CHAPTER 12

PROGRESS IN POLICY-MAKING IN POPULATION AND REPRODUCTIVE HEALTH ISSUES

Jörg F. Maas and Christian Resch

Preface

The year 2004 marks the very important tenth anniversary of the 1994 International Conference on Population and Development and its so-called Cairo Programme of Action. The decennial review process, however, will take place in troubled waters for many reasons, some of which will be outlined in the subsequent sections. Financing is always a problem in development cooperation (it is sometimes considered to be *the* problem) – but nowadays new challenges have arisen, e.g. opposition to the very concept of reproductive health, a lack of commitment to population issues, etc.

Nevertheless, in good tradition, the UNECE took on the duty of organising a follow-up to Cairo from the perspective of the 'Greater European region': the European Population Forum, held in January 2004 in Geneva.

It was an honour and pleasure for the German Foundation for World Population (*Deutsche Stiftung Weltbevölkerung*-DSW) to have been invited to present a paper to this meeting of distinguished experts and representatives of governments, international organisations, non-governmental organisations, the media and academia. We contributed from our special perspective as an independent, largely privately funded, development organisation that engages in the field of sex education in the countries of Africa and Asia, and which has a strong involvement in media, public awareness and advocacy work in Germany and Europe-wide.[1]

As we specialise in the fields of applied demography and sexual and reproductive health programming, we want to state at this stage that we cannot provide the in-depth knowledge of demographic developments as a demographic institute could do. What we have selected to present in this paper are simply the trends that we deemed helpful in order to make political judgements. This basic information is important if one wants to understand the political debate on the issue, as far as the UNECE region and the global impact of countries in this region are concerned.

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Introduction

Even though these questions may not be its top priority, the UNECE has a tradition of addressing population and sexual and reproductive health issues:

- A European Population Conference was organised by the UNECE in Geneva in 1993 jointly with the Council of Europe and the United Nations Population Fund (UNFPA). The Recommendations of the European Population Conference (United Nations, 1994a) were adopted and served as a basis for discussion at the International Conference on Population and Development (ICPD) held in Cairo in September 1994. The focus of the recommendations were national and regional commitments to population and sexual and reproductive health issues, as well as the relationship of these issues to international and global development. This report contributed to the content of the Programme of Action (United Nations, 1994b), adopted at the ICPD in 1994.
- In 1998, in the context of the quinquennial follow-up process to the Cairo conference, the UNECE again followed up relevant issues at the Regional Population Meeting in Budapest. This event was organised in cooperation with UNFPA and the Hungarian Statistical Office. Conclusions on a range of topics were agreed upon (UNECE, 1999). These were reflected at the Twenty-First Special Session of the United Nations General Assembly that adopted a resolution on 'Key Actions for the Further Implementation of the Programme of Action

[1] For more information, please visit http://www.dsw-online.de/english/index.html for an English-language version of our website.

of the International Conference on Population and Development' (United Nations, 1999).

As we are approaching the ICPD's tenth anniversary in 2004, the UNECE has again been asked to convene a forum of interested participants to share their views and experiences of recent developments in population and sexual and reproductive health issues. This background paper will try to give an overview of the political scene in this regard. In order to achieve this within a limited space, it was necessary to select examples and to focus on some points while leaving aside others. This is even more necessary since UNECE membership not only bridges three continents – America, Europe and Asia (including the Middle East) – it also includes some of the most diverse economies and political contexts. Some examples of this multi-facetted diversity are that:

- number 1 on this year's UNDP Human Development Index (UNDP, 2003) rank list and number 113 on this list are both members of UNECE[2];
- both major donor countries for official development assistance on the one hand and receiving countries on the other hand are situated in the region;
- both long standing and well-established democracies are members, together with countries where democratic procedures and institutions are fragile, and where the rule of law, as well as human rights are threatened;
- countries enjoying the privilege of peace, and countries which have been affected by armed conflict during the 1990s or even up to today can be found represented in the Forum, too.

These few examples give an insight into the breadth of UNECE membership and its political challenges, without, of course, describing the complete picture.

Building on the experiences of earlier UNECE events – as mentioned above – and from the discussions at ICPD-related meetings of the general UN bodies, the following three dimensions will be examined in this paper:

(1) The national perspective

Before analysing population and reproductive health issues at the national level, a brief overview will be given of recent findings in demography in order to facilitate a better understanding of the national trends.

We will then examine the demographic and reproductive health developments that the UNECE countries are typically facing: ageing, migration and HIV/AIDS. Secondly, the implications of these developments for the political debate are analysed, taking into account how the Cairo Programme of Action is connected to this.

(2) The regional dimension

In the UNECE region, three major international organisations deal with population and sexual and reproductive health and rights at the political level:

(i) The UNECE

(ii) The Council of Europe

(iii) The European Union (EU).

The second section will thus take a closer look at the political activities and processes that take place in these different intergovernmental and supranational institutions. In particular, several policy documents will be analysed in detail. Some of these documents were adopted at meetings such as the European Population Forum, others during regular legislative processes.

(3) The Current Political Situation

The Cairo Programme of Action was adopted by consensus in 1994. However, nowadays it is facing strong opposition, in particular from the current United States Administration. The final section will first describe what the main features of the actual consensus were, i.e. the concept of reproductive health. Secondly, the opposition in the United States and in Europe will be analysed. Thirdly, a synopsis of other factors that are contributing to the current shortfall in funding for the Cairo topics will be provided.

Finally, some conclusions will be drawn on what kind of action is required on the political scene in the UNECE region, and the problems that lie ahead, based on the preceding analysis.

The national political scene

Global demographics: the world divided into four groups

Before analysing the national political debates around population issues, in this first section a brief overview will be provided on recent scientific findings in demography (Population Reference Bureau, 2003).

For a very long period, international demographic studies highlighted two major facts. In industrialised countries with good health and hygiene infrastructures, with universal primary education, and ready access to contraceptives, people tend to have fewer children at a later stage in life and they tend to live longer. On the contrary, in developing countries with poor health and hygiene infrastructures, with weak school systems, and

[2] Norway and Tajikistan.

where contraceptive supplies are lacking, both the fertility and mortality rates are high, and the age structure is very much like a pyramid with the biggest segments at the bottom.

However, in the past few years, this has changed. Neither wealthy nor poor countries can be seen as monolithic blocks, as far as their demographic development is concerned. Major research institutes highlight the existence of diverging trends in this area. From an overall viewpoint, global population growth is still relatively strong, with a doubling period of 54 years. This situation is quite clear: by the year 2050, according to the most recent projections of the United Nations Population Division, world population will have reached 8.9 billion. However, when looking at the world regions, the patterns are less homogenous, and thus cannot lead to political conclusions without in-depth analysis. Demographic scientists have developed a model that tries to reflect this new and more diverse picture. In recent publications, countries are divided into four groups of different demographic patterns.

(i) Countries with low fertility and a (soon to be) shrinking population

This first group is comprised of countries whose fertility rate has been well below the replacement level of 2.1 children per woman for a considerable period of time. Due to the low fertility rate, the population of these countries has already begun to decrease or will start to do so in the first half of the 21st century. Most industrialised countries are in this category. Moreover, many countries of the former USSR are also in this group. This group of countries is clearly very diverse, yet they show similar traits regarding population growth, although for very different reasons. Whereas in industrialised countries low fertility rates are, in general, due to informed decisions to have fewer children, and the average life expectancy is high due to good health services, in the former Soviet Republics the difficulties of economic transition, poor health systems, and widespread sexually transmittable diseases have led to low fertility rates together with lower life expectancy. The combination of these factors and, in addition, high (although declining) levels of child mortality result in comparable population dynamics.

An example from this group is Sweden, where the fertility rate is 1.6 children per woman, the child mortality rate is 3.7 deaths of children in their first year per 1,000 live births. Overall life expectancy is 80 years. In Kazakhstan, the fertility rate is somewhat higher at 1.8, but the child mortality rate is 19 per 1,000 and overall life expectancy is only 66 years. In both cases, as different as they are, the natural growth rate is minimal - 0.0 per cent per annum in the case of Sweden and 0.5 in the case of Kazakhstan.

