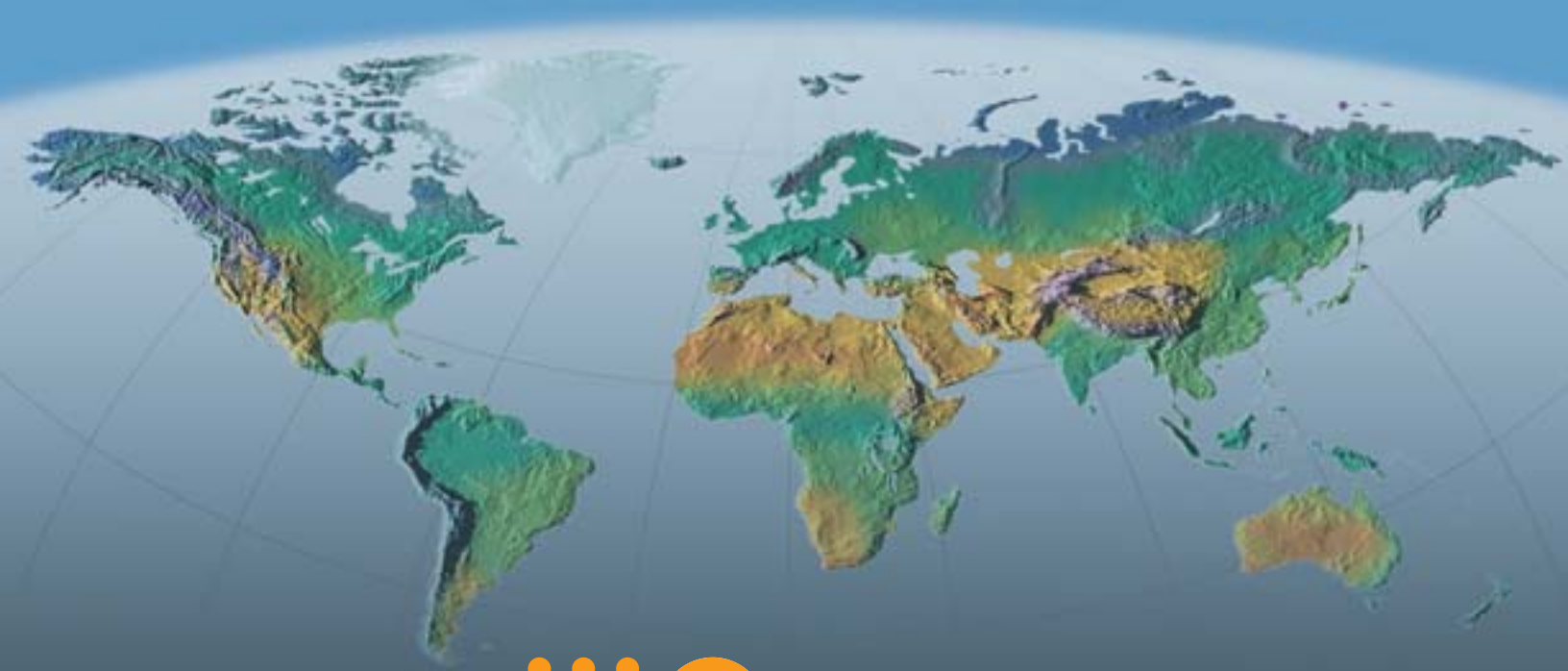


# Country Profiles for Population and Reproductive Health

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## Policy Developments and Indicators 2005



United Nations Population Fund



Population Reference Bureau

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Reference Bureau.

### **Editorial Team**

Project Manager: Alvaro Serrano  
Technical Advisor: Stan Bernstein  
Editorial Assistance: Don Hinrichsen,  
Stafford Mousky and Janet Jensen  
Overview Researchers: Suzanne Doyle-Morris,  
Charlotte Johnson-Welsh, and Samuel Mills  
Population Reference Bureau Staff: Erin Sines, Toshiko  
Kaneda, Donna Clifton, Nancy Yinger, and Carl Haub,  
with John Davis (PC AID, Inc.)

