

Country Profiles for Population and Reproductive Health:

Policy Developments and Indicators 2003



United Nations Population Fund



Population Reference Bureau

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Introduction

Background

In 1994, the International Conference on Population and Development (ICPD) issued a 20-year Programme of Action that reflects the international consensus on a comprehensive set of 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. In 1999, a United Nations General Assembly Special Session noted the fifth anniversary of the ICPD agreement, reaffirmed international support, identified Key Future Actions needed for successful implementation of the action plan and proposed additional benchmark indicators to monitor progress.

In 2000, representatives of 189 nations, including 147 heads of state and government, gathered at the United Nations for a historic Millennium Summit. They adopted an ambitious set of Millennium Development Goals (MDGs). Achieving them by the target date of 2015 would transform the lives of the world's people, including reducing by half the number of people living in extreme poverty. The consensus of 179 nations expressed at the ICPD not only helped lay the foundation for the Millennium Development Goals, but also meshes seamlessly with them.

In 1995, UNFPA published *Resource Requirements for Population and Reproductive Health Programmes: Programme Country Profiles for Population Assistance*. The current publication is an updated version of that volume, with a greater emphasis on policy and institutional commitments and a broader range of socio-economic, gender, demographic and health indicators. The expanded range of indicators reflects the priorities identified in the five-year review of the Programme of Action and the perspectives from the other international conferences of the 1990s that culminated in the Millennium Summit. Attention is also given to differences within countries. Indicators for ICPD and MDGs are identified by special symbols.

Country Profiles for Population and Reproductive Health will be published every two years with updated policy descriptions and indicators. The information is also available on the UNFPA web site (<http://www.unfpa.org/profile>), where it

will be updated annually. Internet technology allows users to display comparisons between countries as well. A CD-ROM is also available with search and comparison capabilities.

Notes on Methodology and Sources

The profiles contain, in a concise form, basic information on population, social, economic and health indicators derived from international sources (see below). Social and political contexts and policy priorities have been obtained from standard United Nations sources. Information on disparities within countries is derived from reports of demographic and health surveys, special tabulations of the World Bank and related sources. Estimates of resource requirements for population and reproductive health programming for the period 2000 to 2015 include costs related to family planning, reproductive health, sexual health, prevention of sexually transmitted infections and related reproductive health services, as well as cost estimates for collecting and analysing population data and other programme-relevant research.

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. 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 regular reports on country programme progress submitted to UNFPA.

Each of the major subregions is introduced with an overview of common key issues.

Population, Socio-economic and Health Indicators

These tables summarize the major indicators of the country's demographic and social situation based on the most recent information available. They are organized to present blocks of indicators related to population, estimated programme resource requirements, socio-economic and health conditions, adolescent reproductive health, gender equality and reproductive health commodity security needs. A graph of key population and reproductive health indicators related to the MDGs is presented for each country.

Basic population indicators are obtained from United Nations medium-variant population projections (the 2000 revision¹). Other indicators are presented as obtained from the relevant sources provided in the Technical Notes. Maternal mortality ratios refer to what was known in 2000 about levels in 1995 with individual country sources relating to the most recent data accessible.² Additional details are provided in the Technical Notes.

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

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 the 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 in the order of 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 (as

identified in chapter XIII), 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.

In 1995, the contributions of developing countries accounted for about 76 per cent of the approximately \$5.6 billion available for global population and reproductive health programmes. By the year 2000, developing countries were expected to be contributing from domestic resources approximately \$11.3 billion (a total increase of approximately \$7 billion over 1995 figures) and donor nations were expected to increase their contributions by \$4.4 billion to \$5.7 billion. The latest estimates suggest that funding from both sources has lagged.³ In the year 2000 donor nations (including bilateral, multilateral, foundation, development bank and private contributions) contributed \$2.6 billion. Developing countries contributed an estimated \$8.6 billion from their own resources. Development assistance has not kept pace with requirements.⁴ Starting from today's base from both recipient countries and donors, the magnitude of required increase in resources remains a formidable challenge. But considering the potential improvement in individual health and well-being, the positive impact on overall sustainable development and, especially, the improvement in the status and participation of women, population assistance is a wise investment.