In this connection it should be noted that around 1 million people are living with HIV/AIDS in the Russian Federation, one of the countries in this group (UNAIDS, 2003). Risky behaviour, such as intravenous drug use, is driving the epidemic there. However, due to a lack of sex education and adequate information on HIV/AIDS, and due to a lack of reproductive health supplies, such as condoms, there is the looming danger that the Russian Federation will be hurt by HIV/AIDS in multiple ways: economy, politics, security as well as population structure.

(ii) Countries with declining fertility and slow population growth

Countries of this second group are characterised by the expectation that their population will start to decline in the second half of the 21st century. The spectrum is, again, very wide. On the one hand, the only industrialised country with a fertility rate that for a very long time has remained above replacement level, the United States, is classified in this group. However, it has recently fallen and is now below replacement level. It is hard to say in which direction the United States will go, since the effects of immigration are difficult to predict. On the other hand, East Asian countries like China and Taiwan, and both Koreas show similar patterns in population terms. The common feature of these countries is that life expectancy is high or very high in most of them (United States 77, Canada 79, Korea 76, China 71 years) whereas child mortality differs considerably (United States has 6.9 deaths of children in their first year per 1,000 life births while China has 32).

(iii) Countries with slow population growth and rising mortality

The third group consists of countries where growth is advancing slowly but mortality is rising quickly, mainly due to the HIV/AIDS pandemic. Many of these countries are situated in Africa where HIV infection rates can be as high as 39 percent, e.g. in Botswana. Nevertheless, HIV/AIDS is spreading very quickly in Asia and some of these countries are considered to be 'next wave' countries. India is among them and the Russian Federation is one UNECE country that could easily shift to group (iii).

(iv) Countries with rapid population growth

The fourth group is defined as countries with rapidly growing populations. Most of them belong to the group of least developed countries, many of them in sub-Saharan Africa. The

population of the least developed countries will grow – according to UN estimates – from 668 million now to 1.7 billion in 2050. This will create huge development challenges including the establishment of adequate health and educational infrastructures, the provision of food and economic development. No UNECE members fall into this category.[3]

With this categorisation of demographic patterns in mind, we will now discuss the political impact of population issues and matters of reproductive health in countries of the UNECE region. The selection of countries that will be examined is, of course, not exhaustive. However, by highlighting certain developments which apply to more than one country, this will lead us to a number of more generally applicable political recommendations.

Ageing

Sexual and reproductive health is being well taken care of in most developed countries. Sex education is part of the school curriculum, and family planning services and ante- and postnatal medical services are widely available. In countries of the first group, it is rather the long-term effect of the declining fertility rate that has evolved as a policy issue. The effects of ageing can be studied by looking at a European country such as Germany. A political debate has stemmed from the adverse impacts of this development and it is currently in its 'hot' phase. The government has proposed a sustainability (i.e. demographic) factor to be taken into account in administering the official pension system, and, in addition, to de facto pension cuts for 2004. Why is the demographic and reproductive health situation leading to such measures?

The best summary on demographic developments in Germany can be found in the *Zeitschrift für Bevölkerungswissenschaft*, published by the Federal Institute for Population Research (Schwarz, 2001):

"82.2 million people lived in Germany at the beginning of 2000, including 7.3 million foreigners or 9 per cent of the population. Population growth has slowed over the past years. There are two reasons for this: a continuing surplus of deaths over births, which was almost 80,000 in 1999 and the smaller surplus of arrivals over departures. [...]

The proportion of the population that is 60 or older is now 23 per cent and the proportion of children and young people under 20 is 21 per cent. In contrast, they account for 8 and 27 per cent, respectively, of foreigners living in Germany. If there were to be no further immigration, there would be an accelerating decline in the population in the decades to come, and at the same time the proportion of people aged 60 and over would approach 40 per cent. However, even with immigration preventing too great a decline in the population, one must presume that the proportion of elderly persons over 60 will continue to increase to more than 30 per cent. [...]

For roughly 25 years, the fertility level has been roughly one third below replacement level. For 1998 this gives rise to a total fertility rate of 141 births per 100 women in Western Germany. [...] Of all 35- to 39-year-old women, 26 per cent were childless whilst 13 per cent of married women were childless. Childlessness is even more widespread in the cities where today up to one third of women who are almost 40 are unmarried. [...]

Life expectancy, the most highly summarising measure of mortality trends, has increased further. For new born boys it is now 74 and 80 years for girls. A 60 year-old man can expect to live almost another 19 years according to the 1996/1998 life table, and a woman of the same age can expect another 23 years. This means that for 60 year-olds, life expectancy has increased by roughly four years in the past 25 years or so. According to the 1996/1998 life table only 14 per cent of men and 7 per cent of women die before the age of 60. The significance of this trend for the pensions systems, the healthcare system and care of elderly is obvious and serious. This, however, also impacts the structure of employment potential, family, culture and the power structures within society.

As well as presenting all relevant demographic statistics, Schwarz's paper discusses three decisive points in analysing the political implications:

- How can pay-as-you-go pension systems be reformed?
- How can health care systems be financed with increasing numbers of elderly people in need of medical services?
- To what extent can immigration be a solution to the industrialised countries' ageing problem?

Up to now, in Germany (and other industrialised countries with similar demographic patterns), two policy options were perceived as feasible, and are – at least partly – being implemented or being proposed as reform steps. The first option is to provide incentives to have children and/or reducing the existing disadvantages for families with children. The overall aim is to raise fertility in order to keep a feasible support ratio, i.e. the ratio between the age group 15-64 and 64 and above. Provisions include (but are not limited to) parental leave, family allocations and benefits (as high as €1,000 per month for each child were proposed in the 2002 election campaign), and childcare systems in crèches,

[3] However, it should be noted that in the Occupied Palestinian Territories, which under international law fall under the responsibility of Israel (a UNECE member), there is a high fertility 'pocket' with an average of 5.7 children per woman.

kindergartens and other pre-school institutions. The other option that has recently been discussed is to maintain the support ratio by extending the working life of people to 67 or possibly even higher. The second policy option is to cut benefits. As a long-term remedy, pensions will (in Germany) be cut back to 63-67 per cent of most-recent net salary by 2030, from the current level of 70 per cent. Even at this lower level, keeping pension contributions below 20 per cent of gross income will still remain a problem. As short-term measures, it was proposed to put the yearly pension increase on hold, and require retired people to contribute more to their health-care costs.

It is not hard to see that such measures are unpopular, since it is not easy to explain to people that positive progress, such as a considerable prolongation of life expectancy, that is welcomed by everybody, does have some adverse repercussions as well.

In addition to these exclusively internal measures to counter the adverse impacts of population decline, many countries are also thinking about immigration as one potential remedy.

Immigration

The perception of immigration differs greatly between the UNECE member countries:

- For some, like the United States and Canada, and, for very different historical reasons, Israel, immigration constitutes a *raison d'être*, as these countries were born out of a migratory impetus.
- For other countries, such as those in Southern and Eastern Europe and the Balkan States, emigration has been the norm, for both economic and political reasons. And for Turkey and the Russian Federation, this is still the case.
- For a third group of countries, however, immigration has been a topic of passionate discussion covering such issues as ethnicity, historical burden, integration and assimilation, unemployment and alleged social expropriation, xenophobia and racism, charity and humanitarianism, self confidence, pride and external perception – altogether a combination of psychological and hard-to-solve problems.

These latter countries have, at the beginning of the 21st century, in general accepted that immigration must be one of the tools used to counter the demographic challenges of an ageing population. Since migration is a topic that reflects reproductive health and development issues (one chapter of the Cairo Programme of Action was devoted to it) as well as population issues, we will discuss this further.

