



Doc. 11992

05 August 2009

Fifteen years since the International Conference on Population and Development Programme of Action

Report¹

Social, Health and Family Affairs Committee

Rapporteur: Ms Christine McCAFFERTY, United Kingdom

Summary

2009 is the fifteenth anniversary of the International Conference on Population and Development Programme of Action; women, children and their families cannot wait any longer for the promises made fifteen years ago by leaders of 179 nations.

The rapporteur thinks that funding for this programme must increase, sexual and reproductive rights must be upheld, and policies should respond to needs and not be coercive. Health systems must be strengthened, in order to improve lives and achieve the promises of the Millennium Development Goals, in particular, Goal5 to improve maternal health.

A range of family planning, including emergency contraceptives, safe abortion, skilled birth attendants and obstetric emergency care, must be accessible, affordable, appropriate and acceptable to all, irrespective of age, community or country.

1. Reference to committee: [Doc. 11750](#), Reference No. 3509 of 26 January 2009.



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A. Draft recommendation

1. At the 1994 International Conference on Population and Development (ICPD) in Cairo, 179 countries agreed that population and development are inextricably linked and that empowering women and meeting individuals' and couples' needs on education and health, including reproductive health, were necessary for both individual advancement and international development. The conference adopted a Twenty-year Programme of Action, which focused on individuals' needs and rights rather than on achieving demographic targets.
2. Advancing gender equality, eliminating violence against women and ensuring women's ability to control their own fertility were acknowledged as cornerstones of population and development policies. The ICPD goals centred on providing universal education; reducing infant, child and maternal mortality; through universal access by 2015 to reproductive health care, which includes family planning, assisted childbirth and prevention of sexually transmitted infections (STIs) including HIV/AIDS.
3. The Parliamentary Assembly notes that while some progress has been made, achievements on education enrolment, gender equity and equality, infant child and maternal mortality and morbidity and the provision of universal access to sexual and reproductive health services, including family planning and safe abortion services, remain mixed. 113 countries have not reached the goals on gender equity and equality in primary and secondary education. An estimated 137 million women in 2007 had an unmet need for family planning and more than 500 000 women die every year from pregnancy-related causes, 99% of them in developing countries.
4. Furthermore, violence against women, particularly domestic violence and rape, is widespread, and rising numbers of women are at risk from AIDS and other STIs as a result of high-risk sexual behaviour on the part of their partners. In a number of countries, harmful practices meant to control women's sexuality lead to great suffering. Among them is the practice of female genital mutilation, which is a violation of basic rights and a major lifelong risk to women's health.
5. The Assembly draws attention to the fact that Europe is the world's largest donor of official development assistance (ODA). European states' ODA accounts for almost 70% of the total global population assistance. It is of concern that global ODA declined in 2007 for the second consecutive year.
6. The Assembly further notes with concern that even within Council of Europe member states, a large proportion of individuals and couples, particularly in central and eastern European countries do not have access to comprehensive sexual and reproductive health information, education and services. Member states need to prepare and/or review and update national as well as international population and development policies and strategies to ensure universal access to comprehensive sexual and reproductive health services with particular attention to ensuring access to affordable, acceptable and appropriate family planning methods, skilled birth attendants and obstetric emergency care to prevent unwanted pregnancies, abortions, STIs and maternal ill health and death.
7. The Assembly urges Council of Europe member states to compare progress made on sexual and reproductive health and rights policies and funding in the run-up to the fifteen anniversary of the ICPD Programme of Action and agree on priority actions to ensure its full implementation by 2015.
8. The Assembly calls on the Committee of Ministers to:
 - 8.1. review, update and compare Council of Europe members states' national and international population and sexual and reproductive health and rights policies and strategies;
 - 8.2. review and compare funding to ensure the full implementation of the ICPD Programme of Action by 2015;
9. In particular, the Assembly asks the Committee of Ministers to address specifically the challenges of:
 - 9.1. maternal mortality and morbidity, with a particular emphasis on reducing unsafe abortions, by:
 - 9.1.1. ensuring universal access to comprehensive sexual and reproductive health and rights information, education and services, with an emphasis on the provision of a variety of modern methods of family planning services and counselling, skilled birth attendants at birth and access to obstetric emergency care;
 - 9.1.2. ensuring that the specific needs of vulnerable populations, including migrants, minorities and rural populations are met, with attention to the provision of free sexual and reproductive health and rights services;

