### **Policies need to be tailored to fit the context and to reach those most in need**

Sharing good practices is one of the strengths of the UNECE region, and there is a continuing need to develop platforms for sharing lessons learned. However, it is just as vital to ensure that policies which are effective in one country or context may need to be modified to work in another context. Evidence-informed policymaking should assess the impact of contextual factors such as gender norms, welfare systems and levels of social support, and other socio-cultural and economic dynamics in considering the adoption of policies developed for another country or situation.

This is true even within countries, where policies that are found to be effective in urban areas or with the general population should not be assumed effective among marginalized or ethnic minority groups. Tailored responses may be needed for some populations.

With respect to HIV and AIDS, it is clear that in the EECA region the epidemic is concentrated among sex workers, people who use drugs, and men who have sex with men. Thus, the majority of funding for the HIV and AIDS response should target these population groups, using evidence-informed interventions that explicitly support the human rights of the people infected and affected.



# Annexes

# Annex 1.

## Concept note: 'Population Dynamics and Sustainable Development' Vienna, Austria, 25–26 March 2013

The year 2014 marks the 20th anniversary of the International Conference on Population and Development (ICPD) held in Cairo in 1994. In the framework of the ICPD Beyond 2014 review, the UN Population Fund (UNFPA) and the UN Economic Commission for Europe (UNECE) will be hosting the European Population Forum 'Enabling Choices: Population Priorities in the 21st Century' in Geneva on 1–2 July 2013. This event will seek to assess the progress made in implementing the ICPD Programme of Action (PoA) in the UNECE region<sup>1</sup> and identify new or emerging issues of concern in the sphere of population and development. The forum will also serve to discuss opportunities for accelerating the implementation of the Cairo agenda and for supporting countries in the region to achieve their development objectives.

In preparation of this event, UNFPA and UNECE are organizing a series of thematic expert meetings, this one being the first. The other two meetings will focus on, 'Reducing Inequities, Fostering Social Inclusion' (15–16 April 2013), and on 'Families, Sexual and Reproductive Health over the Life Course' (29–30 April 2013).

At each of the three thematic meetings, about 15 experts from governments, academia and civil society organizations will:

- reflect on relevant overarching issues of concern in the region;
- discuss future priorities, challenges and emerging issues, taking into account persistent problematic issues; and
- identify key recommendations for action, including for research and measurement.

Prior to the meetings, experts will be provided with the draft analysis of the results of the ICPD Beyond 2014 Global Survey. The analysis will serve as background reading; at the same time, experts are expected to evaluate it. The outcome of the thematic meetings will feed into the July European Population Forum 2013.

The UNECE region is very diverse in social, economic, demographic and political terms; reflecting on these differences as they relate to population and sustainable development will bring about varied regional perspectives and rich collective experience. As the region has been a forerunner for various population and societal trends, the identified emerging issues and opportunities for accelerating the implementation of the ICPD PoA could be of interest to other regions as well.

The overarching question to be discussed at the meeting is how population dynamics can interact harmoniously with the increase in quality of life of current and future generations in the UNECE region.

The meeting will be structured along the following three topics.

### Population growth/structures and sustainability

- Low levels of fertility are increasingly a cause for concern among governments in the region. Should this concern be translated into policies aimed to increase fertility levels, or should reproduction decisions be left entirely in the hands of couples and/or individuals?
- Overall in the region life expectancy is increasing and health status improving, but there remain significant differences depending on country, ethnicity, gender, level of education, place of residence and other characteristics. In some countries the gap between the life expectancy of men and that of women is significant. What can governments do to shrink the gap?
- International migration flows present challenges and opportunities to both sending and receiving countries and affect population growth, age structure, and the regional distribution of the population. Is it feasible to develop joint strategies across countries?
- Shifts in the age structure of populations and their socio-economic implications are on the forefront

<sup>1</sup> The UNECE region comprises 56 countries in Europe, Central Asia and North America.

of the policy and public debates in many countries. Population ageing is generally viewed as one of the main challenges the UNECE region is facing. How can our societies adapt to or mitigate these shifts?

- Other salient population structures and vulnerable populations: different population groups face different challenges and risks; the most vulnerable require special attention and are the focus of various social policies and programmes. How to identify vulnerabilities and how best to address the needs of vulnerable populations is a particular challenge.

### **Sustainable population, environment, and economy**

- Human capital is a driver of sustainable development. The session will focus on the role of education, lifelong learning, education at advanced age, as well as employment and employability in a changing economic environment. Population projections by education give valuable information beyond mere population numbers and age structures.
- Higher human capital leads to increased production but also to increased consumption: how does this affect economic growth and the environment?
- Environmental issues: climate, energy, waste, depletion of resources. How do they link with population dynamics?

### **Sustainable development and governance**

- What strategies and policies support sustainable development when linked with population dynamics? What is the role of civil society organizations?
- Participation of citizens: raising awareness on environmental matters and depletion of resources, as well as on ageing- and migration-related issues.
- An outline of strategic research directions is needed, along with pertinent issues on data collection and measurement.

