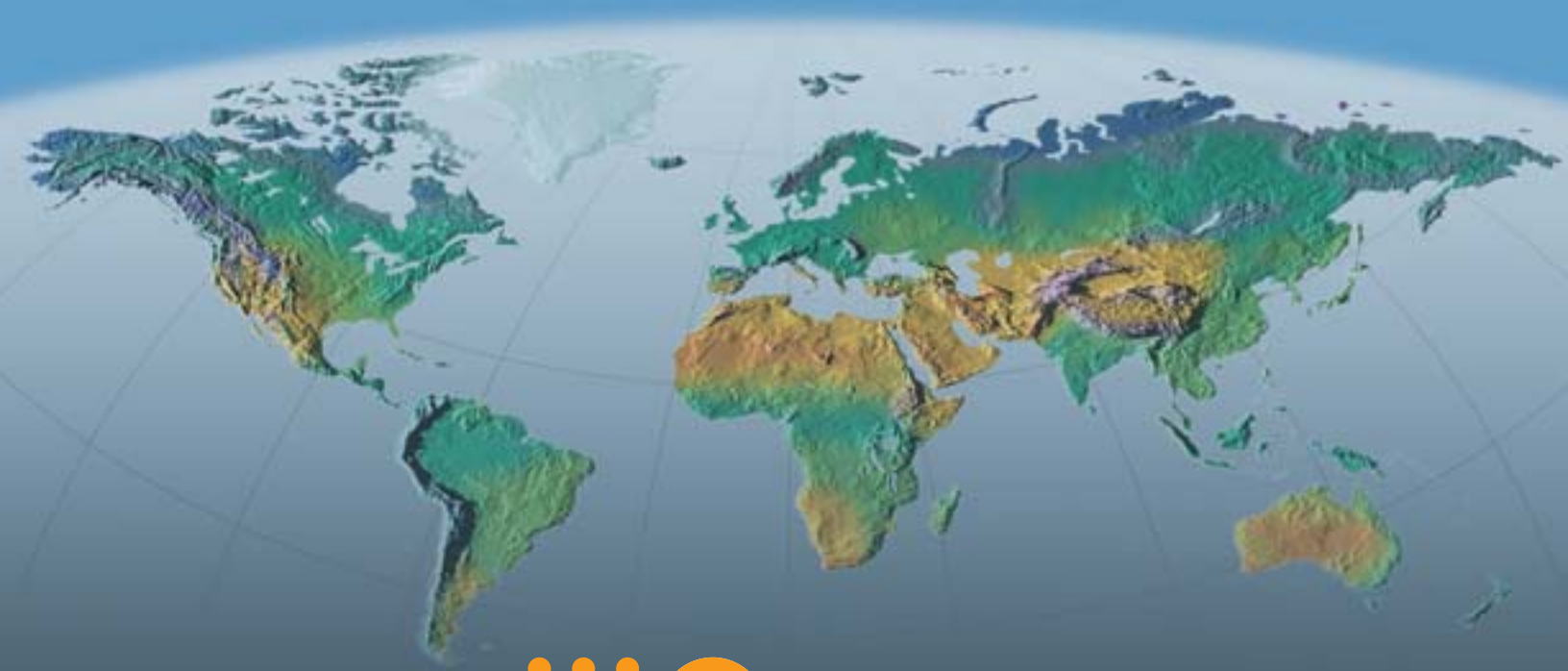


Country Profiles for Population and Reproductive Health

Policy Developments
and Indicators
2005



United Nations Population Fund



Population Reference Bureau

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Acknowledgements

This publication and the associated web site
(www.unfpa.org/profiles) are products of a joint
undertaking of UNFPA and the Population
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ISBN: 0-89714-660-3

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Foreword

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

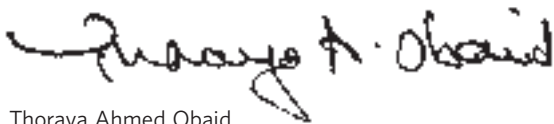
It gives me considerable pleasure to issue this updated and expanded report entitled “*Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2005*,” a joint undertaking of UNFPA and the Population Reference Bureau.

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) and PRB (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.¹

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

¹ 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

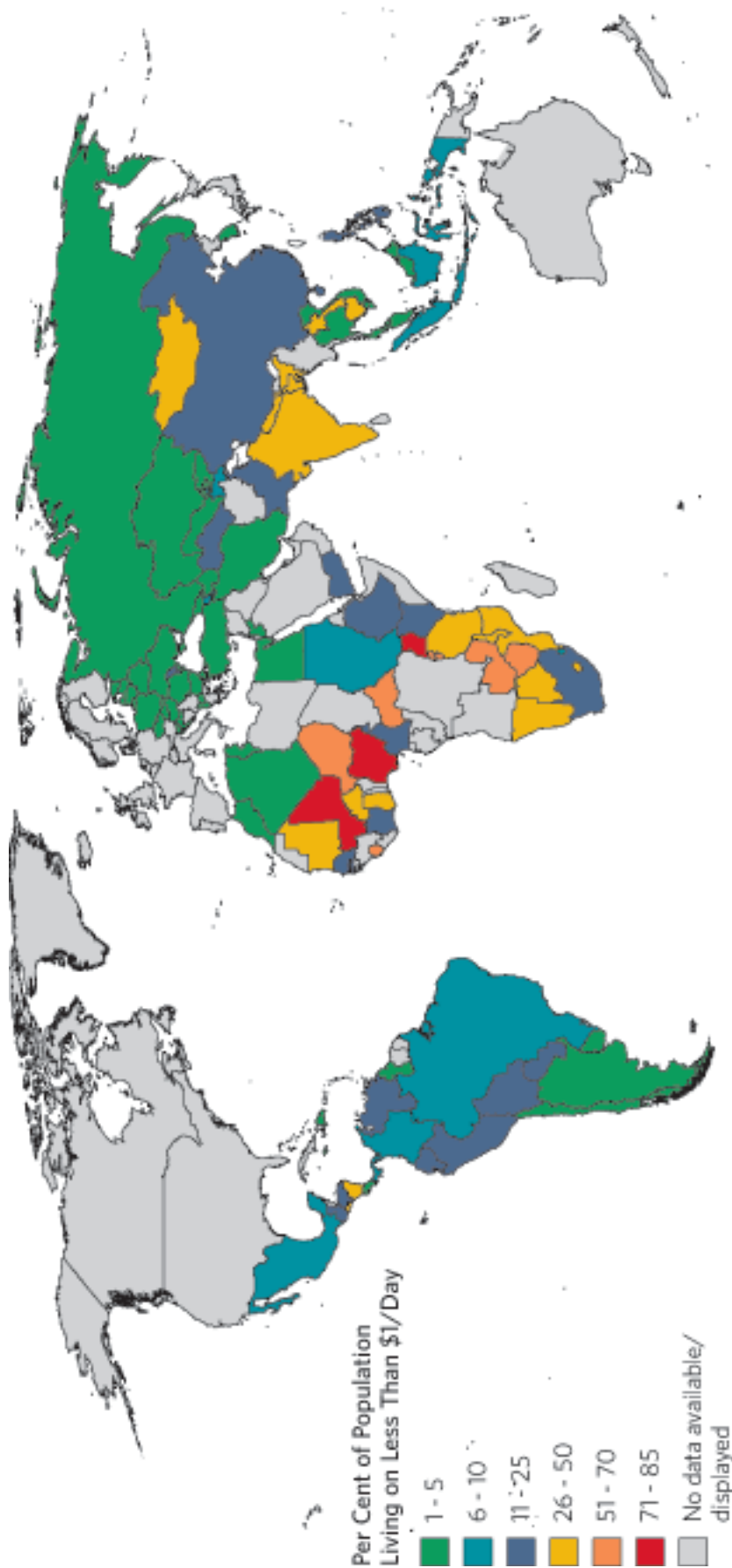
Technical notes provide information regarding the data sources for key indicators. These notes also provide guidance to the interpretation of the statistics. In general, United Nations sourced data have been used, supplemented, as necessary, by additional standard data sources. Information on social 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.

Per Cent of Population Living on Less Than \$1/Day

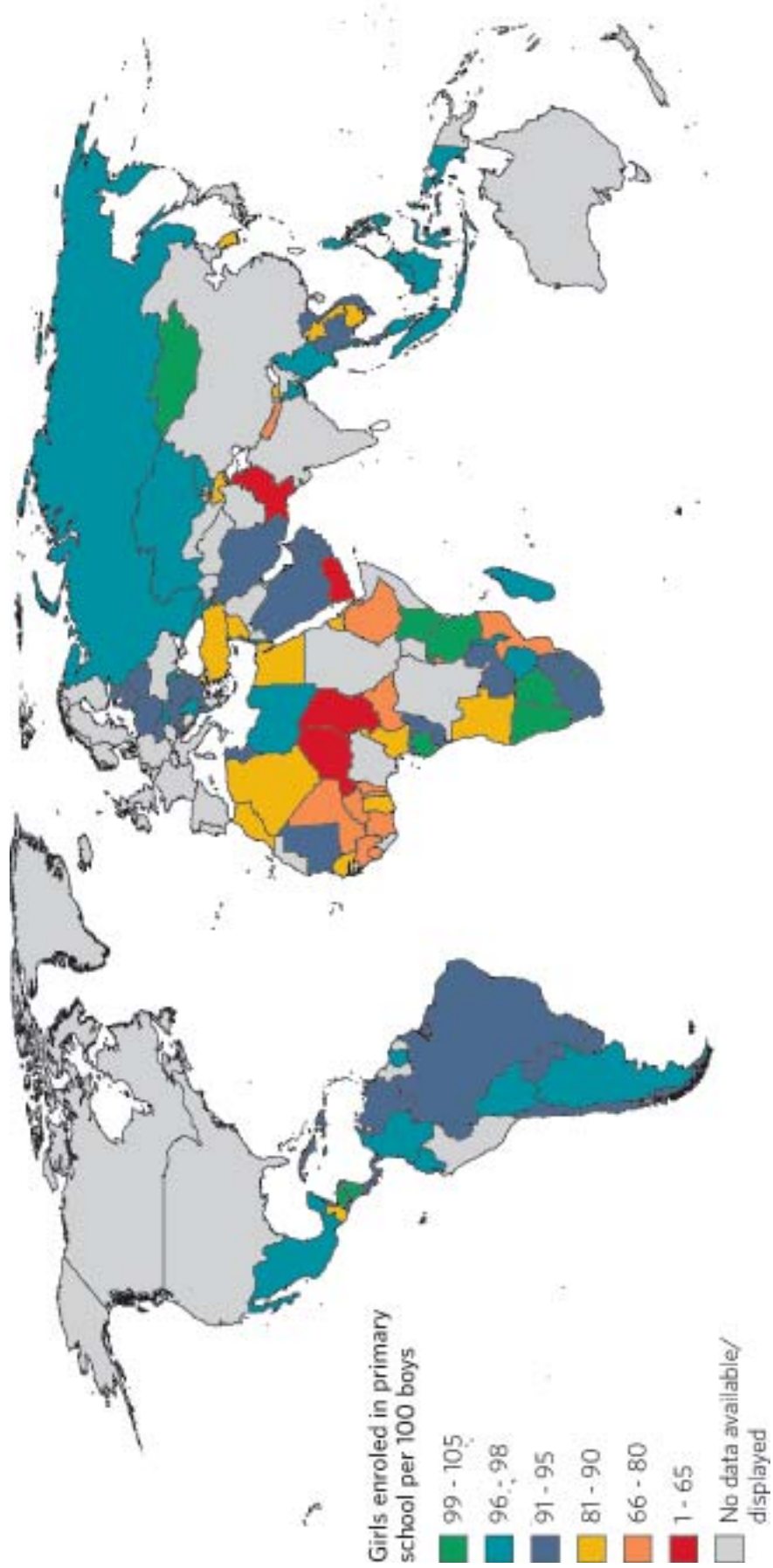
The proportions of people living in extreme poverty are particularly high in sub-Saharan Africa and South Asia, but remain a concern in other regions as well.



Source: World Development Indicators, World Bank, 2005

Ratio of Girls' to Boys' Primary Education

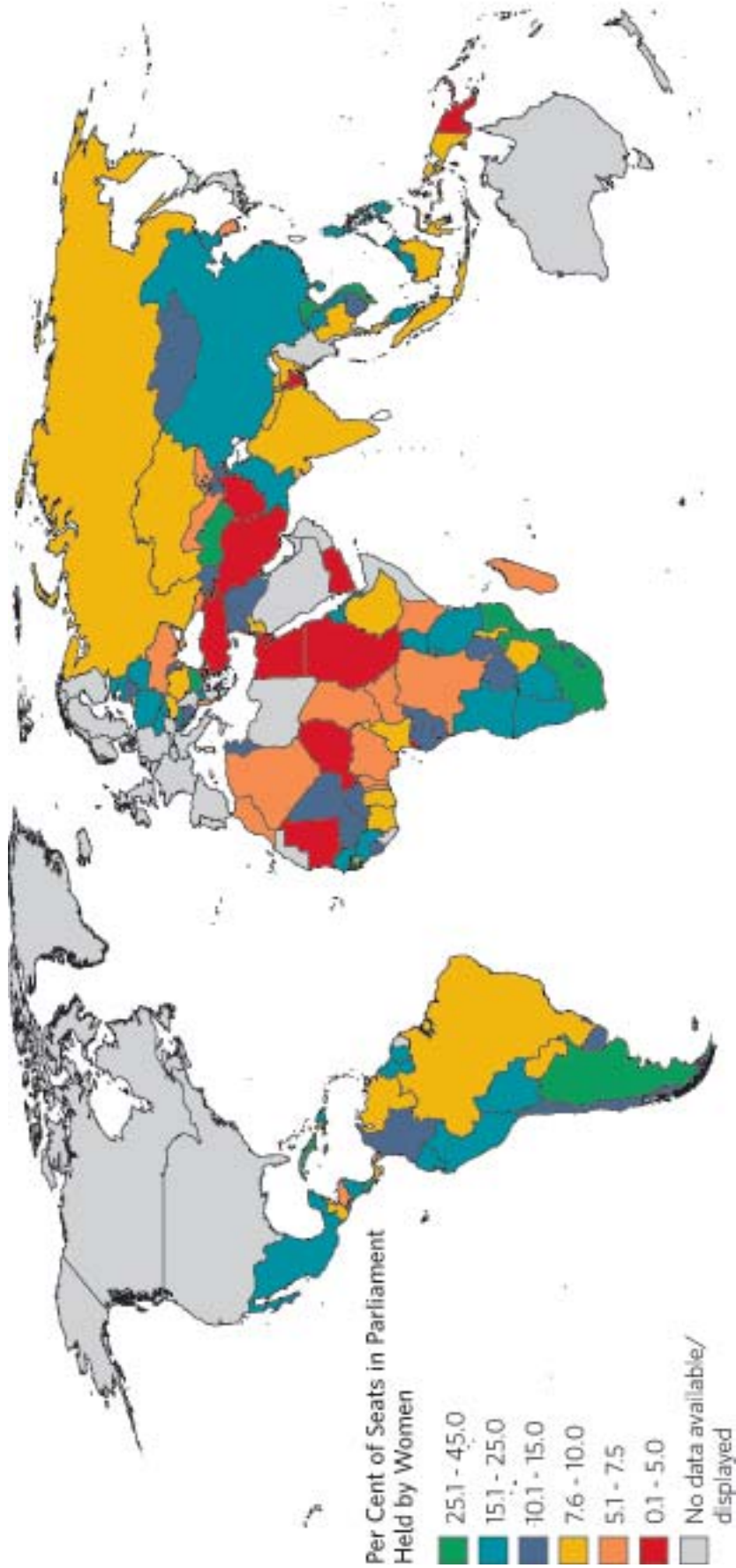
Girls' access to education has improved, but still lags behind boys' in many parts of the world.



