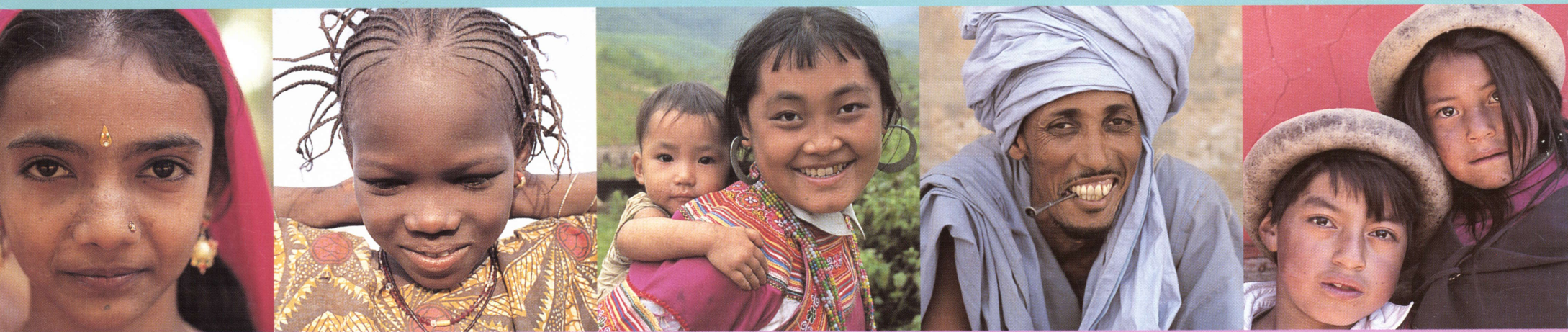


The European Community's response to the challenges of
the International Conference on Population and Development



ICPD + 5: a five year review 1994-1998



A12262

Luxembourg: Office for Official Publications
of the European Communities, 1999

ISBN 92-828-6949-0

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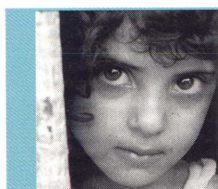
Design and Layout: Edit, London

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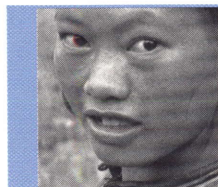
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Foreword

The International Conference on Population and Development held in Cairo in 1994 set out an ambitious new agenda for support to population, sexual and reproductive health and rights issues. It highlighted the importance of developing strategies that focused on the needs of individuals, and particularly women and young people, so that they can lead fulfilling and productive lives free from coercion, exploitation and ill health.

The European Commission recognised that the goals adopted in Cairo were priorities for development assistance and pledged to commit € 300 million by 2000 to support actions in developing countries. This has already been more than doubled.

Five years on from the Cairo Conference the ICPD+5 process has provided us with an opportunity to stand back and reflect upon what has been achieved so far. Progress in some areas has been impressive, particularly in the provision of better quality family planning services that has enabled millions of women to plan their families. However, it is also very clear that there is still much to be done to ensure that every mother has the chance of a safe pregnancy and childbirth, that young people's needs are met, that the spread of HIV/AIDS is halted and that the violence and abuse suffered by so many women is stopped.

This report aims to demonstrate Europe's commitment to implementing the Cairo Programme of Action and to provide readers with an overview of the support provided by the European Community over the last five years. The report also highlights the priority areas that will continue to receive support in the coming years.

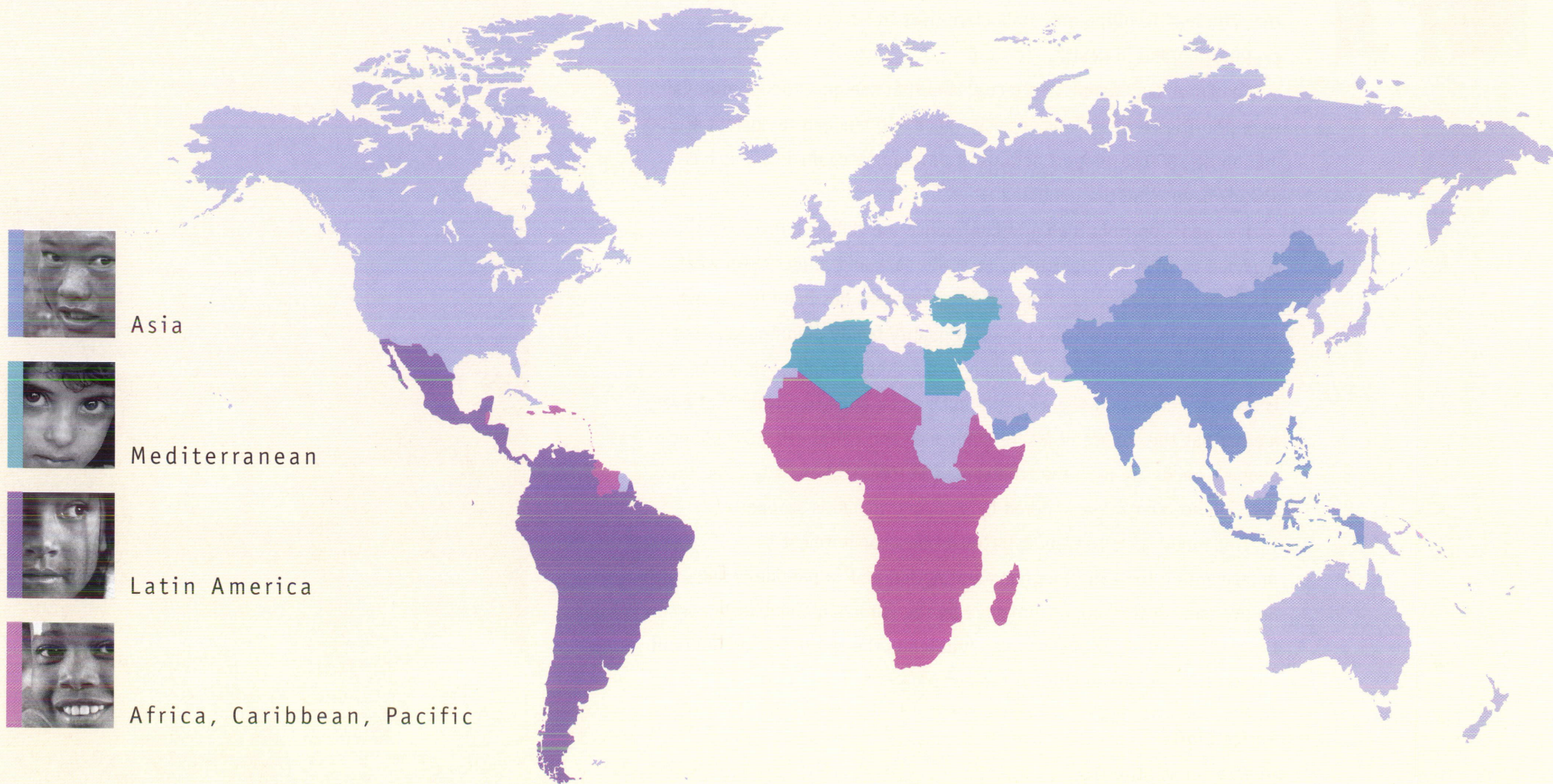
Enrico Cioffi

Director-General, DG1B



The European Community's response to the challenges of the International Conference on Population and Development

This report provides a brief overview of the European Community's support to population and reproductive health in Asia, Latin America, the Mediterranean and African, Caribbean and Pacific countries during the five years since the Cairo conference (1994 to 1998)



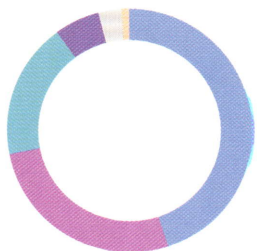
Overall commitments to ICPD activities by region (1994-98) millions of euros

1 Asia	378.5
2 Africa	227.5
3 Mediterranean	156.3
4 Latin America	50.3
5 Global	25.2
6 Caribbean	8.4

Global commitments to ICPD activities: top ten recipient countries (1994-98) millions of euros

1 India	209.7
2 Egypt	67.3
3 Turkey	57.8
4 Pakistan	26.9
5 Malawi	24.6
6 Philippines	21.4
7 Morocco	19.2
8 South Africa	18.0
9 Kenya	17.9
10 Bangladesh	16.8

Overall allocation to ICPD activities by region (1994-98)



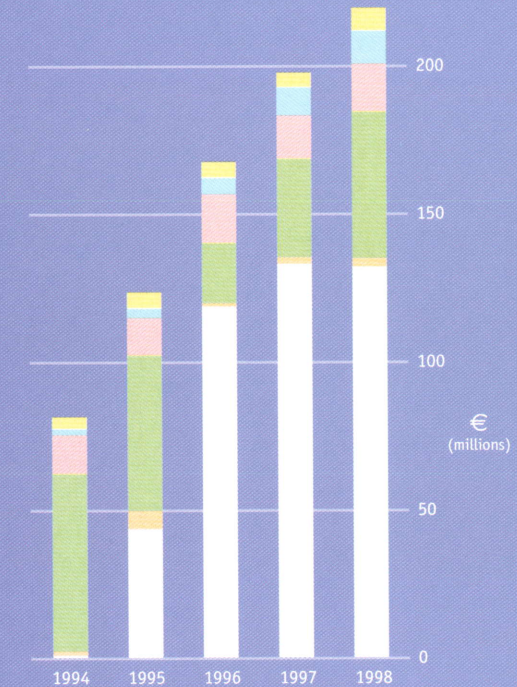
- Asia 45%
- Africa 27%
- Mediterranean 18%
- Latin America 6%
- Global 3%
- Caribbean 1%

The International Conference on Population and Development (ICPD) held in Cairo in 1994 set out an ambitious new agenda to tackle population and reproductive health issues, agreed by developed and developing countries alike. The Programme of Action adopted in Cairo has led to renewed international and national efforts to tackle the difficult problems of population growth, rising HIV/AIDS prevalence, inequality in maternal health and high levels of gender-based violence and sexual exploitation. Five years on, the ICPD + 5 process provides the opportunity to review progress and renew political commitment.

The European Community has become a major partner in resourcing the world's response to population, sexual and reproductive health and HIV/AIDS issues. Since 1994, over € 780 million have been committed to support work in developing countries in line with the objectives set out in the ICPD's Programme of Action. Funding has grown steadily reaching over € 200 million in 1998. A global breakdown of commitments shows that Asia has been the largest recipient of population assistance over this period (45%) followed by Africa (27%), the Mediterranean (18%) and Latin America (6%).

As well as increasing the amount of support, the European Community has also broadened it to encompass a wider range of sexual and reproductive health and rights interventions. While much has been achieved over the last five years it is also clear that there is still much more that needs to be done. For this reason the Community will continue to provide support with particular emphasis on five key areas:

Overall commitments to ICPD activities by budget heading (1994-98)



- Population budget line
- NGO co-financing
- HIV/AIDS budget line
- EDF (based on estimates of ICPD allocations to Africa, the Caribbean and the Pacific)
- DG XII-research
- ALAMED financial and technical protocols (for Asia, Latin America and the Mediterranean)

Funding through the PHARE and TACIS Programmes and ECHO, not included

Special funds for population, reproductive health and HIV/AIDS and for NGO co-financing

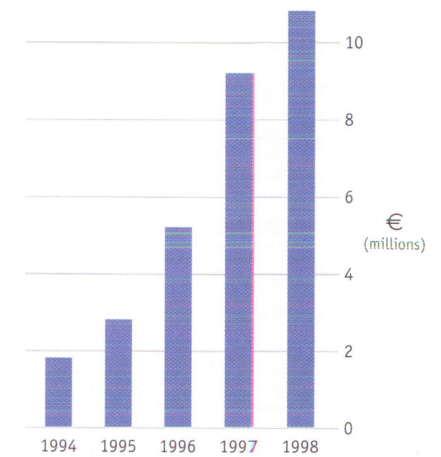
Specific Community budget lines are available to developing countries to support policy and strategy development for population, reproductive health and HIV/AIDS work. The funds are used for operational research and demonstration projects to develop new and improved approaches to meeting the sexual and reproductive health needs of under-served people. This work helps build effective partnerships between government and civil society in prevention and care work. Support to NGOs that provide essential sexual and reproductive health services is growing under the specific NGO co-financing budget line. (see chart opposite)

Maintaining and increasing the gains already made in providing access to sexual and reproductive health services

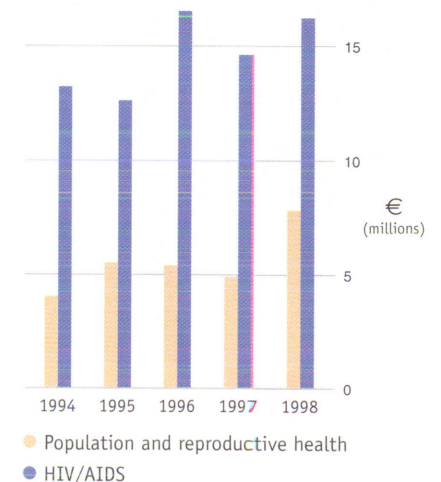
The ICPD+5 process has highlighted real progress in several areas of sexual and reproductive health and rights. For instance, over half of all couples worldwide now use some form of contraception. This represents a huge increase over the last 30 years and is due to the widespread provision of family planning services through public and private sector outlets. While these gains are having a major impact on the lives of individuals and families, the world's population is still growing by more than 80 million per year and is set to reach 6 billion during 1999. The level of unmet contraceptive need also remains high with many couples having limited access to services even though they wish to limit the size of their families.

There is clearly much work still to be done in providing information about sexual and reproductive health issues, to enable women, men and adolescents to make more informed decisions. The high levels of abortions performed each year, of which the World Health Organization estimates about 20 million are carried out under unsafe conditions, need to be addressed through better information, education and access to services. About 30% of the European Community's support to reproductive health is focused on improving access to family planning information and services, to enable women and men to choose the timing and size of their families. The gains made to date must be maintained and increased over the next five years by continued support for reliable and accessible family planning services.

Commitments to ICPD activities from the NGO co-financing line (1994-98)



Overall commitments to ICPD activities from special budget lines (1994-98)



Ensuring that women have the opportunity of safe pregnancy and childbirth

Ensuring safe pregnancy and childbirth and reducing the number of deaths and complications is a major priority in improving women's sexual and reproductive health. Lack of progress in this area is widely recognized and more attention to these issues is needed. It is estimated that at least 585,000 women die each year from the complications of pregnancy and childbirth and that large inequalities exist. The big discrepancies in the numbers of women experiencing pregnancy-related health problems between the developed and developing countries is a clear indication that much more can be done to improve maternal health in developing countries. As women's health is often related to their status in society at large and also to personal autonomy and bargaining power, it is not enough to focus purely on health sector related issues. To this end, the Community works on mainstreaming a gender and human rights perspective into reproductive health programmes and policies.

The Community is also increasing its support through projects such as those in the Philippines, Mexico and Morocco that aim to develop effective interventions to enable more women to access good quality services that ensure safe pregnancy and childbirth and to prevent unwanted pregnancies that contribute to high levels of unsafe abortion in many parts of the world.