The meeting will be conducted in English and in an informal format. Participants are requested to get acquainted with the other two concept notes in order to increase synergies among all three meetings. (These notes will be available soon.)

## Annex 2.

### Meeting agenda: 'Population Dynamics and Sustainable Development' Vienna, Austria, 25–26 March 2013

Monday 25 March 2013	Item	Moderator/Speaker
09:00 – 09:30	Registration	
09:30 – 10:00	Opening remarks Purpose of the meeting and overview of the agenda Introduction of participants	<b>Mr. Werner Haug</b> , Director, UNFPA EECARO <b>Ms. Vitalija Gaucaite Wittich</b> , Chief, Population Unit, UNECE
10:00 – 10:10	Brief overview on ICPD Beyond 2014 review process	<b>Ms. Marta Diavolova</b> , Programme Adviser, UNFPA EECARO
10:10 – 10:30	Population Dynamics and Sustainable Development Presentation and Q/A	Speaker: <b>Prof. Dr. Wolfgang Lutz</b> , Founding Director, Wittgenstein Centre (IIASA, VID/ÖAW, WU)
10:30 – 11:00	Group Photo followed by coffee/tea break	
11:00 – 13:00	Session I: Population growth/structures and sustainability Round table discussion	Moderator: <b>Prof. Dr. Wolfgang Lutz</b> , Founding Director, Wittgenstein Centre (IIASA, VID/ÖAW, WU)
13:00 – 14:30	Lunch Press briefing with Werner Haug, Vitalija Gaucaite Wittich and Wolfgang Lutz	
14:30 – 16:00	Session I: Population growth/structures and sustainability (continuation) Round table discussion	Moderator: <b>Prof. Dr. Wolfgang Lutz</b> , Founding Director, Wittgenstein Centre (IIASA, VID/ÖAW, WU)
16:00 – 16:30	Coffee/tea break	
16:30 – 18:00	Session II: Sustainable population, environment, and economy Round table discussion	Moderator: <b>Mr. Werner Haug</b> , Director, UNFPA EECARO
18:00	Closing the day	
Tuesday 26 March 2013	Item	Moderator/Speaker
09:30 – 10:00	Good morning Summary of day one	Moderator: <b>Mr. Nikolai Botev</b> , Director, UNFPA SRO, Almaty <b>Ms Linda Demers</b> , Consultant
10:00 – 11:30	Session III: Sustainable development and governance Round table discussion	Moderator: <b>Ms. Vitalija Gaucaite Wittich</b> , Chief, Population Unit, UNECE
11:30 – 12:00	Coffee/tea break	
12:00 – 13:30	Session III: Sustainable development and governance (continuation) Round table discussion	Moderator: <b>Ms. Vitalija Gaucaite Wittich</b> , Chief, Population Unit, UNECE
13:30 – 13:50	Summary of day two	Moderator: <b>Mr. Nikolai Botev</b> , Director, UNFPA SRO, Almaty <b>Ms Linda Demers</b> , Consultant
13:50 – 14:00	Closing of the thematic meeting	<b>Ms. Vitalija Gaucaite Wittich</b> , Chief, Population Unit, UNECE <b>Mr. Werner Haug</b> , Director, UNFPA EECARO
14:00 – 15:00	Lunch	

## Annex 3.

### List of participants: 'Population Dynamics and Sustainable Development Vienna, Austria, 25–26 March 2013

#### AUSTRIA

Prof. Dr. Wolfgang Lutz  
Founding Director  
Wittgenstein Centre (IIASA, VID/ÖAW, WU)

Mr. Hannes Spreitzer  
Federal Ministry of Labour, Social Affairs  
and Consumer Protection

#### MOLDOVA

Ms. Laura Grecu  
Head  
Social Insurance Policies Department  
Ministry of Labour, Social Protection and Family of the  
Republic of Moldova

#### NETHERLANDS

Dr. N. Nico van Nimwegen  
Deputy Director  
Netherlands Interdisciplinary Demographic Institute

#### POLAND

Dr. Agnieszka Chłoń-Domińczak  
Assistant Professor  
Institute for Statistics and Demography  
Warsaw School of Economics

#### ROMANIA

Ms. Cristina Dumitrescu  
Director  
Division for International  
Parliamentary Organizations  
Senate of Romania

#### RUSSIAN FEDERATION

Dr. Mikhail Denisenko  
Department Head  
Associate Professor of Institute of Demography  
State University – Higher School of Economics

#### TAJIKISTAN

Ms. Zulfia Barotova  
Member of Parliament  
Lower Chamber of the Parliament of Tajikistan

#### TURKMENISTAN

Mr. Atageldi Haljanov  
Head  
International Organizations Department of the Ministry  
of Foreign Affairs

#### THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

Mr. Damjan Nikolovski  
Youth President  
Red Cross of The Former Yugoslav Republic of Macedonia  
Member of the Youth Peer Education Network