Since the ICPD estimates were developed, a broader definition of resource needs has been recognized. The 1993 estimates envisioned the costs of services delivered at the primary health care level. It was originally recognized (Programme of Action paragraph 13.16) that additional service delivery needs above this level or beyond basic preventive interventions had not been calculated. Additional supportive investments are needed to strengthen the policy and institutional frameworks. Efforts are under way (within UNFPA and its partner organizations) to develop updated estimates beyond the original basic programme definitions, including: supportive interventions at the tertiary health system level; requirements for investments outside the health system that facilitate positive outcomes; and expanded prevention efforts directed to stemming the HIV/AIDS pandemic, whose scope and dynamics were not fully appreciated a decade ago.⁵ When these technical analyses are completed, they will be included in this publication and on the web site.

Estimates of National Resource Requirements

This report repeats the estimates made in 1995 of national resource needs to implement the basic population and

reproductive health package in the Programme of Action. These estimates of the financial resources needed for population and reproductive health programmes were derived from projections of demand based on “unmet needs”, with the goal of reaching “universal access” to reproductive health services by the year 2015. These estimates were generated in 1995 based on 1994 estimates and projections.⁶ In calculating projected unit costs, account was taken of the fact that higher usage will lead to economies of scale and increasing efficiency and that improvements in the quality of care will raise the cost per user to some degree that will partially offset these cost reductions.

An estimated total annual resource requirement is presented based on several components. The estimate for the reproductive health component is a comprehensive figure including family planning, reproductive health and safe motherhood, and diagnosis and prevention of sexually transmitted infections, including HIV/AIDS. The cost of the programme component for the prevention of sexually transmitted infections and HIV/AIDS is based on estimates of the United Nations Global Programme on AIDS (now UNAIDS). The data analysis and research component costs are based on estimates of the expanded requirements of each country for demographic and programme data to help them to achieve the goal of providing universal access to reproductive health.

Efforts are under way at UNFPA, UNAIDS, WHO, the World Bank and other organizations to update the estimates of resource requirements for programme elements included in the “costed package” in the ICPD and to generate estimates for additional programme areas related to progress towards realizing the goals of the ICPD Programme of Action and the Millennium Summit.

Input from UNFPA Representatives, Country Directors and Geographic Divisions

The first draft of the country policy overviews 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.⁷

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 Interpretation of Information

A detailed series of notes are provided after the profiles that 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. Details are provided in the Technical Notes section, page 342.

¹ *World Population Prospects: The 2002 Revision* was not available in detail at the time of this publication. The web site will be updated. Estimates of recent indicators are not likely to change much except when new data show dramatic trends. Projections are more subject to variation, conditional on future investments in health, education and population programmes.

² Estimates of maternal mortality ratios for the year 2000 were still undergoing interagency review (by WHO, UNICEF and UNFPA) at the time of this publication. Updated estimates will be available on the web sites of the participating organizations after they are finalized. The database and web site related to this publication will be updated to include them during 2003.

³ These resource flows are monitored for UNFPA by the Netherlands Interdisciplinary Demographic Institute and are published in the *Report on Financial Resource Flows for Population Activities* series.

⁴ The global shortfall in contraceptive (and other reproductive health) procurement resources is documented in *Reproductive Health Essentials: Securing the Supply* (UNFPA, 2002). UNFPA's Global Strategy for Reproductive Health Commodity Security monitors and addresses these concerns.

⁵ A greater recognition has developed of the need for integrated programmes of prevention, treatment and care regarding the HIV/AIDS pandemic. ICPD estimates of needs for selected prevention interventions need to be adjusted to reflect the further progress of the disease and to accommodate additional coordinated programmatic efforts.

⁶ The 1995 estimates reflect the political situation of that time. Several new states have been created in the intervening years, and a number of countries have been added to the earlier collation. No attempt has been made to reapportion resource needs among successor states or within regions or to adjust the estimates in light of changing social and demographic conditions. Further analyses (see text) will be needed to update these estimates. They are indicative of the relative magnitude of needs but are not precise guides to programming.

⁷ Most of the policy overviews were produced and cleared during the second half of 2002. Some recent developments may not be reflected in the policy descriptions. These will be updated on the web site during 2003. A small number of countries had not completed the process of clearing the policy descriptions when this publication went to press. These are explicitly indicated. Finalized versions will be posted on the web site when clearances are obtained.