### **Design and Production**

Prographics, Inc., Annapolis, MD

### **Internet Manager, Project Support**

Alvaro Serrano, Kimberly Gruber

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# Foreword

## *Country Profiles for Population and Reproductive Health: Policy Developments and Indicators, 2005*

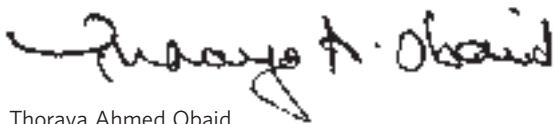
It gives me considerable pleasure to issue this updated and expanded report entitled “*Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2005*,” a joint undertaking of UNFPA and the Population Reference Bureau.

The purpose of these materials is to provide an accurate portrayal of the population policy and programme situation in each country while also giving due attention to the need in almost all countries to expand considerably both donor and domestic resource mobilization efforts in order to meet pressing unmet needs, especially in family planning, reproductive health and HIV/AIDS services and prevention.

At the General Assembly Commemoration of the Tenth Anniversary of the ICPD in October 2004, I said the Cairo ICPD agenda “is built on a simple premise: that providing universal access to education and reproductive health services and promoting women’s empowerment will reduce gender inequality and poor health, and help break the cycle of poverty in which millions of individuals and families now find themselves. If governments make these critical investments in people, and use population data and policies not only to count people but to make people count, then a chain reaction will occur, that will lead to concrete progress – progress that can be measured by demographers, statisticians, economists and social scientists, and also by individuals as they go about their daily lives.”

The importance of the ICPD goals were reaffirmed this September at the 2005 World Summit. The largest-ever gathering of world leaders resolved to achieve universal access to reproductive health by 2015, promote gender equality and end discrimination against women. They resolved to integrate the goal of access to reproductive health into national strategies to attain the Millennium Development Goals to end poverty, reduce maternal death, promote gender equality and combat HIV/AIDS.

The world has reaffirmed the need to keep gender equality, HIV/AIDS and reproductive health at the top of its agenda. Investing well-targeted resources in these areas will bring vital gains in well-being to the daily lives of millions of people and at the same time greatly accelerate progress toward reaching all of the Millennium Development Goals. I am hopeful that the policy, programme and resource information as well as the indicators set forth in this report will help make this a reality.



Thoraya Ahmed Obaid  
Executive Director

# Introduction

## Background

In 1994, the International Conference on Population and Development (ICPD) approved a 20-year Programme of Action, later endorsed by the United Nations General Assembly, that reflects the international consensus on a comprehensive set of targets, goals and recommendations aimed at fostering sustainable development, poverty reduction and women's empowerment, improving health (including reproductive health) and the quality of life of the world's people, and creating a better balance between population dynamics and social and economic development.

Encouragingly, 2004 and 2005 have seen ringing endorsements and commitments by the United Nations, regional organizations, national governments, parliamentarians and civil society organizations around the world to strive to continue to implement the Programme of Action and to guarantee sexual and reproductive health rights of all women as agreed to by consensus at ICPD and again in the Platform for Action adopted in 1995 at the Fourth World Conference on Women in Beijing.

In 2000 representatives of 189 nations, including 147 heads of state or government gathered at the United Nations for a historic Millennium Summit. They adopted an ambitious set of Millennium Goals (MDGs). Achieving them by the target date of 2015 would transform the lives of billions of the world's people. Their achievement would reduce by half the number of people living in extreme poverty, promote gender equality, improve maternal health and combat HIV/AIDS. The consensus of 179 nations at the ICPD not only helped lay the foundation for the Millennium Development Goals, but also meshes seamlessly with them. Indeed as the United Nations Secretary-General, Kofi Annan has said "The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, greater investment in education and health, including reproductive health and family planning."