#### TURKEY

Assoc.Prof.Dr. A. Banu Ergöçmen  
Head  
Economic and Social Demography Department  
Hacettepe University Institute of Population Studies

#### EUROPEAN ECONOMIC AND SOCIAL COMMITTEE

Mr. Stéphane Buffetaut  
President  
Section for Transport, Energy, Infrastructure and the  
Information Society

#### HELP AGE INTERNATIONAL

Mr. Marco Aviotti  
Regional Director  
Eastern Europe and Central Asia

#### INTERNATIONAL ORGANIZATION FOR MIGRATION

Ms. Alina Narusova-Schmitz  
Regional Liaison and Policy Officer  
Regional Office for South-Eastern Europe,  
Eastern Europe and Central Asia

#### UNITED NATIONS DEVELOPMENT PROGRAMME

Mr. Andrey Ivanov  
Human Development Adviser  
Bratislava Regional Centre

**UNITED NATIONS ECONOMIC COMMISSION  
FOR EUROPE**

Ms. Vitalija Gaucaite Wittich  
Chief  
Population Unit

Mr. Jaromir Cekota  
Economist  
Consultant for drafting the regional report on the post-2015 development agenda

Mr. Dimiter Philipov  
Consultant  
Population Unit

Ms. Evita Sisene  
Consultant  
Population Unit

**UNITED NATIONS POPULATION FUND**

Mr. Werner Haug  
Director  
Regional Office for Eastern Europe and  
Central Asia

Mr. Nikolai Botev  
Director  
Sub-Regional Office for Central Asia

Ms. Marta Diavolova  
Programme Adviser  
Regional Office for Eastern Europe and  
Central Asia

Mr. Jens-Hagen Eschenbächer  
Regional Communications Advisor  
Regional Office for Eastern Europe and  
Central Asia

Ms. Gulnara Kadyrkulova  
Programme Specialist,  
Sub-Regional Office for Central Asia

Mr. Alexander Pak  
Special Assistant to the Director  
Regional Office for Eastern Europe and  
Central Asia

Ms. Linda Demers  
Consultant

**RAPPORTEUR**

Ms. Wendy Knerr  
Consultant, The Write Effect Ltd.

## Annex 4.

### Concept note: 'Inequalities, Social inclusion and Rights' Belgrade, Serbia, 15–16 April 2013

The year 2014 marks the 20th anniversary of the International Conference on Population and Development (ICPD) held in Cairo in 1994. In the framework of the ICPD Beyond 2014 review, the UN Population Fund (UNFPA) and the UN Economic Commission for Europe (UNECE) will host the Regional Conference 'Enabling Choices: Population Priorities for the 21st Century' in Geneva on 1–2 July 2013. This event will seek to assess the progress made in implementing the ICPD Programme of Action (PoA) in the UNECE region and identify new or emerging issues of concern in the sphere of population and development. The conference will also serve to discuss opportunities for accelerating the implementation of the Cairo agenda and for supporting countries in the region to achieve their development objectives.

To prepare for this event, UNFPA and UNECE are planning a series of three thematic meetings, this one being the second. The other two meetings are on 'Population Dynamics and Sustainable Development' and 'Families, Sexual and Reproductive Health over the Life Course'.

This meeting focuses on inequalities, social inclusion and rights, as these issues are at the centre of sustainable development, peace and security. Many international agreements have committed Member States to aim at inclusive development where all people feel valued, their differences respected, and their basic needs met so they can live in dignity. Equality is a key principle of ICPD.

During the thematic meeting, about 15 experts from governments, academia and civil society organizations will:

- reflect on relevant overarching issues that prevail in the region;
- discuss future priorities, challenges and emerging issues, and consider specifically persistent problematic issues;
- identify key recommendations for action – including for research and measurement.

The overarching question to be discussed at this meeting is how to enhance the implementation of ICPD PoA in the UNECE region as a rights-based instrument for addressing inequalities and social exclusion. Specifically, participants will be asked to identify emerging issues of concern for the region as well as possible policy responses to them. The meeting will also elaborate on ways and means for strengthening commitment to combating inequalities and social exclusion, and for strengthening gender equality and the gender perspective in all policies, programmes and research efforts.

The meeting will first aim at setting the stage by elaborating on synergies between equality, social inclusion and rights, and by reflecting on progress made over the past two decades since the ICPD. During the second part of the meeting, to which more time will be devoted, participants will discuss and identify current challenges and priorities for the future, as well as possible policy actions, in the spirit of the ICPD, to reduce inequalities and foster social inclusion.

#### 1. Equality, equity, social inclusion, rights and advancement of ICPD agenda in the region

In this session, participants will discuss the synergies between equality, equity, social inclusion and rights. The scope will be broad, considering geographic, economic, ethnic, gender, age and other relevant inequalities and vulnerabilities. Participants will also reflect on how these issues are addressed in current development processes.