The US National Intelligence Council (2000) argues that immigration into low fertility countries in Europe could "ameliorate labour force and military manpower shortfalls", and thus help to stabilise the threatened pension systems and economic growth. Prior to this statement, the UN Population Division (UNPD, 2000) had published an article entitled "Replacement Migration: Is It a Solution to Declining and Ageing Populations?". The results of this study are astonishing.

The UNPD experts projected three different scenarios for the period 2000-2050:

(1) In one scenario, they calculated the immigration required to maintain the size of the population at the highest current level (after 1995, without emigration).

(2) In the second scenario, they calculated the immigration required to maintain the size of the current working age population.

(3) In a third, they calculated the immigration required to maintain the current potential support ratio, i.e. the ratio between the labour force and the population aged 65 and older.

Looking at an average UNECE country like Italy, the following number of immigrants would be required

(1) to maintain population size: a total of 12.5 million immigrants between 2000 and 2050 or 251,000 annually;

(2) to maintain the labour force: a total of 18.5 million or 372,000 annually;

(3) to maintain the support ratio: a total of 113.3 million or 2.2 million annually.

In the case of Germany, the numbers are even more dramatic: (1) 17.1 million, (2) 24.3 million, (3) 181.5 million, respectively. These absurdly large numbers tell us that migration cannot be more than one small part of the whole solution. Many complementary policy measures must be taken in order to ensure that many of the long-standing social welfare states of the UNECE will survive – at least as far as their core features are concerned. In Germany, an Independent Commission on Immigration, chaired by Professor Dr Rita Süßmuth, specifically dealt with the various forms and consequences of immigration into a country that has not, traditionally, seen itself as a country of immigration (Süßmuth Commission, 2001). The conclusions of this commission include, but are not limited to, demographic suggestions, and they also cover the social dimension and questions relating to the integration of large numbers of migrants.

Bearing the problems of Europe in mind, it makes sense to take a closer look at one UNECE country whose demographics are strongly influenced by immigration

and whose fertility patterns differ markedly from those of most other industrialised countries: the Unites States.

With a current population of 291.5 million, the United States has a natural growth rate of 0.6 per cent per annum and a total fertility rate of 2.0 children per woman. The recent drop of the fertility rate below the replacement level is remarkable, because the United States was the last industrialised country with a fertility rate of above 2.1 children per woman. The age structure is, of course, influenced by this fact, and the under-15 population is slightly larger than in other industrialised countries.

Due to these specific features, immigration seems to be a relatively feasible policy option for the United States to at least partially secure the welfare system and keep the age structure balanced. To maintain a constant labour force (15-64 year olds), an annual inflow of 359,000 immigrants would be required. However, even for the United States, the limitations are obvious. To maintain the support ratio, 11.9 million immigrants would have to be welcomed every year, and a total of 592.5 million between now and 2050.

The 'next wave' – HIV/AIDS as a growing problem of reproductive health in the UNECE region

UNAIDS publishes regular updates on HIV/AIDS prevalence prospects for the future.[4] To add to the growing concern, reports from the United States and other intelligence sources have suggested that HIV/AIDS will no longer be limited to being a personal health problem, but will turn into a security problem (National Intelligence Council, 2000). The NIC survey said that the security of developing and transition countries could be affected by the continued spread of the virus among the under-50 population, and more particularly, the male population. Among the countries that were called 'countries of the next wave' were Nigeria, Ethiopia, India and the Russian Federation.

The Russian Federation is receiving ongoing warnings, from several different sources, of a possible looming HIV/AIDS crisis. Although at present intravenous drug injection is the predominant method of spreading HIV, in contrast to most other countries, unprotected sexual contact is also a significant way of transmission. Hence, sexual and reproductive health, and activities related to the Cairo Programme of Action, must be examined in the Russian Federation. In the UNECE context, it is clear that this is a problem not solely for the Russian Federation, but equally for most of the other former Soviet republics, which are politically, socially and economically in a similar situation.

The Russian Federation currently has a population of 145.5 million. Child mortality is at an estimated 15 per 1,000 live births in their first year, and the overall fertility rate is 1.3 (in Ukraine, another example from the UNECE region, it is 1.1). Life expectancy is relatively low at 65. Therefore, on the one hand we have comparable reproductive choices as we have in Western Europe and North America. On the other hand, however, other demographic variables are quite different: therefore, in this part of the region, there is no support ratio problem due to low life expectancy caused by problems in maintaining stable and reliable health systems.

The most recent available UNAIDS epidemiological figures on HIV/AIDS from 2003 suggest that in Russia 1 million people are living with HIV/AIDS. According to the NIC data, this will dramatically worsen: "Driven by widespread drug use, inadequate health-care infrastructure, and the government's limited capability to respond, the number of HIV positive people probably will rise to 5 to 8 million by 2010. This condition would reflect an adult prevalence rate of around 6 to 11 percent, exacerbating Russia's population decline" (National Intelligence Council, 2000). Taking into account the characteristics of the spread of HIV/AIDS in the country, it is clear that this has the potential to be a devastating security problem. More than 80 per cent of the people in Russia and the region who are HIV-positive have not yet turned 30 – a generation which has already been severely affected by the growing prevalence of tuberculosis in Russia. It will be difficult in a country with declining fertility rates to recruit sufficient staff for its military services. Russia will share this problem with other, smaller countries; however, taking into consideration its status, the consequences there will be especially significant.

The above paragraphs have provided an overview of the most important issues of demographic changes and reproductive health in some countries in the UNECE region. The following section will now look at the regional organisations and their policy debates on demographic issues.

The regional dimension

The UNECE

The UNECE is active in many areas, such as economic analysis, the environment and human settlements, statistics, sustainable energy provision and usage, trade, industry and enterprise development, timber and transport. Historically, the UNECE was the only organisation in which the east and west worked together to set guidelines on economic issues in order to facilitate trade and economic exchange between the two sides of the Iron Curtain.

Population issues are included in economic analysis. Accordingly, economic questions have been

[4] See http://www.unaids.org/en/resources/epidemiology.asp

discussed at different conferences organised by the UNECE in this regard, as mentioned in the introduction to this paper.

The European Population Conference took place from 23-26 March 1993 in Geneva. Major topics discussed included:

- International migration
- Fertility and the family
- Health and mortality
- Population growth and age structure
- International cooperation in the field of population

The relationship between population and development was also included in the third paragraph of the final document (Recommendations, United Nations, 1994a). However, the text concentrated primarily on the UNECE member countries and discussed the problems of developed countries and countries in transition. Migration is mentioned as a rather new feature in Europe and it seems to have been a very pressing one: 17 Recommendations were dedicated to this issue. Armed conflicts were addressed as the largest threat to the transition countries, which reflected the European reaction to the Balkan wars.

The 74 Recommendations listed included many diverse points:

- Recommendations 3-7 called for stronger support of the family in order make it easier for parents to have children. Examples mentioned included better and more affordable provision of childcare facilities, the promotion of flexible work-time schedules such as temporary part-time work for young parents, tax incentives for parents, etc.).
- Recommendations 8-11 called for a strengthening of parents' rights to decide freely on the number and spacing of their children and for an improvement in access to family planning methods.
- Recommendations 12-21 called for the promotion of general levels of health, particularly focusing on health infrastructure and the qualifications of health personnel. Additionally, the tackling of specific health problems was mentioned, such as HIV/AIDS, tobacco/alcohol/drug use, and women's and children's health.
- Recommendations 22-28 dealt with some of the consequences of an ageing population. They affirmed that immigration alone cannot be seen as a solution, and that the utilisation of existing human resources must be improved in quality and quantity as one complementary remedy. The reforms of social security and pension programmes (as described already as the current, hotly debated topics of 2003) are additional complementary instruments to deal with the effects of ageing societies.
- Recommendations 29-46 discussed migration. This is an example of how contemporary events have long-term impacts, since Western Europe at the time of writing these recommendations was having to cope with a refugee influx from the Balkan states. Nowadays migration would probably not be perceived as such a prominent issue. The readiness to accept immigrants was tempered by recommendations on uncontrolled migration, immigration schemes, refugees as a particularly vulnerable group, the dangers and consequences of illegal migration, and the fear of uncontrollable immigration pressures into 'Fortress Europe'.
- The final policy-oriented Recommendations 47-64 called for greater political commitment in the field of development cooperation and population activities. This is necessary between the north and south as well as between the west and east, since all developing countries rely on assistance. Rapid population growth hinders economic development and improvements of services in health, education and housing. The issue of rapid population growth is of high priority in development assistance for many reasons, including the supply shortage in family planning services. The improvement of the status of women is seen to be a major key to better family planning, and thus programmes should be set up which are not coercive, discriminatory or prejudicial. Sex education and access to family planning are regarded as human rights. General issues that were mentioned in these recommendations included production and consumption patterns and a favourable international economic environment.