Source: Statistical Yearbook and www.unesco.org, UNESCO, 2004.

Per Cent of Seats in Parliament Held by Women

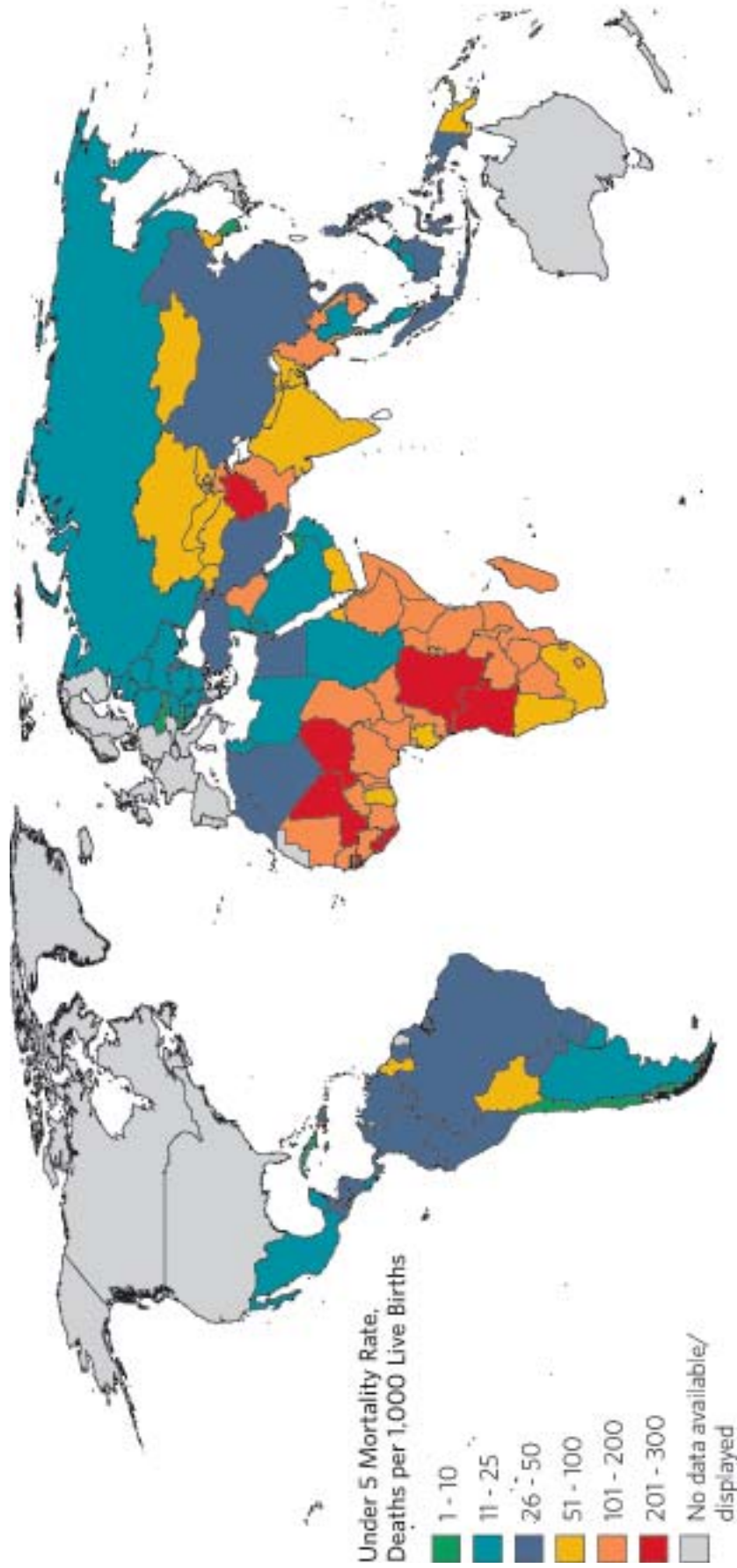
Although proportions of parliamentary seats held by women are increasing, women still do not have equality with men in the parliament of any country.



Source: International Parliamentary Union, 2005

Under-Five Mortality, 2005

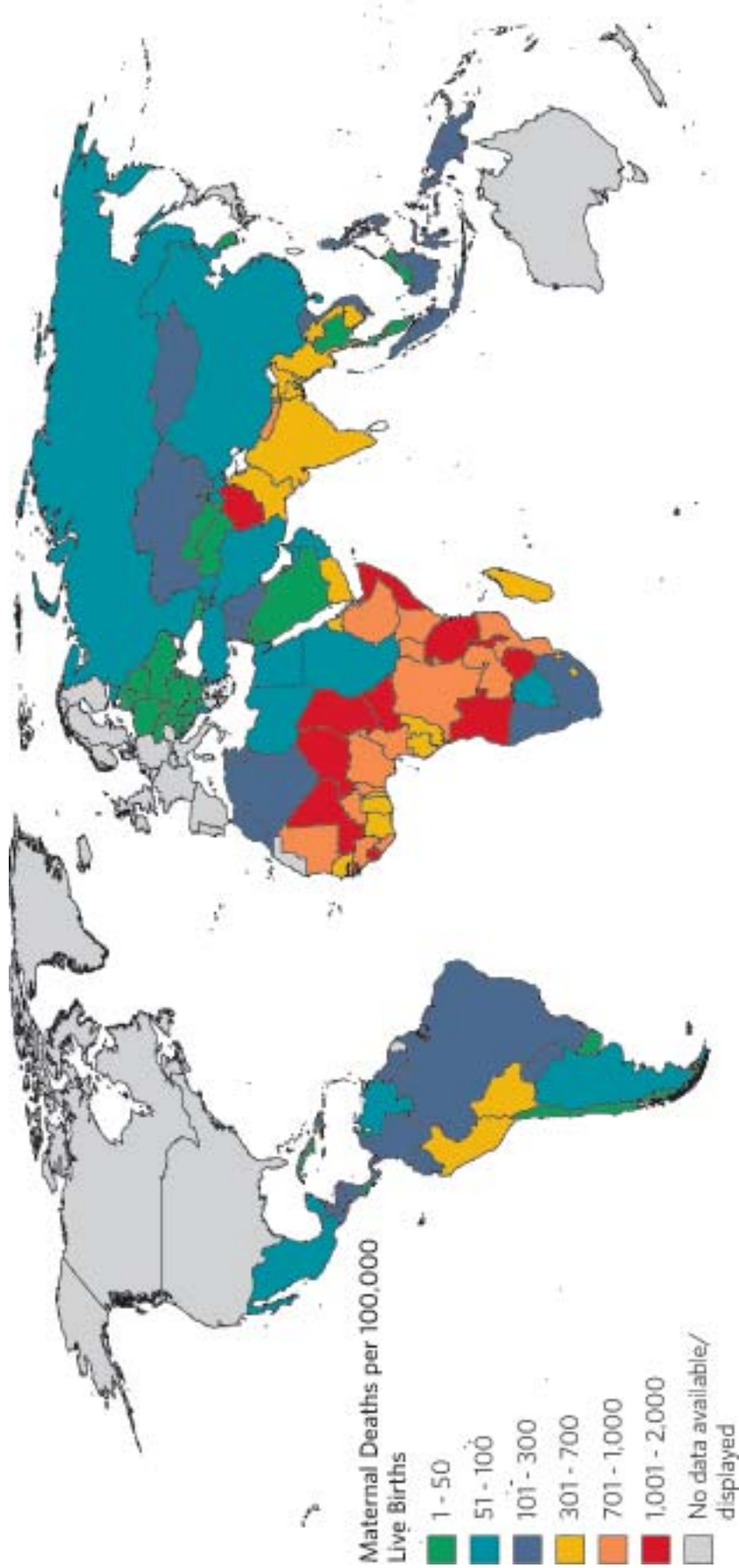
Today, nearly all child deaths occur in developing countries, almost half of them in Africa.



Source: World Population Prospects 2004 revision, UN, 2005

Maternal Death

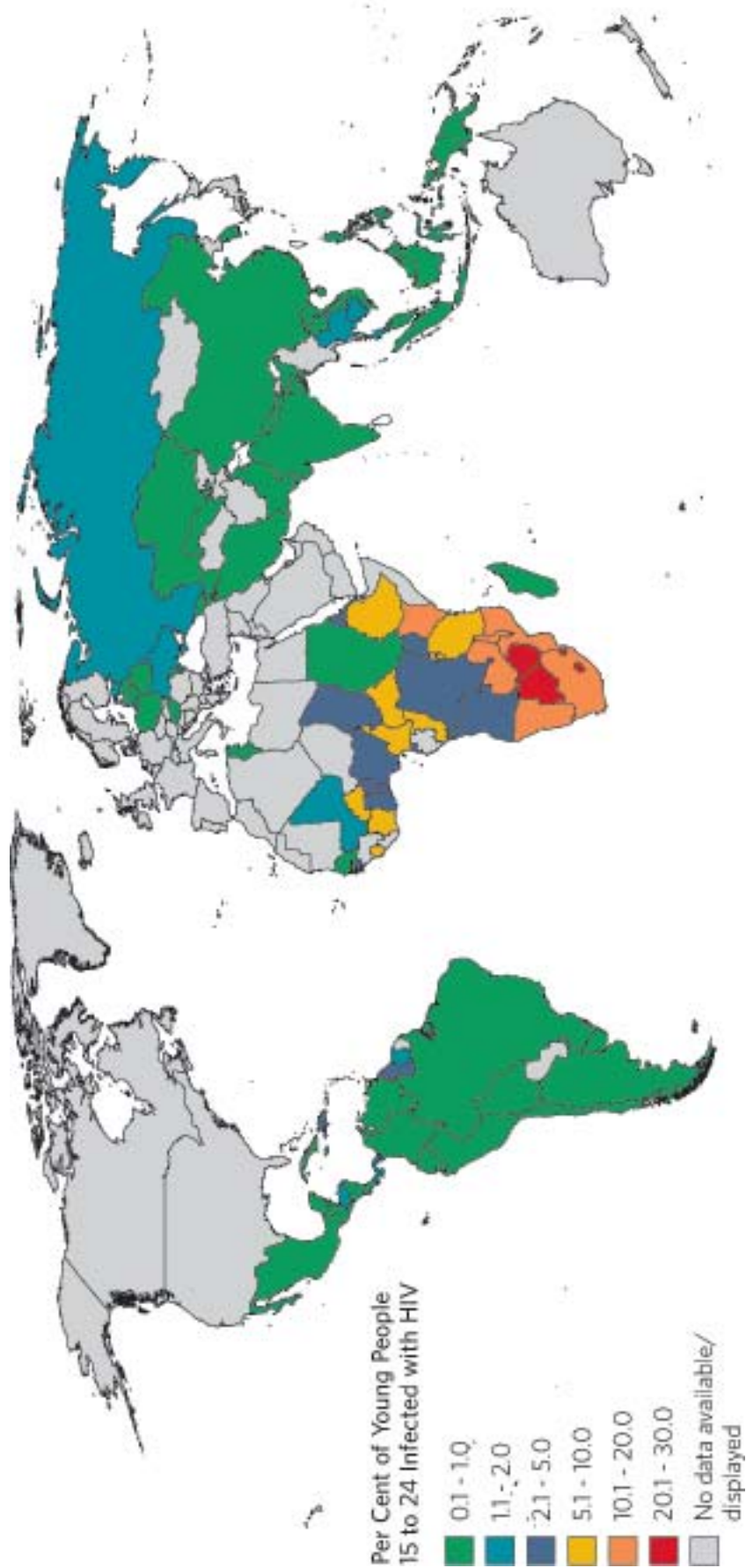
More than 99 per cent of deaths related to pregnancy and childbirth worldwide occur in developing countries.