#### 2. Successes and challenges in implementing the ICPD PoA as a rights-based instrument for addressing inequalities and social exclusion

The UNECE region has witnessed great social, economic and demographic changes since the ICPD. In many countries, there have been significant improvements in the quality of life, access to resources, exercise of rights, social and economic participation, and in general prosperity. However, some countries, particularly in Eastern Europe and Central Asia, lag behind, and growing inequalities has become an increasingly pervasive issue across the entire region, further accentuated by the effects of the ongoing economic crisis.

During the session, participants will reflect on progress made in raising the quality of life in the region in general, and in reducing inequalities and vulnerabilities and fostering social inclusion and the exercise of rights.

The ICPD PoA will serve as a framework for the discussion, with special focus on women's empowerment; migration and its impact on migrants and their families; ageing and elderly people; youth; social protection; and health, in particular sexual and reproductive health. Participants will also consider the impact of persisting socio-cultural dynamics, norms and values and their impact on ICPD issues and on specific populations or groups.

Twenty years after Cairo, what are the lessons learned and good practices in the region to reduce inequalities and empower all members of the society?

### 3. Gender equality and the empowerment of women

Substantial progress has been made in the region with regard to gender equality at the legislative level, but significant disparities remain in practice between men and women across a wide range of domains. Income disparity resulting from gendered wage discrimination leaves women with lower incomes than men for equal work. Women are strongly underrepresented in top management positions. Employment preferences to men can be pronounced especially against pregnant women. Traditional gender roles in the family dissuade women from pursuing both a career and care for the family. Discrimination against women and girls manifests itself in many ways, including violations of their sexual and reproductive health rights. Gender-based violence in all its forms (domestic violence, harmful traditional practices, trafficking, and forced and early marriages) constitutes a major human rights issue. The achievements made in the field of gender equality legislation are constrained by challenges related to power and patriarchy.

Participants will identify the remaining key challenges towards women's empowerment and gender equity and equality, priority areas to be tackled in the coming years, and emerging issues that need to be addressed. They will identify options and policy solutions that are likely to impact positively on gender equality, and the empowerment of women.

### 4. Inequalities and vulnerable groups

While there has been significant progress achieved in advancing ICPD agenda in the region, there are also many indications of growing inequalities. Those are related to decreasing the gender pay gap between women and men, also unequal access to social services, employment opportunities, political participation and representation. These inequalities interact with population dynamics such as migration, urbanization, and changing age and sex structures.

Individuals face different sets of risks depending on individual and group-specific vulnerabilities related to discrimination based on, for example, ethnicity, gender, migrant status, HIV or sexual orientation. Unless the specific nature of vulnerability risks is taken into consideration, responses may be ineffective.

Participants will address the following questions: What are the most vulnerable populations in the regions? What factors are associated with their vulnerabilities? How can these be addressed most effectively? What policies are most likely to impact positively and effectively in reducing inequities and fostering social inclusion?

The meeting will be conducted in English and in an informal format.

## Annex 5.

### Meeting agenda: 'Inequalities, Social inclusion and Rights' Belgrade, Serbia, 15–16 April 2013

Monday 15 April 2013	Item	Moderator/Speaker
09:00 – 09:30	Registration	
09:30 – 10:00	Opening remarks Purpose of the meeting and overview of the agenda Introduction of participants	<b>Representative of Serbia (TBC) Mr. Werner Haug</b> Director, UNFPA EECARO <b>Ms. Vitalija Gaucaite Wittich</b> Chief, Population Unit, UNECE
10:00 – 11:15	Session I: Equality, equity, social inclusion, rights and advancement of ICPD agenda in the region Panel and discussion	<b>Moderator:</b> <b>Ms. Marta Diavolova</b> , Programme Adviser, UNFPA EECARO <b>Panellists:</b> <b>Ms. Violeta Neubauer</b> , Slovenian member of the Council of Europe Gender Equality Commission (TBC) <b>Mr. Andrey Ivanov</b> , Human Development Adviser, UNDP <b>Mr. Sandeep Prasad</b> , Executive Director of Action Canada for Population and Development <b>Ms. Pinar Ilkcaracan</b> , Women for Women's Human Rights, Turkey
11:15 – 11:30	Coffee/tea break	
11:30 – 13:00	Session II: Successes and Challenges in Implementing the ICPD PoA as a Rights-Based Instrument for Addressing Inequalities and Enhancing Social Inclusion Discussion	<b>Moderator:</b> <b>Mr. Werner Haug</b> , Director, UNFPA EECARO
13:00 – 14:30	Lunch	
14:30 – 16:00	Session III: Gender Equality and the Empowerment of Women Discussion and recommendations	<b>Moderator:</b> <b>Ms. Anne Van Lancker</b> Consultant, UNFPA EECARO
16:00 – 16:30	Coffee/tea break	
16:30 – 18:00	Session III: Gender Equality and the Empowerment of Women (continuation) Discussion and recommendations	<b>Moderator:</b> <b>Ms. Anne Van Lancker</b> , Consultant, UNFPA EECARO
18:00	Closing the day	
18:30	Dinner - Leaving from the hotel by bus	
Tuesday 16 April 2013	Item	Moderator/Speaker
09:00 – 9:30	Good morning Highlights of day one Session IV: Inequalities and Vulnerable Groups	<b>Ms. Linda Demers</b> Consultant, UNFPA EECARO
9:30 – 11:30	Discussion and recommendations	Moderator: <b>Ms. Vitalija Gaucaite Wittich</b> Chief, Population Unit, UNECE
11:30 – 12:00	Coffee/tea break Session IV: Inequalities and Vulnerable Groups (continuation)	
12:00 – 13:30	Discussion and recommendations	Moderator: <b>Ms. Vitalija Gaucaite Wittich</b> Chief, Population Unit, UNECE <b>Ms. Linda Demers</b> Consultant, UNFPA EECARO
13:30 – 13:50	Highlights of day two	<b>Ms. Vitalija Gaucaite Wittich</b> Chief, Population Unit, UNECE
13:50 – 14:00	Closing of the thematic meeting	<b>Mr Werner Haug</b> Director, UNFPA EECARO
14:00 – 15:00	Lunch	