- 9.2. age-appropriate, gender-sensitive sexuality and relationship information and education in schools, by:
 - 9.2.1. ensuring that all school children receive such an information and education to prevent sexual coercion, STIs, unplanned pregnancies and subsequent abortions;
- 9.3. demographics, including migration, by:
 - 9.3.1. improving access to reproductive health supplies, with a particular emphasis on the provision of a variety of family planning methods to suit different populations;
 - 9.3.2. improving maternity pay and leave, access to childcare, flexible working hours for parents returning to work as relevant to countries' development;
 - 9.3.3. improving access to infertility treatment as relevant to countries' population and development;
- 9.4. HIV/AIDS and STI pandemic, by:
 - 9.4.1. developing and improving policies on STIs including HIV/AIDS. Policies need to include comprehensive prevention strategies with universal sexuality and relationship information and education, national information campaigns, access to affordable reproductive health supplies and non-judgmental voluntary counselling and testing and treatment and care for infected individuals;
 - 9.4.2. improving screening for reproductive tract cancers to minimise suffering, with particular reference to preventing cervical cancers, through appropriate access to Human Papilloma Virus (HPV) vaccines;
- 9.5. gender equality and relations, by:
 - 9.5.1. ensuring that policies are in place for women and men to access information, education and services needed to achieve good sexual health and equality and exercise their reproductive rights and responsibilities;
 - 9.5.2. ensuring active and open discussions on the need to protect women, young people and children from any abuse, including sexual abuse, exploitation, trafficking and violence including female genital mutilation, supported by educational programmes at both national and community levels. Victims must report violations and governments should establish the necessary conditions and procedures to encourage victims to report violations of their rights. Laws addressing those concerns should be enacted where they do not exist, made explicit, strengthened and enforced, and appropriate rehabilitation services provided;
- 9.6. funding the ICPD Programme of Action, by:
 - In European donor countries:
 - 9.6.1. ensuring that donor governments fulfil their commitment to allocate 0.7% of Gross National Income for ODA, despite the global economic crisis;
 - 9.6.2. ensuring that donor governments allocate 10% of ODA to population/sexual and reproductive health and rights reflecting the Parliamentary Statements of Commitments in Ottawa in 2002, Strasbourg in 2004 and Bangkok in 2006;
 - 9.6.3. ensuring that ODA is long-term and predictable to better support health planning and health systems strengthening with attention to country plans;
 - In recipient countries:
 - 9.6.4. ensuring that recipient countries' health budget reaches the agreed commitment, such as 15% of annual national budget as agreed by African leaders at the Abuja Summit in 2001;
 - 9.6.5. ensuring that two thirds of recipient countries' population/sexual and reproductive budget comes from the national budget and one third from the international donor community in aggregate, adapted to national needs and capacities;
 - 9.6.6. putting in place a system of "checks and balances" as ODA recipient governments are increasingly empowered by new ODA decision-making modalities. Civil society and parliaments must take their rightful place in decision-making;

9.6.7. encouraging countries to include in country health plans the new Goal 5 of the Millenium Development Goals: "Achieving universal access to reproductive health by 2015";

9.6.8. encouraging country ownership with the involvement of government officials, parliamentarians, civil society, the private sector and donors.

10. Based on the progress in the above fields, the Parliamentary Assembly encourages the Committee of Ministers to:

10.1. start developing a European convention on sexual and reproductive health;

10.2. review progress on the full implementation of the ICPD Programme of Action and agree on priority action to achieve universal access to sexual and reproductive health and rights by 2015.

B. Explanatory memorandum by Mrs McCafferty, rapporteur²

1. Introduction

1. The International Conference on Population and Development (ICPD) Programme of Action was signed in Cairo in 1994 by leaders from 179 nations. Consensus was reached to improve the quality of life and well-being of human beings and to promote human development by recognising the interrelationships between population and development policies aiming to achieve poverty eradication, sustainable economic growth, education, especially for girls, gender equity and equality, infant, child and maternal mortality reduction, the provision of universal access to reproductive health services, including family planning and sexual health, sustainable patterns of consumption and production, food security, human resources development and the guarantee of all human rights, including the right to development as a universal and inalienable right and an integral part of fundamental human rights.

2. In the ICPD Programme of Action, countries agreed on a range of demographic and social objectives as well as qualitative and quantitative goals to be achieved over a twenty-year period. It reflects the contribution that early stabilisation of the world population would make towards the achievement of sustainable development.

2. Council of Europe Parliamentary Assembly involvement in the International Conference on Population and Development (ICPD)

3. The Council of Europe Parliamentary Assembly has continuously been involved in monitoring the implementation of the ICPD Programme of Action.

4. The rapporteur refers to Assembly's [Recommendations 1683 \(2004\)](#) on sexual and reproductive health and rights in Europe, [1784 \(2007\)](#) on HIV/AIDS in Europe, [1515 \(2001\)](#) on demographic change and sustainable development, [1564 \(2002\)](#) on the state of the world population, [Resolution 1399 \(2004\)](#) on population trends in Europe and their sensitivity to policy measures ([Doc. 10923](#)) and the report on demographic challenges for social cohesion (3 May 2006).

5. In October 2004, the Assembly hosted the Second International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action (IPCI/ICPD), which was held in Strasbourg.

6. At this conference 130 parliamentarians and ministers from over 90 countries endorsed a commitment, including calls to:

- strive to devote at least 10% of national development budgets and development assistance to population and reproductive health programmes;
- mobilise an additional USD 150 million a year for reproductive health commodities;
- strengthen safe motherhood services and mount public campaigns supporting women;
- promote adolescent reproductive health and enforce laws on age of marriage;
- work to eliminate discrimination against girls;
- remedy the lack of qualified medical personnel in many countries.

3. Background to the International Conference on Population and Development (ICPD)

7. At the 1994 International Conference on Population and Development in Cairo, 179 governments adopted a twenty-year action plan. At the 2005 World Summit, leaders agreed to integrate the goal of access to reproductive health into national strategies to attain the Millennium Development Goals (MDGs) to end poverty, reduce maternal death, promote gender equality and combat HIV/AIDS. In October 2006, the United Nations General Assembly endorsed the addition of universal access to reproductive health as a monitoring target for measuring progress towards MDG 5: 5B - improve maternal health.

2. The rapporteur wishes to thank the European Parliamentary Forum on Population and Development for their contribution in the preparation of this report.

8. The ICPD Programme of Action called for universal access to reproductive health services and a sharp reduction in maternal deaths by 2015. It stated that if needs for family planning and reproductive health care are met, along with other basic health and education services, then population stabilisation will occur naturally, not as a matter of coercion or control. It emphasized the centrality of reproductive health - which it defined as "complete physical, mental and social well-being" in all areas related to reproductive systems.

9. The programme made commitments to meet those needs, so that individuals would have genuine choices about the timing and number of their children. The plan also acknowledged the central role of women and young people in the development process.