Source: Maternal Mortality in 2000: Estimates Developed by WHO, UNICEF and UNFPA

Per Cent of Young People 15 to 24 Infected with HIV

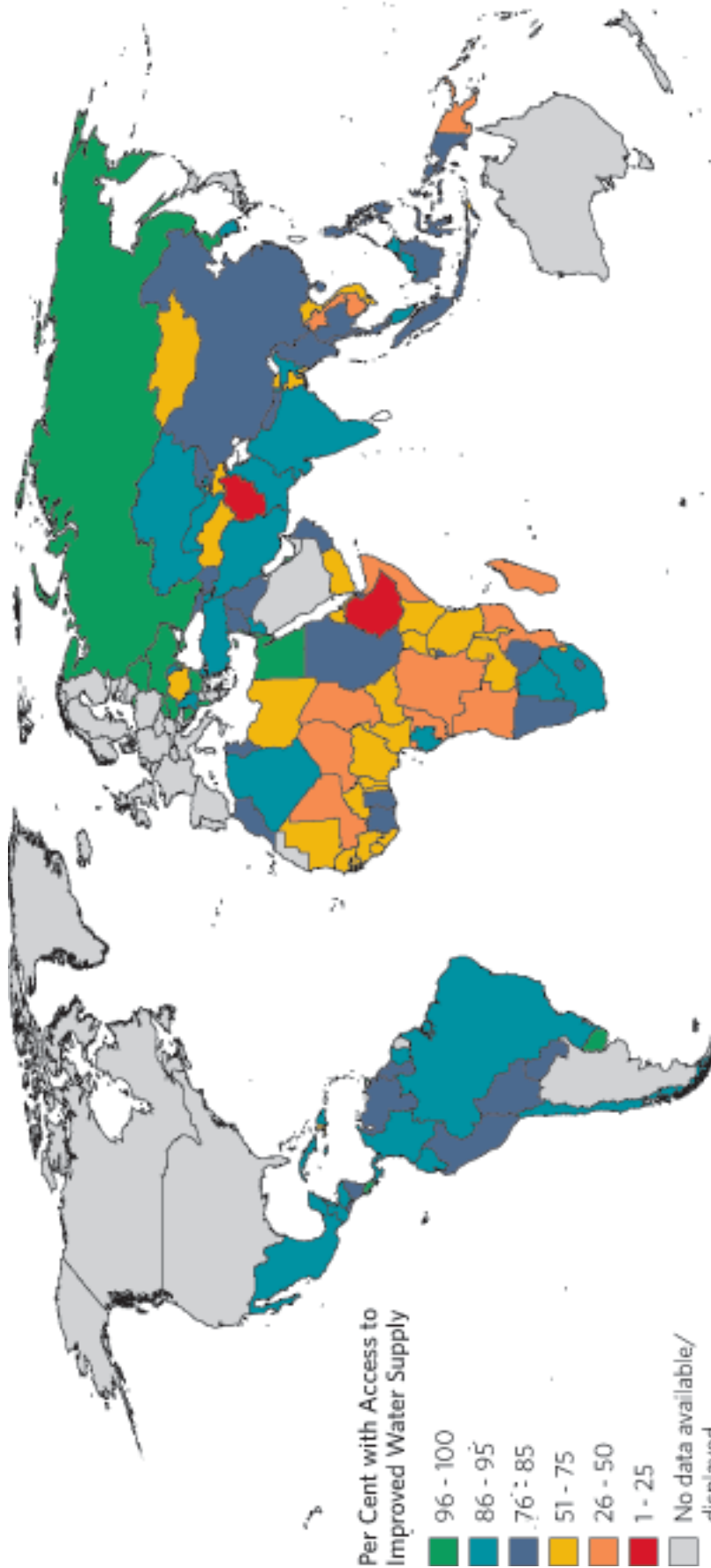
Young people are particularly vulnerable to HIV, accounting for almost half of new adult infections reported in 2002.



Source: Report on the Global HIV/AIDS Epidemic, UNAIDS, 2002

Per Cent of Population with Access to Improved Water Supply

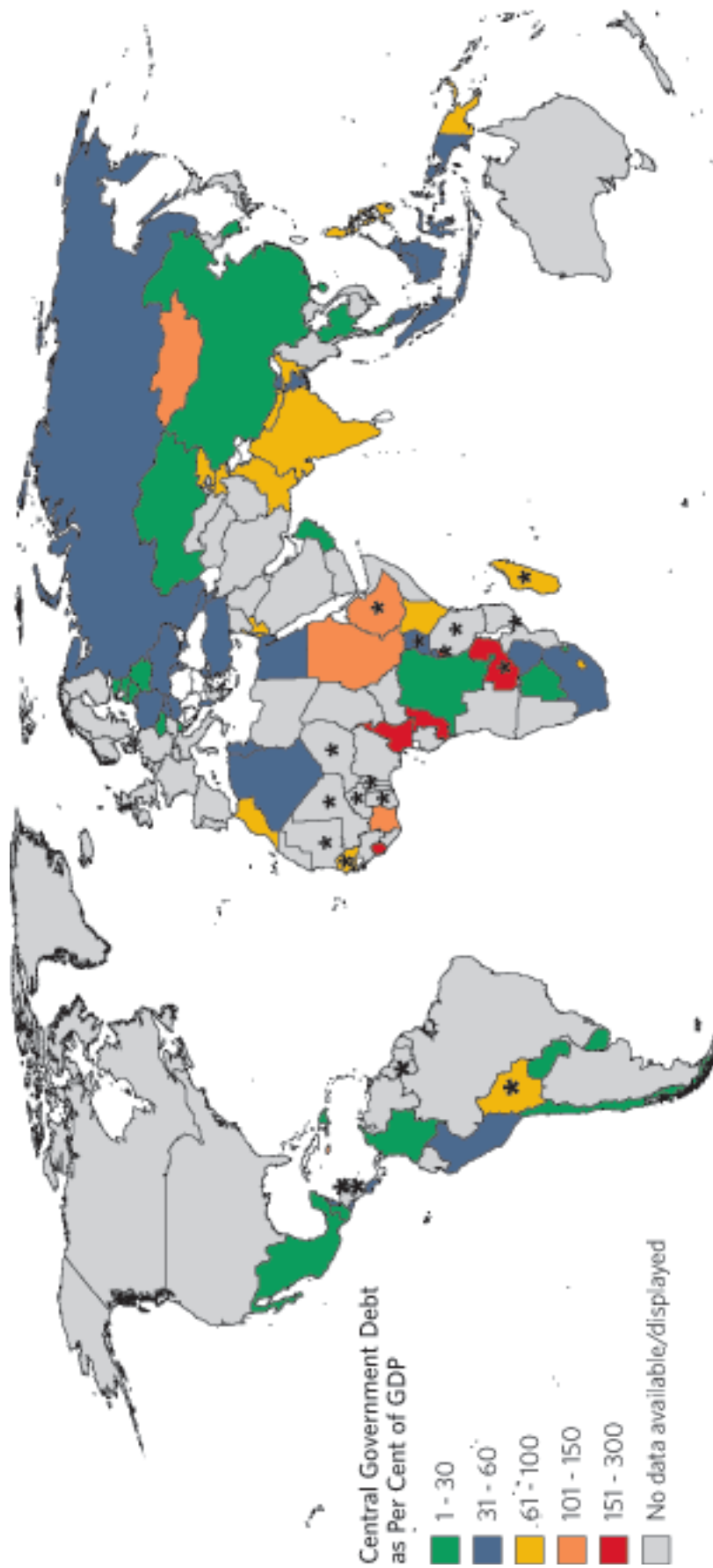
Too many people still lack access to safe drinking water, particularly those living in rural areas.



Source: The State of the World's Children, UNICEF, 2005

Central Government Debt as Per Cent of GDP

Repayment of debt strains national budgets, making it difficult to invest in health and other social expenditures.



* denotes countries slated for total debt forgiveness by the G8

Source: World Development Indicators, World Bank, 2005

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



While 2003, 2004 and 2005 have seen improvements in economic growth levels and in governance, the challenges facing sub-Saharan Africa as it strives to meet its development objectives remain the most daunting facing any region in the world. These objectives include reaching the eight Millennium Development Goals (MDGs) for 2015 and the closely-related goals for 2015 set at the ICPD in 1994 and the ICPD+5 follow-up in 1999, including universal access to reproductive health services, gender equality and women's empowerment. This region, which is home to 34 of the world's 50 least developed countries, will continue to need the highest per capita levels of technical and financial support of any region, along with sustained political commitment by all stakeholders, if it is to make major progress towards meeting those goals by 2015.

Unfortunately, efforts to eradicate poverty, empower women, reduce child mortality and improve maternal health in the region continue to be severely undercut by the devastating AIDS pandemic and by massive human displacements in the wake of natural disasters, violent conflicts and debilitating political strife. In a region that is home to more than 60 per cent of the world's HIV-positive people, halting and reversing the spread of HIV, as well as addressing related issues of malaria and tuberculosis, must be among the highest priorities. Addressing the reproductive health needs of the millions of women and adolescents currently at risk for contracting the infection is critical to this effort. Two thirds of those newly infected with HIV in the region are women. About 7 per cent of young women and 2.2 per cent of men aged 15-24 years in sub-Saharan Africa were living with HIV at the end of 2004.

Making motherhood safer is another urgent priority: women in the region face a 1 in 16 lifetime risk of dying from pregnancy-related causes, and millions will be disabled. The high rate of teen pregnancies creates additional risks for mothers and newborns. Lack of access to emergency obstetric care and low proportions of births attended by professionally trained personnel contribute to the continuing extraordinarily high rates of maternal mortality and morbidity. Additional priority must also be given to advocacy, targeting the poorest of the poor in urban slums and in difficult-to-reach areas, on-going efforts to stamp out harmful traditional practices and reducing gender-based violence, which is associated with poor pregnancy outcomes. Expanded efforts are also under way to treat women who have been disabled by obstetric fistula, a devastating injury of childbearing.

Sub-Saharan Africa's population has grown faster than any region over the past thirty years, despite the millions of deaths from the AIDS pandemic. Between 1975 and 2005, the population more than doubled, rising from 335 to 751 million, and is currently growing at a rate of 2.2 per cent a year. The United Nations Population Division recently projected that sub-Saharan Africa's population will reach about 1.1 billion by 2025. The region's 'youth bulge', the high proportion of young people, signals that the population momentum will probably continue for decades to come, even with AIDS reversing decades of gains in life expectancy. Indeed, in the countries most highly affected by HIV/AIDS, life expectancy continues to decline.

Although most African women want fewer children than in the past, contraceptive prevalence rates for modern methods in most of the region's 45 countries remains quite low, with some notable exceptions including Botswana, Cape Verde, Kenya, Mauritius, South Africa and Zimbabwe. The region's unmet need for family planning among married women is the highest in the world. UNFPA estimates that an additional \$275 million a year is required to make up the gap in reproductive health commodity requirements.

Through the Network of African Women Ministers and Parliamentarians, as well as the Arab and African Parliamentarians in the Population and Development Sector, efforts continue to keep reproductive rights, population and gender issues high on the policy agenda. Almost all countries in the region now support reproductive health programmes, including family planning, and integrate population into their development programmes. Yet, fully incorporating these issues and programmatic needs into national poverty reduction efforts remains a struggle. While progress continues to be made, in too many cases, population, reproductive health and gender issues are still not as firmly situated in broader policy dialogues as they should be.

Sub-Saharan Africa

In several countries, laws banning female genital mutilation/cutting and violence against women have been passed. Likewise, model legal frameworks promoting the right to reproductive health have been ratified in some countries.

Progress towards democracy in numerous countries in the region in the past decade has seen the growing participation of civil society organizations in policy dialogues and broader partnerships with government, including reproductive health service delivery to adolescents and the poor.

Efforts to build, expand and upgrade institutional capacity remains a key component of almost all UNFPA-supported country and regional programmes. A growing number of countries are beginning to develop or to expand youth-friendly health services, but coverage is still quite limited. Almost all countries have conducted at least one census and one Demographic and Health Survey, indicative of an increasing commitment to data collection needed for planning, and particularly for monitoring progress towards attaining development goals.

As set forth in the recommendations contained in the March 2005 Report of the Commission for Africa, entitled *Our Common Interest*, African governments should meet their commitment to invest 15 per cent of their annual budgets to health, put in place strategies for the effective delivery of health services, and invest in training and retention of one million health workers by 2015. Governments must also prioritise sexual and reproductive health within their vision of health systems and integrate HIV/AIDS treatment and care into those systems. UNFPA should work closely with the African Union, the New Partnership for Africa's Development (NEPAD) and the World Health Organization to ensure that a clear strategy for sexual and reproductive health is incorporated. The report also recommends that donors greatly increase their funding to support these strategies for the effective delivery of health services and provide the billions of additional dollars required annually between now and 2015.

The 2005 report of the UN Millennium Project, entitled *Investing in Development*, makes essentially the same recommendations, stating that such actions are required in order to enable a significant voluntary reduction in sub-Saharan Africa's very high fertility rates and population growth rates, adding that this could happen "in just a few years."

It is imperative that sub-Saharan Africa's governments, civil society and the donor community give priority attention to gender equality and women's empowerment and to the various matters required to scale up population and reproductive health, including family planning, and HIV/AIDS programmes between now and 2015 to ensure that poverty-reduction strategies and programmes gain and maintain momentum.

Angola



Overview

Until the end of the war in 2002, a long history of political and military instability led to the deterioration of Angola's socio-economic and health care infrastructure. Constant conflict displaced tens of thousands of people.

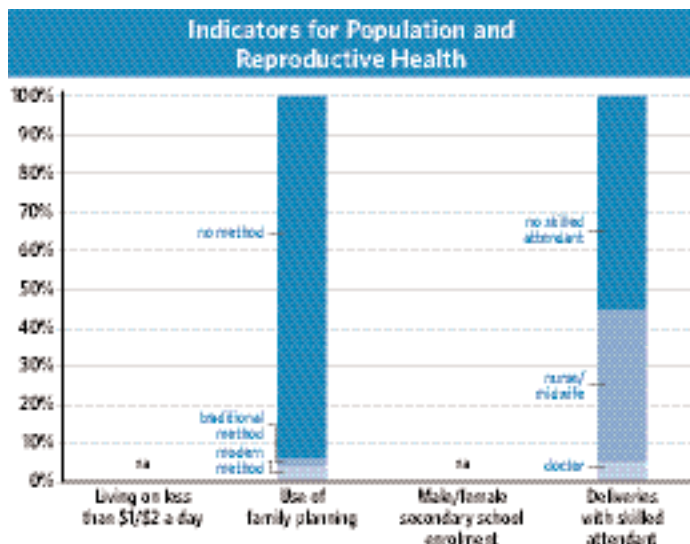
Angola, a least developed country with a population of almost 16 million, has one of the highest maternal mortality ratios in the world (1,700 deaths per 100,000 live births), as well as a relatively high annual population growth rate (2.8 per cent). High adolescent fertility rates remain a significant problem. National attention is focused on reproductive health, population and development strategies, and advocacy. To this end, the Ministry of Health approved a policy statement- National Norms and Policies for Reproductive Health, in 2000.

Years of civil strife have severely damaged the health system. As a result, the health care needs of the population are largely unmet. Cultural beliefs limit access to available reproductive health services. Furthermore, the services provided are of poor quality and there is a lack of trained staff. Modern contraceptive prevalence remains low at 4.5 per cent.

Gender disparities in Angola are widespread and characterized by low levels of female literacy, decision-making, economic independence, and empowerment.

The number of people infected with HIV/AIDS continues to rise rapidly due to migration, lack of information about HIV/AIDS, and the poor access to reproductive health services. The pandemic has become an urgent political concern.