## Annex 6.

### List of participants: 'Inequalities, Social inclusion and Rights' Belgrade, Serbia, 15–16 April 2013

#### **BULGARIA**

Ms. Maryana Borisova  
Member of the Youth Network for Development

#### **CANADA**

Dr. Sandeep Prasad  
Executive Director  
Action Canada for Population and Development

#### **GEORGIA**

Hon. George Tsereteli  
Member of Parliament

#### **GREECE**

Dr. Fotis Fitsilis  
Resident Twinning Advisor  
National Assembly of the Republic of Serbia  
Hellenic Parliament

Ms. Eleni Kanellopoulou  
Legal Expert

Mr. Takis Gianakopoulos  
Legal Expert

#### **KYRGYZSTAN**

Prof. Talaibek Koichumanov  
Kyrgyz-Russian Slavic University

Mr. Almazbek Suiunbekov  
Focal Point-in-Charge  
Public Union "Youth Peer Education Network Y-PEER"

#### **LITHUANIA**

Hon. Marija Pavilioniene  
Member of Parliament

#### **POLAND**

Ms. Milena Kadieva  
ASTRA – Central and Eastern European Women's  
Network for Sexual and Reproductive Health and Rights

#### **SERBIA**

Ms. Jelena Travar-Miljevic  
Member of Parliament

Dr. Lidija Kozarcanin  
Head of Department  
Social Research and Development  
Republic Institute for Social Protection

Mr. Meho Omerovic  
Chairman, Committee for Human and Minority Rights  
and Gender Equality in the Parliament of the Republic  
of Serbia

Ms. Borjana Perunicic  
Assistant Director  
Office for Human and Minority Rights  
Government of the Republic of Serbia

#### **SWITZERLAND**

Prof. Claudine Sauvain-Dugerdil  
Institute of Demographic and Life Course Studies  
University of Geneva

#### **THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA**

Mr. Dejan Ivkovski  
Head of Unit  
Asylum, Migration and Humanitarian Affairs  
Ministry of Labour and Social Policy

Ms. Anica Dragovic  
Research Associate Professor  
Faculty of Philosophy  
Department of Sociology

#### **TURKEY**

Ms. Pinar Ilkcaracan  
Women for Women's Human Rights (WWHR)-New  
Ways

**COUNCIL OF EUROPE**

Ms. Violeta Neubauer  
Slovenian Member of the Council of Europe Gender  
Equality Commission  
Member of the Committee on the Elimination of  
Discrimination against Women

Ms. Aleksandra Vujic  
Local Project Officer of EU/Council of Europe  
Project “Promoting Human Rights and Minority  
Protection in South East Europe”

**INTERNATIONAL LABOUR ORGANIZATION**

Mr. Jovan Protic  
Coordinator

**UNITED NATIONS DEVELOPMENT PROGRAMME**

Mr. Andrey Ivanov  
Human Development Adviser  
Bratislava Regional Centre

**UNITED NATIONS ECONOMIC COMMISSION  
FOR EUROPE**

Ms. Vitalija Gaucaite Wittich  
Chief  
Population Unit

Mr. Dimiter Philipov  
Consultant  
Population Unit

Ms. Evita Sisene  
Consultant  
Population Unit

**UNITED NATIONS ENTITY FOR GENDER  
EQUALITY AND THE EMPOWERMENT OF  
WOMEN**

Ms. Asya Varbanova  
Project Manager

**UNITED NATIONS POPULATION FUND**

Mr. Werner Haug  
Director  
Regional Office for Eastern Europe and Central Asia

Ms. Doina Bologa  
Country Director for BiH, Kosovo, FYROM, Serbia

Ms. Marta Diavolova  
Programme Adviser  
Regional Office for Eastern Europe and Central Asia

Mr. Alexander Pak  
Special Assistant to the Director  
Regional Office for Eastern Europe and Central Asia

Ms. Anne Van Lancker  
Consultant  
Regional Office for Eastern Europe and Central Asia

Ms. Linda Demers  
Consultant  
Regional Office for Eastern Europe and Central Asia

**RAPPORTEUR**

Ms. Wendy Knerr  
Consultant, The Write Effect Ltd.