10. The rapporteur underlines, that the ICPD Programme of Action is firmly grounded in the affirmation of the human rights of all people and the need to empower women, whose rights have so often been denied, and to involve men.

11. The rapporteur notes with concern that the progress in meeting the Cairo goals has been mixed and in many parts of the world stalled or reversed.

- Globally, each year, 210 million women suffer from life-threatening complications of pregnancy, over half a million of women die from pregnancy-related causes, three million infants die in the first week of life, at least 120 million couples have unmet need for contraception, 80 million women have unwanted or unintended pregnancies and 340 million new cases of curable sexually transmitted infections (excluding HIV and other incurable viral infections) occur.³
- In the Council of Europe member states, the rapporteur welcomes the overall low levels of maternal mortality, but notes with concern the often high rates of unwanted pregnancies and subsequent abortions, as well as high teenage pregnancy rates in some countries.
- The rapporteur notes the low fertility rates in many member states, which individual countries may wish to address via improved policies on maternity leave, childcare and flexible working hours.
- The rapporteur remains concerned about the lack of comprehensive sexuality and relationship education in schools for young people and the unmet need for family planning. The Assembly further notes with great concern the increase in STIs including HIV/Aids⁴.

4. ICPD agenda and progress in the Council of Europe member states

12. The ICPD Programme of Action states: "The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights."

13. The rapporteur notes that the countries within Europe are making ongoing improvements in some aspects of reproductive health. Europe has one of the lowest maternal mortality rates in the world. Countries in the region have the highest use of modern contraceptives, with western and northern Europe having almost universal access and use of modern contraceptives.⁵ In the former Soviet Union countries, the efforts of international donors and governmental agencies have resulted in improved access to family planning information and commodities.⁶ The Assembly notes with concern, however, that despite efforts, many individuals and couples in the European region, particularly in the countries of central and eastern Europe, do not have access to quality contraceptive services and supplies and many women still resort to abortion to control fertility.

3. UNFPA/WHO Magazine *Entre-Nous*, No 67-2008, p. 3.

4. UNFPA Region for Eastern Europe and Central Asia made up of former Soviet Union States reports that the number of HIV infections rose from 30,000 in 1995 to an estimated 1.6 million in 2007. Most (90 per cent) of the newly reported HIV diagnoses occurred in two countries, the Russian Federation and Ukraine.

5. 95% of users in Western and Northern Europe are using the modern methods of contraception according to Demographic Research - online journal by the Max Planck Institute for Demographic Research Volume 19, Article 5, Pages 73-84, 01 July 2008 <http://www.demographic-research.org/Volumes/Vol19/5/>

6. p. 1341 Lancet Journal Volume 370, Number 9595, pages 1283-1382, October 13-19, 2007.

14. Member states need to improve education and information on reproductive health, as well as access to all family planning methods to reduce the number of unwanted pregnancies, abortions and STIs including HIV infections. A comprehensive approach to full continuum of reproductive, maternal and newborn care would also ensure coverage of deliveries by skilled birth attendants with access to emergency obstetric care to address complications and appropriate post-partum services.

15. Many countries in Europe have developed and approved national sexual and reproductive health strategies, policies and/or programmatic documents, but many have not and some need updating. Many member states who are now overseas development donors need to develop international sexual and reproductive health and rights strategies and policies.

Challenges

16. While some progress has been made, in certain areas of sexual and reproductive health and rights progress is mixed and unacceptable. There is a clear need for political leadership to take urgent and concerted action or many millions of people will not realise their basic sexual and reproductive health and rights both within Europe and internationally.

17. Progress has been made in enrolling more children into school, in the developing world. Enrolment in primary education increased from 80% in 1991 to 88% in 2005.

18. Child mortality has declined globally, however over half a million women still die each year from treatable and preventable complications of pregnancy and childbirth. The chances that a woman will die from these causes in sub-Saharan Africa are one in sixteen, over the course of her lifetime, compared to one in 3 800 in the developed world.

19. The number of people dying from AIDS worldwide increased to 2.9 million in 2006, and prevention measures, are failing to keep pace with the growth of the epidemic. In 2005, more than 15 million children had lost one or both parents to Aids.

20. The provision of universal access to reproductive health, the new MDG target 5B, must be incorporated into national development plans, backed by adequate predictable financing.

4.1. Maternal mortality and morbidity and unsafe abortion

21. The rapporteur notes with concern that 99% of all maternal deaths occur in developing countries, where 85% of the population lives. More than half of these deaths occur in sub-Saharan Africa and one third in South Asia. The maternal mortality ratio in developing countries is 450 per 100 000 live births versus 9 per 100 000 live births in developed countries. Maternal mortality ratios are greater than 1000 per 100 000 live births in fourteen countries, those countries being Afghanistan, Angola, Burundi, Cameroon, Chad, the Democratic Republic of the Congo, Guinea-Bissau, Liberia, Malawi, Niger, Nigeria, Rwanda, Sierra Leone and Somalia⁷.

22. Attendance at delivery by a skilled birth attendant who is trained to monitor and detect problems early and treat or refer to emergency obstetric care is essential to reduce maternal mortality and morbidity. The regions with the lowest numbers of skilled birth attendants at birth are South Asia and sub-Saharan Africa, which correlates to the high number of maternal deaths. The leading causes of maternal death in developing countries are haemorrhage, prolonged obstructed labour, infections, pre-eclampsia and unsafe abortions. Malnutrition and anaemia are major indirect contributors to maternal deaths. Gender equality and women empowerment is paramount to improving maternal health.