With this *tour d'horizon,* which was inspired by the Rio Agenda 21, the UNECE meeting delivered a substantial message to the Cairo conference in 1994. Many of these issues were addressed in the final document produced there, especially concerning migration and the north-south dimension. Additionally, the strong arguments for the right to family planning were also reflected in the Cairo Programme of Action. Moreover, access to and provision of counselling and quality family planning services were considered appropriate means to reduce the number of induced abortions.

As a follow-up from this initial meeting, the Regional Population Meeting was organised by the UNECE from 7-9 December 1998 in Budapest (Hungary). It was part of the review process five years after the Cairo Programme of Action. The Government of Hungary, through the Hungarian Central Statistics Office, and UNFPA were the co-organisers of the event, which had a high level of participation and concluded with an official published document (UNECE, 1999). The Appendix of the Conclusions from that meeting included the following agenda items: general demographic and policy issues; fertility, family and gender issues; reproductive rights and sexual and reproductive health; mortality and health; population ageing; international migration; and international cooperation. It was agreed that these conclusions should be "supportive of, consistent with, and based on" the 1993 Recommendations, and the 1994 Cairo Programme of Action:

- Under the heading of fertility, family and gender issues (paragraphs 12-15), the major conclusion was that measures taken by governments to motivate parents to have more children should particularly address the burdens faced by women, who, in most instances, were still the ones principally responsible for raising children. Governments were encouraged to further continue developing such measures.
- Reproductive rights and sexual and reproductive health (paragraphs 15 and 16): this section more specifically discussed the right of "access to adequate education, information and a full range of services throughout the lifespan", and measures for adolescents were particularly emphasised. In reference to the Cairo Programme of Action, the importance of international cooperation and, moreover, the role of NGOs was highlighted. The topic of HIV/AIDS was discussed; however, no attention was given to the varying infection rates in different UNECE countries nor the responsibility of Eastern European states to raise awareness about the HIV/AIDS pandemic.
- The section on mortality and health (paragraphs 17-19) focused primarily on the high mortality rates in Eastern Europe. The Newly Independent States are experiencing a so-called 'mortality crisis'. Inequalities in the mortality and health between different strata in society and between genders in all countries must also be tackled.
- Ageing (paragraphs 20-23): these paragraphs noted that mortality rates are not only higher in the transition economies, but that the quality of life for older people is substantially lower as well. The challenges to ageing societies were again discussed, including topics such as countering the trend to early retirement, reforming social security and national health system schemes, and provision of care.
- International migration (paragraphs 24-28): in comparison to earlier UNECE documents, migration seems to have lost some of its pre-eminence and the perspective has changed. The emphasis is rather on the protection of the rights of migrants, especially asylum seekers and refugees, and on the eradication of the reasons why people leave their home countries. The 1951 Geneva Convention Relating to the Status of Refugees and the corresponding Protocol from 1967 were quoted. The conclusion calls for strengthened development cooperation and the promotion of the respect of human rights.
- In the conclusions dealing with new cooperation opportunities (paragraphs 29-33), the global interrelationship between population issues and development, as recognised by the ICPD in 1994, was acknowledged explicitly. Equally acknowledged was the fact that the Cairo Programme of Action had considerably increased awareness in this regard. Information, education and communication were seen as important as the de facto access to services and commodities in the area of sexual and reproductive health. Conclusion 30 underlines the fact "that support to multilateral agencies is key to a coherent global response".

An additional annex called upon statisticians in the UNECE region to include specific research areas in their regional cooperation of population analysis; these correspond to the items listed in the conclusions.

As well as being closely involved with the Cairo preparation and follow-up process, the UNECE also organised a Ministerial Conference on Ageing, which took place in Berlin (Germany) from 11-13 September 2002, and which was attended by high-ranking national policy makers. This conference was in tandem with the International Conferences on Ageing and it followed up issues of particular importance to the countries of the UNECE region. The Regional Implementation Strategy adopted at this conference (United Nations, 2002a) contained a commitment by UNECE ministers to take steps to implement the Madrid International Plan of Action on Ageing (United Nations, 2002b) in their particular areas of responsibility. These activities focus on raising the quality of life of older people and tackling the effects of ageing for society as a whole. International development-related issues and issues related to reproductive health were not mentioned.

Over the past decade, the UNECE has contributed substantially to the Cairo preparation and follow-up process, providing a strong statement supporting sexual and reproductive health and rights and pointing out that information on and access to family planning are crucial for the fulfilment of these rights. Moreover, the standpoint that, over time, healthy demographic development will favour sustainable economic development has also been very clear and this was

reflected in the documents that were adopted in Cairo and New York (Cairo + 5).

The Council of Europe

The Council of Europe is the oldest intergovernmental organisation in Europe. It aims to foster cooperation in the areas of democracy, human rights and protection of minorities, and promote cultural exchange. Its most impressive achievement was, at the very beginning of its existence in 1953, the adoption of the European Convention on the Protection of Human Rights and Fundamental Freedoms. This created the first court in history where individuals could sue their government under international law. Its membership has developed according to the political changes in the region. The Council of Europe was originally made up of Western European countries, which were also members of the European Community, as well as a few other countries such as Switzerland. After 1989, all of 'Greater Europe' – including the Russian Federation – joined this organisation.

The institutions of the Council of Europe, which is based in Strasbourg (France) are:

- The Committee of Ministers. This is made up of the Foreign Ministers of the 45 member states and they meet twice a year.
- The Parliamentary Assembly, consisting of 626 members of the national parliaments, who are delegated to represent their countries in Strasbourg.
- The European Court of Human Rights is a treaty body of the above-mentioned convention and thus works together with the Council of Europe.
- Observer delegations include the United States, Canada, Mexico, Japan and the Holy See.

In order to deal with population issues, the Parliamentary Assembly of the Council of Europe set up a Committee on Migration, Refugees and Demography. The terms of reference of the Committee read as follows: "The Committee shall consider:

(i) questions relating to migration and refugees in Europe and other parts of the world, including the problem of asylum-seekers;

(ii) population trends in Europe and in other parts of the world, and the social and economic effects of those trends;

(iii) community relations in multicultural societies, including the situation and integration of migrant workers and their social, economic and political rights;

(iv) humanitarian issues. [...]"[5]

Since these areas are much too wide to be analysed in-depth in this paper, our focus will be on the activities directly associated with the Cairo Programme of Action.

Through this Committee, the Council of Europe has had a long-standing record of involvement in the area of population and sexual and reproductive health and the Cairo process. "Demographic Change and Sustainable Development" were already dealt with in Recommendation 1243 (1994) of the Parliamentary Assembly.[6]

- In the resolution, the Assembly stressed the link between population growth and deterioration of the environment (as well as the impact of production and consumption patterns) and the importance of the status of women for effective family planning.
- Ageing was also among the issues mentioned.
- Donor governments were called upon to include population/sexual and reproductive health elements in their development cooperation programmes. These governments were, at the same time, called upon to provide the necessary resources for these purposes.

Order No. 498 (1994)[7] further asked the Committee to follow up the recommendations of the Cairo Conference, to inform the Assembly, and to organise an inter-parliamentary conference, with the participation of national parliaments, the European Parliament and the Organisation of Economic Cooperation and Development (OECD) on population and development.