## Annex 7.

### Concept note: 'Families, Sexual and Reproductive Health over the Life Course' Bucharest, Romania, 25–26 April 2013

The year 2014 marks the 20th anniversary of the International Conference on Population and Development (ICPD) held in Cairo in 1994. In the framework of the ICPD Beyond 2014 review, UNFPA and UNECE are organizing a Regional Conference entitled 'Enabling Choices: Population Priorities for the 21st Century' to be held on 1–2 July. This conference will seek to assess progress made in implementing the ICPD Programme of Action (PoA) in the UNECE region, as well as outline rising issues of concern for population and development in the region. It will aim at identifying and addressing new or emerging challenges and opportunities for accelerating the implementation of the Cairo agenda and supporting countries to achieve their development objectives.

To prepare for this event, UNFPA and UNECE are planning a series of three thematic meetings, this one being the last. The other two meetings are on the following topics: 'Population Dynamics and Sustainable Development' (25–26 March) and 'Inequalities, Social Inclusion and Rights' (15–16 April). The outcome of the thematic meetings will feed into the July UNECE Regional Conference. During each of the three thematic meetings, about 15 experts from governments, academia and civil society organizations will:

- reflect on relevant overarching issues that prevail in the region;
- discuss future priorities, challenges and emerging issues, and consider specifically persistent problematic issues; and
- identify key recommendations for action – including for research and measurement.

The UNECE region is highly diversified in socio-economic, socio-demographic, and socio-political terms; reflecting on these differences as they relate to life courses, families and sexual and reproductive health will bring about a varied regional perspective and rich collective experience. As the region was a forerunner for various

population and societal trends, the identified emerging issues could be of interest to other regions as well.

This thematic meeting will provide an opportunity to steer discussion on topics related to sexual and reproductive health and reproductive rights in the context of life course as well as issues related to family formations and characteristics. More specifically, throughout the deliberations the constraints in achieving ICPD-related objectives to sexual and reproductive health and reproductive rights, in particular family planning, maternal health and safe motherhood, adolescents reproductive health, unsafe abortions, prevention and management of HIV and STIs, will be identified, and possible directions for accelerating the achievements will be explored. Discussions on SRHR will also include gender-based violence, both to reduce and to manage it.

During the meeting discussions, special attention will be given to young people, and in particular their rights, health and well-being, including union formation and sexual and reproductive health, access to comprehensive education and decent job opportunities, as well as their active participation in society.

Over the last two decades the political and socio-economic as well the demographic changes have influenced the patterns of family formations and family life, generating considerable changes in union formations, composition and structure. Those trends are exacerbated to varying degrees between countries in the region and among different population groups. In the course of the meeting participants will also examine how to steer more effectively the cultural awareness into the development agenda to ensure more equitable and human rights based opportunities for development.

The meeting will be structured along the following main topics.

#### 1.1 The family, its roles, rights, composition and structure

Economic, social and cultural factors are behind the increasing diversity of family structures and compositions in the UNECE region. How do these factors impact on SRHR, on women's empowerment and gender equity, on the development of youth, as well as on fertility and migration? What support is provided to the family that are likely to enable

choices and increase well-being of individuals – including women – and families (for example, access to services, informed choices, work-family balance, parenting etc.)?

## 1. 2 Health in the life course

Under this heading, the meeting will focus on adolescents and young people on the one hand, and on the elderly population on the other hand.

In discussing adolescents and young people, participants will deliberate how to best provide sexuality education (in and out of school) to young people and how to ensure the best possible services adapted to their needs and specificities. In the discussion, attention will also be given to youth participation, in particular how to foster youth leadership and participation in policy dialogue and programming.

In UNECE, the population is ageing, and this will require a profound social change to empower elderly people, to provide them with the support they need to continue to be healthy, independent and productive members of the society – in terms of social protection, health care, housing etc., but also in terms of strengthening intergenerational solidarity. The meeting will also reflect on the SRHR of elderly people – including on issues of domestic and gender-based violence among older persons.

## 1. 3. Sexual and reproductive health and rights

Under this theme, discussion will first focus on issues related to universal access to SRHR, and in particular to information and services – including within humanitarian settings. Participants will discuss progress but also remaining challenges and emerging issues as they relate to policy responses and financial mechanisms to increase access and reduce inequalities in SRHR, including, for example, quality integrated SRH services; fees or insurance coverage for services; engagement of NGOs, CBOs and the private sector to provide services; strengthening of health systems; and outreach programmes etc.

The meeting will also discuss utilization of services and exercise of SRHR by the population and how gender, as well as cultural or traditional factors, can

influence utilization of services. Again, progress over the last two decades will be discussed, and barriers and facilitating factors as well as good practices will also be discussed and concrete recommendations identified to further accelerate progress.