23. Maternal mortality in eastern Europe is estimated to be twice as high as that in western Europe and complications from abortions, especially those performed in unsafe conditions, are among the leading causes of maternal death. The reasons behind these high numbers are a lack of access to information, education and services and restrictive abortion laws. In the Republic of Moldova in 2003, 50% of maternal deaths were caused by unsafe abortions and between 1990-2002, 30% of all maternal deaths were related to unsafe abortions. In Ukraine in 1998, 35% of maternal deaths were due to unsafe abortions, in 2002 this reduced to 23% and in 2003 there were no registered maternal deaths due to unsafe abortions. In the whole European region, the estimated number of unsafe abortions varies from 500 000 to 800 000 annually.⁸ The rapporteur

7. Source: WHO Website on Maternal Mortality:
http://www.who.int/making_pregnancy_safer/topics/maternal_mortality/en/index.html

8. Source: p. 5 *Entre-Nous*, the European Magazine for sexual and reproductive health, WHO Europe and UNFPA. *Abortion in Europe*. No 59, 2005.

stresses that according to the ICPD Programme of Action (paragraph 8.25) “in circumstances where abortion is not against the law, such abortion should be safe”, whereas legality remains to be determined by the member states.

4.2. Reproductive Health Supplies and Access to modern Contraceptives

24. Global contraceptive prevalence increased slowly from 55% in 1990 to 64% in 2005, but remains low in sub-Saharan Africa, at 21%. Preventing unplanned pregnancies could avert one quarter of maternal deaths. An estimated 137 million women have an unmet need for family planning. An additional 64 million women are using traditional methods of contraception with high failure rates.

25. The rapporteur notes with concern that in many countries including in the eastern and central European region, high costs and poor quality services, restrict access to care. Free or subsidised services including contraceptives and improved quality of care would improve contraceptive uptake and subsequent health outcomes. Unmet need for family planning in Armenia is 15%,⁹ in Ukraine 18% and in Georgia 24%.

26. Four contraception methods (female sterilisation, oral contraceptive, injectables and intrauterine device) account for 75% of total contraceptive use among married women globally.¹⁰ The rapporteur notes that as reproductive health needs of women vary greatly, the provision of a range of different methods of family planning can improve contraceptive uptake, satisfaction and continuation.

4.3. Effects of urbanisation

27. The rapporteur stresses the effect of the recent economic transition and the trend to urbanisation in some Council of Europe member states, which results in a rapid decrease of urbanised young families and a considerable increase of single parent families. The members states have to ensure that they meet the need for quality sexual and reproductive health services, which is rapidly increasing alongside the increased need for family services in the modern metropolitan areas.

4.4. The need for sexuality and relationship education

28. The rapporteur notes the fact that a large cohort of young people has now entered their reproductive years and specific measures must be taken to ensure confidential, youth-friendly sexual and reproductive health and rights services.

29. Young people are often concerned about confidentiality and lack the knowledge and skills to negotiate safe sex and are vulnerable to engage in risky sexual behaviour.

30. There is strong international evidence that school-based sexuality and relationship education is effective in reducing high-risk sexual behaviour and has a positive effect on knowledge and awareness of risk, values and attitudes.¹¹ The rapporteur is concerned that in many Council of Europe member states, the issue of including sexuality and relationship education into the school curriculum has not been recognised as a nationally important issue or priority, when it should be seen as an important component in broader initiatives to improve the health and well-being of young people.

4.5. Demographics, including migration

31. The pace of growth of the world's population has increased markedly through the last century. While the pace is slowing this century, we can anticipate a further 50% increase in the world's population by 2050.

32. Population momentum, unwanted pregnancies and high fertility desires are the drivers of population growth, and they vary dramatically in different world regions.

33. Many experts agree that world population growth poses a serious threat to human health, socio-economic development, and the environment.

9. The percentage of fecund, married women who say they would prefer to avoid a pregnancy but are not using any method of contraception (USAID Fact Sheet – Family Planning in Europe and Euroasia 2008).

10. Contraception Overview of the DCP Chapter Gaverick Matheny Dept Health Policy & Mgmt, Johns Hopkins University, World Bank, 12 July 2007.

11. Kirby, Laris and Rolleri, 2005 in Sexuality Education in Europe - a reference guide to policies and practices, 2006 IPPF EN, p.17.

34. Everything else being equal, high levels of fertility and population growth make it far more difficult for families and societies to overcome poverty than would otherwise be the case.
35. Satisfying the unmet need for contraceptive services alone in developing countries would avert 52 million unintended pregnancies annually, which, in turn, would avert the loss of more than 1.5 million children's lives and prevent over 500 000 children from losing their mothers.
36. By keeping young adults healthy and productive, by allowing parents to have smaller families and thus devote greater time and financial resources to each child, and by reducing public expenditures on education, health care and other social services, sexual and reproductive health services contribute to economic growth and equity.
37. Progress through the demographic transition also helps reduce the risk of civil conflict and thus contributes to a more peaceful and secure world.
38. A lack of access to sexual and reproductive health information and services and subsequent population growth, particularly in the poorest countries, continue to pose significant challenges to development and the attainment of the Millenium Development Goals (MDG).
39. The rapporteur notes the very low birth rates throughout Europe. A majority of countries have total fertility rates (TFR) below 1.5 children per women with a number of these countries the rate being below 1.3.¹² Recent research suggests that the era of the very lowest fertility seems to have ended, but continued monitoring is needed to determine its validity and future progress.
40. The rapporteur urges the Council of Europe member states to formulate national policies which include family benefits, such as maternity pay, parental leave and high-quality universal childcare.
41. 10-12% of Europeans experience infertility in part due to undiagnosed STIs and in part due to an increase in women postponing motherhood to later years. Fertility decline with age and the risk of miscarriage also increases with age. The rapporteur welcomes infertility treatment offered in many European countries. In the Nordic countries, 6-7%¹³ of children are born as a result of infertility treatment. Member states are urged to invest in infertility research and equal access to the treatment.
42. International and national migration is increasing, which is a challenge to health care planners.
43. The rapporteur expresses her concern that to date, national and local health authorities of the Council of Europe member states have given little attention to the health of migrants. Reproductive health challenges include a lack of awareness of family planning and reproductive health services available in host countries, together with cultural barriers to family planning. Immigrant women are often seen late in pregnancy and at late onset of disease.¹⁴ In the Netherlands, high abortion rates are found among people of non-Dutch origin. In Germany, young people from migrant families have little sex and relationship education at home.¹⁵