With the end of the war in April 2002 the achievement of some population and development goals is now possible. In 2003, the UNFPA country programme supported the update of the National Reproductive Health Policy and Standards and has assisted in the development of a HIV/AIDS National Strategic Plan. But long-term donor assistance is needed to strengthen the national population and reproductive health programme.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	5,186.1	7,860.5
Population in Thousands, Female	5,346.0	8,080.9
Population Growth Rate, %	na	2.8
Crude Birth Rate per 1,000 Population	52.8	52.2
Crude Death Rate per 1,000 Population	24.5	21.5
Urban Population, %	26.1	37.2
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	43.9	45.2
Total Fertility Rate per Woman 15-49	7.15	6.79
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	4.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	6.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,500	1,700
MMR, Lower Bound	● ▲ na	420
MMR, Upper Bound	● ▲ na	3,100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	54.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 157.3	134.4
Under Age 5 Mortality Rate, Total	● ▲ 270	238
Under Age 5 Mortality Rate, Female	● ▲ na	234
Under Age 5 Mortality Rate, Male	● ▲ na	259
Life Expectancy at Birth, Total, Years	● ▲ 39.8	41.3
Life Expectancy at Birth, Female, Years	● ▲ 41.6	42.8
Life Expectancy at Birth, Male, Years	● ▲ 38.1	39.9
Median Age of Total Population	● ▲ 16.3	16.6
Population 60 Years and Over, %	● ▲ 4.2	3.9
Dependency Ratio	● ▲ 99	96

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.10	15.96	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	148.0/155.0
No Education, Primary	162.0
Highest Level of Education	116.0
Provincial Low/High	123.0/181.0
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,319
Gross Domestic Product Growth Rate, Annual %	3	15
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 38	50
Antenatal Care, At Least One Visit, %	27	27
Deliveries Attended by Skilled Attendants, %	●▲ 16	45
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	53.0
Illiteracy Rate, % of Population 15 and Over, Male	na	18
Illiteracy Rate, % of Population 15 and Over, Female	na	46
Illiteracy Rate, % of Population 15 to 24, Male	na	17
Illiteracy Rate, % of Population 15 to 24, Female	na	37
Ratio of Girls to Boys, Primary Education	▲ 0.92	0.88
Ratio of Girls to Boys, Secondary Education	▲ na	0.77
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	78
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	69
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	21
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	16
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	61.0	49.0
Refugees, Number	11,000	13,382
Internally Displaced Persons, Number	na	188,728
Asylum Seekers, Number	na	1,006
Estimated HIV Prevalence, 15-49, Total	na	3.9
Estimated HIV Prevalence, 15-49, Male	na	2.7
Estimated HIV Prevalence, 15-49, Female	na	3.8

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.0	20.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	227.5	140.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	30
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	43.0
HIV Prevalence, 15-24, Total	▲ na	4.0
HIV Prevalence, 15-24, Female	▲ na	5.7
HIV Prevalence, 15-24, Male	▲ na	2.2

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	90.6
Labor Force Participation Rate, 15-64, Female	na	75.5
Seats in Parliament Held by Women, %	15.0	15.5
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,719.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	35.4
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	52.8/25.5
No Education, Primary, %	29.3
Highest Level of Education, %	81.6
Provincial Low/High, %	36.9/50.2 Este/Capital
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	6.0/0.9
No Education, Primary, %	1.3
Highest Level of Education, %	18.3
Provincial Low/High, %	1.9/11.5 Este/Capital
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	8.0/9.2
No Education, Primary, %	10.8
Highest Level of Education, %	4.6
Provincial Low/High, %	6.3/11.7 Capital/Sul
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Benin



Overview

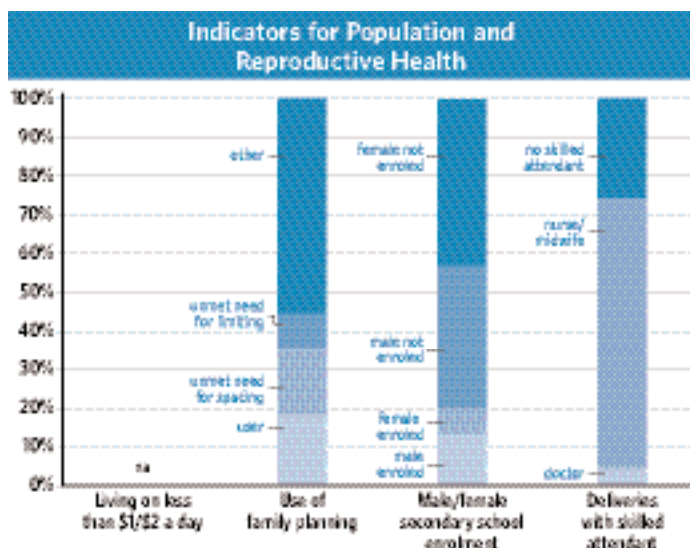
Benin is one of the 50 least developed countries in the world. But some progress has been made in reducing poverty, narrowing income inequalities, and expanding the supply of social services. Nevertheless, nearly half of Benin's population of 8.4 million are unable to meet their basic needs.

Benin continues to fall short of the goals and targets set by the International Conference on Population and Development and the MDGs for lowering population growth, fertility levels, and maternal, infant and childhood mortality rates. The number of AIDS orphans increased to 34,000 in 2003 (up from 22,000 in 1999). Gender inequalities persist in education, elected office, and access to sexual and reproductive health services. HIV prevalence is higher among young women ages 15-24 (2.97) than among young men (0.9).

The government and its development partners are guided by a series of key policy documents. These include: the Population Policy Declaration (1996); the Benin 2025 National Vision; the 2001 to 2005 Government Action Plan; the Poverty Reduction Strategy Paper (PRSP) for 2003-2005; National Policy for Promotion of Women's Rights; and the National Policy on Youth. Benin also has a Persons and Family Code.

Priority areas in the PRSP include: macroeconomic stability; improving access to basic education, literacy, health care and safe drinking water; increasing efforts to combat HIV/AIDS and malaria; strengthening good governance, including decentralization and devolution of decision making; and promoting employment and revenue-producing opportunities for the poor.

To address these areas of need, the government, in partnership with UNFPA and others, is taking steps to improve the supply of reproductive health services - including youth-oriented programmes, essential obstetric care, and HIV/AIDS prevention, care and treatment. Benin is also in the process of identifying strategies to ensure a sustainable supply of reproductive health commodities and services, supporting the decentralization process, and investing in effective strategies to meet the needs of youth and orphans.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,560.9	4,253.3
Population in Thousands, Female	2,617.3	4,185.6
Population Growth Rate, %	na	3.1
Crude Birth Rate per 1,000 Population	47.4	43.4
Crude Death Rate per 1,000 Population	14.7	12.1
Urban Population, %	34.5	46.1
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	43.8	45.9
Total Fertility Rate per Woman 15-49	6.77	6.09
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	7.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	18.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 990	850
MMR, Lower Bound	● ▲ na	490
MMR, Upper Bound	● ▲ na	1,200
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	38.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 119.2	101.3
Under Age 5 Mortality Rate, Total	● ▲ 183	154
Under Age 5 Mortality Rate, Female	● ▲ na	146
Under Age 5 Mortality Rate, Male	● ▲ na	166
Life Expectancy at Birth, Total, Years	● ▲ 52.9	54.8
Life Expectancy at Birth, Female, Years	● ▲ 54.2	55.6
Life Expectancy at Birth, Male, Years	● ▲ 51.6	54.0
Median Age of Total Population	● ▲ 16.4	17.6
Population 60 Years and Over, %	● ▲ 4.5	4.3
Dependency Ratio	● ▲ 100	88

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.10	8.94	2.66	60.71

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.4/6.4
No Education, Primary	6.3
Highest Level of Education	3.6
Provincial Low/High	4.5/6.9 Atlantique/Atacora
Poorest/Richest Quintile	7.3/3.8

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	72.9/104.5
No Education, Primary	100.2
Highest Level of Education	53.1
Provincial Low/High	56.0/120.2 Cotonou/Zou
Poorest/Richest Quintile, %	111.5/50.0

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	198.2/93.1
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	72.0/142.0
Poorest/Richest Quintile	178.0/33.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	18.7/32.5
No Education, Primary, %	34.5

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,124
Gross Domestic Product Growth Rate, Annual %	3	6
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	33.0
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 50	68
Antenatal Care, At Least One Visit, %	69	88
Deliveries Attended by Skilled Attendants, %	●▲ 51	66
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	45.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	61.0
Illiteracy Rate, % of Population 15 and Over, Male	62	41
Illiteracy Rate, % of Population 15 and Over, Female	85	72
Illiteracy Rate, % of Population 15 to 24, Male	43	24
Illiteracy Rate, % of Population 15 to 24, Female	75	58
Ratio of Girls to Boys, Primary Education	▲ 0.50	0.68
Ratio of Girls to Boys, Secondary Education	▲ na	0.45
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	127
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	92
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	38
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	17
Children Underweight Under 5, Male, %	na	32
Children Underweight Under 5, Female, %	na	26
Stunted Children under 5, Severe, %	na	8
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	20.0	16.0
Refugees, Number	300	5,034
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	814
Estimated HIV Prevalence, 15-49, Total	na	1.9
Estimated HIV Prevalence, 15-49, Male	na	1.5
Estimated HIV Prevalence, 15-49, Female	na	2.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.6	20.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	172.0	128.0
Median Age at First Sexual Intercourse, Female, 25-49	na	17.3
Mean Age at Marriage, Male	na	24.9
Mean Age at Marriage, Female	na	18.3
Married by 18, Percent, Female, 25-49	na	41.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	50
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	71
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	56.0
HIV Prevalence, 15-24, Total	▲ na	2.5
HIV Prevalence, 15-24, Female	▲ na	3.7
HIV Prevalence, 15-24, Male	▲ na	1.2

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	10.7
Labor Force Participation Rate, 15-64, Male	na	84.2
Labor Force Participation Rate, 15-64, Female	na	77.4
Seats in Parliament Held by Women, %	6.0	7.2
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,012.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	38.5
Unmet Need for Family Planning, Spacing, %	● na	17.2
Unmet Need for Family Planning, Limiting, %	● na	8.6
Unmet Need for Family Planning, Total, %	● na	25.7
Unmet Need for Family Planning, Thousands	● na	0.3

Highest Level of Education	2.8
Provincial Low/High, %	15.2/39.0 Oueme/Zou
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	83.0/63.5
No Education, Primary, %	67.6
Highest Level of Education, %	98.5
Provincial Low/High, %	46.5/97.9 Atacora/Cotonou
Poorest/Richest Quintile, %	49.6/99.3
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	9.8/5.8
No Education, Primary, %	5.3
Highest Level of Education, %	19.7
Provincial Low/High, %	4.0/11.8 Atacora/Cotonou
Poorest/Richest Quintile, %	4.0/14.7
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	10.1/22.5
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	8.5/12.3
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	13.9/18.5

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/70.7
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/74.2
Children Underweight Under 5, Severe:	
Urban/Rural, %	3.8/5.6
No Education, Primary, %	5.8
Highest Level of Education, %	1.0
Provincial Low/High, %	2.1/8.7 Cotonou/Borgou
Poorest/Richest Quintile, %	7.5/1.2
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	26.3/68.8
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	37.9/89.1
Malnourished Women:	
Poorest/Richest Quintile, %	16.3/5.9
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	73.0/99.5

Botswana

Overview

Botswana, with an estimated population of 1.8 million, is ranked as a middle-income country, but a third of its population live on less than a dollar a day. The government has intensified efforts to diversify the economy by expanding non-mining sectors.

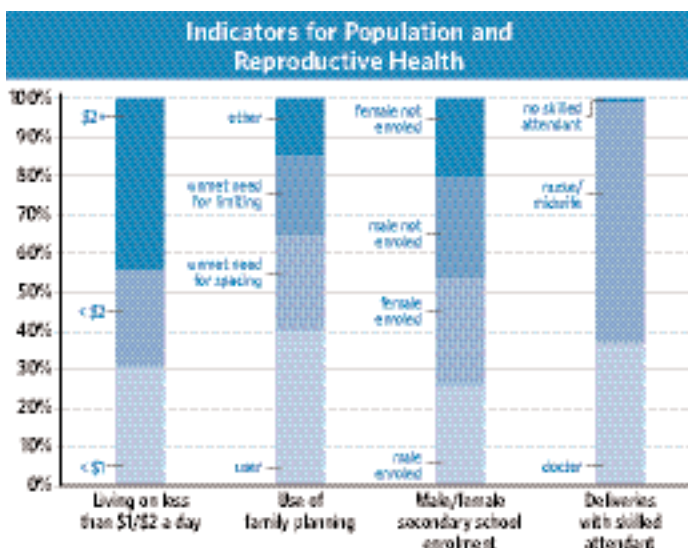
The HIV/AIDS prevalence rate is one of the highest in the world -- 37 per cent of the 15-49 age group are HIV positive. This has stalled development and reversed health gains. For example, life expectancy decreased from 65 years in 1990 to 35 years in 2005 while the infant mortality rate has held steady at 47 deaths per 1,000 live births. To mitigate the impact of HIV/AIDS, the Government has joined in a public-private partnership with the Bill & Melinda Gates Foundation, Merck & Co., Inc. as well as non-governmental organizations (NGOs), to undertake several large-scale projects. It also established a National Sexually Transmitted Disease Research Centre and has begun behaviour change communication campaigns in several communities.

There have been some improvements in maternal health. Almost all births are delivered by skilled attendants, and the maternal mortality ratio has fallen from 250 deaths per 100,000 live births in 1990 to 100 in 2000.

The approval of the National Population Policy Plan of Action for 1998-2008 was a major accomplishment. The programme's goals include: reducing adolescent fertility and maternal mortality rates; increasing contraceptive prevalence rates among women; achieving gender equality and equity; and empowering youth to make informed choices. A Women's Affairs Department was established to ensure gender equality in sexual and reproductive health programmes.

The government, together with NGOs, has trained service personnel to provide youth friendly services and has increased the number of youth-friendly health facilities that provide counseling and information services.