In 2003 UNFPA and the Population Reference Bureau (PRB) published "Country Profiles for Population and Reproductive Health: Policy Developments and Indicators" along with a companion CD-ROM containing the complete contents of the printed report as well as search and comparison capabilities. All of the information and country statistics and indicators in the report were also placed on the web sites of UNFPA ([www.unfpa.org/profile](http://www.unfpa.org/profile)) and PRB ([www.prb.org](http://www.prb.org)).

The current publication is an updated, expanded version of the 2003 volume. The report's indicators cover the areas of socio-economic health, adolescent reproductive health, gender equality and reproductive health commodity security. Indicators for ICPD Goals as well as MDGs are identified by special symbols. Information is also given on differences within countries between urban and rural areas,

best performing and worst performing administrative regions, by education, and different income groups, where available. In the web version indicators can be compared for up to five countries.

Attention is also given to the "public expenditures on health and education" for each country.

Country Profiles for Population and Reproductive Health will be published every two years with updated policy descriptions and indicators.

UNFPA and PRB hope you will find these materials of value in your policy-making, advocacy and resource mobilization efforts.

## Population Policy Overviews

This section outlines the objectives of the country's formal population policy (if any), or of population-related components of its general development policies. Particular attention is placed on the poverty, inequality, gender, HIV/AIDS, and ICPD Programme of Action and MDG-related activities and progress. Actions and other measures currently taken to implement these policies are also highlighted to illustrate the government's political will and priorities. These descriptions are based on various sources, including the biennial Population Policy Inquiries of the United Nations Population Division and the annual reports on country programme progress submitted to UNFPA. Each of the major subregions is introduced with an overview of common key issues.

Population Reference Bureau staff and consultants, with input from UNFPA, researched and drafted population policy and regional overviews.

## Input from UNFPA Representatives, Country Directors, and Geographic Divisions

A draft of each country policy overview was sent to the respective UNFPA Representatives and Country Directors for comments and information. The insights and information provided by the UNFPA Representatives, Country Directors and Geographic Divisions helped to improve the content of the profiles.<sup>1</sup>

# Introduction

## Population, Socio-economic and Health, Adolescent Reproductive Health, Gender Equality, Reproductive Commodity Security and Internal Disparities Indicators

These tables summarize the major indicators of the country's demographic and social situation based on the most recent information available. Data from the 1990s are also presented to facilitate trend analysis and monitoring of development goals. They are presented in blocks of indicators related to population, socio-economic and health conditions, adolescent reproductive health, gender equality, reproductive health commodity security needs and internal disparities. Indicators used for MDG and ICPD Programme of Action monitoring are highlighted.

A graph of key indicators related to the MDGs and the ICPD Programme of Action goals are presented for each country.

The database is collated and maintained by the Population Reference Bureau staff.

## Resource Requirements for Population and Reproductive Health

The ICPD Programme of Action contained global estimates of resource requirements for the implementation of national population and reproductive health programmes through the year 2015. These estimates are described in paragraphs 13.15, 13.16 and 14.11 as follows:

It has been estimated that, in developing countries and countries with economies in transition, the implementation of programmes in the area of reproductive health, including those related to family planning, maternal health and the prevention of sexually transmitted diseases, as well as other basic actions for collecting and analysing population data, will cost \$17.0 billion in 2000, \$18.5 billion in 2005, \$20.5 billion in 2010 and \$21.7 billion in 2015.

It is tentatively estimated that up to two thirds of the costs will continue to be met by the countries themselves

and about one third from external sources. However, the least developed countries and other low-income developing countries will require a greater share of external resources on a concessional and grant basis. Thus, there will be considerable variation in needs for external resources for population programmes between and within regions.

Given the magnitude of the financial resource needs for national population and development programmes, and assuming that recipient countries will be able to generate sufficient increases in domestically generated resources, the need for complementary resource flows from donor countries would be in the order of (in 1993 US dollars) \$5.7 billion in 2000, \$6.1 billion in 2005, \$6.8 billion in 2010 and \$7.2 billion in 2015.