A second text specifically referring to the Cairo Conference was Recommendation 1260 (1995) of the Parliamentary Assembly.[8] One of the Recommendations from this conference called upon national governments to promote women's human rights, to intensify their effort to allocate sufficient funds to development assistance (0.7 per cent of GNP), and to do all they could to "make family planning services available to all those who need them". In addition, the Assembly brought the difficult situation in Central and Eastern Europe to the attention of

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[5] Website of Council of Europe Parliamentary Assembly: http://assembly.coe.int

[6] Council of Europe, Parliamentary Assembly: Recommendation 1243 (1994) on Demographic Change and Sustainable Development, adopted by the Assembly on 28 June 1994.

[7] Council of Europe, Parliamentary Assembly: Order No. 498 (1994) on Demographic Change and Sustainable Development, adopted by the Assembly on 28 June 1994.

[8] Council of Europe, Parliamentary Assembly: Recommendation 1260 (1995) on the International Conference on Population and Development (Cairo, 5-13 September 1994): Follow-up By the Council of Europe and Its Member States, adopted by the Assembly on 3 February 1995.

the Committee of Ministers and called for their support. HIV/AIDS was, surprisingly, only mentioned once in the penultimate paragraph.

An Interparliamentary Conference on Demographic Change and Sustainable Development was held in Bucharest (Romania) on 21-22 October 1999 and this formed the basis for Recommendation 1515 (2001) of the Parliamentary Assembly:[9]

- Referring back to the 1994 Recommendation, it was again stressed that the environmental dimension should be taken into account to a greater extent at the next Cairo review. Looking at the explanatory memorandum it is clear that this was seen to be of particular importance for the *rapporteur* of the Committee.
- Another point of reference for the Parliamentary Assembly was the United Nations General Assembly Special Session on Cairo + 5 in June/July 1999. As well as campaigning for countries to meet the 0.7 per cent target, the Parliamentary Assembly called for 4 per cent of ODA budgets to be spent exclusively on reproductive health. This figure had already been suggested in the preparatory process of the ICPD. However, it was not included in the final statement in Cairo. If fulfilled, this would at least result in a clear labelling of population/sexual and reproductive health programmes funded by governments. However, this proposal had – unfortunately – not been very popular outside Council of Europe circles until then.
- Governments were urged to promote – through their respective development programmes – the status of women, the fulfilment by men of their obligations in family planning, and the fight against female genital mutilation. The Assembly also urged governments to make sure that modern family planning methods were accessible to all.
- Interparliamentary cooperation gained a lot of momentum at the Bucharest Conference. In paragraph 9 it was stated that the Assembly "urges its members to promote awareness of population and development issues in the national parliaments [...]. For this purpose, members are invited to propose the setting up of all-party groups on population and development where these do not yet exist and to support the establishment of regional parliamentary networks and exchanges. In this context, the Assembly strongly supports the setting up of an inter-European parliamentary forum on population and development".

Following this Assembly and the political support it received there, the Inter-European Parliamentary Forum on Population and Development (IEPFPD) was founded in the same year, 2001. It provides a crucial forum for parliamentarians across Europe to exchange views and share experiences in these areas. It organises meetings and study tours and – through its secretariat – provides in-depth knowledge of discussions concerning policy on these topics.[10]

Since 2001, discussions of the Council of Europe on population issues have been strongly influenced by a specific external event; the election of United States President George W Bush, with his strong anti-abortion views. During his first days in office, he re-instated an earlier policy, the 'Mexico City Policy', that bans funding of all foreign organisations that provide abortion-related information or that carry out abortions abroad – whether or not those abortions are legal in the respective country. The historical background and actual consequences of this policy will be further discussed below.

The Council of Europe, however, gave this policy a cool response. In 2002, the Parliamentary Assembly adopted Recommendation 1564 (2002) on the 'State of the World Population'[11]. This Recommendation refers to the 2001 State of the World Population Report and enumerates the issues listed above. Moreover, the Assembly recommended that the Committee of Ministers should examine "the role of religion and international policy making by consulting specialist opinions from all sectors of society" and that they should monitor "funding of population and ICPD issues, especially bilateral and multilateral funds earmarked for UNFPA, [and] the International Planned Parenthood Federation [...]". In Order No. 581 (2002)[12] the Assembly asked its committees "to continue work on the impact of the Mexico City Policy of US President George W Bush on European non-governmental organisations".

This was certainly a very strong statement from the Council of Europe Parliamentarians, since the United States, which has observer status at the Council, was effectively accused of contributing to the high numbers of child and maternal deaths discussed in the Recommendation. This, however, cannot be seen as an isolated policy issue. Some argue that it rather illustrates how the policies of the Bush administration differ from the views of many other countries of the UNECE region, and not only on the matter of sexual and reproductive health and rights. The Council of Europe tackled this issue further. On 30 September 2003, the Parliamentary

[9] Council of Europe, Parliamentary Assembly: Recommendation 1515 (2001) Demographic Change and Sustainable Development, adopted by the Assembly on 27 April 2001.

[10] See http://www.iepfpd.org for more information.

[11] Council of Europe, Parliamentary Assembly: Recommendation 1564 (2002) on the State of the World Population, adopted by the Standing Committee, acting on behalf of the Assembly, on 29 May 2002.

[12] Council of Europe, Parliamentary Assembly: Order No. 581 (2002) on the State of the World Population, adopted by the Standing Committee, acting on behalf of the Assembly, on 29 May 2002.

Assembly adopted a resolution that addressed Order No. 581 (2002) mentioned above. MP Ann Zwerver undertook a study tour to Armenia on the issue and subsequently drafted a resolution on her findings. The resolution on the "Impact of the 'Mexico City Policy' on the Free Choice of Contraception in Europe"[13] called upon European governments to take measures to reverse the negative impact of the Mexico City Policy in Europe, and in programmes of international cooperation. It further attempted to initiate an 'informed debate' about the consequences of the Mexico City Policy between Council of Europe member states and the United States in the hope that this would encourage the current Administration to 'rescind it'.

The Council of Europe does not have any means of policy implementation or law enforcement for resolutions of the Parliamentary Assembly. It can only rely on the influence it exerts on national governments, mainly through their participation in the Committee of Ministers, through the delegated MPs to their national parliaments, or through the media and public opinion, which may take up the Council's concerns and recommendations. Thus, a much more powerful institution in terms of legislative ability is the European Union, as it can enact measures concerning sexual and reproductive health, both within the EU and externally through its donor programmes.

It should be noted that the Council of Europe has initiated another (non-political) organ that deals with population matters from a more scientific viewpoint. The European Population Committee consists of 15 (rotating) senior national officials responsible for analysing population trends, or other specialists called upon by their government. The main tasks of this European Population Committee are:

- to publicise the report 'Recent Demographic Developments in Europe'
- to analyse population trends in Europe
- to organise policy-oriented workshops on this matter
- to propose technical assistance in this field.[14]

The European Union

The European Union is a unique supranational organisation. Its member states have deliberately ceded certain national sovereign rights to the organisation and its institutions which, together, form the European Union. The main organs are:

- The European Parliament. Its members have been elected through direct voting since 1978. It represents the citizens of the European Union and is the only organ directly elected through a democratic procedure. It has gained much power since its foundation. However, many say that it still needs to be strengthened in order to make the European Union truly democratic.
- The Council of the European Union could be called the 'Upper House', since it represents the governments of the member states. The Council has a major share of the EU's law-making powers. There are different configurations according to the theme being discussed (e.g. general and foreign affairs – foreign ministers, public health – health ministers, etc.).
- The European Council. Two to four times each year the heads of state and government meet to set the policy agenda and to discuss matters of overarching importance.
- The European Commission is often called the EU government branch, since it has 'ministers', called Commissioners, and 'ministries', called Directorate Generals. It is effectively the EU's civil service and its composition has to be accepted by both Parliament and Council.
- The European Court of Justice and Court of First Instance. These are judicial bodies of the EU.