Future challenges for the government include continuing to address the high fertility and infant mortality rates, the needs of HIV/AIDS orphans, and the lack of trained and qualified personnel in sexual and reproductive health.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	700.0	867.0
Population in Thousands, Female	728.5	897.9
Population Growth Rate, %	na	-0.1
Crude Birth Rate per 1,000 Population	34.3	32.4
Crude Death Rate per 1,000 Population	6.4	26.7
Urban Population, %	42.3	52.5
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	46.9	51.1
Total Fertility Rate per Woman 15-49	4.49	3.70
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	31.7	38.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	33.0	40.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 250	100
MMR, Lower Bound	● ▲ na	25
MMR, Upper Bound	● ▲ na	190
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 46.9	46.8
Under Age 5 Mortality Rate, Total	● ▲ 62	102
Under Age 5 Mortality Rate, Female	● ▲ na	100
Under Age 5 Mortality Rate, Male	● ▲ na	108
Life Expectancy at Birth, Total, Years	● ▲ 64.7	35.2
Life Expectancy at Birth, Female, Years	● ▲ 66.8	34.9
Life Expectancy at Birth, Male, Years	● ▲ 62.4	35.5
Median Age of Total Population	● ▲ 17.0	19.9
Population 60 Years and Over, %	● ▲ 3.9	5.1
Dependency Ratio	● ▲ 92	69

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.70	105.45	1.66	186.61

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.1/5.4
No Education, Primary	6.0
Highest Level of Education	3.3
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	39.4/39.5
No Education, Primary	46.5
Highest Level of Education	37.4
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	26.2/29.3
No Education, Primary, %	46.9

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	8,359
Gross Domestic Product Growth Rate, Annual %	11	4
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	33.3
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	0.7
Access to Improved Water Supply, %	▲ 56	95
Antenatal Care, At Least One Visit, %	71	97
Deliveries Attended by Skilled Attendants, %	●▲ 78	94
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	81.2
Illiteracy Rate, % of Population 15 and Over, Male	34	21
Illiteracy Rate, % of Population 15 and Over, Female	30	16
Illiteracy Rate, % of Population 15 to 24, Male	21	13
Illiteracy Rate, % of Population 15 to 24, Female	13	6
Ratio of Girls to Boys, Primary Education	▲ 1.07	0.99
Ratio of Girls to Boys, Secondary Education	▲ na	1.06
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	103
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	103
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	71
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	75
Children Underweight Under 5, Male, %	na	13
Children Underweight Under 5, Female, %	na	13
Stunted Children under 5, Severe, %	na	8
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	18.0	24.0
Refugees, Number	500	2,838
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	1,079
Estimated HIV Prevalence, 15-49, Total	na	37.3
Estimated HIV Prevalence, 15-49, Male	na	31.1
Estimated HIV Prevalence, 15-49, Female	na	40.9

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	21.0	24.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	111.5	75.0
Median Age at First Sexual Intercourse, Female, 25-49	17.3	17.3
Mean Age at Marriage, Male	30.9	30.9
Mean Age at Marriage, Female	26.9	26.9
Married by 18, Percent, Female, 25-49	17.8	17.8
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	76
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	81.0
HIV Prevalence, 15-24, Total	▲ na	26.8
HIV Prevalence, 15-24, Female	▲ na	37.5
HIV Prevalence, 15-24, Male	▲ na	16.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	35.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	62.6
Labor Force Participation Rate, 15-64, Female	na	49.0
Seats in Parliament Held by Women, %	5.0	17.0
Female Legislators, Senior Officials and Managers, %	na	35.0
Female Professional and Technical Workers, %	na	52.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-38.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-9.1
Unmet Need for Family Planning, Spacing, %	● 24.2	24.2
Unmet Need for Family Planning, Limiting, %	● 20.6	20.6
Unmet Need for Family Planning, Total, %	● 44.7	44.7
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	23.4
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	98.3/98.9
No Education, Primary, %	98.3
Highest Level of Education, %	98.8
Provincial Low/High, %	94.4/100.0 North East/*
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	41.8/38.8
No Education, Primary, %	29.2
Highest Level of Education, %	45.9
Provincial Low/High, %	34.5/48.9 Southern/South East
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	2.0/2.9
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	0.4/16.3 Gabarone/Ghanzi
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

*Kgalagadi, Ghanzi, Kgatleng, Kweneng, South East, Small Towns, Selibe Phikwe, Lobatse

Burkina Faso



Overview

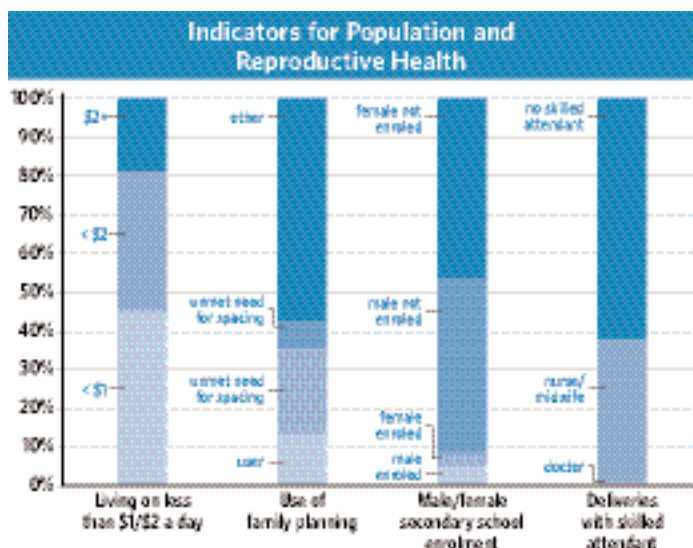
Burkina Faso's population is estimated at 13.2 million. The country has taken a strong stand in addressing the needs of youth, adolescents and women, while improving the quality of and access to health care. As one of the least developed countries in the world, the government is alarmed by continued high maternal, infant and childhood mortality. The maternal mortality ratio is around 1,000 deaths per 100,000 live births. Low contraceptive use contributes to high fertility rates. Life expectancy is low for both men and women (averaging 48 years) and school enrolment figures are very low — more so for girls than boys. Close to half (45 per cent) of the population lives on one dollar a day or less.

HIV/AIDS prevalence is high (21 per cent) among those between 15-24 and the number of AIDS orphans increased from 240,000 in 2001 to 260,000 in 2003. In 2002, Burkina Faso became eligible for the Global Fund to Fight HIV/AIDS.

The Poverty Reduction Strategy Paper (PRSP) identifies four strategic areas: accelerating equity-based growth; providing basic social services to the poor; expanding employment opportunities and income-generating activities; and promoting good governance.

The PRSP priority actions include: establishing a new pricing structure for essential generic drugs; increasing budget allocations for health; developing a medium-term expenditure framework for the health sector; and instituting a semi-annual review of the national health development plan. It also aims to develop a system for assigning graduates of the School of Public Health to areas of greatest need.

Partners, including UNFPA, support government efforts to: develop quality assurance standards for health care, including emergency obstetric care and train staff to comply with those standards; train health care managers; provide access to a "minimum activities package," including prenatal consultation and assisted childbirth; and promote youth-friendly services. Attention is also being given to minimizing discrimination against people living with HIV/AIDS, reducing the price of anti-retrovirals, and promoting the adoption of the female condom.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,262.2	6,650.3
Population in Thousands, Female	4,269.8	6,577.6
Population Growth Rate, %	na	3.0
Crude Birth Rate per 1,000 Population	50.0	49.1
Crude Death Rate per 1,000 Population	18.4	16.4
Urban Population, %	13.6	18.6
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	43.4	44.6
Total Fertility Rate per Woman 15-49	7.30	6.82
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	4.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	11.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 930	1,000
MMR, Lower Bound	● ▲ na	630
MMR, Upper Bound	● ▲ na	1,500
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	36.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 129.1	118.5
Under Age 5 Mortality Rate, Total	● ▲ 208	191
Under Age 5 Mortality Rate, Female	● ▲ na	155
Under Age 5 Mortality Rate, Male	● ▲ na	165
Life Expectancy at Birth, Total, Years	● ▲ 47.7	48.3
Life Expectancy at Birth, Female, Years	● ▲ 49.4	49.1
Life Expectancy at Birth, Male, Years	● ▲ 46.1	47.6
Median Age of Total Population	● ▲ 16.3	16.2
Population 60 Years and Over, %	● ▲ 5.2	4.2
Dependency Ratio	● ▲ 102	100

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.00	5.12	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.7/6.9
No Education, Primary	6.7
Highest Level of Education	2.8
Provincial Low/High	3.1/7.7 Ouagadougou/Nord
Poorest/Richest Quintile	7.5/4.6

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	70.0/95.0
No Education, Primary	94.0
Highest Level of Education	75.0
Provincial Low/High	64.0/122.0 Centre-Est/Sahel
Poorest/Richest Quintile, %	106.2/76.7

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	239.2/154.5
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	66.0/155.0
Poorest/Richest Quintile	182.0/97.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	11.3/27.8
No Education, Primary, %	27.6

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,176
Gross Domestic Product Growth Rate, Annual %	4	7
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	44.9
Population Living Below National Poverty Line, %	▲ na	45.3
Share of Income or Consumption by Poorest Quintile	na	1.8
Access to Improved Water Supply, %	▲ 67	51
Antenatal Care, At Least One Visit, %	49	72
Deliveries Attended by Skilled Attendants, %	●▲ 33	38
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	54.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	56.3
Illiteracy Rate, % of Population 15 and Over, Male	75	61
Illiteracy Rate, % of Population 15 and Over, Female	92	82
Illiteracy Rate, % of Population 15 to 24, Male	64	49
Illiteracy Rate, % of Population 15 to 24, Female	86	71
Ratio of Girls to Boys, Primary Education	▲ 0.62	0.70
Ratio of Girls to Boys, Secondary Education	▲ na	0.64
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	53
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	39
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	14
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	9
Children Underweight Under 5, Male, %	na	34
Children Underweight Under 5, Female, %	na	35
Stunted Children under 5, Severe, %	na	17
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	22.0	17.0
Refugees, Number	5,700	466
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	499
Estimated HIV Prevalence, 15-49, Total	na	4.2
Estimated HIV Prevalence, 15-49, Male	na	4.4
Estimated HIV Prevalence, 15-49, Female	na	5.5

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	20.6
Age-Specific Fertility Rate per 1,000 Women, 15-20	185.5	158.0
Median Age at First Sexual Intercourse, Female, 25-49	na	17.5
Mean Age at Marriage, Male	27.6	27.6
Mean Age at Marriage, Female	19.0	19.0
Married by 18, Percent, Female, 25-49	na	59.2
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	42.0
HIV Prevalence, 15-24, Total	▲ na	6.9
HIV Prevalence, 15-24, Female	▲ na	9.7
HIV Prevalence, 15-24, Male	▲ na	4.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	13.3
Labor Force Participation Rate, 15-64, Male	na	91.3
Labor Force Participation Rate, 15-64, Female	na	78.8
Seats in Parliament Held by Women, %	na	11.7
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,616.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	39.8
Unmet Need for Family Planning, Spacing, %	● na	21.8
Unmet Need for Family Planning, Limiting, %	● na	7.0
Unmet Need for Family Planning, Total, %	● na	28.8
Unmet Need for Family Planning, Thousands	● na	0.5

Highest Level of Education	8.0
Provincial Low/High, %	6.3/46.0 Ouagadougou/Est
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	90.7/51.4
No Education, Primary, %	52.7
Highest Level of Education, %	98.5
Provincial Low/High, %	20.7/96.9 Sahel/Ouagadougou
Poorest/Richest Quintile, %	17.9/75.0
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	28.2/5.1
No Education, Primary, %	5.7
Highest Level of Education, %	43.1
Provincial Low/High, %	2.2/29.2 Est/Ouagadougou
Poorest/Richest Quintile, %	1.8/16.0
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	4.8/30.1
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	5.5/9.3
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	18.4/16.3

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	71.9/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	54.1/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	5.7/14.9
No Education, Primary, %	14.4
Highest Level of Education, %	2.2
Provincial Low/High, %	5.1/21.7 Ouagadougou/Sahel
Poorest/Richest Quintile, %	15.5/6.5
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	7.3/56.2
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	17.2/58.3
Malnourished Women:	
Poorest/Richest Quintile, %	15.6/9.2
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	50.0/89.7

Burundi



Overview

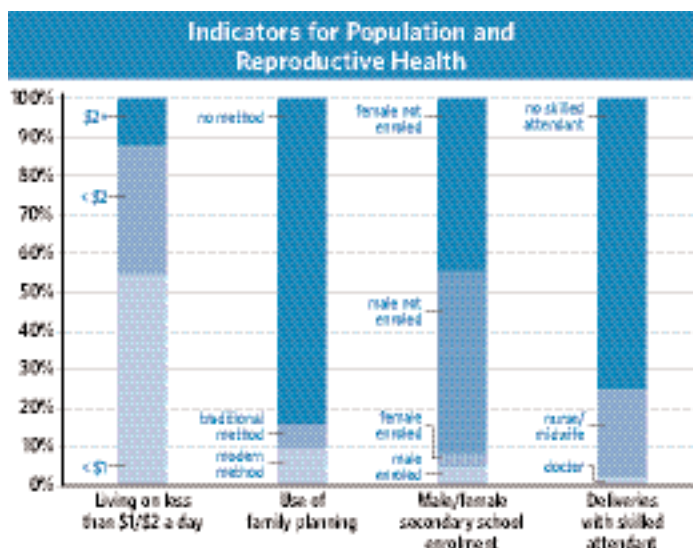
Burundi is experiencing a period of relative calm following a decade of conflict. It is one of the poorest countries in the world — over half of the 7.5 million inhabitants live on below one dollar per day.

The government views its population growth (3.4 per cent per year) and fertility rates (6.8 lifetime births per woman) as too high. The maternal mortality ratio is also high, estimated at 1,000 deaths per 100,000 live births. Infant mortality is reported at 102 deaths per 1,000 live births in 2005. There is more cause for concern: only 25 per cent of all births take place with skilled attendants, life expectancy at birth is 44.5 years in 2005 and the contraceptive prevalence rate in 2000 was only 15.7 per cent for any method.

HIV/AIDS continues to be a priority concern. In 2002, HIV prevalence for women and men over the age of 12 was 6 per cent, with more women than men infected. Incidences of sexual violence affect 1.3 per cent of women 14 years or older, and the government continues to deal with the enormous economic and social needs of displaced persons (estimated at 140,000 in August 2004).

The Interim Poverty Reduction Strategy Paper (November 2003) specifies four priority areas: quality and accessibility of basic social services, including health care; socio-economic consequences of conflict; HIV/AIDS prevention; and promotion of gender equity.