Funding for SRHR has been insufficient since Cairo. The meeting will examine how at the national and local level more funding can be generated for SRHR, including for commodities.

Finally, the meeting will discuss technology, research and development in SRHR, including how to use more effectively modern technology to provide information and services and how to strengthen the research base as well as monitoring for more informed policy and programmes.

The meeting will be conducted in English and in an informal format. Participants are requested to become acquainted with the other two concept notes in order to increase synergies among all three meetings.

## Annex 8.

### Meeting agenda: 'Families, Sexual and Reproductive Health over the Life Course' Bucharest, Romania, 25–26 April 2013

Thursday 25 April 2013	Item	Moderator/Speaker
09:00 – 09:30	Registration	
09:30 – 10:00	<b>Opening remarks</b> Purpose of the meeting and overview of the agenda Introduction of participants	<b>Mr. Werner Haug</b> , Regional Director, UNFPA EECARO <b>Dr. Cristina Vladu</b> , Secretary of State Counsellor, Ministry of Health, Romania <b>Ms. Vitalija Gaucaite Wittich</b> , Chief, Population Unit, UNECE
10:00 – 11:00	<b>Session I: The family, its roles, rights, composition and structure</b>  Discussion	Presenter: <b>Prof. Dr. A.H. Anne Gauthier</b> , Senior Researcher, Netherlands Interdisciplinary Demographic Institute  Moderator: <b>Ms. Marta Diavolova</b> , Programme Adviser, UNFPA EECARO
11:00 – 11:30	Coffee/tea break	
11:30 – 12:30	Session I: The family, its roles, rights, composition and structure (continuation) Discussion and recommendations	
12:30 – 13:30	Lunch	
14:00 – 16:15	<b>Session II: Health in the life course: (a) meeting the needs of adolescents and young people</b>  Discussion and recommendations	<b>Presenters:</b> <b>Ms. An-Sofie Van Parys</b> , PhD student, Fellow Researcher Ghent University, International Centre for Reproductive Health (ICRH), Womens' clinic <b>Mr. Peter Mladenov</b> , Youth Peer Education Network  Moderator: <b>Ms. Marija Vasileva Blaze</b> v, Programme Specialist, Youth, UNFPA EECARO
16:15 – 16:30	Coffee/tea break	
16:30 – 18:00	<b>Session III: Health in the life course: (b) meeting the needs of the elderly.</b>  Discussion and recommendations	<b>Presenter:</b> <b>Ms. Elke Toss</b> , Sociologist, SRHR Consultant, Former Executive Director of the German Affiliate of IPPF, Pro Familia  Moderator: <b>Ms. Marta Diavolova</b> , Programme adviser, UNFPA EECARO
18:00 – 18:10	Closing of the day	
19:00	Dinner: Hanu' Berarilor (Casa Oprea Soare)	(departure from Hotel at 18:30)

Friday 26 April 2013	Item	Moderator/Speaker
09:00 – 10:30	Session IV: Technology, research and development in SRH	<b>Presenter:</b> <b>Ms. Gunta Lazdane</b> , Programme Manager Sexual and Reproductive Health Division of Noncommunicable Diseases and Life-Course, WHO
	Discussion and recommendations	<b>Moderator:</b> <b>Ms Vitalija Gaucaite Wittich</b> , Chief, Population Unit, UNECE
10:30 – 11:00	Coffee/tea break	
11:00 – 12:30	Session V: Prevention of HIV and STIs	<b>Presenter:</b> <b>Ms Natalya Utrovskaya</b> , Communication Manager and Coordinator of Child Programme Non-Profit Partnership E.V.A., The Russian Women’s Network E.V.A.
	Discussion and recommendations	<b>Moderator:</b> <b>Ms Vitalija Gaucaite Wittich</b> , Chief, Population Unit, UNECE
12:30 – 13:30	Lunch	
13:30 – 15:00	Session VI: Universal access to rights-based sexual and reproductive health services, including within humanitarian settings	<b>Presenter:</b> <b>Mihai Horga</b> , Senior Adviser, EEIRH
	Discussion and recommendations	<b>Moderator:</b> <b>Mr Werner Haug</b> , Director, UNFPA EECARO
15:00 – 15:30	Coffee/tea break	
15:30– 17:00	Session VII: Gender equality in SRH and rights	<b>Presenter:</b> <b>Ionela Cozos</b> , Training and Communication Coordinator, EEIRH
	Discussion and recommendations	<b>Moderator:</b> <b>Mr Werner Haug</b> , Director, UNFPA EECARO
17:00 – 17:15	Closing of the thematic meeting	<b>Ms Vitalija Gaucaite Wittich</b> , Chief, Population Unit, UNECE <b>Mr Werner Haug</b> , Director, UNFPA EECARO

## Annex 9.

### List of participants: 'Families, Sexual and Reproductive Health over the Life Course' Bucharest, Romania, 25–26 April 2013