Overall commitments to ICPD activities by project focus (1994-98)



- Basic reproductive health services 44%
- Family planning services 30%
- HIV/AIDS 20%
- Research 6%

"The Programme of Action clearly emphasized the importance of civil society, including NGOs, in the population and sustainable development process"

Dr. Nafis Sadik, Executive Director, UNFPA – EU Roundtable, 1999



EU Roundtable on ICPD + 5: 'The role of civil society'

120 participants from civil society groups, academic institutions and government departments from across the EU met in Brussels on 21 to 22 January 1999 to exchange views on the progress made in achieving the goals set out in the Cairo Programme of Action and important issues that need to be addressed over the coming years. Guest speakers were Dr Nafis Sadik (UNFPA), Mr Joseph Chamie (UN Population Division) and Dr Olive Shisano (WHO), who highlighted the UN's views on the ICPD + 5 process. Participants emphasised that while progress in some areas has been encouraging, more effort was needed to reduce maternal ill-health and deaths, attend to the needs of young people and to combat the alarming spread of the HIV/AIDS pandemic.

Voices in Parliament

Cairo + 5 is providing good opportunities for Parliamentarians to show how they can contribute to the debate on population and development. One such occasion was the EC-funded workshop 'Voices from Parliaments in Europe', an analysis of experiences of overseas study tours by Parliamentarians from Europe, held in Brussels in the autumn of 1998.

'Seeing is believing' was the verdict of the Parliamentarians from eight EU member states and the European Parliament. Together with Parliamentary colleagues from five developing countries, Canada and Switzerland, they spent two days sharing, evaluating and analysing their respective experiences of overseas study visits to population, reproductive health and family planning projects in developing countries. There was a supporting cast of NGOs from the same countries and donor representatives, including the European Commission.

Inspired by an all-party visit to Viet Nam in 1997, this workshop set out to get the perspective of Parliamentarians and NGO representatives from the host developing countries and to draw up guidelines to maximise the added value of future Parliamentary exchanges.

Outcomes included an agreed Declaration, a proposal for strengthening the network of European Parliamentarians, draft guidelines for organising study tours and warm invitations to European Parliamentarians to come and see for themselves from their colleagues in Africa, Latin America and the Mediterranean.

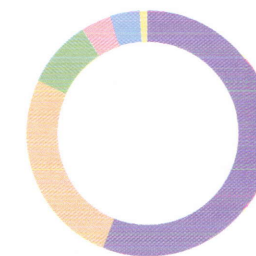
Sexual and reproductive health of young people

The sexual and reproductive health needs of young people are being increasingly recognised. People aged between 15 and 24 years now make up about 20 per cent of the population of developing countries. Adolescence is an important period for determining future health patterns and young people are particularly vulnerable. Teenage pregnancy is high in many countries as is the number of unsafe abortions. The increase in the number of young people becoming infected with sexually transmitted diseases, including HIV, is particularly worrying. The European Community is supporting many government and NGO programmes which work with young people to develop effective approaches to increasing awareness on sexual health, rights and responsibilities and on providing appropriate services. Projects are starting throughout Asia, Africa and in parts of Latin America that will pilot new and innovative ways to work with and for young people.

Limiting the spread of HIV/AIDS and STDs and caring for those who live with the virus

Recent estimates from UNAIDS paint an alarming picture of the spread of HIV and the increasing number of people living with AIDS. In 1998 alone, 5.8 million people became infected – half of whom were young people aged between 15 and 24 – and over 34 million people worldwide now live with the virus. In parts of Africa the incidence of HIV/AIDS is

Overall commitments to ICPD activities by budget heading (1994-98)



- ALAMED Protocols 56%
- EDF 26%
- HIV/AIDS special budget line 9%
- NGO Co-financing 4%
- Population special budget line 4%
- Research 1%

"European Parliamentarians ought to put in place political mechanisms, facilitating the translation of the Cairo consensus into legislation"

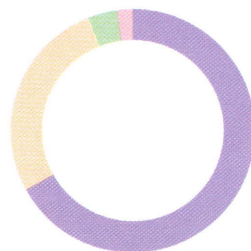
Mrs. Ulla Sandbaek MEP, Chairperson, Working Group on Population, Sustainable Development and Reproductive Health – EU Roundtable on ICPD + 5, 1999

already having a major effect on people's lives, in other areas such as in India, HIV is rapidly gaining a hold. The situation with other sexually transmitted infections also remains a cause for concern with about 330 million curable cases occurring each year, mostly in developing countries. Sexually transmitted diseases (STDs) remain a neglected area and this is made more complicated by poor treatment practices and emerging drug resistance. The burden of HIV/AIDS and other STDs on already stretched health systems is great and is set to increase as the number of people seeking treatment and care grows. The Community will continue its support to information campaigns, strengthening reproductive health services, education for young people, treatment of STDs, making blood supply safe and promoting legal reforms – these are just some of the effective responses that have been identified as a priority for future action.

Tackling problems of gender-based violence and sexual abuse, especially of young women and children

There is growing recognition of the importance of tackling the often hidden problems of gender violence and sexual abuse. As awareness grows about the extent of violence and sexual abuse, especially of young women and girls, so must support to prevent it from happening. The European Community supports many actions by civil society groups, particularly in Latin America, that aim to prevent violence and abuse taking place and to support the victims when it does.

Overall commitments to ICPD activities by partners type (1994-98)



- Government 67%
- NGO 27%
- Private 4%
- UN 2%

"The Cairo Conference made us reflect upon peoples' rights to choice, access to services and freedom from coercion and exploitation"

Mr. Pierre Defraigne, Director, DG1B, European Commission – EU Roundtable on ICPD + 5, 1999

The EU HIV/AIDS programme in developing countries

The EU HIV/AIDS programme in developing countries has developed a set of policy principles and strategies to support a variety of relevant activities. These include: STDs, HIV in a number of settings; HIV/AIDS and sex education for young people in and out of school; mass media information campaigns; and safe blood supplies.

From 1998, the programme aims to emphasise:

- monitoring and surveillance of the epidemic and the risks related to it
- early interventions targeted at specific populations
- information and prevention measures aimed at those most likely to acquire and transmit the virus
- affordable community-based care for the poorest and neediest people affected by AIDS
- scientific learning and training.



Improving reproductive health care in the countries of the former Soviet Union, Central and Eastern Europe

With most countries in the former Soviet Union as well as Central and Eastern Europe experiencing a sharp deterioration in their health status over the past decade, the European Community has incorporated health as a major area in its cooperation programmes with these regions. Since the setting-up of PHARE and TACIS in the early 1990s, the EC has provided considerable support towards the much needed restructuring of health systems in these countries. According to the specific priorities identified in each country, some of these resources have been directed towards boosting government efforts aimed at resolving specific reproductive health problems, including high levels of maternal mortality and the growing threat of HIV/AIDS.

In addition, funds have also been provided to NGO projects under the LIEN programme which seeks to strengthen links between civil society organisations. One such project supported the International Planned Parenthood Federation (IPPF) in its work to introduce modern attitudes and practices in reproductive health to Albania and Slovakia. The action strengthened local family planning associations and significantly decreased the reliance upon abortion as a means of family planning in both countries, thus having an important impact on the health of women.

Building partnerships with Civil Society

European Community support is based on a variety of different partnerships. Work is underway with individual countries working directly with governments such as the support being provided to the Ministry of Health and Family Welfare in India. The EU is also building partnerships with multilateral agencies to ensure more coordinated support to national programmes, work is in progress with WHO, UNAIDS, the World Bank and UNFPA in many regions and countries.

The Community is also supporting partnerships with civil society organizations around the world. These often involve collaboration between European and developing country groups, in order to provide much needed reproductive health services and to develop new and cost-effective interventions. One example is the ground-breaking work carried out through the EC/UNFPA Asia Initiative on Reproductive Health (see page 24).

Researching new approaches to reproductive health in developing countries

The European Community supports research geared towards the health problems of developing countries within its regular research budget (the fourth and fifth Framework Programmes) under the INCO-DC and Avicenne initiatives. Emphasis is placed on active collaboration in research between scientists from both developing country and

Microbicide research

With over three-quarters of HIV infections resulting from heterosexual intercourse, the development of a female controlled anti-HIV agent has become one of intense investigation in contemporary research to find effective ways of reducing the spread of the disease. Previously used products for local application (such as spermicides) have been tested for their effectiveness against HIV infection while controlling for possible side-effects. Under the INCO-DC programme, the Commission has started to fund the investigation of cheaper and more effective microbicides in Uganda and the Ivory Coast. It is hoped that this collaborative work will promote the development of a new generation of microbicides.

European institutions on the basis of equal partnerships. Within this framework, research on reproductive health issues occupies a substantial part of health systems research including service delivery and research on microbial diseases such as HIV and tuberculosis. The collaborative nature of the work allows EU researchers to understand global reproductive health issues better and developing country scientists to gain access to high-level research of particular relevance to their countries' most pressing problems. For example, research on the epidemiology of molecular variants of HIV has helped to shed light on the concept of sexual networks, research on the effectiveness of vaginal microbicides may eventually deliver a totally new reproductive health tool to women, and work on unmet obstetrical needs is providing useful indicators for programme planners.



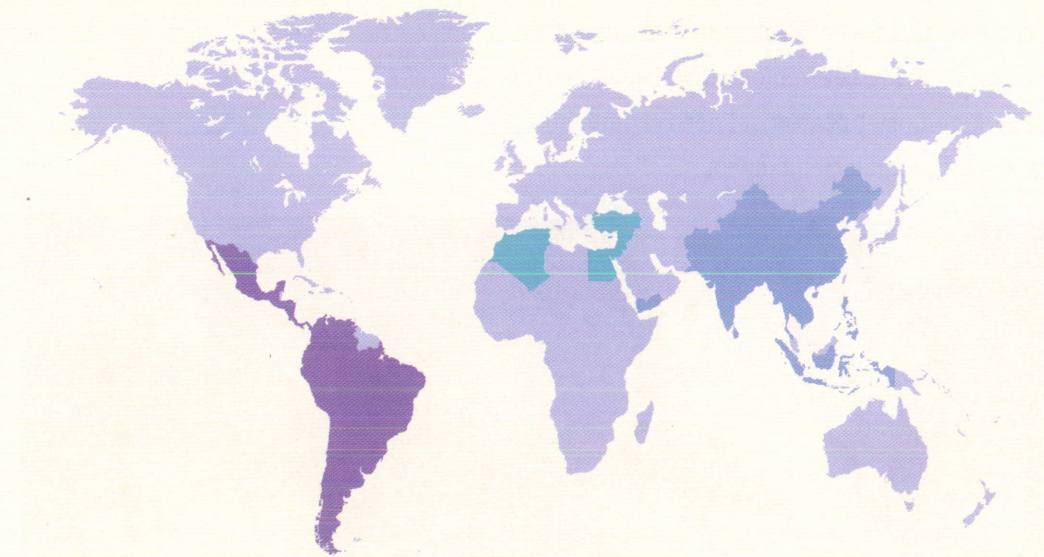
Reproductive health care in regions of crisis

The European Community Humanitarian Office (ECHO) is an important source of medical relief funding to the most vulnerable populations in numerous regions or countries in crisis around the world. Of total allocations in 1998 amounting to € 517.7 million, around 13% was devoted to medical assistance. Support was given to providing basic primary health care, delivery of medicines and emergency rehabilitation of hospitals and clinics, this included support to reproductive health services with a particular emphasis on refugee camps and other high risk groups.

ECHO strongly believes that comprehensive reproductive health care services must be integrated into the primary health care systems around the globe. This is why, in 1997, the Office cooperated with WHO, UNHCR and UNICEF contributing actively to the development of the revised "New Emergency Health Kit 1998" which has for the first time permitted the inclusion of drugs, supplies and equipment related to reproductive health. In 1998, through its specialised NGO and UN Agency partners, ECHO financed reproductive health projects in Cuba, Colombia, Sudan and the Great Lakes region, Bosnia, Cambodia and areas close to the border with Thailand. These actions focused particularly on safe motherhood, prevention and management of the consequences of sexual and gender-based violence, reproductive health care surveillance, education and monitoring as well as family planning and the prevention and care of STDs, including HIV/AIDS.



Asia, Latin America and Mediterranean Regions

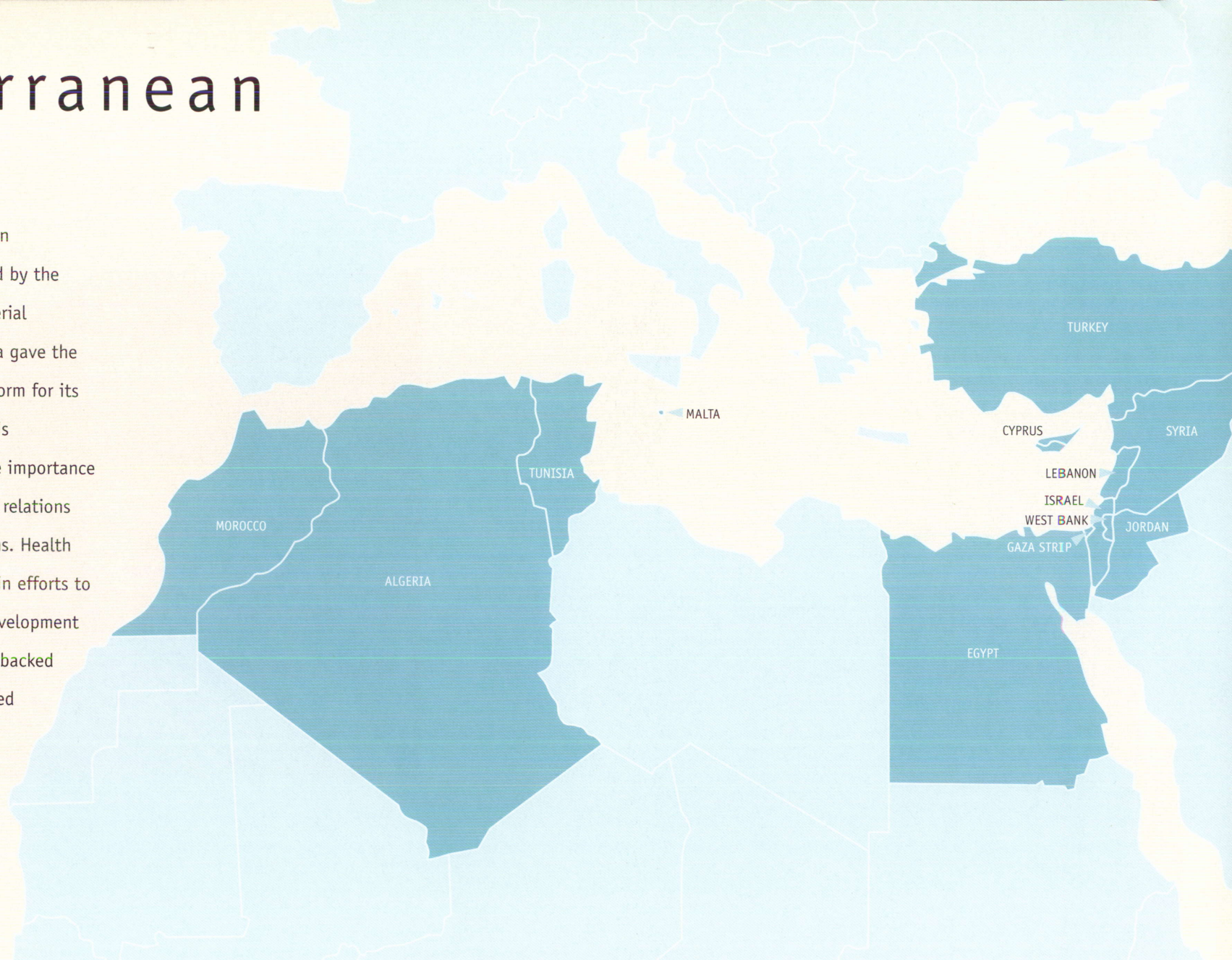


The European Community provides development aid to the countries of Asia, Latin America and the Mediterranean through a set of co-operation agreements negotiated on a country-by-country or regional basis. These agreements incorporate wide-ranging packages of financial, technical and economic assistance funded out of the Community's own budget. Support to population, sexual and reproductive health issues has become an important component of the Community's development assistance efforts in the five years since the Cairo Conference.