The government and its partners, including UNFPA, continue to focus on rehabilitation and construction of health facilities and the reintegration of war victims and disadvantaged groups into the economy. Other interventions aim to promote family planning, improve emergency obstetric care, improve access to anti-retrovirals and condoms, provide support to AIDS orphans, and meet the sexual and reproductive health needs of youth. UNFPA continues to be Burundi's major provider of reproductive health commodities.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,761.1	3,684.3
Population in Thousands, Female	2,909.1	3,863.2
Population Growth Rate, %	na	3.4
Crude Birth Rate per 1,000 Population	47.0	43.1
Crude Death Rate per 1,000 Population	19.6	18.3
Urban Population, %	6.3	10.6
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	45.6	46.0
Total Fertility Rate per Woman 15-49	6.80	6.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	10.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	15.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,300	1,000
MMR, Lower Bound	● ▲ na	260
MMR, Upper Bound	● ▲ na	1,900
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	41.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 120.6	102.4
Under Age 5 Mortality Rate, Total	● ▲ 220	180
Under Age 5 Mortality Rate, Female	● ▲ na	178
Under Age 5 Mortality Rate, Male	● ▲ na	198
Life Expectancy at Birth, Total, Years	● ▲ 44.9	44.5
Life Expectancy at Birth, Female, Years	● ▲ 46.9	45.5
Life Expectancy at Birth, Male, Years	● ▲ 42.9	43.5
Median Age of Total Population	● ▲ 17.3	17.0
Population 60 Years and Over, %	● ▲ 4.7	4.2
Dependency Ratio	● ▲ 94	91

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
0.60	0.60	2.96	58.95

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	627
Gross Domestic Product Growth Rate, Annual %	4	-1
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	54.6
Population Living Below National Poverty Line, %	▲ 36.2	36.2
Share of Income or Consumption by Poorest Quintile	na	1.7
Access to Improved Water Supply, %	▲ 38	79
Antenatal Care, At Least One Visit, %	80	80
Deliveries Attended by Skilled Attendants, %	●▲ 26	25
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	52	40
Illiteracy Rate, % of Population 15 and Over, Female	73	52
Illiteracy Rate, % of Population 15 to 24, Male	42	31
Illiteracy Rate, % of Population 15 to 24, Female	55	30
Ratio of Girls to Boys, Primary Education	▲ 0.84	0.80
Ratio of Girls to Boys, Secondary Education	▲ na	0.78
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	86
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	69
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	13
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	9
Children Underweight Under 5, Male, %	na	44
Children Underweight Under 5, Female, %	na	46
Stunted Children under 5, Severe, %	na	28
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	49.0	70.0
Refugees, Number	271,700	40,971
Internally Displaced Persons, Number	na	1,970
Asylum Seekers, Number	na	10,572
Estimated HIV Prevalence, 15-49, Total	na	6.0
Estimated HIV Prevalence, 15-49, Male	na	5.8
Estimated HIV Prevalence, 15-49, Female	na	8.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.8	22.6
Age-Specific Fertility Rate per 1,000 Women, 15-20	50.0	50.0
Median Age at First Sexual Intercourse, Female, 25-49	na	19.3
Mean Age at Marriage, Male	25.7	25.7
Mean Age at Marriage, Female	22.5	22.5
Married by 18, Percent, Female, 25-49	na	29.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	47
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	66.0
HIV Prevalence, 15-24, Total	▲ na	8.0
HIV Prevalence, 15-24, Female	▲ na	11.0
HIV Prevalence, 15-24, Male	▲ na	5.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	90.9	94.1
Labor Force Participation Rate, 15-64, Female	91.9	86.0
Seats in Parliament Held by Women, %	na	18.5
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	950.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	39.4
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	64.0/21.6
No Education, Primary, %	15.5
Highest Level of Education, %	82.8
Provincial Low/High, %	17.8/38.0 Nord/Ouest
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	23.6/9.1
No Education, Primary, %	5.5
Highest Level of Education, %	38.9
Provincial Low/High, %	3.1/14.7 Sud/Nord
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	5.4/13.9
No Education, Primary, %	14.8
Highest Level of Education, %	2.5
Provincial Low/High, %	6.1/16.9 Ouest/Centre
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Cameroon



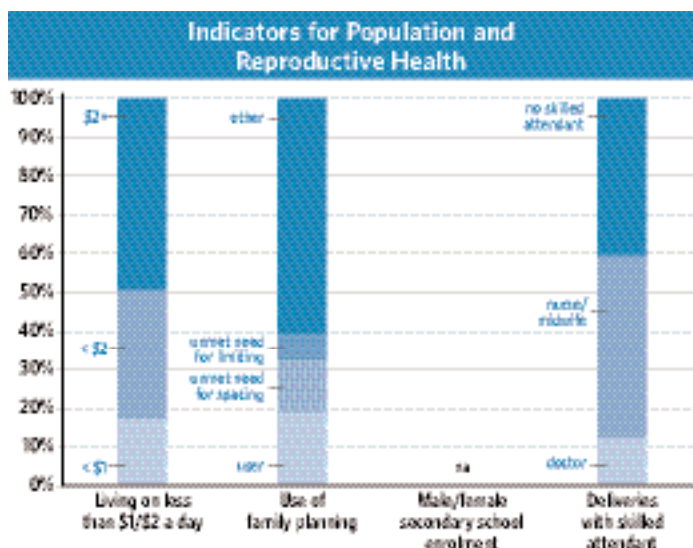
Overview

Cameroon's population was estimated at 16.3 million in 2005, growing by 1.7 per cent per year. Although the economy has recovered from the collapse of 1985 and 1986, social and health conditions have not rebounded, especially for the poor who comprise approximately 40 per cent of the population. A number of health indicators are going in the wrong direction. The infant mortality rate remains high at 93 deaths per 1,000 live births, while under-five mortality has increased from 142 deaths per 1,000 live births in 2000 to 159 in 2005. Women average five births each over the course of their reproductive lives, reflecting the fact that only 7.1 per cent of women use a modern method of contraception.

Although the government subsidizes costs for anti-retroviral drugs (ARV), provides medicines for treating opportunistic infections, and promotes the use of condoms, about 6.9 per cent of the population is HIV positive. More alarming, in the 15-24 age group, three times as many women as men are infected.

The goals set forth in the Health Sector Strategy adopted October 2001 and the AIDS Strategy for 2000-2005 are reflected in the government's 2003 Poverty Reduction Strategy Paper, which links these targets to the MDGs. By 2005, the government aims to: reduce overall morbidity and mortality by at least one-third within the most vulnerable groups; establish health facilities that deliver the minimum package of services within a one-hour walking distance for 90 per cent of the population; and introduce more effective human financial resource management at all levels of health care.

In order to reach these ambitious targets, the government, in cooperation with UNFPA and other partners, has increased support to: train health care providers, administrators and managers; improve the mother-to-child transmission programme; provide medical and psychological support to people living with HIV/AIDS; and ensure that sexual and reproductive health services meet the special needs of adolescents and youth.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	5,774.1	8,118.7
Population in Thousands, Female	5,877.1	8,203.2
Population Growth Rate, %	na	1.7
Crude Birth Rate per 1,000 Population	42.0	37.7
Crude Death Rate per 1,000 Population	14.3	16.9
Urban Population, %	40.3	52.9
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.0	47.7
Total Fertility Rate per Woman 15-49	5.90	4.99
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	4.3	7.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	16.1	19.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 550	730
MMR, Lower Bound	● ▲ na	430
MMR, Upper Bound	● ▲ na	1,100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 92.2	92.5
Under Age 5 Mortality Rate, Total	● ▲ 154	159
Under Age 5 Mortality Rate, Female	● ▲ na	142
Under Age 5 Mortality Rate, Male	● ▲ na	155
Life Expectancy at Birth, Total, Years	● ▲ 52.5	46.0
Life Expectancy at Birth, Female, Years	● ▲ 54.2	46.6
Life Expectancy at Birth, Male, Years	● ▲ 50.9	45.4
Median Age of Total Population	● ▲ 17.4	18.8
Population 60 Years and Over, %	● ▲ 5.5	5.6
Dependency Ratio	● ▲ 94	81

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.20	8.09	2.05	60.69

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:	
Urban/Rural	4.1/6.1
No Education, Primary	6.6
Highest Level of Education	3.6
Provincial Low/High	3.1/6.6 <small>Yaounde, Douala/Asamaoua, Nord, Extreme-Nord</small>
Poorest/Richest Quintile	6.2/4.8
Infant Mortality Rate per 1,000 Live Births:	
Urban/Rural	61.0/86.9
No Education, Primary	103.9
Highest Level of Education	49.9
Provincial Low/High	51.5/103.2 <small>Yaounde, Douala/Adamaoua, Nord, Extreme-Nord</small>
Poorest/Richest Quintile, %	108.4/55.8
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	199.2/86.8
Age-Specific Fertility Rate, 15-19 Years:	
Urban/Rural	104.0/184.0
Poorest/Richest Quintile	208.0/101.0
Adolescent Women 15-19 Begun Childbearing:	
Urban/Rural, %	20.2/38.1
No Education, Primary, %	47.4

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,069
Gross Domestic Product Growth Rate, Annual %	3	5
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	17.1
Population Living Below National Poverty Line, %	▲ na	40.2
Share of Income or Consumption by Poorest Quintile	na	2.3
Access to Improved Water Supply, %	▲ 34	63
Antenatal Care, At Least One Visit, %	76	83
Deliveries Attended by Skilled Attendants, %	●▲ 25	60
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	44.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	60.1
Illiteracy Rate, % of Population 15 and Over, Male	31	17
Illiteracy Rate, % of Population 15 and Over, Female	52	29
Illiteracy Rate, % of Population 15 to 24, Male	14	6
Illiteracy Rate, % of Population 15 to 24, Female	24	8
Ratio of Girls to Boys, Primary Education	▲ 0.85	0.86
Ratio of Girls to Boys, Secondary Education	▲ na	0.78
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	116
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	99
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	34
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	29
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	13
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	33.0	27.0
Refugees, Number	42,200	58,583
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	5,675
Estimated HIV Prevalence, 15-49, Total	na	6.9
Estimated HIV Prevalence, 15-49, Male	na	6.2
Estimated HIV Prevalence, 15-49, Female	na	7.8

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.8	21.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	167.0	112.0
Median Age at First Sexual Intercourse, Female, 25-49	15.8	15.8
Mean Age at Marriage, Male	na	26.2
Mean Age at Marriage, Female	na	18.8
Married by 18, Percent, Female, 25-49	65.2	56.3
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	46
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	57.0
HIV Prevalence, 15-24, Total	▲ na	9.1
HIV Prevalence, 15-24, Female	▲ na	12.7
HIV Prevalence, 15-24, Male	▲ na	5.4

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	7.9
Labor Force Participation Rate, 15-64, Male	na	86.9
Labor Force Participation Rate, 15-64, Female	na	49.7
Seats in Parliament Held by Women, %	14.0	8.9
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,407.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	28.9
Unmet Need for Family Planning, Spacing, %	● 12.4	13.3
Unmet Need for Family Planning, Limiting, %	● 9.6	6.4
Unmet Need for Family Planning, Total, %	● 22.0	19.7
Unmet Need for Family Planning, Thousands	● na	0.4

Highest Level of Education	20.2
Provincial Low/High, %	15.4/43.3 Yaounde, Douala/Centre, Sud, Est
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	84.3/44.2
No Education, Primary, %	22.8
Highest Level of Education, %	98.6
Provincial Low/High, %	22.3/97.2 Nord/Douala
Poorest/Richest Quintile, %	27.9/89.2
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	19.3/5.9
No Education, Primary, %	1.3
Highest Level of Education, %	35.8
Provincial Low/High, %	1.4/30.7 Nord/Yaounde
Poorest/Richest Quintile, %	1.4/16.6
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	2.2/30.3
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	5.6/6.8
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	13.4/10.0

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/88.3
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/59.0
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.9/5.3
No Education, Primary, %	8.1
Highest Level of Education, %	0.0
Provincial Low/High, %	0.0/7.9 Douala, Yaounde/Nord
Poorest/Richest Quintile, %	7.2/1.5
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	42.5/90.3
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	48.3/94.3
Malnourished Women:	
Poorest/Richest Quintile, %	12.4/4.3
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	60.5/95.9

Cape Verde

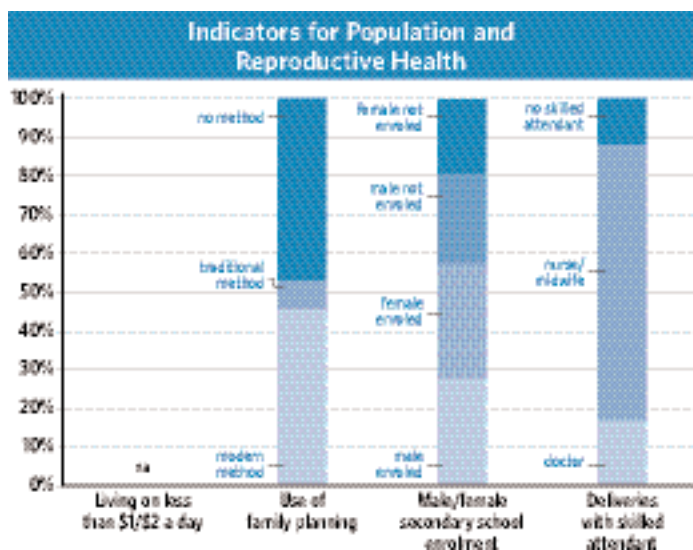
Overview

Cape Verde, with a population estimated at 507,000, is making progress in a number of areas. The country's childhood mortality rate, for instance, fell from 56 deaths per 1,000 live births in 1990 to 33 in 2005, the maternal mortality ratio declined to 150 deaths per 100,000 live births in 2000, infant mortality fell, and the number of attended births increased to 53 per cent. Although it is one of 50 least developed countries, nearly all children receive six years of education.

With poverty increasing, emigration falling off, and urbanization on the rise, these advances may decrease. Further, while contraceptive prevalence rate is reasonably high (53 per cent), this is in jeopardy as most reproductive health commodities are provided by donors, and donor assistance is declining. This will clearly affect fertility and population growth rates, which the government already views as too high.

The Interim Poverty Reduction Strategy Paper (January 2002) aims to: promote economic growth; improve living conditions and guarantee social welfare; and strengthen the capacity of the poor, including female head-households (41 per cent of all households) and adolescents, to improve their economic and social conditions. The National Population Policy, revised in 2003, reflects the government's concern about youth and adolescents, who comprise a large proportion of the population. Because of early initiation of sexual activity and increasing rates of HIV/AIDS, the government with UNFPA support opened four youth counseling centres, integrated reproductive health information and education into youth programmes, and commissioned a study of adolescent sexuality that will lead to pilot projects.