4.6. HIV/AIDS and STI

44. Globally, 4.3 million people were newly infected with HIV in 2006, with Eastern Asia and the Commonwealth of Independent States showing the fastest rates of infection. In South and South-East Asia, people are most often infected through unprotected sex with sex workers. The use of non-sterile injecting drug equipment remains the main mode of HIV transmission in CIS countries (former Soviet Republic). As of December 2006, an estimated 2 million people were receiving antiretroviral therapy in developing countries. This represents 28% of the estimated 7.1 million people in need. Though sub-Saharan Africa is home to the vast majority of people worldwide living with HIV (63%), only about one in four of the estimated 4.8 million people there who could benefit from antiretroviral therapy are receiving it.

12. *Entre Nous* Magazine, WHO/UNFPA, issue 63 (2006), p. 4.

13. *Entre Nous* Magazine, WHO/UNFPA, issue 63 (2006), p. 11.

14. Female Migrants, Reproductive Health, HIV/AIDS and the Rights of Women, Dr Manuel Carballo Executive Director International Centre for Migration and Health Geneva, Switzerland in p. 93 « Female migrants: Bridging the Gaps throughout the life cycle. Selected Papers from the UNFPA-IOM Expert group meeting New York 2-3 May, 2006, UNPFA-IOM.

15. *Entre Nous* Magazine, WHO/UNFPA, numéro 67 (2008), p. 10 et p. 21.

45. The rapporteur is concerned about the sharp increase in STIs including HIV in some member states. Of particular concern are STIs in some countries of eastern Europe and the Commonwealth of Independent States. Most (90%) of the newly reported HIV diagnoses occurred in two countries, the Russian Federation and Ukraine. While the incidence of reported syphilis is below two per 100 000 and gonorrhoea is below twenty per 100 000 in Western Europe, epidemic levels have been reached in Eastern Europe.¹⁶

4.7. Cancer of the reproductive system¹⁷

46. Reproductive health cancers are of concern and often a neglected area in health care planning. Preventing reproductive health cancers via universal screening programmes must be a priority.

47. The rapporteur is particularly concerned about the rise of reproductive cancers in many European countries.

- The incidence of breast cancer is rising among women in many European countries, affecting up to one in sixteen women.
- Approximately 50 000 women in Europe are diagnosed with cervical cancer and almost 25 000 die each year.

48. Evidence shows that well-organised screening and cytology can reduce mortality and morbidity when treatment services are available. The new Human Papilloma Virus vaccine is also of great importance to reducing cervical cancers.

Europe's international responsibility – policy and funding to ensure the full implementation of the ICPD Programme of Action

4.8. Gender equality and equity and education

49. Net enrolment ratio in primary education in the developing countries increased to 88% in the school year 2004/2005, up from 80% in 1990/1991. Although sub-Saharan Africa has made significant progress over the last few years, it still trails behind other regions, with 30% of its children of primary school age out of school. Girls are still excluded from education more often than boys, a pattern that is particularly evident in West and South Asia.

4.9. Funding the ICPD Programme of Action

50. In 1994, at the ICPD, 179 nations committed themselves to the goal of universal access to reproductive health by the year 2015 at an estimated cost of US\$ 20.5 billion. At the 2005 World Summit, world leaders committed themselves to MDG target 5B of achieving "Universal access to reproductive health by 2015". Funding to achieving above goal was revised in 2009 at the UN Commission on Population and Development. Investment of US\$ 64.7 billion is needed in 2010 for sexual and reproductive health and rights and population programmes to reduce poverty, promote development and curtail maternal death. In 2013 US\$ 68.6 billion is needed and in 2015 US\$ 69.8 billion is needed. One third of these sums are expected as international assistance, while the remaining two thirds would be domestic investments by developing nations. The US\$ 64.7 billion figure for 2010 is broken into work categories adopted in Cairo. The total 2010 costs for sexual and reproductive health and rights, which include family planning and maternal health, are estimated at US\$ 27.4 billion ; US\$ 32.5 billion for HIV/AIDS ; and US\$ 4.8 for basic research, data collection and policy analysis.¹⁸

51. The rapporteur underlines, that Europe is the world's largest donor of ODA. The aid programmes of the European States account for almost 70% of ODA.

52. The rapporteur welcomes the fact that European support to sexual and reproductive health and rights-related organisations in 2006 increased to US\$ 1.75 billion, i.e. a 27% increase over 2005. The sexual and reproductive health and rights-related organisations which benefited the most were UNFPA, UNAIDS, GFATM, UNIFEM and IPM also benefited from the increase in multi-lateral spending. Funding to the world's largest sexual and reproductive health and rights NGO, IPPF, remains steady.

16. Website of WHO Euro zone : http://www.euro.who.int/aids/sti/20021128_1#_ftn1

17. Information based on various articles from WHO Entre Nous Magazine No 64 (2007).

18. Commission on Population and Development, 42nd session, 30.03-3.04 2009: "Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development" Report of the Secretary-General.