Mediterranean

The Euro-Mediterranean Partnership inaugurated by the November 1995 ministerial conference in Barcelona gave the Community a new platform for its co-operation policy. This Partnership stresses the importance of the human aspect of relations between the two regions. Health plays a prominent role in efforts to promote sustainable development and overall well-being, backed by considerably increased financial aid.



► EGYPT	
Population (millions)	65.7
Pop. Growth rate	1.9
Maternal Mortality Ratio	170.0
Adolescent Births	62.0
Contraceptive Prevalence	47.0

► TURKEY	
Population (millions)	63.9
Pop. Growth rate	1.6
Maternal Mortality Ratio	180.0
Adolescent Births	59.0
Contraceptive Prevalence	63.0

► MOROCCO	
Population (millions)	28.0
Pop. Growth rate	1.8
Maternal Mortality Ratio	610.0
Adolescent Births	37.0
Contraceptive Prevalence	50.0

► LEBANON	
Population (millions)	3.2
Pop. Growth rate	1.8
Maternal Mortality Ratio	300.0
Adolescent Births	32.0
Contraceptive Prevalence	53.0

► SYRIA	
Population (millions)	15.3
Pop. Growth rate	2.5
Maternal Mortality Ratio	180.0
Adolescent Births	57.0
Contraceptive Prevalence	36.0

► TUNISIA	
Population (millions)	9.5
Pop. Growth rate	1.8
Maternal Mortality Ratio	170.0
Adolescent Births	17.0
Contraceptive Prevalence	60.0

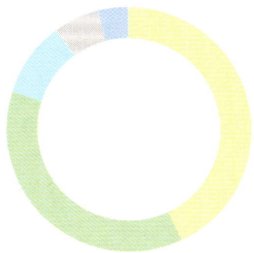
► ALGERIA	
Population (millions)	30.2
Pop. Growth rate	2.3
Maternal Mortality Ratio	160.0
Adolescent Births	26.0
Contraceptive Prevalence	52.0

[source: UNFPA]

Commitments to ICPD activities in the Mediterranean region (1994-98) millions of euros

1	Egypt	67.3
2	Turkey	57.8
3	Morocco	16.0
4	West Bank/Gaza	5.9
5	Regional	3.5
6	Lebanon	2.2
7	Syria	2.0
8	Tunisia	1.9
9	Algeria	1.8
10	Jordan	1.1

Commitments to ICPD activities in the Mediterranean region by country (1994-98)



- Egypt 43%
- Turkey 37%
- Morocco 10%
- Others 6%
- West Bank/Gaza 4%

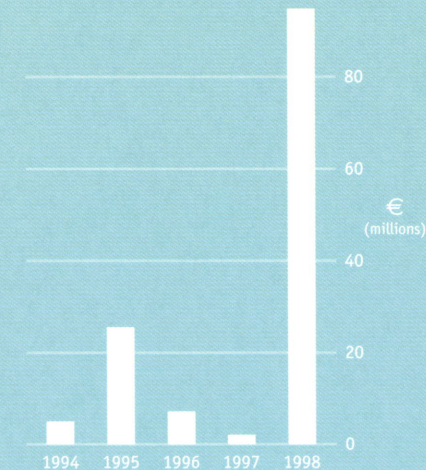
Since the 1994 Cairo Conference, the Community has supported 46 population and reproductive health related activities in the Mediterranean region. These account for just over € 156 million. Although funds have been distributed to interventions throughout the region, commitments have been significantly higher in the three countries with the largest populations: Egypt, Turkey and Morocco. For each of these states, major new health interventions involving much larger financial packages of support have been developed during 1998. Together, they account for the steep jump in funds allocated to the region over the past year.

While quality basic reproductive health and family planning services have been the priority, adolescent sexual and reproductive health services are an important focus as half of the region's population is currently under 21 years old. Other important strategies are raising awareness and providing proper information and education on relevant issues to the sizeable section of the population outside the reach of most services. The reproductive health status of women living in isolated rural areas or on the impoverished fringes of major urban settlements are one such group. The high level of Community funds invested in both health ministries and civil society initiatives reflects the commitment of national governments and agencies alike across the South Eastern Mediterranean basin.

▶ JORDAN		▶ WEST BANK/GAZA STRIP	
Population (millions)	6.0	Population (millions)	1.8/1.1
Pop. Growth rate	3.3	Pop. Growth rate	3.4/4.6
Maternal Mortality Ratio	150.0	Maternal Mortality Ratio	-
Adolescent Births	49.0	Adolescent Births	-
Contraceptive Prevalence	35.0	Contraceptive Prevalence	51.0/34.0



Commitments to ICPD activities in the Mediterranean (1994-98)





Support to the reproductive health sector in Turkey

The Commission's Population and Reproductive Health budget line has supported six projects in Turkey over the past five years. These include IEC for adolescents in squatter housing areas, family health services in the poor south-eastern part of the country and a new maternal health training and research centre in Istanbul. Building on this project experience, and given a history of public and private sector collaboration, negotiations began in 1998 for a major new comprehensive reproductive health programme. Due to start in 1999, the wide-ranging intervention will establish the Community as a leading donor in the field of sexual and reproductive health in Turkey.

A cornerstone of the new initiative is the reinforcement of existing public sector sexual and reproductive health services by working with and bolstering key civil society organisations. Those active in the sector include NGOs and academic and professional associations. The programme should further cement relations between civil society groups and the public and private sectors to achieve better quality and more affordable services for the programme's immediate beneficiaries – high risk groups and underprivileged young men and women. The private and public stakeholder collaboration should ensure a more widespread and longer term impact for the programme of capacity building and training in the areas of maternal health, contraception, safe abortion and HIV/AIDS and STD prevention.

Reshaping Egypt's health sector

A new Health Sector Reform Programme instigated by Egypt's Ministry of Health and Population has been taking shape since 1996. This ambitious nationwide programme is supported by the European Commission, the World Bank and USAID among others. A financially sustainable 'basic benefit package' will improve the population's health status in three Governorates around the country. The Community's funding of € 110 million will significantly contribute to improving the reproductive health of the country's population.

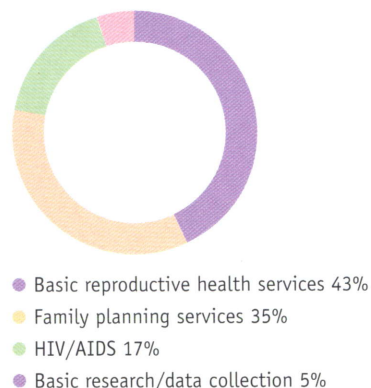
A history of support to reproductive health in Tunisia

Tunisia has implemented a comprehensive population policy since 1973 as part of the country's overall economic and social development strategy. The establishment of the National Family Planning Programme (ONFP) helped bring women into the development process. The ONFP's broader view of reproductive health means population programmes now target issues such as the effective and safe use of appropriate family planning methods and reduction of the risks attached to pregnancy.

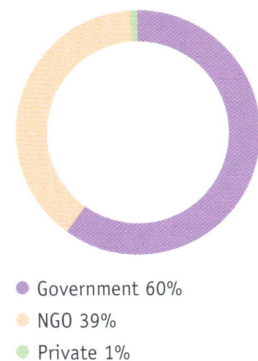
Over the past five years, Commission funding has supported four population programmes implemented by the ONFP. In one intervention, female textile industry workers were taught about their sexual and reproductive rights through established working groups and facilities inside their factories. Another programme saw eight remote rural zones targeted through an integrated range of IEC activities including community-based services, action research and data collection. Contraceptive prevalence rates have increased by 60 per cent and fertility rates declined by 22 per cent since the interventions began.

The EC has encouraged Tunisia and the ONFP in particular to extend its experience to other countries. In 1997, support was given to the management of a south-south scholarship grant for more than 120 traditional birth attendants, nurses, doctors and gynaecologists in neighbouring countries. In future years, the ONFP will continue to address Tunisia's regional disparities by focusing primarily on the more remote provinces.

Commitments to ICPD activities in the Mediterranean region by project focus (1994-98)

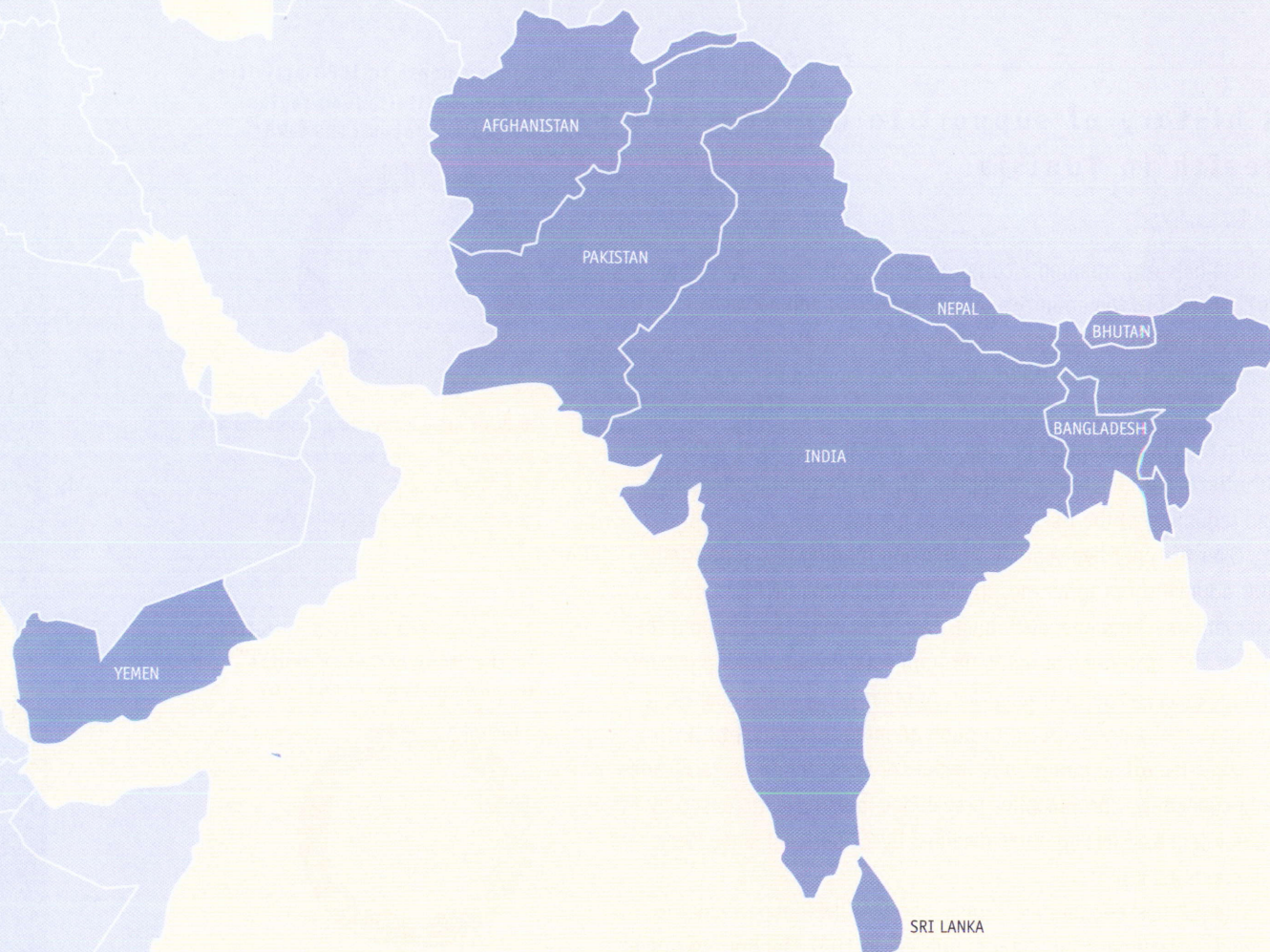


Commitments to ICPD activities in the Mediterranean region by partner type (1994-98)



South Asia

The Community's development cooperation policy in Asia is based on a growing network of bilateral and regional framework agreements. However, the sheer magnitude of Asia's population and development needs has required overall policy to focus explicitly on poverty alleviation, targeting in particular the poorest countries and the most disadvantaged population groups within those countries.



▶ INDIA	
Population (millions)	975.8
Pop. Growth rate	1.6
Maternal Mortality Ratio	570.0
Adolescent Births	116.0
Contraceptive Prevalence	41.0

▶ PAKISTAN	
Population (millions)	147.8
Pop. Growth rate	2.7
Maternal Mortality Ratio	340.0
Adolescent Births	93.0
Contraceptive Prevalence	18.0

▶ BANGLADESH	
Population (millions)	124.0
Pop. Growth rate	1.6
Maternal Mortality Ratio	850.0
Adolescent Births	138.0
Contraceptive Prevalence	45.0

▶ YEMEN	
Population (millions)	16.9
Pop. Growth rate	3.7
Maternal Mortality Ratio	1400.0
Adolescent Births	102.0
Contraceptive Prevalence	7.0

▶ NEPAL	
Population (millions)	23.2
Pop. Growth rate	2.5
Maternal Mortality Ratio	1500.0
Adolescent Births	92.0
Contraceptive Prevalence	29.0

▶ SRI LANKA	
Population (millions)	18.5
Pop. Growth rate	1.0
Maternal Mortality Ratio	140.0
Adolescent Births	34.0
Contraceptive Prevalence	34.0

Commitments to ICPD activities in South Asia (1994-98) millions of euros

1 India	209.7
2 Pakistan	29.6
3 Bangladesh	16.8
4 Yemen	8.9
5 Nepal	6.8
6 Sri Lanka	0.8

Commitments to ICPD activities in South Asia by country (1994-98)



- India 77%
- Pakistan 11%
- Bangladesh 6%
- Others 6%

Since 1994, the Commission has supported a total of 47 reproductive health-related interventions in South Asia, accounting for just over € 273 million which has been divided between six countries across the region. As a direct reflection of the high level of need experienced by their large populations, the majority of these funds have been allocated to interventions in India, Bangladesh and Pakistan. In fact, with a population fast approaching 1 billion, India has been by far the largest recipient of EC reproductive health spending worldwide.