Population issues and sexual and reproductive rights play a role in both the EU internal policy debate and in the Union's development policy.

Internal policy on population issues and sexual and reproductive rights:

- In demographic issues, the European Community only has limited responsibilities under Article 143 of the Treaty on the Establishment of the European Community, which is in the chapter dealing with social policy. The Commission is asked to provide an annual report on demographic developments in the European Union, which is then discussed by all interested bodies.
- The competence of the EU in internal public health issues is governed by Article 152 of the Treaty on the Establishment of the European Community. This article does not give much responsibility to the European Community, and power remains in the hands of the member states to adopt and implement their own health policies. However, it states that the EU shall foster cooperation in this matter and play a coordinating role for member states. Sexual and reproductive health is not explicitly mentioned. The European institutions took up the specific issue of sexual and reproductive health under the heading of women's health in one report.

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[13] Council of Europe, Parliamentary Assembly: Recommendation 1347 (2003) of 30 September 2003.

[14] For more information see http://www.coe.int/T/E/Social_Cohesion/Population/

- On 22 May 1997, the European Commission published a report on women's health in the EU.[15] This report contained, in addition to general health information on women, interesting information on maternal mortality (7 deaths per 100,000 women in 1992), contraception (between 71 and 81 per cent use contraceptive methods) and abortion (5.4 per 1,000 women undergo abortion in Spain per year, compared to 18.3 per 1,000 in Sweden). The conclusion was that women in the European Union are, on the whole, relatively healthy. However, it was merely a report and it did not contain any proposals or suggestions for policy implementation. There was no reaction at the policy level.

- Since the election of President Bush, the United States policy to massively withdraw funding from family planning programmes has led to widespread opposition. European Parliamentarians, upset by this decision, adopted a 'Resolution of the European Parliament on Sexual and Reproductive Health and Rights'.[16] The European Parliament stressed in this resolution the human rights approach of the Cairo Programme of Action and referred to the Fourth World Conference on Women (Beijing 1995). It also elaborated on the standards of sexual and reproductive health and rights expected within the European Union. The main argument was, that in order to avoid abortions in the first place, it should be possible for every person to avoid unwanted pregnancies through access to family planning methods, including sex education for adolescents via peer educators. Access to all types of contraceptives would be the best prevention of sexually transmittable diseases. This was particularly emphasised because of the high HIV/AIDS prevalence in some accession countries and especially in their Eastern European neighbouring countries. The resolution urged member states to take steps to continue improving sexual and reproductive health services and, at the same time, not to promote abortion as a means of family planning. In its final paragraphs the resolution referred to its original trigger: the fierce opposition of the United States government to the concept of reproductive health, the reinstatement of the Mexico City Policy, and the position of the United States government during the Special Session of the United Nations General Assembly on Children in May 2002. At that Assembly, the Bush Administration had not agreed to including the right of access to sex education in the right to education in the final document. Interestingly enough, and even though the Cairo Programme of Action was explicitly mentioned in the preliminary paragraphs, the rest of this resolution did not mention the relationship between population and development (in a global sense), and solely focused on the human rights dimension of reproductive health within the European Union. As can be seen from this resolution, the human rights dimension of access to family planning was strongly supported; however, it is dangerous to ignore the connection between population and development (especially outside the EU, i.e. in developing countries and in particularly the least developed countries).

- On 23 September 2002, the Council of the European Union and the European Parliament adopted a Programme of Community Action in the Field of Public Health (2003-2008).[17] This programme did not make any substantial reference to sexual and reproductive health. It strictly obeyed the EU principle of subsidiarity mentioned in Article 152 and, therefore, did not contain many action points. Even HIV/AIDS – certainly one of the most dangerous infectious diseases, which, due to its communicable character should call for a Union-wide approach – did not attract much attention and was mentioned only twice in the programme.

There have been several statements by EU institutions on population issues and sexual and reproductive health and rights, concerning the external relations of the EU and, in particular, development cooperation:

- Surprisingly, in its Resolution of 29 September 1994[18] the Parliament used the word 'overpopulation' – a term that has effectively been banned from the international vocabulary. It regretted that the attitudes of the Holy See and some Muslim countries have framed the debate in religious and moral terms, but it did not refer to sustainability problems, and it stressed the pivotal role of women in this area.

- The European Parliament, in its Resolution on Population and Environmental Measures and Programmes in 1995[19], primarily referred to the Cairo conference and to the interrelationship of population and environmental sustainability, and it

[15] European Commission: Women's Health in the European Union, Doc. COM(97) 224 of 22 May 1997.

[16] European Parliament: Resolution of the European Parliament on Sexual and Reproductive Health and Rights (2001/2128(INI)) of 3 July 2002.

[17] European Parliament and Council of the European Union: Decision No. 1786/2002/EC of the European Parliament and of the Council of 23 September 2002 adopting a programme of Community action in the field of public health (2003-2008).

[18] European Parliament: Resolution on the outcome of the Cairo International Conference on Population and Development of 29 September 1994.

[19] European Parliament: Resolution on Population and Environmental Policy of 13 July 13 1995.

stressed the major responsibility of wealthier countries, since they consume the biggest share of energy and other resources. It called upon the EU and the African, Caribbean and Pacific countries (ACP countries) to better cooperate in this matter. It particularly called upon the Council of the European Union and the European Commission to live up to their financial commitments adopted in the Programme of Action.

- In 1996, the European Parliament took up Cairo-related issues again, re-affirming the fundamental decisions made at that conference, and further developing the details regarding budget lines to be used and how the participation of women should be secured.[20]
- The Council, in 1997, adopted a regulation[21] in order to implement the commitments made in Cairo. In this regulation, the Council decided that the EU would fund population projects in developing countries up to ECU 35 million. This can be seen as a major step, since it was – contrary to many other texts adopted at the EU – a policy that could potentially have a meaningful impact on development programmes.
- Most recently, in July 2003, Council and Parliament adopted a new regulation on these same issues which superseded the older one.[22] I n this regulation, the problem of the supply of reproductive health commodities, such as condoms and contraceptives, was tackled. Also, for the first time, logistical problems were dealt with in detail. Some general conclusions were also included in the regulation. The growing debate on the promotion of family planning methods versus abstention was discussed. However, the EU, by conviction, continued to be a major donor in this area: the financial package is detailed in Chapter III, Article 10 and totals €73.95 million.

This synopsis of statements by the various EU bodies affirms the consensus that was reached in Cairo on population, development, and sexual and reproductive health and rights issues. The repeated references to the opposition – most prominently from the United States Administration – now lead us on to a more detailed analysis of the concept of sexual and reproductive health and rights and to a brief overview of what the actual opposition is and where it comes from.

Finally, it should be noted that there are other international organisations that play a very important role in population issues and sexual and reproductive health and rights within the UNECE region. Their contributions to debates and their cooperation with the organisations described above, and with national institutions, is crucial for the Cairo follow-up process. However, organisation like UNFPA, WHO and the International Planned Parenthood Federation cannot be seen as regional policy organisations *stricto sensu*. Thus, their activities in the region have not been analysed in this paper.

The current political situation: a UNECE region divided?

Main features of the Cairo Programme of Action

Before analysing the opposition to the principles as they were agreed upon at the ICPD, it is important to recall the main achievements in Cairo. After the Cold War, international governmental conferences completely changed their character. It was expected that now fundamental changes were possible, where formally debates always ended in deadlock. The increasingly active civil society and internationally coordinated NGOs were present at these conferences and they tried to further stimulate this momentum. At the World Summit for Children in 1990, a Convention on the Rights of the Child could finally be adopted (it has now been ratified by all states except Somalia and the United States). In 1992, Agenda 21 was adopted at the Earth Summit in Rio de Janeiro (Brazil). The World Conference on Human Rights in Vienna (Austria) in 1993 defined civil and political rights, as well as economic, social and cultural rights. In this overall environment, the ICPD in 1994 adopted the Cairo Programme of Action (United Nations, 1994b) with three major breakthroughs:

- Population issues were, for the first time at the international level, seen in the context of development and sustainability.
- Population targets were abandoned and governments accepted that the best way to reduce overall fertility to a sustainable level was (a) by providing access to information on contraceptives, as well as (b) providing the means of contraception, and (c) empowering women to decide for themselves how many children they would like to have – thus, there could be a reconciliation of the development and the human rights perspectives. Nevertheless, it is clearly stated that “Abortion is no means of family planning. Where it is legal it should be offered under safe conditions”.
- The 179 participating countries agreed on a financial framework in order to fully implement the measures

[20] European Parliament: Resolution on the Outcome of the Cairo Conference of 4 July 1996.