The Strategic Plan to Combat AIDS, the National Plan to Prevent Maternal and Infant Mortality, and the National Plan for Gender Equality and Equity, will allow the government and its partners to: standardize the provision of health services; train practitioners and provide access to male and female condoms; address gender-based violence; and strengthen data collection for planning, monitoring, and evaluation.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	166.6	243.2
Population in Thousands, Female	188.7	263.6
Population Growth Rate, %	na	2.3
Crude Birth Rate per 1,000 Population	38.5	30.0
Crude Death Rate per 1,000 Population	8.4	5.0
Urban Population, %	44.1	57.6
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	41.1	50.5
Total Fertility Rate per Woman 15-49	5.45	4.41
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	46.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	52.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	150
MMR, Lower Bound	● ▲ na	37
MMR, Upper Bound	● ▲ na	280
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	10.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 48.8	27.2
Under Age 5 Mortality Rate, Total	● ▲ 56	33
Under Age 5 Mortality Rate, Female	● ▲ na	26
Under Age 5 Mortality Rate, Male	● ▲ na	45
Life Expectancy at Birth, Total, Years	● ▲ 65.3	70.9
Life Expectancy at Birth, Female, Years	● ▲ 67.8	73.7
Life Expectancy at Birth, Male, Years	● ▲ 62.5	67.5
Median Age of Total Population	● ▲ 16.2	19.3
Population 60 Years and Over, %	● ▲ 6.6	5.5
Dependency Ratio	● ▲ 108	78

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.76	51.82	5.85	256.56

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.1/4.9
No Education, Primary	6.9
Highest Level of Education	2.2
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	38.0/36.0
No Education, Primary	44.0
Highest Level of Education	23.0
Provincial Low/High	36.0/37.0 Santiago/Outras
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	84.0/116.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	5,549
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	74	80
Antenatal Care, At Least One Visit, %		na	99
Deliveries Attended by Skilled Attendants, %	●▲	49	89
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		24	13
Illiteracy Rate, % of Population 15 and Over, Female		46	29
Illiteracy Rate, % of Population 15 to 24, Male		13	7
Illiteracy Rate, % of Population 15 to 24, Female		24	12
Ratio of Girls to Boys, Primary Education	▲	na	0.96
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	124
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	118
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	67
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	73
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	5
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.5	22.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		112.5	88.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		28.1	28.1
Mean Age at Marriage, Female		25.7	25.7
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	53.0
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		87.9	90.1
Labor Force Participation Rate, 15-64, Female		44.7	47.4
Seats in Parliament Held by Women, %		6.0	11.1
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	54.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	32.7
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	81.8/35.6
No Education, Primary, %	40.6
Highest Level of Education, %	88.7
Provincial Low/High, %	31.9/89.1
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	63.7/30.7
No Education, Primary, %	36.9
Highest Level of Education, %	67.9
Provincial Low/High, %	22.3/75.2
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Central African Republic

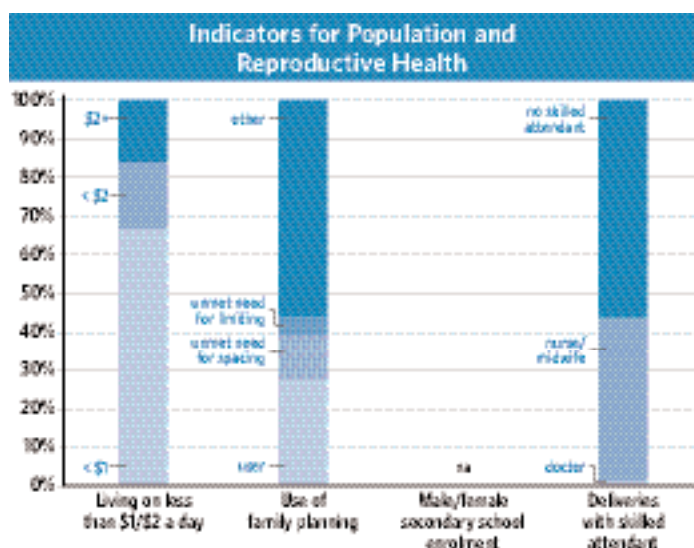
Overview

Following outbreaks of violence in October 2002 and March 2003, political instability and public insecurity in the Central African Republic (CAR) compounded the difficulties of the country's 4 million people to achieve economic and social development. A sharp increase in investments is needed for reconstruction and improvement in social sector infrastructure and services, particularly in areas affected by armed conflict.

With negative economic growth and population growth hovering around 1.4 per cent per year, poverty is increasing, particularly for women, young people and those living in rural areas. Despite improvements in contraceptive prevalence, births attended by trained practitioners and primary school enrolment rates, the government is concerned about high maternal and childhood mortality, low life expectancy, and increasing HIV/AIDS prevalence. Currently 10 per cent of those aged 15-24 are HIV positive. There were 20,000 more AIDS orphans in 2003 than there were in 2001, prompting the World Food Programme to initiate food assistance through schools. CAR ranks near the bottom of the Human Development Index (171 out of 177 countries), underscoring its problems.

UNFPA and others supported the 2002 General Population and Housing Census, including the tabulation of data, and an evaluation of emergency obstetric care. Findings from these and other studies are used to monitor progress toward achieving the targets and goals of the ICPD Programme of Action and the Millennium Development Goals. Work began on developing a national strategy to ensure sustainable supplies of reproductive health commodities. The government reviewed its National Policy on Women and the Plan of Action for Promotion of Women, and developed a National Reproductive Health Policy.

The country's Poverty Reduction Strategy Paper outlined an approach for improving social conditions by: increasing support to information, education and communication on sexually-transmitted diseases, including HIV/AIDS; prioritising availability, quality and access to primary health care services including training nurses; upgrading and extending water and sanitation services; and addressing the needs of urban youth.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,449.9	1,969.1
Population in Thousands, Female	1,549.7	2,068.6
Population Growth Rate, %	na	1.4
Crude Birth Rate per 1,000 Population	41.9	40.0
Crude Death Rate per 1,000 Population	17.3	21.9
Urban Population, %	37.5	43.8
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.6	45.4
Total Fertility Rate per Woman 15-49	5.65	5.11
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	6.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	27.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 700	1,100
MMR, Lower Bound	● ▲ na	670
MMR, Upper Bound	● ▲ na	1,600
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	48.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 104.6	95.7
Under Age 5 Mortality Rate, Total	● ▲ 181	172
Under Age 5 Mortality Rate, Female	● ▲ na	157
Under Age 5 Mortality Rate, Male	● ▲ na	189
Life Expectancy at Birth, Total, Years	● ▲ 48.1	39.5
Life Expectancy at Birth, Female, Years	● ▲ 51.0	40.2
Life Expectancy at Birth, Male, Years	● ▲ 45.4	38.7
Median Age of Total Population	● ▲ 18.3	18.1
Population 60 Years and Over, %	● ▲ 6.2	6.1
Dependency Ratio	● ▲ 90	89

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.60	4.51	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.9/5.2
No Education, Primary	5.2
Highest Level of Education	3.9
Provincial Low/High	4.6/5.5 RS IV/RS II
Poorest/Richest Quintile	5.1/4.9

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	79.9/116.3
No Education, Primary	114.2
Highest Level of Education	52.1
Provincial Low/High	62.7/122.7 Bangui/RS II
Poorest/Richest Quintile, %	132.3/53.7

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	192.9/98.3
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	153.0/157.0
Poorest/Richest Quintile	155.0/138.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	34.7/37.4
No Education, Primary, %	39.7

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,085
Gross Domestic Product Growth Rate, Annual %	1	-7
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	66.6
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	0.7
Access to Improved Water Supply, %	▲ 12	75
Antenatal Care, At Least One Visit, %	38	75
Deliveries Attended by Skilled Attendants, %	●▲ 66	44
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	50.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	53	34
Illiteracy Rate, % of Population 15 and Over, Female	79	57
Illiteracy Rate, % of Population 15 to 24, Male	34	20
Illiteracy Rate, % of Population 15 to 24, Female	61	32
Ratio of Girls to Boys, Primary Education	▲ 0.65	0.69
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	78
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	53
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ 17	17
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ 7	7
Children Underweight Under 5, Male, %	na	25
Children Underweight Under 5, Female, %	na	24
Stunted Children under 5, Severe, %	na	19
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	50.0	44.0
Refugees, Number	19,000	44,753
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	3,419
Estimated HIV Prevalence, 15-49, Total	na	13.5
Estimated HIV Prevalence, 15-49, Male	na	12.6
Estimated HIV Prevalence, 15-49, Female	na	14.2

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.3	21.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	168.0	124.0
Median Age at First Sexual Intercourse, Female, 25-49	na	15.9
Mean Age at Marriage, Male	24.1	24.1
Mean Age at Marriage, Female	19.1	19.1
Married by 18, Percent, Female, 25-49	na	56.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	20
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	46.0
HIV Prevalence, 15-24, Total	▲ na	9.7
HIV Prevalence, 15-24, Female	▲ na	13.5
HIV Prevalence, 15-24, Male	▲ na	5.8

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	15.3
Labor Force Participation Rate, 15-64, Male	na	87.6
Labor Force Participation Rate, 15-64, Female	na	69.0
Seats in Parliament Held by Women, %	4.0	7.3
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	245.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	21.7
Unmet Need for Family Planning, Spacing, %	● na	11.6
Unmet Need for Family Planning, Limiting, %	● na	4.6
Unmet Need for Family Planning, Total, %	● na	16.2
Unmet Need for Family Planning, Thousands	● na	0.1

Highest Level of Education	33.7
Provincial Low/High, %	29.9/43.3 RS V/RS I
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	77.7/23.7
No Education, Primary, %	29.4
Highest Level of Education, %	84.8
Provincial Low/High, %	23.1/88.7 RS III/Bangui
Poorest/Richest Quintile, %	14.3/81.7
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	6.4/1.4
No Education, Primary, %	1.1
Highest Level of Education, %	12.1
Provincial Low/High, %	1.3/9.0 RS III/Bangui
Poorest/Richest Quintile, %	0.7/8.8
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	0.9/9.7
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	3.2/7.1
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	6.4/19.4

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	38.4/73.6
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	37.7/53.5
Children Underweight Under 5, Severe:	
Urban/Rural, %	4.5/9.5
No Education, Primary, %	8.8
Highest Level of Education, %	4.0
Provincial Low/High, %	5.7/11.8 Bangui/RS V
Poorest/Richest Quintile, %	11.5/5.0
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	24.3/75.4
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	41.8/79.5
Malnourished Women:	
Poorest/Richest Quintile, %	16.3/11.2
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	39.3/91.4

Chad



Overview

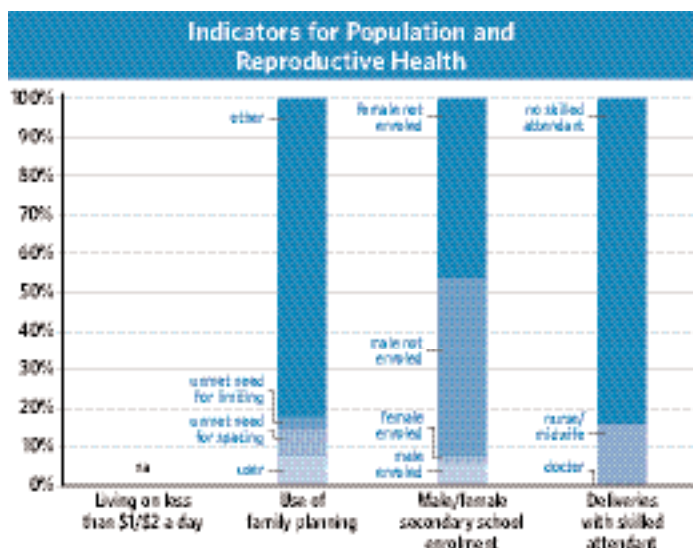
After years of war and political instability, Chad — one of the 50 least developed countries in the world — held elections in 2002 and is now an oil-producing country. This development provides means and the opportunity to achieve equitable economic and social development. Refugees from the Central African Republic and the Sudan create additional difficulties, but international donors, including UNFPA, have provided essential medicines, contraceptives, and safe delivery kits.

High fertility rates, averaging 6.7 lifetime births per woman, low contraceptive use and a population growth rate of 3 per cent per year have compounded the country's problems. Maternal, infant and childhood mortality remain unacceptably high and average life expectancy is now just 44 years. Moreover, the population is young with a median age of 16 years. These factors will make it extremely difficult for the country to achieve the objectives of the ICPD Programme of Action or the Millennium Development Goals.

Currently nearly 5 per cent of the reproductive age population is HIV positive. This escalating rate is driven, in part, by low awareness of individual risk and low condom use. Consequently, the number of AIDS orphans is rising.

Although childhood mortality rates are higher for boys than girls (209/192 deaths per 1,000 live births, respectively), 95 per cent of boys are enrolled in primary school, compared to 61 per cent of girls. With an average of 70 students per classroom, educational facilities are grossly inadequate.

The July 2003 Poverty Reduction Strategy Paper aims to increase investments in the supply of health and educational services, and improve living conditions for vulnerable groups. Partners, including UNFPA, provide valuable support by strengthening monitoring and evaluation capacity, training medical personnel in essential obstetric care, promoting condom use, and training women ministers and parliamentarians in advocacy. Data from the upcoming 2005 General Demographic and Housing Census will provide valuable information for policy and programme formulation.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,982.7	4,823.8
Population in Thousands, Female	3,072.0	4,925.1
Population Growth Rate, %	na	3.0
Crude Birth Rate per 1,000 Population	48.2	48.3
Crude Death Rate per 1,000 Population	19.4	19.7
Urban Population, %	21.1	25.8
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	43.6	43.4
Total Fertility Rate per Woman 15-49	6.65	6.65
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	2.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	7.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,500	1,100
MMR, Lower Bound	● ▲ na	620
MMR, Upper Bound	● ▲ na	1,500
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	45.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 121.8	113.7
Under Age 5 Mortality Rate, Total	● ▲ 207	199
Under Age 5 Mortality Rate, Female	● ▲ na	192
Under Age 5 Mortality Rate, Male	● ▲ na	209
Life Expectancy at Birth, Total, Years	● ▲ 45.9	44.0
Life Expectancy at Birth, Female, Years	● ▲ 47.9	45.1
Life Expectancy at Birth, Male, Years	● ▲ 44.1	42.9
Median Age of Total Population	● ▲ 17.0	16.3
Population 60 Years and Over, %	● ▲ 5.3	4.7
Dependency Ratio	● ▲ 96	101

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.70	5.82	1.68	22.37

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	5.7/6.5
No Education, Primary	6.7
Highest Level of Education	6.5
Provincial Low/High	5.8/6.3 N'Djamena/Autres villes
Poorest/Richest Quintile	7.1/6.2

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	88.0/108.0
No Education, Primary	106.0
Highest Level of Education	76.0
Provincial Low/High	78.0/92.0 N'Djamena/Autres villes
Poorest/Richest Quintile, %	79.8/89.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	170.6/172.0
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	169.0/194.0
Poorest/Richest Quintile	178.0/205.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	38.7/38.4
No Education, Primary, %	40.4

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,206
Gross Domestic Product Growth Rate, Annual %	6	10
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	64.0
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	34
Antenatal Care, At Least One Visit, %	22	43
Deliveries Attended by Skilled Attendants, %	●▲ 21	16
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	43.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	43.1
Illiteracy Rate, % of Population 15 and Over, Male	63	41
Illiteracy Rate, % of Population 15 and Over, Female	81	57
Illiteracy Rate, % of Population 15 to 24, Male	42	21
Illiteracy Rate, % of Population 15 to 24, Female	62	30
Ratio of Girls to Boys, Primary Education	▲ 0.45	0.63
Ratio of Girls to Boys, Secondary Education	▲ na	0.28
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	95
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	61
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	22
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	7
Children Underweight Under 5, Male, %	na	27
Children Underweight Under 5, Female, %	na	28
Stunted Children under 5, Severe, %	na	13
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	58.0	34.0
Refugees, Number	na	146,400
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	165
Estimated HIV Prevalence, 15-49, Total	na	4.8
Estimated HIV Prevalence, 15-49, Male	na	4.1
Estimated HIV Prevalence, 15-49, Female	na	5.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.8	19.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	217.0	192.0
Median Age at First Sexual Intercourse, Female, 25-49	na	15.5
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	73.1
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	21
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	28.0
HIV Prevalence, 15-24, Total	▲ na	3.3
HIV Prevalence, 15-24, Female	▲ na	4.3
HIV Prevalence, 15-24, Male	▲ na	2.4