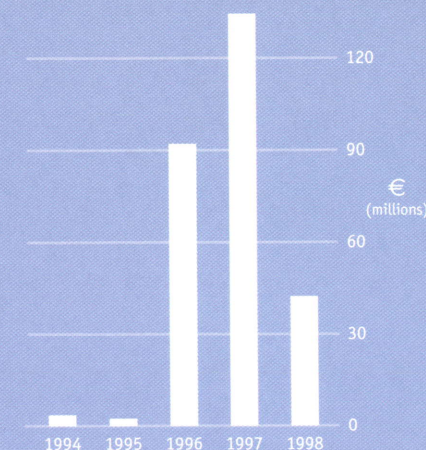
The experience of working closely with governments committed to implementing the Cairo Programme of Action throughout the region has enabled the Community to adopt a sector-wide approach. In some countries, Community funds are now used to support national programmes that aim to improve the reproductive health status of their populations. The most striking example is the Community's investment of € 200 million in the Indian Government's Health and Family Welfare Sector Reform. This aims to reorientate the country's approach to family planning towards a more comprehensive reproductive health strategy.

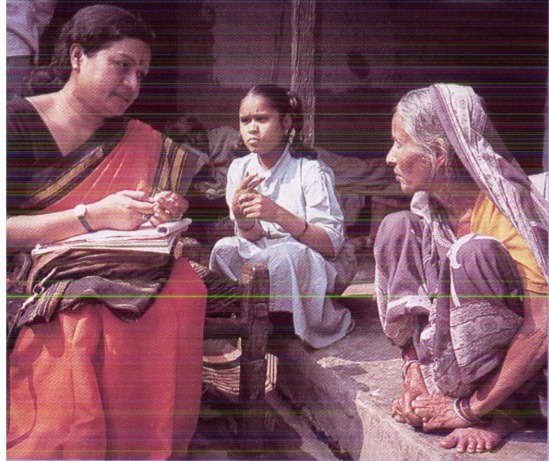
"Understanding the linkages between population and development will contribute to reducing disparities between countries and assist in alleviating poverty within countries"

Dr. Joseph Chamie, Director, Population Division, DESA, United Nations – EU Roundtable on ICPD + 5, 1999



Commitments to ICPD activities in South Asia (1994-98)





India's family welfare programme

India has long been a world leader in developing population policy. Since the first UN World Population Conference in 1974, the national Family Welfare Programme has undergone numerous changes in the search for improved policy and implementation methods. This process was reflected in India's strong endorsement of the 1994 ICPD Programme of Action. As a result, the country has initiated a comprehensive reform of its family welfare sector. In collaboration with several major donors, India has developed a national Reproductive and Child Health programme to focus on a number of the key objectives outlined at the Cairo conference. The importance of this new approach is that it represents a policy shift towards a more holistic reproductive health strategy. The objectives include an improved quality of services, as well as stimulating client demand.

The importance of these reforms in developing a more effective reproductive health strategy for India has been recognised by the Commission and other major partners and donors such as the World Bank and DFID. As a result, the EC has contributed a package of € 200 million to help implement the new policy agenda. These funds are being channelled particularly towards financial and managerial decentralisation at both state and district level. The global package of primary health care is being enhanced by human resource development, community participation in decision-making and the integration of reproductive health services.

The links between reproductive health and poverty

The acknowledged link between people's health and ability to plan their families and the potential for human development is critical in South Asia, which has some of the most densely populated countries in the developing world. The intense pressure on resources has led to a fragmentation of land holdings, degradation of crop and pasture land and subsequent increases in poverty, such as has occurred in Bangladesh. The result is that large households generally have less per capita income, less savings and assets, and less ability to educate their children. The Commission's poverty alleviation strategy for the region has had a major focus on reproductive health interventions in the years since the 1994 Programme of Action.

Indian Lawyers Collective HIV/AIDS Unit

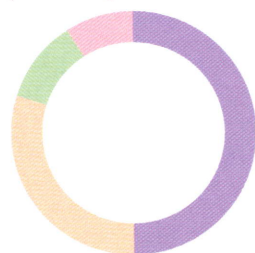
Promoting the rights of those affected by HIV/AIDS is now widely acknowledged as a key strategy in preventing the spread of the disease. People who suffer from HIV/AIDS often face extreme discrimination and are ostracised by the rest of society. Among the many rights that may be denied or impaired are those of life, liberty, health, privacy, work, education and marriage. Medical ethics are also frequently violated, including confidentiality, the duty to treat patients and research involving human subjects.

The Community has supported a number of initiatives carried out by the Indian Lawyers Collective HIV/AIDS Unit. These include working towards the creation of an improved legal environment for people affected by the disease. Among the measures being implemented are voluntary testing with informed consent, maintaining the confidentiality of people living with HIV/AIDS, and efforts to reintegrate such people into their families and the wider society.

Of particular importance in the range of services provided by the Lawyers Collective are:

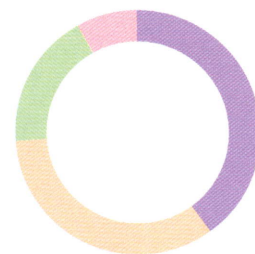
- legal aid and advice to those affected by HIV/AIDS, with special emphasis on the less privileged.
- capacity building and advocacy within the legal community to resolve key legal and ethical issues.

Commitments to ICPD activities
in South Asia by project focus
(1994-98)

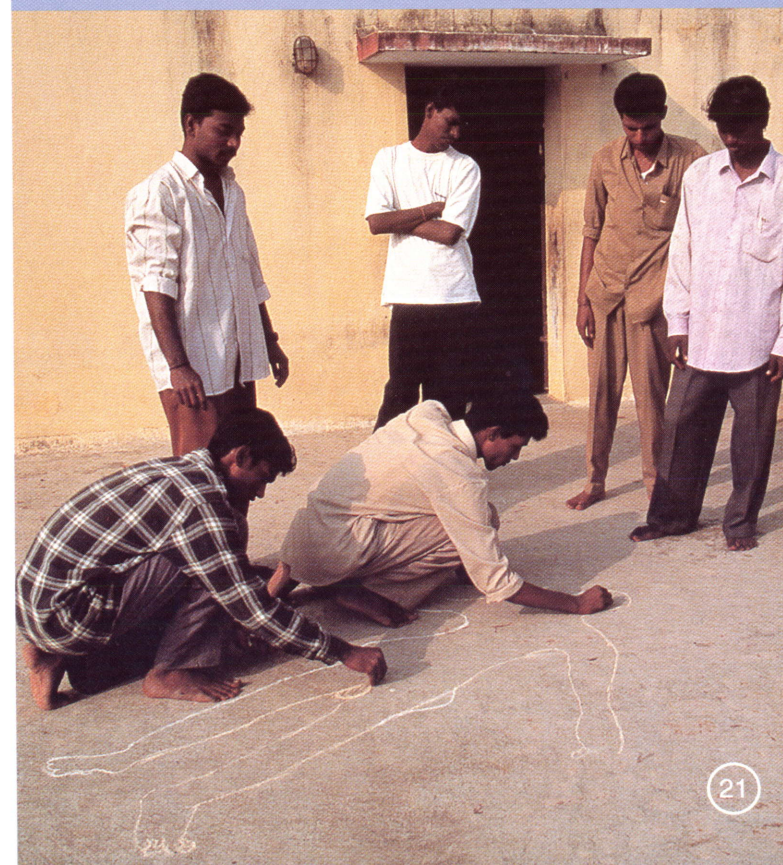


- Basic reproductive health services 50%
- Family planning services 30%
- HIV/AIDS 11%
- Basic research/data collection 9%

Commitments to ICPD activities
in South Asia by partner type
(1994-98)



- Government 40%
- NGO 34%
- Private 18%
- UN 8%



South-East Asia

The vast area encompassed by South-East Asia covers a broad spectrum of communities at various stages of development and incorporates countries with widely differing reproductive health needs and response capacities. This diversity demands a variety of project approaches and partners, depending on the specific needs of each intervention area and target group. Projects nonetheless always fall within the broad framework of the Community's poverty alleviation strategy.



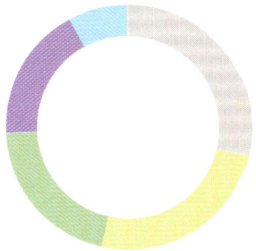
► PHILIPPINES		► INDONESIA		► VIET NAM		► THAILAND		► CAMBODIA		► LAOS		► CHINA	
Population (millions)	72.2	Population (millions)	206.5	Population (millions)	77.9	Population (millions)	59.6	Population (millions)	10.8	Population (millions)	5.4	Population (millions)	1255.1
Pop. Growth rate	2.0	Pop. Growth rate	1.5	Pop. Growth rate	1.8	Pop. Growth rate	0.8	Pop. Growth rate	2.2	Pop. Growth rate	3.1	Pop. Growth rate	0.9
Maternal Mortality Ratio	280.0	Maternal Mortality Ratio	280.0	Maternal Mortality Ratio	160.0	Maternal Mortality Ratio	200.0	Maternal Mortality Ratio	900.0	Maternal Mortality Ratio	650.0	Maternal Mortality Ratio	95.0
Adolescent Births	48.0	Adolescent Births	62.0	Adolescent Births	45.0	Adolescent Births	51.0	Adolescent Births	12.0	Adolescent Births	51.0	Adolescent Births	5.0
Contraceptive Prevalence	40.0	Contraceptive Prevalence	55.0	Contraceptive Prevalence	65.0	Contraceptive Prevalence	74.0	Contraceptive Prevalence	-	Contraceptive Prevalence	19.0	Contraceptive Prevalence	83.0

Commitments to ICPD activities in South-East Asia (1994-98)

millions of euros

1	Regional	25.8
2	Philippines	21.4
3	Indonesia	15.9
4	Viet Nam	6.8
5	Thailand	5.7
6	Cambodia	2.4
7	Laos	2.1
8	Afghanistan	1.5
9	China	1.5
10	Burma	1.4

Commitments to ICPD Activities in South-East Asia by Country (1994-98)



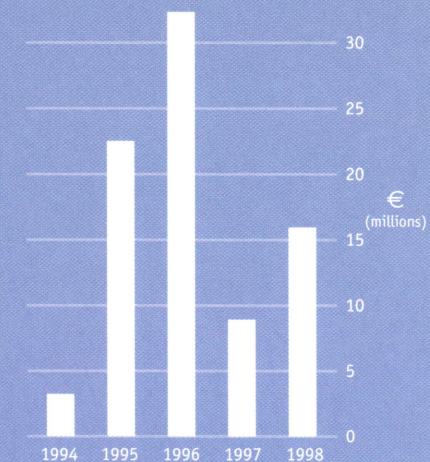
- Regional 29%
- Philippines 25%
- Others 21%
- Indonesia 18%
- Viet Nam 8%

Between 1994 and 1998, just over € 90 million were allocated to 67 population and reproductive health interventions in South-East Asia. Perhaps the most significant programme currently underway, certainly the largest, is the € 25 million Asia Initiative for Reproductive Health. This is being carried out in partnership with the UNFPA and a range of local organisations in a number of countries across the region (see page 24). While funding has been spread over nine countries in South-East Asia, the Philippines and Indonesia are the largest beneficiaries by far. Both countries have large populations and high levels of unmet need.

In the Philippines, the Commission has funded the safe motherhood component of a major five-year multi-donor programme dedicated to improving the health, nutrition and family status of women. While in Indonesia, € 15 million have recently been committed to an emergency programme of contraceptive supply, in collaboration with the national family planning agency. In addition to these relatively large-scale interventions, the NGO Co-financing and HIV/AIDS budget lines have supported a range of smaller projects across the region including actions in China, Cambodia, Viet Nam and Thailand.



Commitments to ICPD activities in South-East Asia (1994-98)



EC/UNFPA Asia Initiative on Reproductive Health

Conscious of the challenge of attempting to significantly improve the reproductive health status of large numbers of people across such a vast continent, the EC in collaboration with the UNFPA sought to design a programme that would bring together the diversity of expertise and resources offered by civil society organisations. This initiative aims to create sustainable alternatives to current systems, contributing to a decline in fertility rates and a decrease in mother and child morbidity and mortality. On the basis of assessments made by local partners, the decision was taken to place particular emphasis on adolescent and youth reproductive health as a priority area for intervention.

Taking on board a series of key recommendations made in the Cairo Programme of Action, this initiative stands out because of its emphasis on much closer collaboration between international agencies and civil society organisations, including NGOs, from the international, regional and local spheres at all stages of design and implementation. Another key element of the programme is that it is based on the use of a series of country-specific strategies within the overall context of a coherent region-wide framework. The seven countries considered to have the most pressing reproductive health needs were selected for inclusion: Bangladesh, Cambodia, Nepal, Laos, Pakistan, Sri Lanka and Viet Nam. With project activities starting up in September 1998, there are currently 22 collaborating European agencies and over 62 local partners.

It is hoped that the innovative strategic approach adopted in this programme will have a multiplier effect on reproductive health initiatives, strengthen local capacity at grass roots level and complement efforts made at central level by governments and donors.

"An excellent example of collaboration between the European and developing country NGOs is the EC-UNFPA Initiative for Reproductive Health in Asia"

Dr. Nafis Sadik, Executive Director, UNFPA -
EU Roundtable on ICPD + 5, 1999



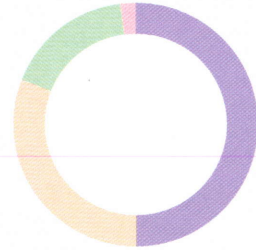
Viet Nam soap opera project

Between 1995 and 1998 CARE France, through CARE International, has been implementing an innovative project designed to convey messages related to HIV/AIDS and sexual behaviour through a popular TV soap opera. Called 'Wind blows through light and dark', the series comprises 30 episodes. Produced in collaboration with national television, the programmes were intended to make ordinary Vietnamese people realise that HIV/AIDS is not just a problem associated with foreigners, and that its spread will have serious consequences for family life throughout the country.

The series relates the experiences of a number of people, as the HIV/AIDS epidemic spreads rapidly through society, and features as the heroine a modern young doctor. Her everyday interactions with friends, patients and the man of her dreams serve as a vehicle to communicate the clear message that AIDS may one day knock at the door of any Vietnamese family. However, it also presents a positive view of what people can do to protect themselves.

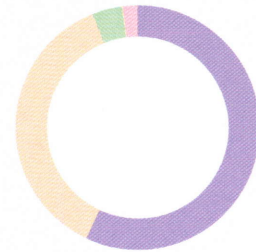
Surveys carried out both before and after broadcasting show that the series has indeed helped to achieve a clearer understanding of the main issues involved and a greater degree of tolerance towards people living with AIDS.