#### ARMENIA

Ms. Meri Khachikyan  
Executive Director  
Pan-Armenian Family Health Association

#### BELGIUM

An-Sofie Van Parys  
PhD Student, Fellow Researcher,  
Ghent University, International Centre for Reproductive  
Health (ICRH), Women's Clinic

#### BOSNIA AND HERZEGOVINA

Hon. Lazar Prodanovic  
Member of Parliament

#### BULGARIA

Mr. Peter Mladenov  
Fellow/Focal Point of Bulgaria  
Youth Peer Education Network

#### GEORGIA

Dr. Tea Giorgadze  
Head of Health Policy Division  
Healthcare Department  
Ministry of Labour, Health and Social Affairs

#### GERMANY

Ms. Elke Toss  
Sociologist, SRHR Consultant, Former Executive  
Director of the German Affiliate of IPPF,  
Pro Familia

#### KOSOVO

Dr. Nazane Brea  
Family Medicine Doctor  
Main Family Medicine Center, Prishtina

#### KYRGYZSTAN

Ms. Tatiana Popovitskaya  
Program Manager  
Reproductive Health Alliance Kyrgyzstan

#### NETHERLANDS

Prof. Dr. A.H. Anne Gauthier  
Senior Researcher  
Netherlands Interdisciplinary Demographic Institute  
(NIDI)

#### ROMANIA

Dr. Cristina Vladu  
Secretary of State/Counsellor, Ministry of Health

Dr. Alexandra Constantinescu  
Counsellor for European Affairs  
Coordinator of the Social Inclusion Unit  
Ministry of Health

Senator Stefan Stoica, MD  
Member of the Sub-Committee for Population and  
Development

Ms. Cristina Zorlin  
Senior Counsellor  
Directorate for External Relations  
Ministry of Labour, Family, Social Protection and Elderly

Ms. Ana Oprisan  
Consultant on Roma issues

Ms. Ana Rizescu  
Y-PEER

Dr. Mihai Horga  
Senior Advisor  
East European Institute for Reproductive Health

Ionela Cozos  
Training and Communication Coordinator  
East European Institute for Reproductive Health

#### RUSSIAN FEDERATION

Ms. Tatiana Solmova  
Youth Peer Education Network

Ms. Natalya Utrovskaya Sukhova  
Communication Manager and Coordinator of Child  
Programme  
Non-Profit Partnership E.V.A., The Russian Women's  
Network

**SERBIA**

Dr. Bosiljka Djikanovic  
Assistant Professor,  
University of Belgrade  
Medical Faculty, Department for Social Medicine/School  
of Public Health

Dr. Ilijana Mazibrada  
MD, Specialist of gynaecology and obstetrics, Mother  
and Child Health Care Institute of Serbia, Department  
of Paediatric and Adolescent Gynaecology

Ms. Stasa Plecas  
JAZAS (Association against AIDS)

**SPAIN**

Ms. Isabel Saiz  
Programme Coordinator  
General Directorate of Public Health, Quality and  
Innovation,  
Ministry of Health, Social Services and Equality

Mr. Ignacio Socias Piarnau  
Director General  
The Family Watch  
International Federation for Family Development

**SWITZERLAND**

Dr. Adrienne Martin Hilber  
Senior Specialist in Sexual and Reproductive Health,  
Swiss Tropical and Public Health Institute

**THE FORMER YUGOSLAV REPUBLIC OF  
MACEDONIA**

Assoc. Prof. Elena Kjosevska  
Chief of Department  
Republic Institute for Health Protection

**TURKEY**

Prof. Tomris Turmen  
President  
International Children's Center

**UNITED KINGDOM**

Hon. Baroness Flather DL  
Member of the House of Lords  
United Kingdom Parliament

**YOUTH SEXUAL AWARENESS FOR EUROPE**

Magnhild Bogseth

**WORLD HEALTH ORGANIZATION**

Ms. Gunta Lazdane  
Programme Manager  
Sexual and Reproductive Health  
Division of Noncommunicable Diseases and Life-Course

**UNITED NATIONS ECONOMIC COMMISSION  
FOR EUROPE**

Ms. Vitalija Gaucaite Wittich  
Chief  
Population Unit

Ms. Evita Sisene  
Consultant  
Population Unit

**UNITED NATIONS POPULATION FUND**

Mr. Werner Haug  
Director

Ms. Marta Diavolova  
Programme Adviser

Mr. Jens-Hagen Eschenbächer  
Regional Communications Advisor

Mr. Alexander Pak  
Special Assistant to the Director

Ms. Marija Vasileva-Blazev  
Programme Specialist, Youth

Ms. Linda Demers  
Consultant

**RAPPORTEUR**

Ms. Wendy Knerr  
Consultant, The Write Effect Ltd.



United Nations Populations Fund  
Eastern Europe and Central Asia  
Regional Office

<http://eeca.unfpa.org>



United Nations  
Economic Commission  
for Europe

[www.unece.org](http://www.unece.org)