53. The United Kingdom, the Netherlands, European Commission, Sweden, Norway and France remained the largest bilateral donors to population assistance, allocating over US\$ 150 million in 2005.

54. In spite of these efforts, the rapporteur notes its concern that¹⁹:

- according to the 2008 OECD report, ODA declined for the second consecutive year down to 15% for Development Assistance Committee (DAC) Members and 9% for the EU DAC Members in 2007 compared to 2006.
- while population assistance of OECD member states dramatically increased from 1995-2005, most of this went to HIV/AIDS (72% of 2005 total). Funds for family planning represent the second smallest percentage of the total (7% of 2004 total) and have decreased in recent years. Funds for basic reproductive health has remained relatively stable (17% of 2004 total), while funding for population research has decreased to its lowest level (4% of 2004 total);
- many European donors are disbursing their funds via “budget support”. Whilst this is welcome if country plans include sexual and reproductive health and rights, it is of concern if they are excluded. Budget support ensures that the funds are aligned with the developing countries’ plans and priorities, but the European Court of Auditors (ECA)²⁰ recently revealed that this mode of funding makes it difficult to track where the funds go and it is often impossible to evaluate whether specific areas within a given sector receive aid – such as sexual and reproductive health within the health sector;
- climate change, the energy crisis, the food crisis and the financial/economic crisis are placing developing countries at serious risk, as their economies’ growth depends upon increased export revenues, foreign direct investments and remittances from abroad.²¹ Reducing donor aid at this time would create serious implications for affordable reproductive health supplies. Donors should continue to assist countries in strengthening their healthcare programmes and maintain aid flows, in line with internationally agreed goals (MDGs). Diminishing funding now would exacerbate poverty and further challenge climate change;
- international and national data collection on sexual and reproductive health and rights input, outcome and impact indicators is important for monitoring and evaluating programme work.

55. Finally, the rapporteur recommends that the Parliamentary Assembly, through its Social, Health and Family Affairs Committee, contribute to the International Parliamentary Conference on the Implementation of the ICPD Programme of Action to be held in October 2009 and help establish all-party parliamentary groups on population and development in national parliaments.

Reporting committee: Social, Health and Family Affairs Committee

Reference to committee: Doc. 11750, Reference No. 3509 of 26 January 2009

Draft recommendation adopted by the committee on 11 June 2009

Members of the committee: Ms Christine **McCafferty** (Chairperson), Mr Denis **Jacquat** (1st Vice-Chairperson), Ms Darinka Stantcheva (2nd Vice-Chairperson), Ms Liliane Maury Pasquier (3rd Vice-Chairperson), Mr Frank Aaen, Ms María del Rosario Fátima **Aburto Baselga**, Mr Francis **Agius**, Mr Konstantinos Aivaliotis, Mr Farkhad Akhmedov, Mr Vicenç Alay Ferrer, Mr Milos Aligrudić, Ms Magdalena Anikashvili, Ms Sirpa Asko-Seljavaara, Mr Jorodd **Asphjell**, Mr Lokman **Ayva**, Mr Mario Barbi, Mr Andris Berzinš, Mr Roland **Blum**, Ms Olena Bondarenko, Ms Monika Brüning (alternate: Mr Hubert **Deittert**), Ms Bożenna Bukiewicz, Ms Karmela Caparin, Mr Igor Chernyshenko, Mr Agustín **Conde Bajén**, Mr Imre **Czinege**, Mr Karl Donabauer, Ms Emilia **Fernández Soriano**, Ms Daniela Filipiová, Mr Ilja Filipović, Mr André Flahaut, Mr Paul Flynn (alternate: Baroness Anita **Gale**), Mrs Doris Frommelt, Mr Marco Gatti, Mr Ljubo Germič, Ms Sophia Giannaka, Mr Marcel Glesener, Mr Luc **Goutry**, Mrs Claude Greff, Mr Michael **Hancock**, Mrs Olha **Herasym'yuk**, Mr Ali Huseynov, Mr Fazail Ibrahimli, Mrs Evguenia Jivkova, Mrs Marietta **Karamanli**, Mr Włodzimierz Karpiński, Mr Andrés Kelemen, Mr Peter Kelly, Baroness Knight of Collingtree (alternate: Mr Tim **Boswell**), Mr Haluk **Koç**, Mr Oleg Lebedev, Mr Paul Lempens, Mr Andrija Mandić, Mr Bernard **Marquet**, Mr Félix Müri, Ms Christine **Muttonen**, Ms Carina Ohlsson, Mr Peter Omtzigt, Ms Lajla

19. Information and summary based on the research Euromapping 2008 on European Development Aid and Population Assistance by EPF, EuroNGOs and DSW.

20. Special Report of the European Court of Auditors No 10/2008 released in January 2009.

21. Justin Yifu Lin, Senior Vice President and Chief Economist. The World Bank Korea Development Institute: The Impact of the Financial Crisis on Developing Countries. Seoul, October 31, 2008 (retrieved from www.worldbank.org)