Commitments to ICPD activities in South-East Asia by project focus (1994-98)

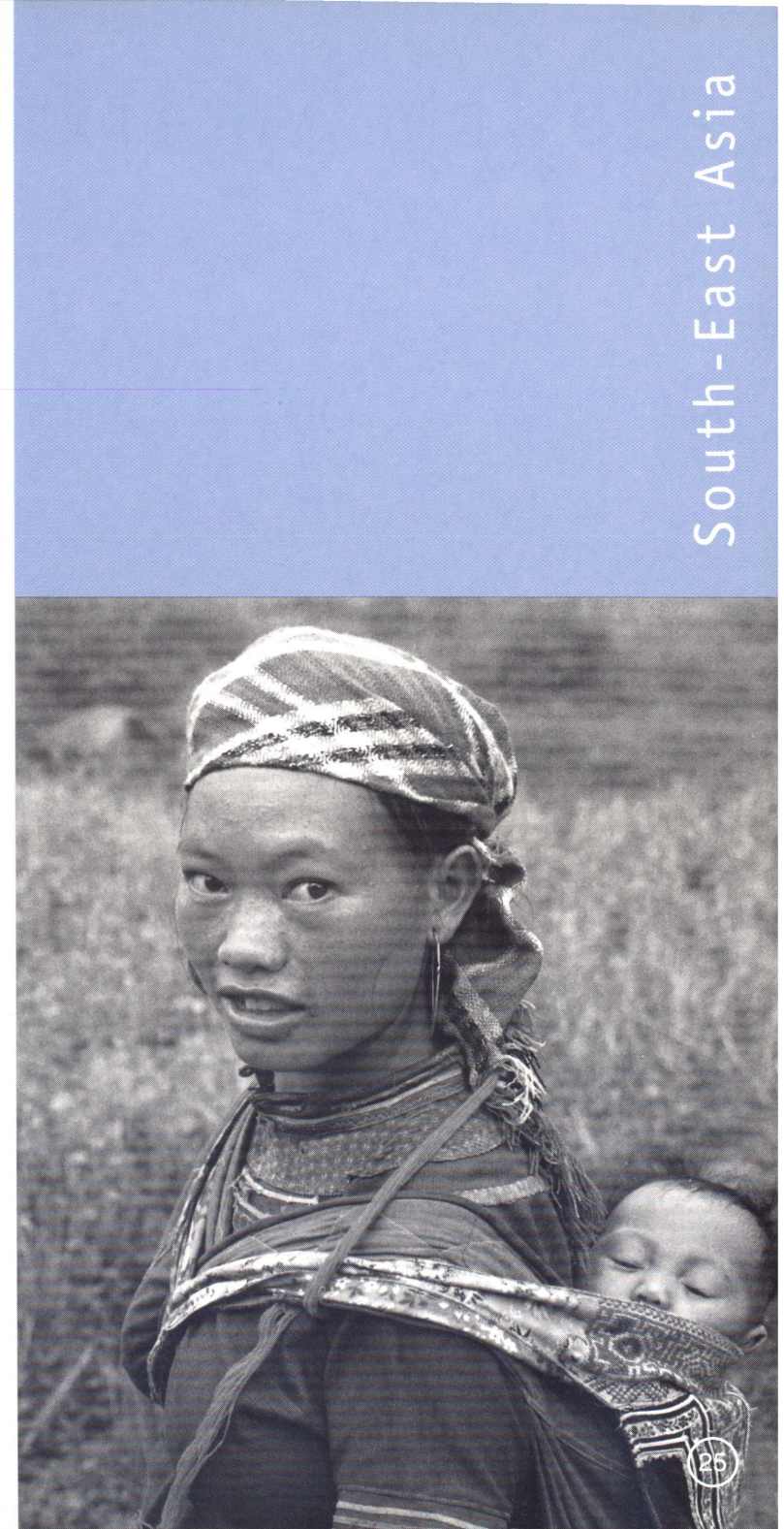


- Basic reproductive health services 50%
- Family planning services 31%
- HIV/AIDS 17%
- Basic research/data collection 2%

Commitments to ICPD Activities in South-East Asia by partner type (1994-98)



- Government 57%
- NGO 37%
- Private 4%
- EC 2%



South America

Despite the diversity of its nations, South America broadly forms two groups in terms of cooperation agreements with the European Community. Countries within the Andean sub-region tend to receive more development support due to their greater need; those in the southern cone have framework agreements that place more emphasis on trade and economic cooperation. However, even countries that have enjoyed social and economic progress in recent years have large segments of the population with unmet reproductive health needs and who are vulnerable to the spread of HIV/AIDS.



▶ PERU	
Population (millions)	24.8
Pop. Growth rate	1.7
Maternal Mortality Ratio	280.0
Adolescent Births	63.0
Contraceptive Prevalence	64.0

▶ BRAZIL	
Population (millions)	165.2
Pop. Growth rate	1.2
Maternal Mortality Ratio	220.0
Adolescent Births	73.0
Contraceptive Prevalence	74.0

▶ VENEZUELA	
Population (millions)	23.2
Pop. Growth rate	2.0
Maternal Mortality Ratio	120.0
Adolescent Births	101.0
Contraceptive Prevalence	49.0

▶ BOLIVIA	
Population (millions)	8.0
Pop. Growth rate	2.3
Maternal Mortality Ratio	650.0
Adolescent Births	82.0
Contraceptive Prevalence	45.0

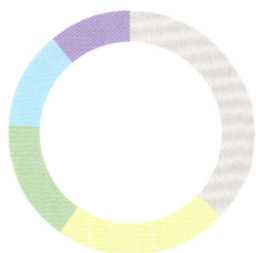
▶ CHILE	
Population (millions)	14.8
Pop. Growth rate	1.4
Maternal Mortality Ratio	65.0
Adolescent Births	56.0
Contraceptive Prevalence	-

Commitments to ICPD activities in South America (1994-98)

millions of euros

1	Peru	4.8
2	Brazil	3.4
3	Venezuela	2.7
4	Bolivia	2.4
5	Regional	2.2
6	Chile	1.8

Commitments to ICPD activities in South America by country (1994-98)



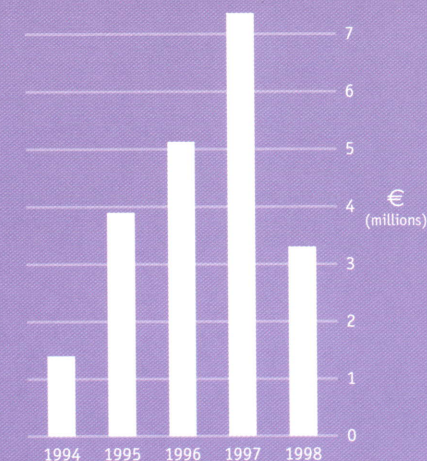
- Others 37%
- Peru 23%
- Brazil 16%
- Venezuela 13%
- Bolivia 11%

In the five years since the Cairo conference, 47 population and reproductive health interventions have been supported by the Community, totalling just over € 21 million. Peru has received the largest share of funding because it has particularly high rates of maternal mortality and low rates of modern contraceptive use. In common with other Andean countries, it has significant geographical barriers that pose a major problem of access to primary health services. Together Peru and Bolivia have among the worst reproductive health indicators in Latin America, prompting the European Community in 1997 to collaborate on a programme with local organisations to develop innovative solutions to these problems and provide useful inputs for future national policy (see page 29).

Although the countries of the Southern Cone, including Brazil, are the most developed of the region and are all highly urbanised, there are still substantial pockets of need. One issue of particular concern is the relatively high HIV/AIDS prevalence rates in major urban areas of Brazil, Argentina, Uruguay and Chile. A large proportion of the interventions supported in these countries has been channelled through NGOs working in the field of HIV/AIDS prevention.



Commitments to ICPD activities in South America (1994-98)



▶ ARGENTINA		▶ ECUADOR		▶ COLOMBIA		▶ URUGUAY	
Population (millions)	36.1	Population (millions)	12.2	Population (millions)	37.7	Population (millions)	3.2
Pop. Growth rate	1.3	Pop. Growth rate	2.0	Pop. Growth rate	1.7	Pop. Growth rate	0.6
Maternal Mortality Ratio	100.0	Maternal Mortality Ratio	150.0	Maternal Mortality Ratio	100.0	Maternal Mortality Ratio	85.0
Adolescent Births	70.0	Adolescent Births	79.0	Adolescent Births	100.0	Adolescent Births	85.0
Contraceptive Prevalence	-	Contraceptive Prevalence	57.0	Contraceptive Prevalence	72.0	Contraceptive Prevalence	-



A multi-faceted approach to helping marginalised youth in metropolitan Lima

Severe social upheaval resulting from a decade of virtual civil war caused large-scale internal migration during the 1980s and early 1990s. Even by comparison with other major cities in the region, Lima has a severe and growing problem of unemployment, poverty, abandonment and delinquency among its youth.

Based on the premise that investing attention in young people is a more cost-effective strategy than treating them when the problems are ingrained, the EC is supporting this multi-faceted project. It focuses on a number of closely interrelated factors including health, education and socio-cultural involvement. More specifically, it includes a diagnostic study of Lima's youth, especially the growing problem of urban gangs, the design of appropriate intervention strategies, improving health service provision, promoting gender equality and raising awareness in the crucial area of adolescent sexual and reproductive health.

Although the project is still only in its initial stages, the indications are that its ambitious integrated approach is managing to reach some of the most underprivileged young people in the city.

"A large proportion of young people in the world have no access to useful guidance, help or support in the area of sexuality and reproductive health"

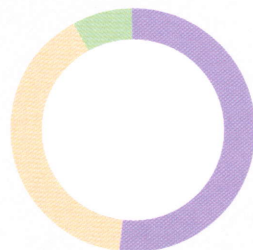
Ms Katarina Lindahl, Swedish Association for Sex Education - EU Roundtable on ICPD + 5, 1999

Andean Reproductive Health Initiative

Large sectors of the population in Peru and Bolivia suffer from extremely poor levels of reproductive health, with complications of childbirth and pregnancy representing major health risks. The maternal mortality rate in Bolivia, for example, is double that of any other country in the Americas (with the exception of Haiti) while high levels of teenage pregnancies are a particular problem in both countries. This highlights inadequate access to appropriate reproductive health services among adolescents.

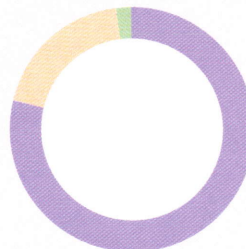
Since 1998, the European Community has been supporting Population Concern in the implementation of a new programme designed to improve the reproductive health care status of key sectors of the population with persistently high levels of unmet needs, particularly mothers and young children. An important aspect of the programme is that it is working closely with a range of local civil society groups and relies on their expertise to develop innovative and culturally sensitive activities designed to reach the most marginalised groups, typically living on the fringes of major urban centres or in isolated rural areas.

Commitments to ICPD activities in South America by project focus (1994-98)



- HIV/AIDS 52%
- Basic reproductive health services 40%
- Family planning services 8%

Commitments to ICPD activities in South America by partner type (1994-98)



- NGO 79%
- Government 19%
- Private 2%



Central America

EC cooperation with Central America has progressed since 1990, culminating in a series of 'third generation' agreements. These provide technical, financial and development aid and cover an increasingly wide range of areas. Relations are mainly governed by the framework of the San Jose dialogue (1984-94). However, Mexico is covered by an individual agreement and Belize, Suriname and Guyana are signatories of the Lomé Convention.



▶ GUATEMALA		▶ MEXICO		▶ NICARAGUA		▶ HONDURAS		▶ COSTA RICA		▶ EL SALVADOR		▶ PANAMA	
Population (millions)	11.6	Population (millions)	95.8	Population (millions)	4.5	Population (millions)	6.1	Population (millions)	3.7	Population (millions)	6.1	Population (millions)	2.8
Pop. Growth rate	2.8	Pop. Growth rate	1.6	Pop. Growth rate	2.6	Pop. Growth rate	2.8	Pop. Growth rate	2.1	Pop. Growth rate	2.2	Pop. Growth rate	1.6
Maternal Mortality Ratio	200.0	Maternal Mortality Ratio	110.0	Maternal Mortality Ratio	160.0	Maternal Mortality Ratio	220.0	Maternal Mortality Ratio	60.0	Maternal Mortality Ratio	300.0	Maternal Mortality Ratio	55.0
Adolescent Births	123.0	Adolescent Births	77.0	Adolescent Births	149.0	Adolescent Births	127.0	Adolescent Births	93.0	Adolescent Births	105.0	Adolescent Births	91.0
Contraceptive Prevalence	31.0	Contraceptive Prevalence	53.0	Contraceptive Prevalence	49.0	Contraceptive Prevalence	47.0	Contraceptive Prevalence	75.0	Contraceptive Prevalence	53.0	Contraceptive Prevalence	64.0

Commitments to ICPD activities in Central America (1994-98) millions of euros

1	Guatemala	4.2
2	Mexico	2.1
3	Nicaragua	1.9
4	Honduras	1.6
5	Regional	1.6
6	Costa Rica	1.4
7	El Salvador	0.5

Commitments to ICPD activities in Central America by country (1994-98)



- Guatemala 32%
- Others 26%
- Mexico 16%
- Nicaragua 14%
- Honduras 12%

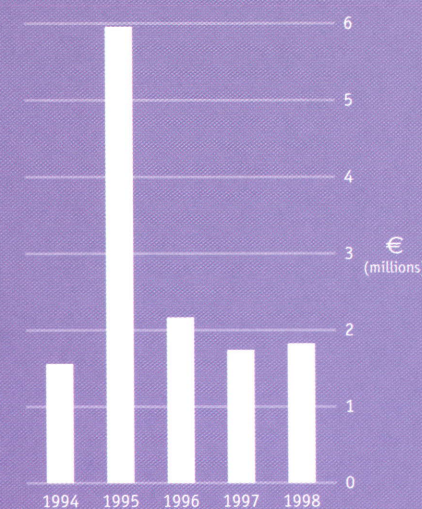
Since the Cairo conference, some 43 population and reproductive health interventions have been supported across the Central American region, amounting to just over € 13 million.

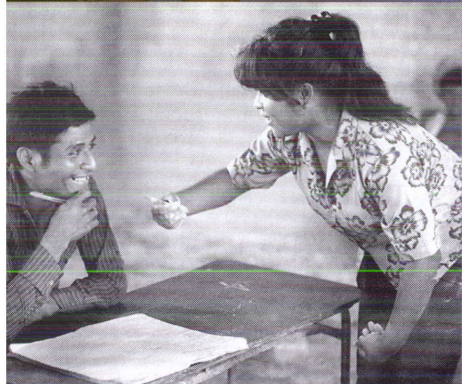
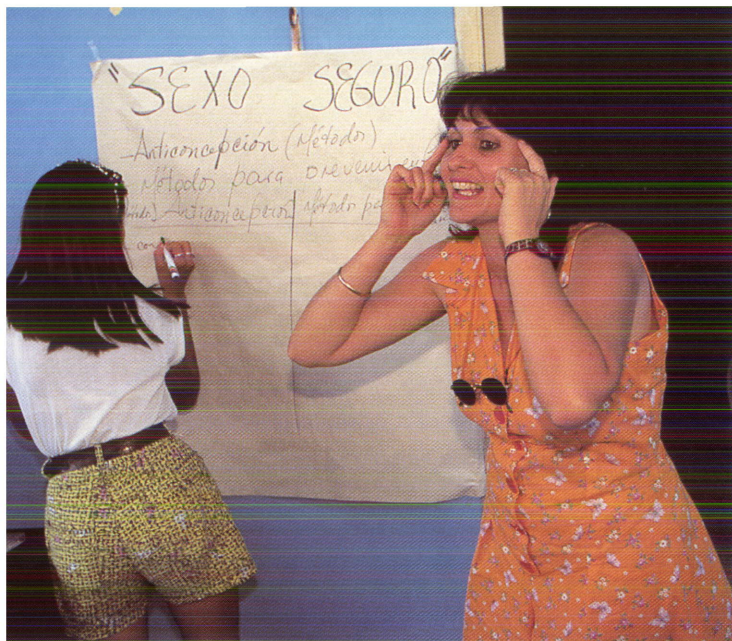
Although overall levels of population and reproductive health activity in these countries appear to be on the low side, per capita funding is relatively high when compared to other regions. Also, in contrast to other regions, funding has been spread fairly evenly rather than concentrated in a few countries. This distribution reflects the geographical spread of the population and the similarity of the problems that affect many countries in the region. These include high levels of adolescent pregnancies, maternal mortality and unsafe abortion.