[21] Council of the European Union: Council Regulation (EC) No 1484/97 of 22 July 1997 on Aid for Population Policies and Programmes in Developing Countries.

[22] European Union: Regulation (EC) No. 1567/2003 of the European Parliament and of the Council of 15 July 2003 on Aid for Policies and Actions on Reproductive and Sexual Health and Rights in Developing Countries, Brussels 2003.

set out in the Cairo Programme of Action. Developing countries would have to contribute two-thirds to the financial targets and donor countries the remaining third: these funds would support family planning, reproductive health, prevention of sexually transmitted diseases and basic research in these areas.

As a consequence of this shift of paradigm, the major focus was now explicitly on sexuality, and not on population, which was a comparatively neutral term. Sex, however, is always a tricky issue to talk about, because it is more emotive to most individuals and, additionally, it is something that is – probably more than other phenomena discussed internationally – embedded in a framework of family-related, cultural and religious values and principles. Therefore, religion also had an influence on the debates in Cairo.

Islamic countries, with a strong influence of Shariah law, raised concerns about the concept of empowerment of women since it would affect the legal role of women in these states, in which women often have fewer rights than men.

The Catholic Church, which is represented at the UN level by the Holy See, had and continues to have concerns about the use of contraceptives. It argues that it is the responsibility of each person, if they want to refrain from pregnancy, to do so by ‘natural means’, defined as abstention during the fertile days of the woman. Moreover, the Holy See fears that through explicit sex education and information, adolescents are being motivated to engage in sexual relationships instead of abstaining from having sex until marriage.

However, the Holy See representative finally lent his support to the conference, accepting the Programme of Action in principle, and only adding a reservation to some core paragraphs. Thus, a consensus was still achieved.

The point of view of the current United States Administration

Religion plays a very important role in the United States. Back in 1984, under pressure from religious groups, United States President Ronald Reagan decided, during the World Population Conference in Mexico, to withdraw all federal funding from foreign agencies or organisations that were involved in abortions outside the United States – be it providing abortion services or counselling women and couples on whether or not to have an abortion.[23] Reagan’s so-called Mexico City Policy was preceded by the Foreign Assistance Act of 1961 and by a regulation of 1973, which both made similar stipulations. However, it expanded their scope of control considerably. On 22 January 1993, the policy was repealed by President Clinton in his first days in office. His memorandum to the chief executive of the Agency for International Development stated that the Mexico City Policy had “undermined efforts to promote safe and efficacious family planning programmes in foreign nations.”[24]

Another sudden change happened in the first days in office of President George W Bush in January 2001, when he issued a memorandum to the same person with the subject line “Restoration of the Mexico City Policy”[25]. Moreover, in any sexual and reproductive health programme, United States governmental agencies are now not encouraged to support the famous ‘ABC trio’ – Abstain, Be faithful, use Condoms – but only to promote abstention as the viable option. As a consequence, many people in developing countries are not getting a sufficiently wide education on contraception, something which is taken for granted in most of the UNECE countries.

The leading international body that deals with population issues and sexual and reproductive health and rights, the United Nations Population Fund (UNFPA), has not received any funding from the United States since 2002. It was accused of involvement in coercive abortion practices in the People’s Republic of China – a claim that several observer missions from the United States and other official institutions could not confirm; in fact they flatly contradicted it. This lack of funding – normally approximately $34 million per year – has led, according to the UNFPA website, to 2 million unwanted pregnancies, nearly 800,000 abortions, 4,700 maternal deaths and 77,000 infant and child deaths – per year.[26]

The World Health Organisation (WHO) has equally been affected by the United States government’s shift in policy, with its Human Reproduction Programme being refused a grant of $3 million.

United States foreign representatives have been very consistent in implementing the Mexico City Policy at the political level:

- At the UN Special Session on Children in May 2002, the United States representatives joined Iran, Iraq, Libya, Sudan and the Holy See in refusing to refer to reproductive health information and services for young people in the final document.
- At the Rio + 10 World Summit for Sustainable Development in Johannesburg, September 2002,

[23] It should be noted at this point that abortions have been ruled legal for the United States by the US Supreme Court since 1973.

[24] Clinton, William J: Memorandum for the Acting Administrator of the Agency for International Development, as published by the Office of the Press Secretary on 22 January 1993.

[25] Bush, George W: Memorandum for the Administrator of the United States Agency for International Development, as published by the Office of the Press Secretary on 22 January 2001.

[26] See http://www.unfpa.org/support/friends/faqs.htm

again, a reference to reproductive health and population activities (which was dealt with in a special chapter in Agenda 21) was successfully removed by the United States and the Holy See.

- At the 5th Asian and Pacific Population Conference in December 2002, where the United States was also represented, the United States diplomats tried again to object to a reference to the notion of reproductive rights. This time, however, these objections were overcome by the strong stance of other countries in favour of the Cairo Programme of Action.

However, in other forums, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the strong United States influence (in this case the chairmanship of United States Secretary of Health and Human Services, Tommy Thompson) has not yet led to the adoption of an 'Abstinence Only' policy. Condoms are still financed by this body.

The Cairo consensus in Europe

As discussed above, in the 'European' institutions, such as the Council of Europe and the bodies of the European Union, the Cairo consensus is supported by the majority of participants. Moreover, European donor countries do not only support the Cairo Programme of Action in principle but also take measures to implement – at least partly – what was defined as their share of activities.

However, a minority of Members of the European Parliament (MEPs) hold a strong contrary viewpoint, mainly on abortion but at times also on the wider concept of sexual and reproductive health. In November 2002, 46 MEPs wrote a letter to the EU Commissioner for Development and Humanitarian Aid, Mr Poul Nielson, in which they enquired about EU-funded reproductive health programmes. These MEPs come mainly from predominantly Catholic countries. The proposed increase in the development budget was, thus, blocked. Again, in January 2003, Irish MEP Dana Scallon raised the issue of reproductive health, claiming that €50 million in funds earmarked for fishery subsidies were diverted to Marie Stopes International (MSI); this is an NGO with reproductive health programmes – including providing abortions, where legal – in many developing countries. Commissioner Nielson made clear that this was not true and stressed that the EU would continue to engage in reproductive health projects in line with the Cairo Programme of Action.

The vocal opposition within European bodies seems, thus far, to have had rather an adverse effect, discouraging many to further commit themselves to the issue. However, at the International Parliamentarians Conference on the Implementation of the Programme of Action of the ICPD (IPCI-ICPD), held in Ottawa (19 November 2002), many delegates from UNECE countries were present and re-affirmed their support for the Cairo Programme of Action.[27] In addition, the Inter-European Parliamentary Forum on Population and Development is very active and is seeking to strengthen the commitment of European parliamentarians.

The Holy See has to be seen as a European player, too, since the State of the Vatican City – the geographic base of the worldwide Catholic church – is situated in the heart of Europe and many European politicians are Catholic. The Pontifical Council of the Family, the main Catholic body dealing with sexual matters, has been receiving strong support from the United States in opposing the concept of reproductive rights and it keeps repeating the concerns that it previously raised in Cairo. In the case of HIV/AIDS, the argument is being put forward that condoms do not protect against HIV, and instead they promote it. These viewpoints are also being supported by some NGOs that have strong personal and financial connections with the Holy See. rom the point of view of many health-care workers, who are confronted with people living with HIV/AIDS, this attitude is having a really detrimental effect. However, in the wider Catholic church, there are some pragmatic voices as well, e.g. from the German Conference of Bishops and from some bishops and clerics in high HIV/AIDS prevalence countries. Nevertheless, in intergovernmental institutions such as the UN, the Holy See is once again clearly opposing the concept of reproductive health as agreed upon in Cairo.