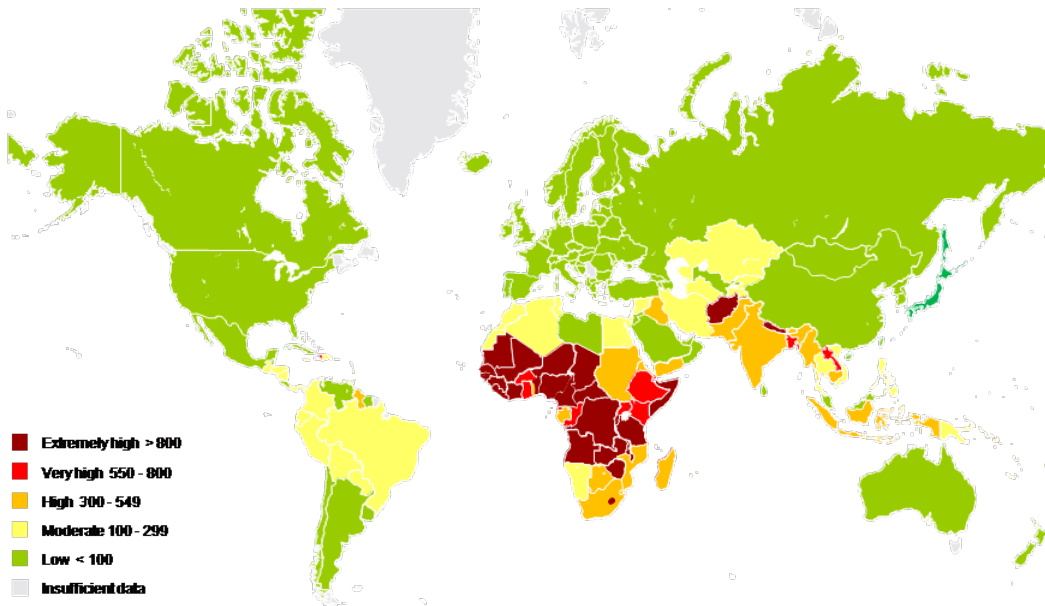
Pernaska, Mr Zoran Petreski, Ms Marietta **de Pourbaix-Lundin**, Mr Cezar Florin Preda (alternate: Mr Josif **Veniamin Blaga**), Ms Vjerica Radeta, Mr Walter Riestler, Mr Nicolae **Robu**, Mr Ricardo **Rodrigues**, Ms Maria de Belém Roseira, Ms Marlene **Rupprecht**, Mr Indrek Saar, Mr Maurizio Saia, Mr Fidas Sarikas, Mr Ellert Schram, Ms Anna Sobecka, Ms Michaela Šojdrová, Ms Arūnė Stirblytė, Mr Oreste Tofani, Mr Mihai **Tudose**, Mr Oleg Tulea, Mr Alexander Ulrich, Mr Mustafa **Ünal**, Mr Milan Urbáni, Mr Luca **Volontè**, Mr Victor Yanukovich (Mr Ivan **Popescu**), Mr Valdimir Zkidkikh, Ms Naira Zohrabyan

N.B.: The names of the members who took part in the meeting are printed in **bold**

Secretariat of the committee: Mr Mezei, Ms Lambrecht, Ms Arzilli

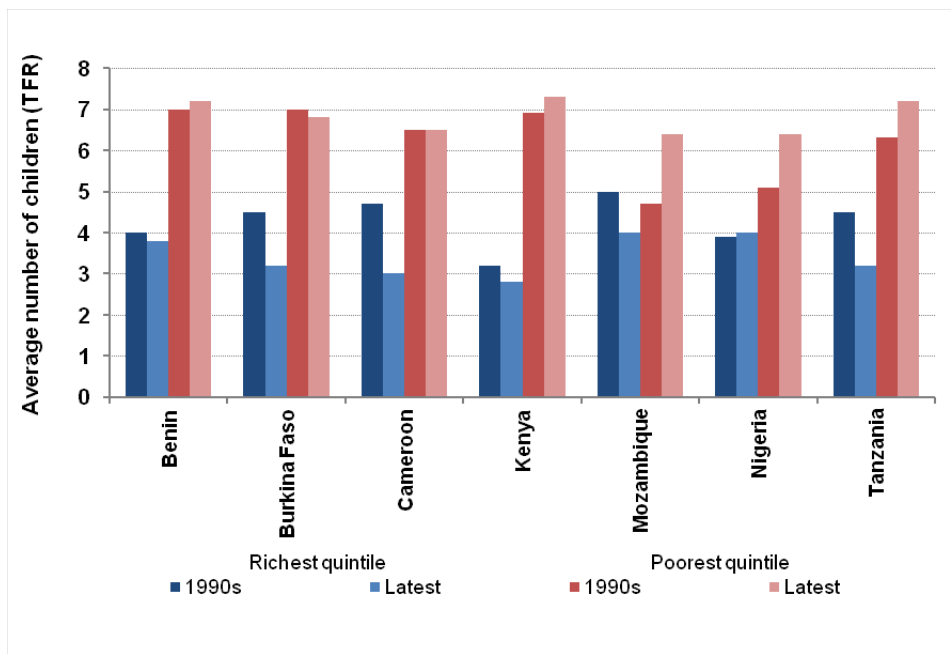
Appendix – Figures

Figure 1: Worldwide Maternal Mortality Ratio 2006



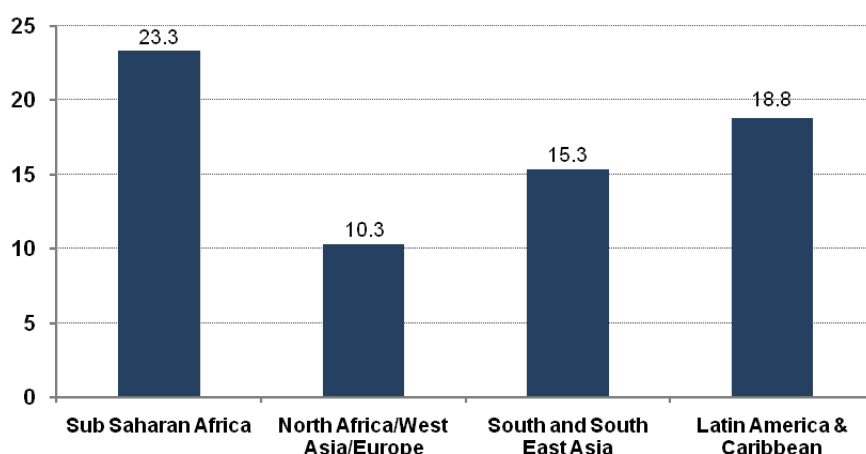
Source: The World Bank, World Development Indicators, 2008