HIV/AIDS prevalence rates in Latin America are highest in Honduras. The importance of these reproductive health issues, and the need to ensure that the HIV/AIDS pandemic does not spread further among the population, explains why this country has received more funding. Another important concern beginning to receive attention is that of gender-based violence. This is a serious problem throughout the region and has far-reaching effects on the sexual and reproductive rights and freedoms of women. To address this, new projects are starting in six countries across the Latin American region (see page 32).



Commitments to ICPD activities in Central America (1994-98)





Reproductive health for Mayan communities in Alta and Baja Verapaz, Guatemala

Guatemala has the lowest rate of contraceptive use in the Central American region. It is lowest among Mayan speakers, who also suffer the highest rates of maternal and child malnutrition, morbidity and mortality. In collaboration with the UK's DFID, the Commission is supporting a project managed by CARE UK. The aim is to provide high quality, culturally acceptable reproductive health services to Mayan families in two departments of the country – Alta and Baja Verapaz.

CARE's core strategy is to work in partnership with local NGOs, Mayan community leaders and the Ministry of Health to strengthen service delivery in local health centres and posts. Emphasis is placed on teaching and guiding local staff towards the integration of reproductive health services into all aspects of health care. This means monitoring all incoming patients to ensure that they receive the care they feel is required such as reproductive health and family planning education. Because demand for reproductive health services has been so low, an important aim is to stimulate demand. This requires community participation to identify and implement appropriate interventions, as well as targeting IEC activities towards men and women. Topics covered include reproductive risk, birth spacing and family health, STDs (including HIV/AIDS) and the role of men in improving the community's health.

Working closely with both local government and key representatives of civil society, this project aims to develop reproductive health interventions that could be replicated among Mayan communities across the region.

"Improvement of the health system demands perseverance through the years and political commitment"

Dr Olive Shisana, Executive Director, WHO - EU Roundtable on ICPD + 5, 1999

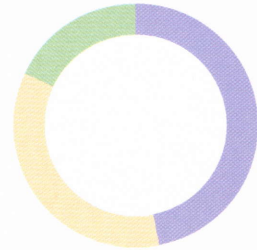
Gender violence

Gender-based violence is both a major public health problem and a violation of human rights. As in many other parts of the world, institutional efforts to tackle the issue of sexual and reproductive rights are still at an early stage in Central America. The region is characterised by a high rate of pregnancy among young women and correspondingly high levels of maternal mortality that result from complications at birth or during pregnancy. In a cultural context where women assume a subordinate role in many aspects of family decision-making, levels of domestic violence are excessively high while legislation to protect women remains extremely weak.

Since 1997, the Community has supported three regional projects being implemented by a consortium of European NGOs, under the overall management of UNFPA. Based in Guatemala, El Salvador and Nicaragua, these projects tackle the related problems of intra-family violence and reproductive rights. A combination of community level information, education and communication work supplements activities that aim to strengthen local groups working in these fields.

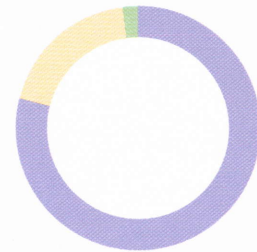
In 1998, the decision was made to fund a further three-country initiative to be implemented by the International Planned Parenthood Federation through local affiliates in Peru, Venezuela and the Dominican Republic. This aims to improve institutional capacity for aiding victims of gender-based violence, to raise awareness of the issue as a public health problem and improve key areas of legislation.

Commitments to ICPD activities
in the Central America
by project focus (1994-98)



- Basic reproductive health services 47%
- HIV/AIDS 35%
- Family planning services 18%

Commitments to ICPD activities
in Central America
by partner type (1994-98)

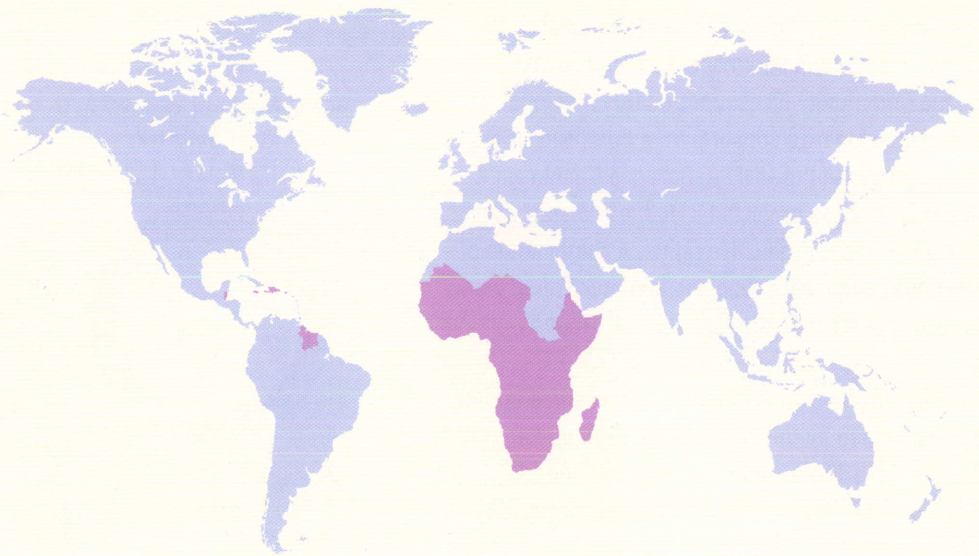


- NGO 79%
- Government 19%
- UN 2%

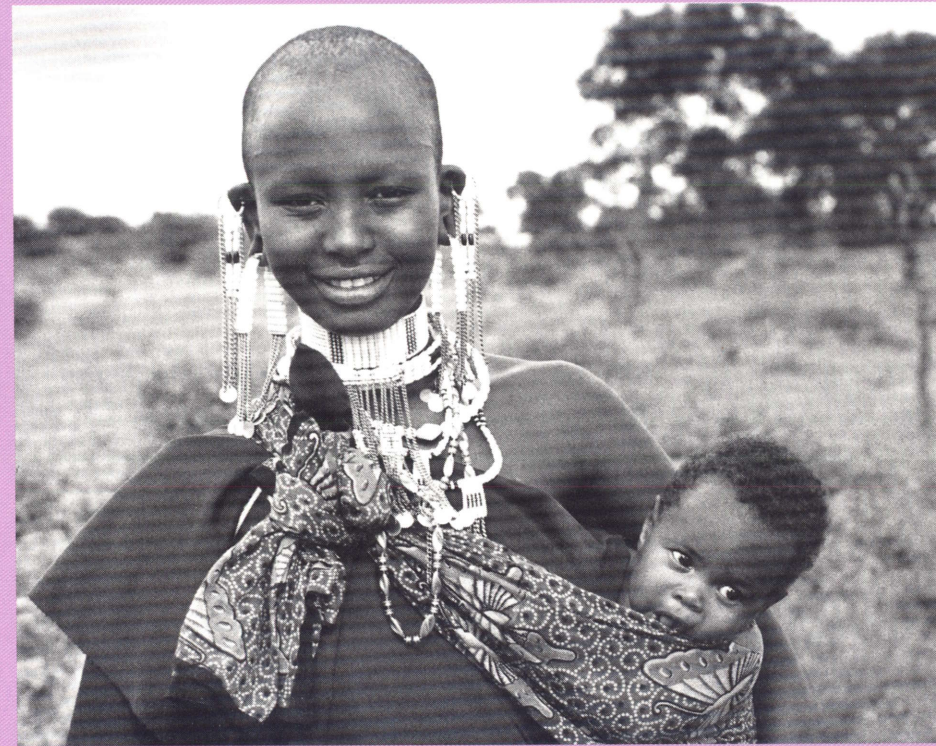




Africa, Caribbean and Pacific Regions

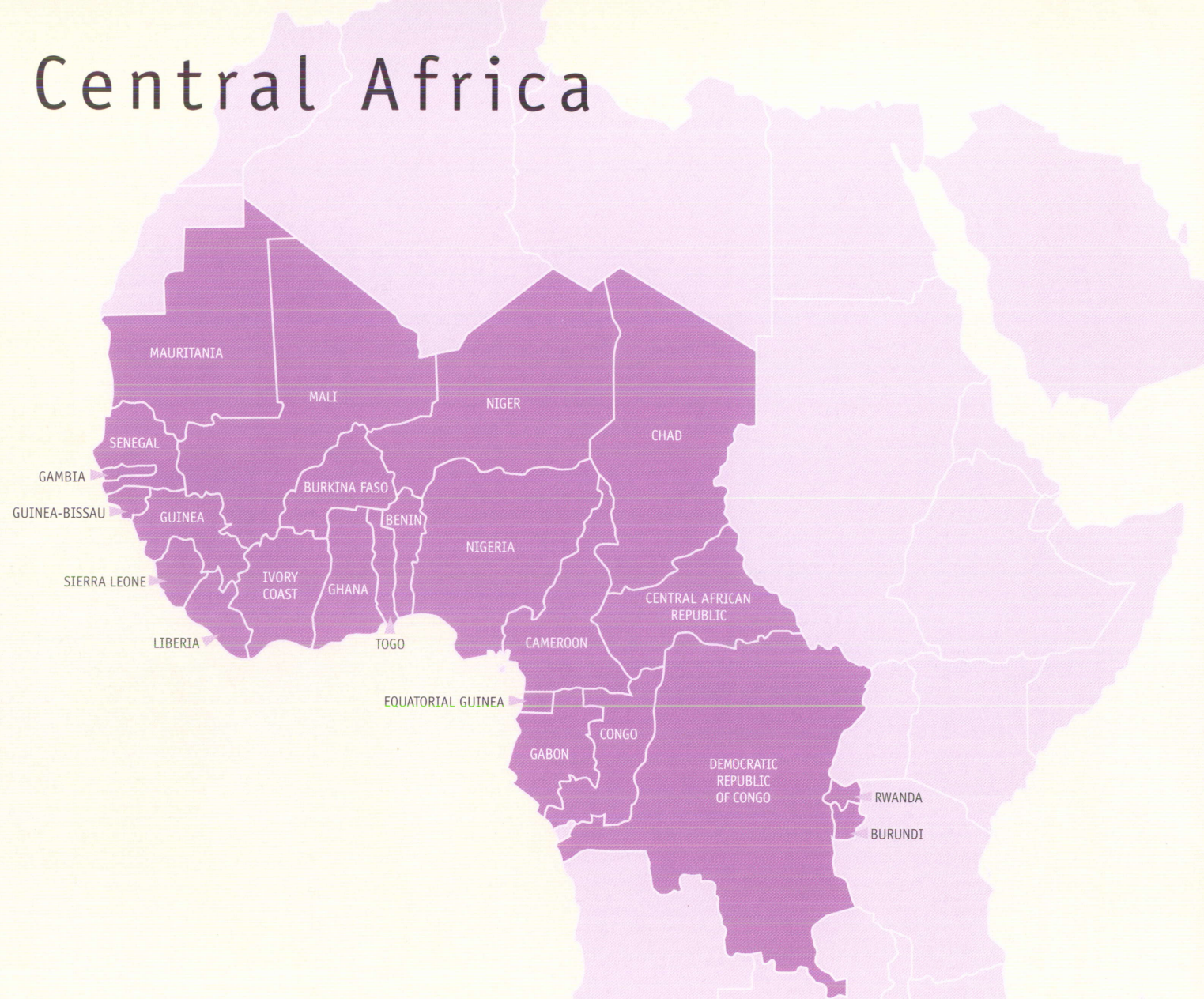


The bulk of Community assistance in reproductive health for the 71 ACP (Africa, Caribbean and Pacific) states which are signatory to the Lomé Convention comes from the European Development Fund (EDF). A proportion of these resources is allocated to the health sector with reproductive health activities being financed either through specific targeted interventions, as a component of sector-wide health programmes, or as part of a package of support designed to offset the social impact of ongoing structural adjustment programmes. Since the conclusion of the fourth Lomé Convention in 1990, an increasing number of ACP states have selected health as a priority sector for co-operation with the EC. As a result, the total volume of health allocations has more than doubled. For the period under review, support has been focused on Africa and the Caribbean.



Western & Central Africa

Assistance to West and Central African countries is predominantly undertaken within the framework of the Lomé Convention. Though overall spending on health interventions was initially limited, the fourth Lomé Convention signed in 1990 incorporated a section on population and demography. Since then, health funding has increased dramatically and a series of Council Resolutions has increasingly emphasised population and reproductive health issues, including HIV/AIDS, to help the ACP countries achieve sustainable economic and social development.