The financial targets of the ICPD Programme of Action were fixed over 10 years ago, with cost estimates based on experiences as of 1993. It provided resource estimates for a delimited package of interventions largely to be delivered through primary health care outlets. At the same time the ICPD recognized that there were additional programmes needed (for example, for a broader range of HIV/AIDS prevention and additional treatment and care interventions, for referral systems and general health system strengthening and for tertiary level services for safe motherhood) that would require significant added investments.

Since that time, the population and health situation in the world has changed dramatically. The HIV/AIDS crisis is far worse than anticipated, maternal mortality and morbidity remains unacceptably high in many parts of the world. In addition, since that time, health costs have skyrocketed and health systems have deteriorated. Furthermore, the value of the dollar in 2005 is far lower than it was in 1993.

Although the financial targets of the ICPD Programme of Action for 2000 were not met, it is encouraging to note that both international donor assistance and domestic expenditures for population activities have increased since then. Thus donor assistance for population, which stood at \$2.6 billion in 2000, was estimated at \$4.2 billion in 2003, up from \$3.2 billion in 2002. Domestic expenditures, which hovered between \$7 and \$9 billion during 2000-2002, were estimated at almost \$11 billion in 2003. But this progress has been made against escalating needs.

To reach the 2005 target of \$18.5 billion, all parties would have to mobilize additional resources. Estimates for 2004 and 2005 are encouraging. Donor assistance is estimated to have increased to \$4.5 billion in 2004 and projected to increase to almost \$6.4 billion in 2005 with resources mobilized by developing countries totaling \$12.5 billion in 2004 and \$12.7 billion in 2005.

The largest share of funding is currently going to HIV/AIDS-related activities (up from 9 per cent of population assistance in 1995 to over one half in 2005). However, the increased resources are still not adequately addressing the growing AIDS pandemic. In particular, comprehensive prevention strategies need added support. Interventions in prevention, treatment and care are supported selectively by various donors and in national efforts and coordination is weak. Vertical programming and funding poses a threat to needed

<sup>1</sup> Most of the policy overviews were produced and cleared during late 2004-early 2005. Some recent developments may not be reflected in the policy descriptions.

improvements in integrated health system capacity. In addition, funding for family planning and reproductive health services — at a time of great unmet need for such services and unacceptably high levels of maternal mortality — has been lagging far behind and must be increased substantially to meet the pressing needs in these areas.

As noted by UNFPA in its latest flow of financial resources report to the Commission on Population and Development, “ the substantial increase in funding for AIDS clearly demonstrates that further resources can still be mustered and that, given the political will to do so, they can be made available for the other critical components of the costed population package of the International Conference of Population and Development, especially family planning and reproductive health.” Mobilizing the financial, personal and institutional investments for the costed package as part of an integrated approach to universal access to basic health care remains a critical challenge for development and poverty reduction.

## Glossary

A glossary has been provided that explains common abbreviations used to refer to programmatic efforts in population and reproductive health.

## Technical Notes on Sources and Implementation of Information

Technical notes provide information regarding the data sources for key indicators. These notes also provide guidance to the interpretation of the statistics. In general, United Nations sourced data have been used, supplemented, as necessary, by additional standard data sources. Information on social and political contexts and policy priorities have been obtained from UNFPA country offices and standard United Nations reports. Information on disparities within countries is derived from reports of Demographic and Health Surveys, special tabulations of the World Bank and related sources. Details are provided in the Technical Notes section.

## Maps of MDG Indicators

Maps of eight MDG-related monitoring indicators have been added to this volume. Indicators include: per cent of population living on less than \$1 per day, ratio of girls' to boys' primary education, per cent of seats in parliament held by women, under-five mortality rate, maternal mortality ratio, HIV prevalence among those 15-24, per cent of population with access to improved water supply, and country debt levels as a per cent of gross domestic product. Only data for countries included in the Country Profiles are displayed in the maps. Maps are created on the 1:15,000,000 scale.