Figure 2: Average number of children for richest and poorest quintiles



Source: African Population and Health Research Centre, written evidence to APPG on PD&RH, 2007

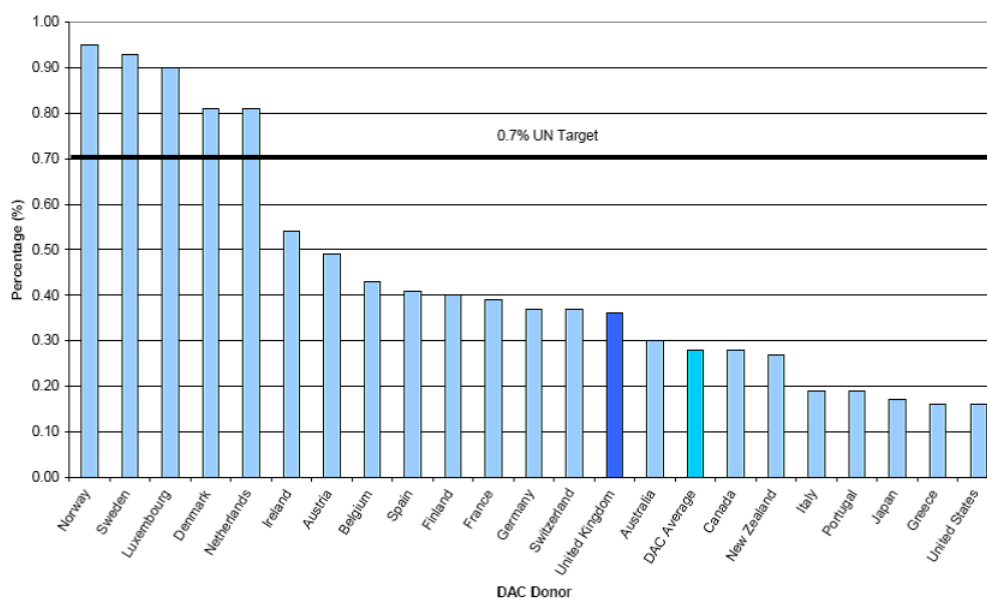
Figure 3: Unmet need²² for Family Planning



Married Women of childbearing age (%)

Source: Demographic Health Survey, Measure DHS STATcompiler, 2008

Figure 4: Provisional net ODA/GNI ratios for DAC donors 2007

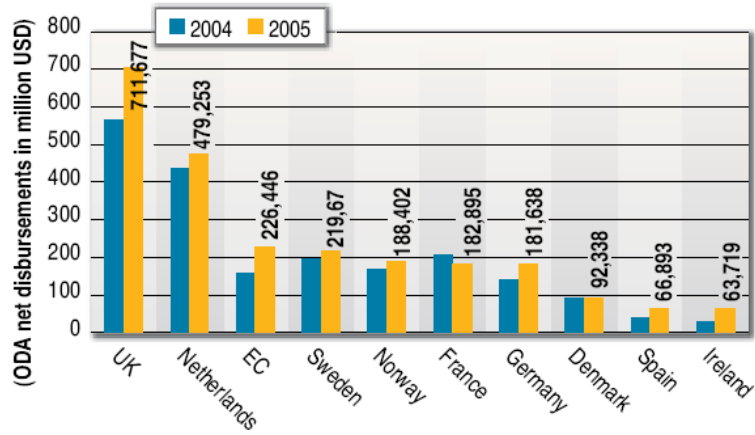


Source: UK Department for International Development's (DfID) Annual Statistics on International Development, 2008

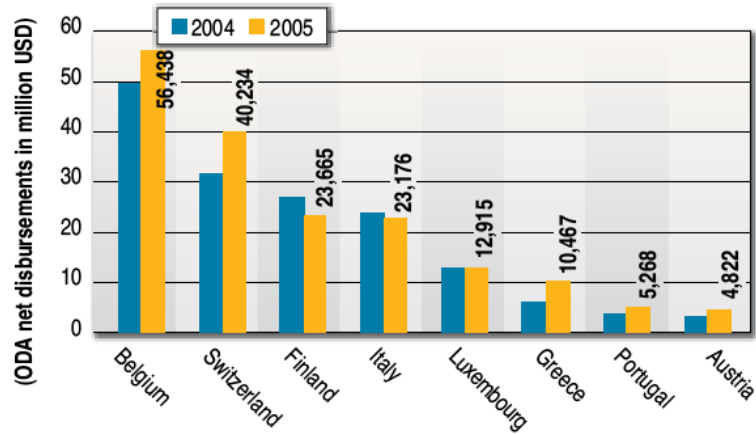
22. A woman has an unmet need for family planning if she is married, in a union or sexually active, and is able to conceive; wants no more children or does not want to have a child in the next two years; and is not using any modern contraception.

Figures 5 and 6: Country spending on sexual and reproductive health and rights/population activities

Spending on population assistance



Source: UNFPA, "Financial Resource Flows for Population Activities in 2005"



Source: UNFPA, "Financial Resource Flows for Population Activities in 2005"

Source: UNFPA, "Financial Resource Flows for Population Activities in 2005"