▶ CHAD	
Population (millions)	6.9
Pop. Growth rate	2.0
Maternal Mortality Ratio	1500.0
Adolescent Births	192.0
Contraceptive Prevalence	-

▶ CONGO (DRC)	
Population (millions)	49.2
Pop. Growth rate	1.5
Maternal Mortality Ratio	870.0
Adolescent Births	231.0
Contraceptive Prevalence	8.0

▶ IVORY COAST	
Population (millions)	14.6
Pop. Growth rate	1.8
Maternal Mortality Ratio	810.0
Adolescent Births	151.0
Contraceptive Prevalence	11.0

▶ GHANA	
Population (millions)	18.9
Pop. Growth rate	0.8
Maternal Mortality Ratio	740.0
Adolescent Births	123.0
Contraceptive Prevalence	20.0

▶ BURKINA FASO	
Population (millions)	11.4
Pop. Growth rate	2.2
Maternal Mortality Ratio	930.0
Adolescent Births	102.0
Contraceptive Prevalence	-

▶ GUINEA BISSAU	
Population (millions)	1.1
Pop. Growth rate	3.1
Maternal Mortality Ratio	910.0
Adolescent Births	189.0
Contraceptive Prevalence	-

▶ LIBERIA	
Population (millions)	2.7
Pop. Growth rate	8.6
Maternal Mortality Ratio	560.0
Adolescent Births	230.0
Contraceptive Prevalence	6.0

Commitments to ICPD activities in Western and Central Africa (1994-98) millions of euros

1 Chad	15.0
2 Congo (DRC)	13.5
3 Ivory Coast	11.0
4 Ghana	9.7
5 Burkina Faso	9.3
6 Regional	8.9
7 Guinea Bissau	7.5
8 Liberia	7.2
9 Benin	5.9
10 Mali	5.3
11 Niger	3.5
12 Cameroon	2.5

Commitments to ICPD activities in Western and Central Africa by country (1994-98)

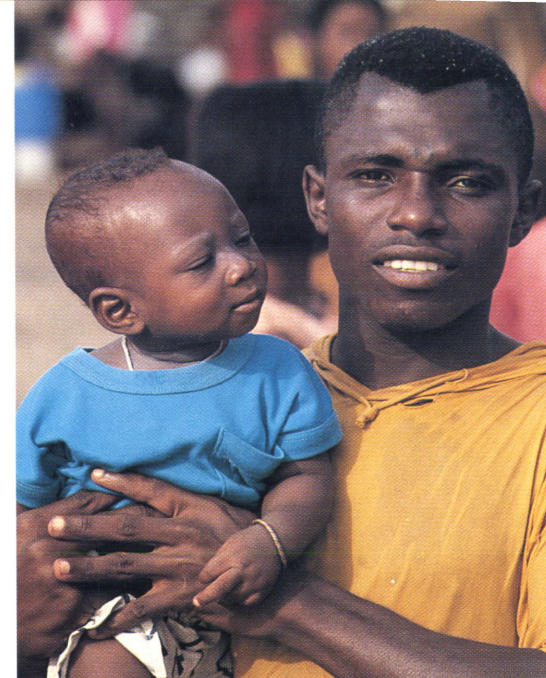


- Others 54%
- Chad 14%
- Congo (DRC) 13%
- Ivory Coast 10%
- Ghana 9%

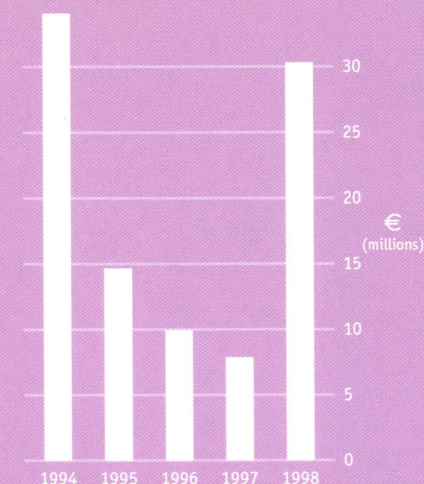
Altogether, the EC has supported 67 population and reproductive health interventions over the five years since the Cairo Conference, accounting for a total of slightly over € 105 million. As with other ACP countries, the bulk of this funding has gone to broader health sector interventions or to budget support to offset the social cost of structural adjustment programmes. This accounts for most of the ICPD commitments made to the top 12 ranking countries. However, a substantial number of targeted projects have also been funded through the NGO co-financing instrument and via the HIV/AIDS and population special budget lines.

All the countries of Sub-Saharan Africa have critical population and reproductive health needs with socio-economic and demographic indicators reflecting poor quality of life and serious difficulties in working towards goals of sustainable development. Perhaps the most critical reproductive health issue of all is the spread of HIV/AIDS, which is threatening to undermine many of the achievements made in the health sector over the previous 30 years and has already had a drastic effect on life expectancy in many countries across the region. Exacerbated by a very high incidence of sexually transmitted diseases, in 1996 over 13 million adults were living with HIV in Sub-Saharan Africa alone. It has become a critical public health problem with major human, social and economic dimensions and is placing an almost insurmountable burden on the ability of existing services to cope.

► BENIN		► MALI		► NIGER		► CAMEROON	
Population (millions)	5.9	Population (millions)	11.8	Population (millions)	10.1	Population (millions)	14.3
Pop. Growth rate	2.8	Pop. Growth rate	3.0	Pop. Growth rate	3.3	Pop. Growth rate	2.7
Maternal Mortality Ratio	990.0	Maternal Mortality Ratio	1200.0	Maternal Mortality Ratio	1200.0	Maternal Mortality Ratio	550.0
Adolescent Births	144.0	Adolescent Births	199.0	Adolescent Births	219.0	Adolescent Births	141.0
Contraceptive Prevalence	16.0	Contraceptive Prevalence	7.0	Contraceptive Prevalence	4.0	Contraceptive Prevalence	16.0



Commitments to ICPD activities in Western and Central Africa (1994-98)





Working with people living with AIDS in Benin

AIDS prevention has long been a component of the Community's ongoing EDF financed health programme in Benin and has followed a typical three-pronged approach: firstly the distribution in schools of brochures tailored to a young audience; secondly, the production of radio broadcasts for local communities; thirdly, activities in the urban community geared mainly to prostitutes working in the capital.

However, despite all the evidence, a substantial proportion of the population still doubt the seriousness of the illness and even question whether it exists at all. It is widely recognised that the testimony of sufferers from the virus is a very effective means of dispelling scepticism and the tendency to deny the reality of the disease. However, since the stigma attached to speaking out is still a very powerful barrier, it is essential that they receive financial and moral support. A new component has therefore been added to the programme which involves young people living with HIV in national awareness raising campaigns. The partner organisation entrusted with this project identifies communicators willing to speak publicly of the problems associated with their illness and provides them with moral support, helping with medical expenses and paying them a fee. Public information meetings are run in collaboration with project leaders from the 'National AIDS Prevention Programme' and other key actors in the field while work is underway to organise a formal framework to ensure the sustainability of future operations.

Through this type of intervention, the EC is not only aiming at prevention, but also at helping to end social discrimination against those living with HIV. It ensures that greater account is taken of social and cultural factors in AIDS prevention.

Tackling unmet obstetric needs

The European Community is funding a programme of operational research in the field of unmet obstetrical needs. This important concept refers to the difference between what professionals consider to be the need for a major obstetric intervention (such as a caesarian section) and what is in fact met by the available health services. A series of EC-supported projects is currently underway in a number of countries including Benin, Ivory Coast and Morocco. It is hoped that this work will help develop tools for the improved measurement of unmet need, as well as establishing a set of valuable indicators for programme planners to design more effective reproductive health interventions.

'Sexwise' – challenging AIDS

Radio is the most established and cost effective means of communication the world over, providing access not only to people who may be unable to read and write but also to those who are simply thirsty for information. As a very widely used medium, it has a potentially far-reaching effect in improving levels of reproductive health for many sectors of the population. Basic sex education messages can act as an important catalyst in changing people's attitudes towards key issues.

Following on from a successful project in South-East Asia, the Community has supported a collaboration between the IPPF and the BBC World Service to produce a series of radio programmes on sex education in Sub-Saharan Africa covering a range of subjects including contraception, pregnancy, hygiene, society's attitudes towards sexuality, AIDS and other sexually transmitted diseases. Using programmes broadcast in three languages – English, Hausa and Swahili – the project included accompanying print material in the form of a 16-page booklet made available free of charge to listeners.

Independent evaluation research and feedback from listeners has demonstrated that the programmes were successful in conveying vital information to people who have difficulty in obtaining clear and reliable information locally. One aspect that was particularly appreciated by listeners was the fact that the programmes not only identified problems but also offered realistic solutions and experts were able to benefit from discovering how others handled these issues.

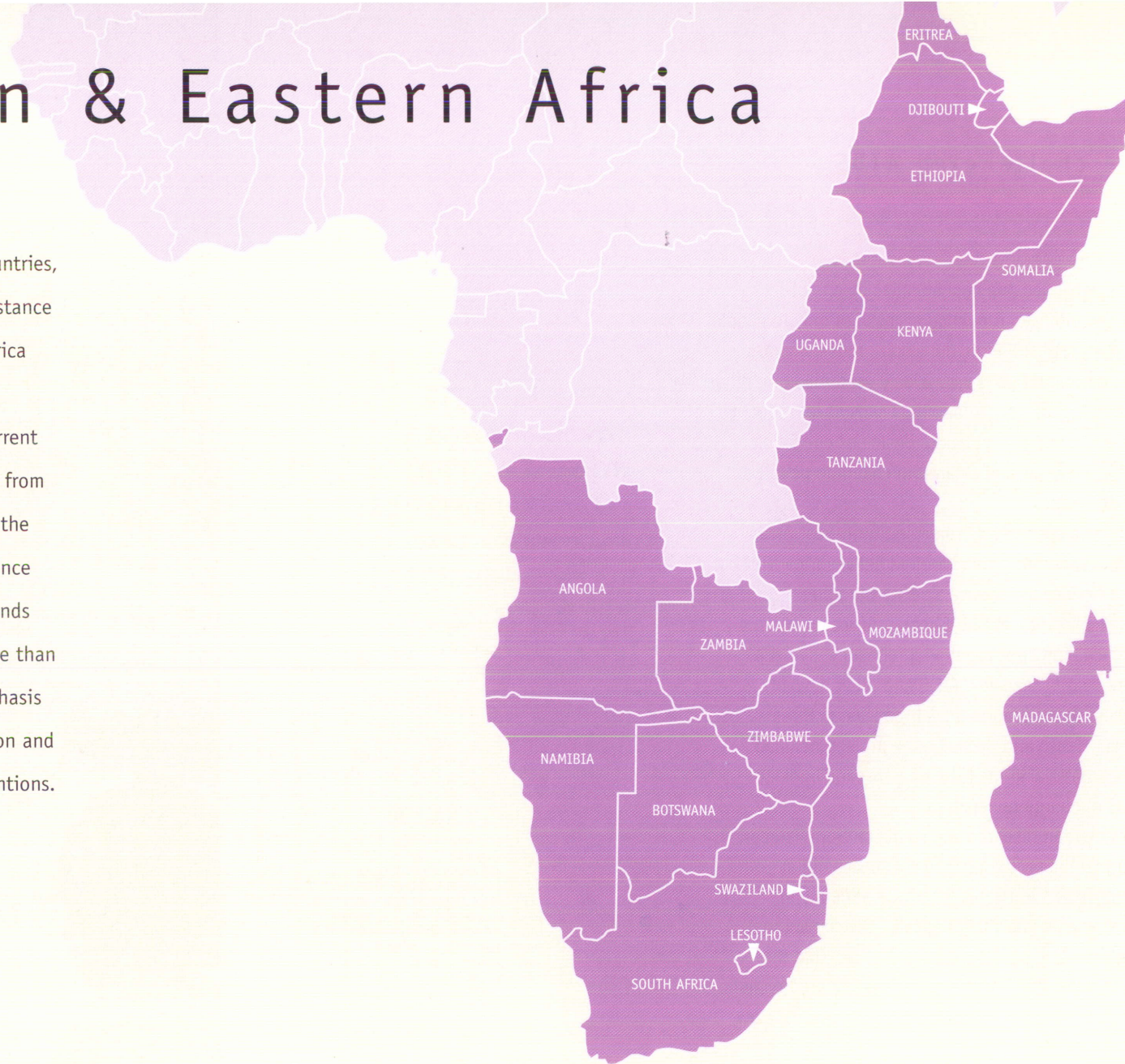
"NGOs have disseminated information and raised awareness of the ICPD Programme's objectives to a wide audience"

Ms Ingar Brueggemann, Director-General,
IPPF – EU Roundtable on ICPD + 5, 1999



Southern & Eastern Africa

As with the other ACP countries, the bulk of Community assistance to Southern and Eastern Africa comes from the European Development Fund, with current programmes being financed from resources negotiated under the eighth EDF (1996–2000). Since 1990, the amount of EDF funds allocated to health has more than doubled, while greater emphasis has been given to population and reproductive health interventions.



▶ MALAWI	
Population (millions)	10.4
Pop. Growth rate	2.5
Maternal Mortality Ratio	560.0
Adolescent Births	173.0
Contraceptive Prevalence	22.0

▶ SOUTH AFRICA	
Population (millions)	44.3
Pop. Growth rate	2.2
Maternal Mortality Ratio	230.0
Adolescent Births	72.0
Contraceptive Prevalence	50.0

▶ KENYA	
Population (millions)	29.0
Pop. Growth rate	2.2
Maternal Mortality Ratio	650.0
Adolescent Births	173.0
Contraceptive Prevalence	22.0

▶ MADAGASCAR	
Population (millions)	16.3
Pop. Growth rate	3.1
Maternal Mortality Ratio	490.0
Adolescent Births	155.0
Contraceptive Prevalence	17.0

▶ MOZAMBIQUE	
Population (millions)	18.7
Pop. Growth rate	2.5
Maternal Mortality Ratio	1500.0
Adolescent Births	131.0
Contraceptive Prevalence	-

▶ ZAMBIA	
Population (millions)	8.7
Pop. Growth rate	2.5
Maternal Mortality Ratio	940.0
Adolescent Births	145.0
Contraceptive Prevalence	25.0

▶ UGANDA	
Population (millions)	21.3
Pop. Growth rate	2.6
Maternal Mortality Ratio	1200.0
Adolescent Births	180.0
Contraceptive Prevalence	15.0

Commitments to ICPD activities in Southern and Eastern Africa (1994-98) millions of euros

1	Malawi	24.6
2	South Africa	18.0
3	Kenya	17.9
4	Madagascar	16.1
5	Mozambique	11.9
6	Zambia	8.0
7	Uganda	7.4
8	Tanzania	6.6
9	Zimbabwe	6.4
10	Somalia	2.1
10	Ethiopia	2.1

Commitments to ICPD activities in Southern and Eastern Africa by country (1994-98)



- Others 30%
- Malawi 19%
- South Africa 15%
- Kenya 14%
- Madagascar 13%
- Mozambique 10%

Since 1994, Southern and Eastern Africa have accounted for just over € 121 million in commitments to population and reproductive health activities, spread over 90 interventions. A large proportion of these funds has come from sector-wide health programmes financed from the EDF or from budgetary aid. In many African countries, current reproductive health needs are so great and rates of HIV/AIDS prevalence so overpowering that government agencies are having to devote a significant share of all primary health care spending on tackling these issues.

EC support to South Africa has increased dramatically since the new government came to power in 1994, when a substantial aid package of more than € 19 million was launched to provide large-scale support for major national health system reforms. In addition to the structural reform package, the Commission has supported the development of policies designed to improve coverage of reproductive health problems and the HIV/AIDS epidemic, two areas in which the mortality and morbidity indicators have been of particular concern. Another major intervention has been the € 14 million family health programme in Kenya. Begun in 1996, it aims to increase access to better quality reproductive health care services.

EDF funds and those from the special budget lines have also been used in a series of specific interventions targeted at HIV/AIDS in a host of countries since 1994. The NGO co-financing instrument has become increasingly important as a means to implement reproductive health projects across the region.