In 2004, ten new countries will join the EU. Among them are countries with almost universal Catholic populations and strong religious feelings, such as Poland, Slovakia and Malta. As experience has shown, representatives from such countries tend to be very critical and not supportive of the Cairo consensus. This may be reflected in forthcoming EU standpoints and policies.

The wider context of development cooperation

Having completed this analysis of the current situation - one that is largely dominated by discussions between supporters of the Bush Administration's policy and supporters of the Cairo Programme of Action - it must also be mentioned that the funding shortfall for the Cairo Programme of Action has other reasons, too. The shortfall is considerable: in 2002, a year in which donor countries were scheduled to contribute at least $5.7 billion, a mere $2.1 billion was given. This is due to the fact that the majority of European countries, although committed in principle, did not pay what they said they would. The flurry of good intentions that were sparked off during the conferences of the 1990s have not lived up to their promises. This experience was echoed by many

[27] The Ottawa Statement of Commitment was adopted at the meeting, see http://www.unfpa.org/ipci/comm.htm.

attending the Johannesburg Earth Summit, ten years after Rio.

Since the follow-up processes have not led to the success that was expected, other issues on the international 'soft' agenda, e.g. human rights, the status of women, and population and development, will not even have a forum as they had in the 1990s. No international governmental conferences will be held in order to discuss the progress that has been made or to discuss the failure of some participants to fulfil the promises they made ten years ago. The media will thus not have the opportunity to report on these issues and so they may be relegated further into the background. There will be no opportunity to discuss new challenges, which have developed since the 1999 five-year review, such as the latest UN population projections.

The Millennium Development Goals (MDGs) in a way distracted a lot of attention from some of the programmes of action that were adopted in earlier years. However, many of the MDGs are Cairo-related: the empowerment of women, maternal and child health, the fight against HIV/AIDS. Unfortunately, though, among the MDGs, the Cairo-related goals are very much lagging behind in their implementation and seem to be being neglected by the international community.

In addition, the MDGs do not include any reference to classical family planning, nor to the relationship between population and development. This is very strange, as in the original version of the MDGs there was a target stating "Men and women of appropriate ages will have access to family planning services". The reasons for the dropping of this goal are unclear and regrettable. A British public survey on behalf of the UK Government Department for International Development (DFID) in 2001 and 2002 considered this to be one of the targets of the MDGs that could most likely be achieved.

HIV/AIDS, as a separate topic within sexual and reproductive health, is another phenomenon that requires further attention. Major financial resources are needed to fight against this disease and the human suffering, social consequences and economic damage it causes. Tackling HIV/AIDS can, in many ways, contribute to an improvement of sexual and reproductive health in general and thus, simultaneously, serve population and development purposes. However, it must be realised that resources are too often being withdrawn and re-allocated from traditional family planning programmes, instead of making additional resources available to fight HIV/AIDS. This is an important issue, one which is very difficult to discuss, because no-one can question the importance of HIV/AIDS programmes, including treatment programmes, nor traditional family planning programmes, and the problem is balancing the priorities of the two.

Troubled waters thus lie ahead for an issue that not only deserves, but that really requires, more attention. Our common future depends on many sustainability factors, including the interdependence between population and development.

Conclusions and recommendations

From our standpoint at the DSW (the German Foundation for World Population) we would like to propose the following areas where action is required, and which organisations should initiate this action:

1. Eastern European countries and especially the Russian Federation will most likely be hit by the 'next wave' of HIV/AIDS (after Sub-Saharan Africa). In the area of sexual and reproductive health, precautionary measures such as information and education campaigns should be promoted and reproductive health supplies (condoms) should be provided.

2. Experts from UNECE member countries and international NGOs present at the European Population Forum must use this opportunity to re-affirm their commitment to the Cairo Programme of Action and the concept of reproductive health that is enshrined therein.

3. The European Population Forum will, *inter alia*, focus on population and sexual and reproductive health issues within this region. However, the international dimension should be included in the debate.

4. The Council of Europe, with its continent-wide membership, should particularly address the increasing HIV/AIDS infection rates in Eastern European countries.

5. The Council of Europe should facilitate a discussion with the United States Administration on these matters, as announced in Council of Europe Recommendation 1347 (2003).

6. The Council of Europe should further support the activities of the Inter-European Parliamentary Forum on Population and Development.

7. Experts from UNECE member countries and international NGOs present at the European Population Forum should monitor whether and how the EU is implementing Regulation 1567/2003 of 15 July 2003.

8. Parliamentarians from UNECE member countries and international NGOs should make use of the opportunity of the tenth anniversary of the ICPD to remind their respective governments of the commitments they made in 1994.

9. Parliamentarians from UNECE member states in particular should keep up the momentum that was created at the International Parliamentary Conference on the Implementation of the Programme of Action of the ICPD (Ottawa 2002).

10. This tenth anniversary should also be used to advocate greater efforts being made by the international community to reach the Cairo-related Millennium

Development Goals on the empowerment of women (No. 3), maternal and child health (Nos. 4 and 5), and the prevention of HIV/AIDS (No. 6).

11. The year 2004 should also be used by all experts from UNECE member countries and international NGOs present at the European Population Forum to re-emphasise the interdependence between population and development.

References

National Intelligence Council. 2000. *The Next Wave of HIV/AIDS: Nigeria, Ethiopia, Russia, India, China*. Washington, D.C.: National Intelligence Council. (http://www.cia.gov/nic/special_nextwaveHIV.html)

Population Reference Bureau. 2003. *World Population Data Sheet*. Washington, D.C.

Schwarz, Karl. 2001. "Bericht über die demographische Lage in Deutschland" , *Zeitschrift für Bevölkerungswissenschaft* Vol. 26, p. 50 *et seq.* [Abstract in English – "2000 Report on the demographic situation in Germany"].

Süssmuth Commission. 2001. Zuwanderung gestalten – Integration fördern [Structuring immigration – FosteringIntegration]. Berlin: Federal Ministry of the Interior. (http://www.bmi.bund.de/lang_de/nn_165090/Internet/Content/Broschueren/2001/Zuwanderung__gestalten__-__Integration__Id__48169__de.html)

United Nations. 1994a. *European Population Conference Recommendations*. New York and Geneva: United Nations. (http://www.unece.org/ead/pau/rpm/epc.html)

United Nations. 1994b. *Report of the International Conference on Population and Development (ICPD)*, A/CONF.171/13, Cairo 1994 (Chapter V.).

United Nations. 1999. *Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development*, Res. A/RES/S-21/2 of 2 July 1999

United Nations. 2002a. *Regional Implementation Strategy for the Madrid International Plan of Action on Ageing 2002*. UN Doc. ECE/AC.23/2002/2/Rev.6. Berlin.

United Nations. 2002b. *Report of the Second World Assembly on Ageing (Madrid, 8-12 April 2002)*, UN Doc. A/CONF.179/9. New York.

UNAIDS. 2003. *AIDS Epidemic Update, December 2003*. Geneva: UNAIDS/WHO, p. 14.

UNDP. 2003. *Human Development Report 2003*. New York: United Nations Development Programme.

UNPD. 2000. *Replacement Migration: Is It A Solution to Declining and Ageing Populations?* New York: United Nations Population Division.

UNECE. 1999. *Report of the Regional Population Meeting*, CES/PAU/1998/30, Budapest 1999 (p. 4, Annex I: Conclusions of the Regional Population Meeting). United Nations Economic Commission for Europe/Government of Hungary/United Nations Population Fund.

US National Intellligence Council. 2000. *Global Trends 2015: A Dialogue about the Future with Nongovernment Experts.* (http://www.cia.gov/cia/reports/globaltrends2015/)