TANZANIA

Population (millions)	32.2
Pop. Growth rate	2.3
Maternal Mortality Ratio	770.0
Adolescent Births	134.0
Contraceptive Prevalence	18.0

ZIMBABWE

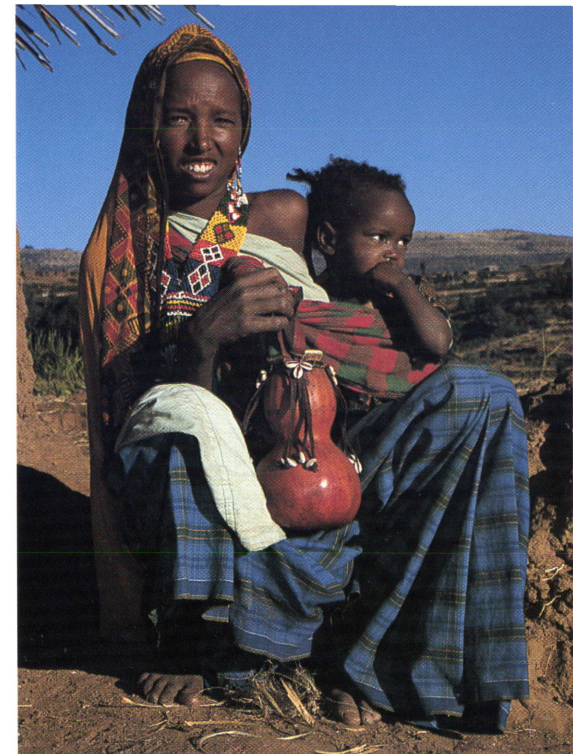
Population (millions)	11.9
Pop. Growth rate	2.1
Maternal Mortality Ratio	570.0
Adolescent Births	129.0
Contraceptive Prevalence	48.0

SOMALIA

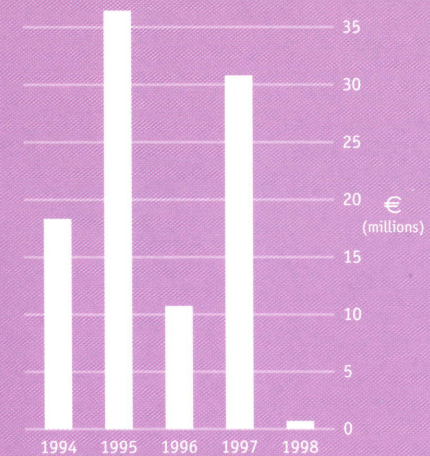
Population (millions)	10.7
Pop. Growth rate	3.7
Maternal Mortality Ratio	1600.0
Adolescent Births	208.0
Contraceptive Prevalence	-

ETHIOPIA

Population (millions)	62.1
Pop. Growth rate	3.2
Maternal Mortality Ratio	1400.0
Adolescent Births	169.0
Contraceptive Prevalence	4.0



Commitments to ICPD activities in Southern and Eastern Africa (1994-98)





Informing adolescents in Kenya

Despite the fact that adolescence is a time when most people – married or unmarried – begin sexual relations, young people are often ill-informed about the health risks of unprotected sexual activity. In Africa, in particular, adolescents have little access to this information, and they have few opportunities to develop the confidence and skills they need to protect their health.

An EC-funded project, in collaboration with the German Foundation for World Population (DSW), is currently being implemented by two local organisations in Kenya – Family Care International and the Family Planning Association of Kenya. It aims to develop a set of high quality, culturally appropriate materials for young adolescents in Anglophone Africa. The materials will be used by youth-oriented organisations to meet adolescents' information need.

Through ongoing focus group discussions and field-tests, the project is working closely with adolescents, youth counsellors and experts in adolescent health to develop a handbook for young people and a set of short videos with an accompanying facilitators' guide. The handbook will provide factual information on a range of subjects from sexuality and self-esteem to contraception and STDs. This information is being supplemented by cartoons and testimonials from adolescents themselves to ensure that the book is relevant and appealing to the target audience. The videos will address many of the same issues through short dramas and interviews with young people and encourage positive role models. Through emphasis on role playing and group exercises, the facilitators' guide will help young people to build the skills they need to develop healthy relationships and negotiate responsible sexual behaviour.

Research on the epidemiology of HIV and other STDs in Mwanza

EC-funded operational research work carried out jointly by developing country and European institutes in Mwanza, Tanzania, has established that the early detection and treatment of sexually transmitted diseases can cut HIV transmission by as much as half. The work, carried out by three research centres in the UK, Belgium and Tanzania, focused on how to introduce new treatments that target those STDs particularly important in the transmission of HIV. This has led to more effective diagnostic techniques, as well as the more widespread treatment of STDs.

Sustainable reproductive health care in Ethiopia

EC funding is supporting the expansion of the work of Marie Stopes International Ethiopia to three underserved and densely populated regional capitals – Awasa, Bahir Dar and Jimma.

For each of these areas, work is carried out according to a strategy that has been tried and tested by the organisation in other parts of Ethiopia. Clinic-based reproductive health provision is complemented by community work, training programmes and co-operation with regional health bureaux. A key to the success of this formula is that affordable, locally determined fees are set for services, in order to encourage the longevity of each project.

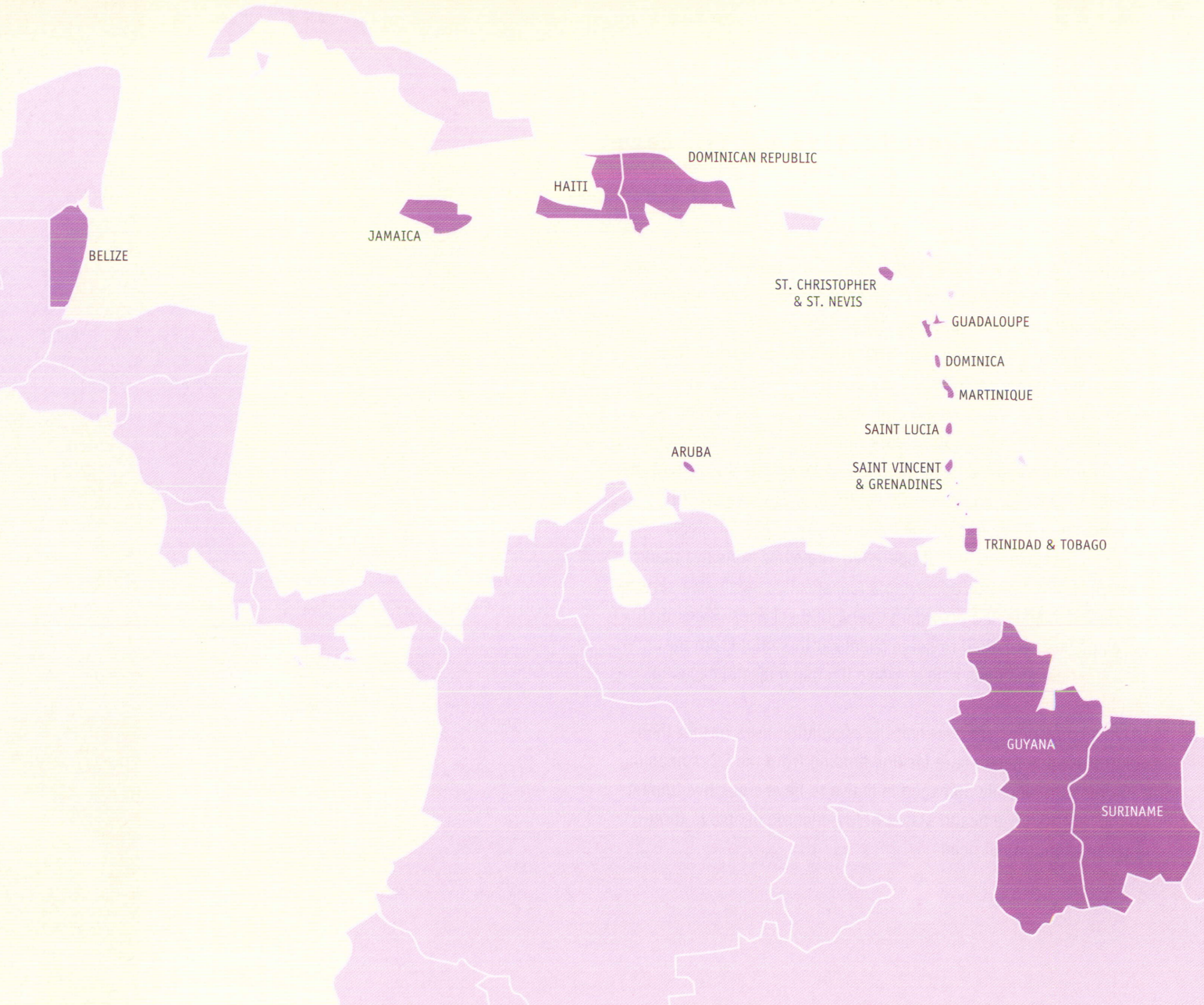
In its first two months of operation, the clinic in Asawa made good progress towards achieving a realistically sustainable service, seeing 752 clients and providing over 1,000 services. Since then, the clinic has continued to serve clients at this rate. From the outset, it has also been able to waive the usual fees in cases of real hardship.

In a country where over half the population lives further than 10km from any health care facility, funding from the EC is enabling a long-lasting, locally managed initiative to have a positive impact on the reproductive health status of low-income people in three areas of great unmet need.



Caribbean

Set well apart by geography from the other ACP countries, the Caribbean includes a heterogeneous mix of continental states and island nations of widely differing size, culture, population and economic development spanning an area far larger than the European Union. In all a total of 15 independent countries from the region benefit from the comprehensive trade and cooperation provisions of the Lomé Conventions which incorporate a growing programme of financial and technical cooperation.



▶ HAITI	
Population (millions)	7.5
Pop. Growth rate	1.9
Maternal Mortality Ratio	1000.0
Adolescent Births	54.0
Contraceptive Prevalence	18.0

▶ DOMINICAN REPUBLIC	
Population (millions)	8.2
Pop. Growth rate	1.7
Maternal Mortality Ratio	110.0
Adolescent Births	91.0
Contraceptive Prevalence	64.0

▶ SURINAME	
Population (millions)	0.4
Pop. Growth rate	-
Maternal Mortality Ratio	1200.0
Adolescent Births	62.0
Contraceptive Prevalence	-

▶ GUYANA	
Population (millions)	0.9
Pop. Growth rate	-
Maternal Mortality Ratio	-
Adolescent Births	66.0
Contraceptive Prevalence	31.0

▶ JAMAICA	
Population (millions)	2.5
Pop. Growth rate	0.9
Maternal Mortality Ratio	120.0
Adolescent Births	95.0
Contraceptive Prevalence	62.0

▶ TRINIDAD & TOBAGO	
Population (millions)	1.3
Pop. Growth rate	0.8
Maternal Mortality Ratio	90.0
Adolescent Births	60.0
Contraceptive Prevalence	53.0

Commitments to ICPD activities in the Caribbean (1994-98) in millions of euros

1	Haiti	4.8
2	Dominican Republic	4.2
3	Regional	1.1
4	Aruba	0.8
5	Suriname	0.7
6	Guyana	0.3

Commitments to ICPD activities in the Caribbean by country (1994-98)



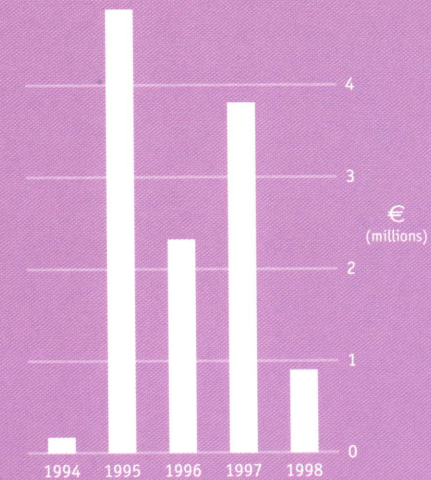
- Haiti 40%
- Dominican Republic 34%
- Others 18%
- Regional 8%

Over the period 1994-98, EC support amounting to slightly over € 12 million has been channelled to 18 ICPD related interventions in the Caribbean region. The region covers a broad spectrum of countries with widely differing levels of per capita income and reproductive health indicators.

With their larger populations and significantly higher levels of unmet reproductive health needs, Haiti and the Dominican Republic received the lion's share of EC funding, a large proportion of which was made as budget support to offset the social impact of the structural adjustment programmes underway in these countries. In addition, financing was provided for a number of targeted HIV/AIDS interventions (in Haiti and Suriname, for example). Funds were also allocated in 1998 to a new regional programme which builds on previous work in encouraging local Family Planning Associations to adopt an integrated approach to providing reproductive health and family planning services more directly in tune with the needs of their clients (see pages 46).



Commitments to ICPD activities in the Caribbean (1994-98)





A participatory approach to reproductive health care in the Caribbean

Since 1995, the European Community has been supporting the IPPF in its work to shift the focus of family planning associations (FPAs) in the Caribbean away from traditional family planning oriented services towards a more integral philosophy of sexual and reproductive health. Until then, clients had frequently expressed concern regarding issues such as communication with partners, fears about HIV/AIDS and sexual and emotional abuse. It became clear that a different approach was needed which placed greater emphasis on understanding the key factors affecting gender relations and choice in sexual relations and that had the active involvement of the communities that the services are intended to reach.

The FPAs of Belize, Guyana and St Lucia were selected for the project to serve as models for this new approach to service provision. In each country, the FPA asked local communities how they would like to see existing services reshaped, to make them more responsive to the needs of potential beneficiaries.

This more participatory environment has allowed the FPAs to develop a meaningful personal identification with the concept of reproductive health. Family planning services, for instance, have started to examine the beliefs, fears and attitudes that might be barriers to using contraception, while discussions on AIDS have gone beyond the usual information about transmission and prevention to include people's feelings and actual experiences with regard to the illness.

Consultation on HIV/AIDS in the Caribbean

In June 1998, the European Commission, in collaboration with UNAIDS, the Caribbean Commonwealth and the Association of Caribbean States, organised a three-day consultation in Trinidad and Tobago. This event, the third of its kind, followed similar events in Africa and South-East Asia. It set out to review the impact of HIV/AIDS on development and to develop effective responses to the epidemic through co-ordinated, long-term regional approaches to project implementation. In particular, the consultation focused on topics of special regional concern such as HIV/AIDS and tourism and improving the situation of young people living with the disease.



European Commission

**The European Community's response to the challenges of the
International Conference on Population and Development
ICPD + 5: a five year review 1994-1998**



Office for Official Publications of the European Communities
L-2985 Luxembourg

1999 – 44 pages – 21.0 x 29.7 cm

ISBN 92-828-6949-0

Catalogue number: GV-17-98-001-EN-C

Photo Credits:

Panos Pictures

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Others

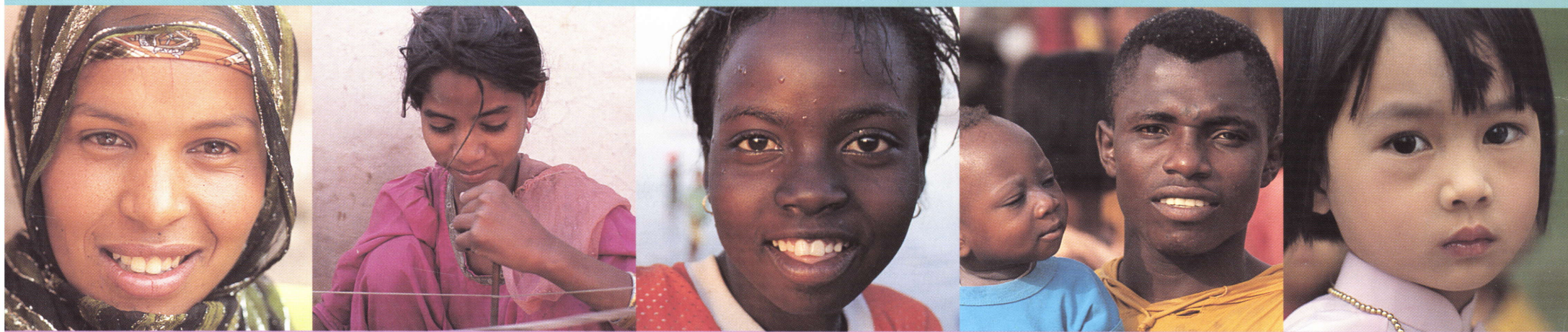
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ISBN 92-828-6949-0



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