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	21.1
Labor Force Participation Rate, 15-64, Male	na	89.8
Labor Force Participation Rate, 15-64, Female	na	69.9
Seats in Parliament Held by Women, %	na	5.8
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,015.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	36.0
Unmet Need for Family Planning, Spacing, %	● na	6.6
Unmet Need for Family Planning, Limiting, %	● na	3.1
Unmet Need for Family Planning, Total, %	● na	9.7
Unmet Need for Family Planning, Thousands	● na	0.1

Highest Level of Education	15.5
Provincial Low/High, %	38.0/39.9 Autres villes/N'Djamena
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	57.9/12.1
No Education, Primary, %	13.4
Highest Level of Education, %	73.5
Provincial Low/High, %	5.5/67.8 Zone 5/Zone 1
Poorest/Richest Quintile, %	2.6/47.4
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	7.1/0.4
No Education, Primary, %	0.5
Highest Level of Education, %	18.1
Provincial Low/High, %	0.2/10.0 Zone 5/Zone 1
Poorest/Richest Quintile, %	0.1/4.8
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	0.6/10.7
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	2.7/3.3
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	6.9/9.2

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/59.9
Children Underweight Under 5, Severe:	
Urban/Rural, %	7.9/10.3
No Education, Primary, %	10.2
Highest Level of Education, %	7.7
Provincial Low/High, %	6.6/8.9 N'Djamena/Autres villes
Poorest/Richest Quintile, %	21.4/7.0
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	8.7/48.6
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	20.4/60.7
Malnourished Women:	
Poorest/Richest Quintile, %	27.5/21.0
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	11.2/71.1

Comoros

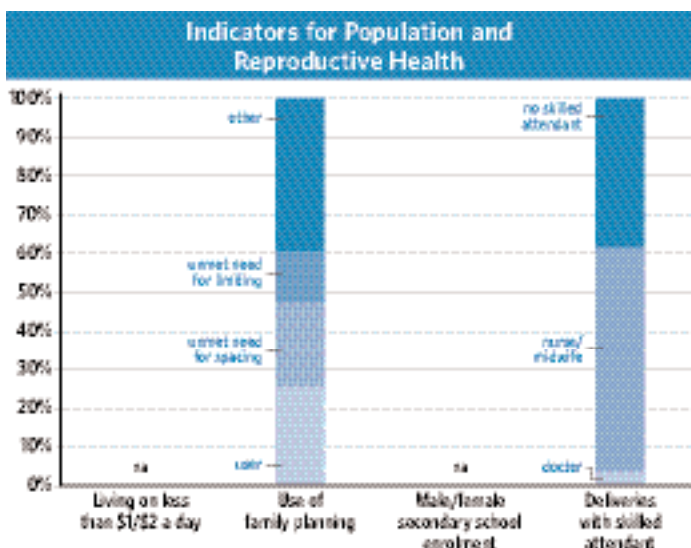
Overview

Comoros has a small, young, increasingly urban and growing population that is spread across three islands, complicating efficient provision and use of services. It is one of the 50 least developed countries in the world, with a large population dependent upon foreign remittances to meet their daily needs. The country ranks 132nd out of 177 countries on UNDP's Human Development Index.

Although the government is concerned about high population growth (2.6 per cent per year), maternal and childhood mortality, low life expectancy, and an emerging HIV/AIDS problem, Comoros is making progress towards meeting the targets and goals of the ICPD Programme of Action and the MDGs. Key indicators are improving: modern contraceptive use increased from 11.4 per cent in 1996 to 19.3 per cent in 2000; fertility declined from 6.2 lifetime births per woman in 1990 to 5.2 in 2005; and maternal mortality dropped from 950 deaths per 100,000 live births in 1990 to 480 in 2000, with similar decreases in infant mortality. The government recognizes maternal mortality as too high and steps are being taken to adopt a National Road Map for accelerating its reduction.

The Comoros has an Interim-Poverty Reduction Strategy Paper (July 2002), and a series of policy documents that guide social sector investments, including a Health Development Plan, "Perspectives 2010," which prioritizes reductions in population growth, and infant and maternal mortality.

An evaluation of the Health Sector Reform, the socio-economic impacts of HIV/AIDS, and the 2003 General Population and Housing Census should provide valuable information for planning purposes. Working with partners, including UNFPA and indigenous nongovernmental organizations such as l'ASCOBEF, the government is addressing the reproductive health needs of youth and adolescents. In partnership with ASCOBEF, one youth centre per island has been staffed with trained counselors and practitioners, reproductive health commodities are available, and related IEC activities help raise awareness of the risk of HIV/AIDS and STIs.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	263.4	400.3
Population in Thousands, Female	263.2	397.6
Population Growth Rate, %	na	2.6
Crude Birth Rate per 1,000 Population	40.9	38.6
Crude Death Rate per 1,000 Population	10.9	6.9
Urban Population, %	27.9	36.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	44.5	48.9
Total Fertility Rate per Woman 15-49	6.15	5.23
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	19.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	25.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 950	480
MMR, Lower Bound	● ▲ na	120
MMR, Upper Bound	● ▲ na	890
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	29.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 87.8	53.0
Under Age 5 Mortality Rate, Total	● ▲ 113	70
Under Age 5 Mortality Rate, Female	● ▲ na	87
Under Age 5 Mortality Rate, Male	● ▲ na	96
Life Expectancy at Birth, Total, Years	● ▲ 56.4	64.1
Life Expectancy at Birth, Female, Years	● ▲ 58.5	66.3
Life Expectancy at Birth, Male, Years	● ▲ 54.6	61.9
Median Age of Total Population	● ▲ 16.4	18.7
Population 60 Years and Over, %	● ▲ 4.0	4.3
Dependency Ratio	● ▲ 98	81

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.68	5.80	3.30	93.13

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.1/5.5
No Education, Primary	5.8
Highest Level of Education	3.6
Provincial Low/High	4.0/6.4 Ngazidja/Ndzuwani
Poorest/Richest Quintile	6.4/3.0

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	63.8/90.0
No Education, Primary	87.4
Highest Level of Education	67.1
Provincial Low/High	78.7/83.2 Ngazidja/Ndzuwani
Poorest/Richest Quintile, %	87.2/64.6

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	128.9/86.6
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	54.0/71.0
Poorest/Richest Quintile	65.0/25.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	9.4/9.0
No Education, Primary, %	13.9

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,758
Gross Domestic Product Growth Rate, Annual %		na	3
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	94
Antenatal Care, At Least One Visit, %		76	74
Deliveries Attended by Skilled Attendants, %	●▲	24	62
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		39	36
Illiteracy Rate, % of Population 15 and Over, Female		54	50
Illiteracy Rate, % of Population 15 to 24, Male		36	34
Illiteracy Rate, % of Population 15 to 24, Female		50	47
Ratio of Girls to Boys, Primary Education	▲	0.71	0.85
Ratio of Girls to Boys, Secondary Education	▲	na	0.80
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	98
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	81
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	34
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	28
Children Underweight Under 5, Male, %		na	26
Children Underweight Under 5, Female, %		na	24
Stunted Children under 5, Severe, %		na	23
Wasted Children under 5, Severe, %		na	4
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.9	20.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		80.5	54.0
Median Age at First Sexual Intercourse, Female, 25-49		na	18.3
Mean Age at Marriage, Male		28.6	28.6
Mean Age at Marriage, Female		22.4	22.4
Married by 18, Percent, Female, 25-49		na	45.6
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	41
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	55.0
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	10.3
Labor Force Participation Rate, 15-64, Male		na	86.4
Labor Force Participation Rate, 15-64, Female		na	64.4
Seats in Parliament Held by Women, %		na	na
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	91.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	35.3
Unmet Need for Family Planning, Spacing, %	●	na	21.8
Unmet Need for Family Planning, Limiting, %	●	na	12.9
Unmet Need for Family Planning, Total, %	●	na	34.6
Unmet Need for Family Planning, Thousands	●	na	0.0

Highest Level of Education	2.3
Provincial Low/High, %	7.7/23.1 Ngazidja/Mwali
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	78.9/43.1
No Education, Primary, %	40.8
Highest Level of Education, %	82.9
Provincial Low/High, %	39.3/65.3 Ndzuwani/Ngazidja
Poorest/Richest Quintile, %	26.2/84.8
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	14.7/10.3
No Education, Primary, %	10.7
Highest Level of Education, %	15.1
Provincial Low/High, %	9.5/12.8 Ndzuwani/Ngazidja
Poorest/Richest Quintile, %	6.6/18.6
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	2.4/25.8
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	20.9/8.2
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	25.6/13.2

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	6.7/8.3
No Education, Primary, %	10.5
Highest Level of Education, %	2.1
Provincial Low/High, %	4.0/11.9 Ngazidja/Ndzuwani
Poorest/Richest Quintile, %	13.4/3.4
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	20.7/66.8
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	31.3/73.0
Malnourished Women:	
Poorest/Richest Quintile, %	7.4/8.6
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	67.0/95.0

Congo

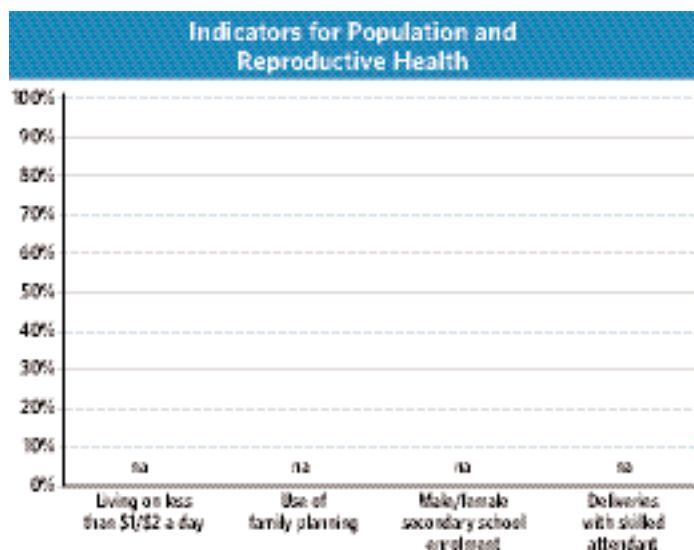


Overview

The Republic of the Congo, with a population of nearly 4 million, is far from reaching the Millennium Development Goals (MDGs) due to years of conflict that damaged or destroyed much of the nation's infrastructure, delayed human capital development, and limited external support. Although Congo is one of the largest oil producers in Africa, with the capacity to leverage resources for reconstruction, rehabilitation and reintegration, a large proportion of the population lives in poverty.

With nearly 20 per cent of its population is between the ages of 15 and 24 years, the government is concerned about its high population growth rate (3 per cent per year) and fertility levels (6.3 lifetime births per woman). While maternal mortality fell from 890 deaths per 100,000 live births in 1990 to 510 in 2000, the government feels this is still too high, as are infant and childhood mortality rates. Life expectancy at birth is stable at 54 year. Around 5 per cent of the population is HIV positive. The number of AIDS orphans increased from 87,000 in 2001 to 97,000 in 2003.

The government and its partners have begun the process for developing a Poverty Reduction Strategy Paper, which will guide external and national investments. The World Bank is providing support for basic education — an input that should help Congo reach its MDG targets for primary and secondary education. UNFPA is implementing a new 5-year programme that will improve reproductive health capacity for service delivery and management, rehabilitate maternity centres, provide medicines and equipment for emergency obstetric care, and strengthen psychosocial support to victims of gender-based violence. Other partners established village computer centres to improve access to reproductive health (and other) information and trained peer educators, teachers and health care professionals to provide HIV/AIDS prevention information.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,225.5	1,983.1
Population in Thousands, Female	1,258.2	2,015.8
Population Growth Rate, %	na	3.0
Crude Birth Rate per 1,000 Population	43.8	44.4
Crude Death Rate per 1,000 Population	12.4	12.6
Urban Population, %	48.3	54.4
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.2	43.7
Total Fertility Rate per Woman 15-49	6.29	6.29
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 890	510
MMR, Lower Bound	● ▲ na	130
MMR, Upper Bound	● ▲ na	960
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	32.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 77.3	70.2
Under Age 5 Mortality Rate, Total	● ▲ 113	105
Under Age 5 Mortality Rate, Female	● ▲ na	113
Under Age 5 Mortality Rate, Male	● ▲ na	137
Life Expectancy at Birth, Total, Years	● ▲ 54.5	52.7
Life Expectancy at Birth, Female, Years	● ▲ 57.3	54.0
Life Expectancy at Birth, Male, Years	● ▲ 51.9	51.4
Median Age of Total Population	● ▲ 17.0	16.3
Population 60 Years and Over, %	● ▲ 4.9	4.5
Dependency Ratio	● ▲ 96	100

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.50	12.27	2.10	89.48

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	948
Gross Domestic Product Growth Rate, Annual %	3	4
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 20	46
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	na
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	35.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	45.5
Illiteracy Rate, % of Population 15 and Over, Male	23	9
Illiteracy Rate, % of Population 15 and Over, Female	42	19
Illiteracy Rate, % of Population 15 to 24, Male	5	1
Illiteracy Rate, % of Population 15 to 24, Female	10	2
Ratio of Girls to Boys, Primary Education	▲ 0.90	0.93
Ratio of Girls to Boys, Secondary Education	▲ na	0.85
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	83
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	78
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	46
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	38
Children Underweight Under 5, Male, %	na	14
Children Underweight Under 5, Female, %	na	14
Stunted Children under 5, Severe, %	na	7
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	37.0	30.0
Refugees, Number	9,500	91,362
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	3,224
Estimated HIV Prevalence, 15-49, Total	na	4.9
Estimated HIV Prevalence, 15-49, Male	na	4.3
Estimated HIV Prevalence, 15-49, Female	na	5.4

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.4	19.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	146.0	144.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	27.0
Mean Age at Marriage, Female	na	21.9
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	5.5
HIV Prevalence, 15-24, Female	▲ na	7.8
HIV Prevalence, 15-24, Male	▲ na	3.3

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	84.0
Labor Force Participation Rate, 15-64, Female	na	58.4
Seats in Parliament Held by Women, %	na	10.6
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	441.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	36.6
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Congo, Democratic Republic of the

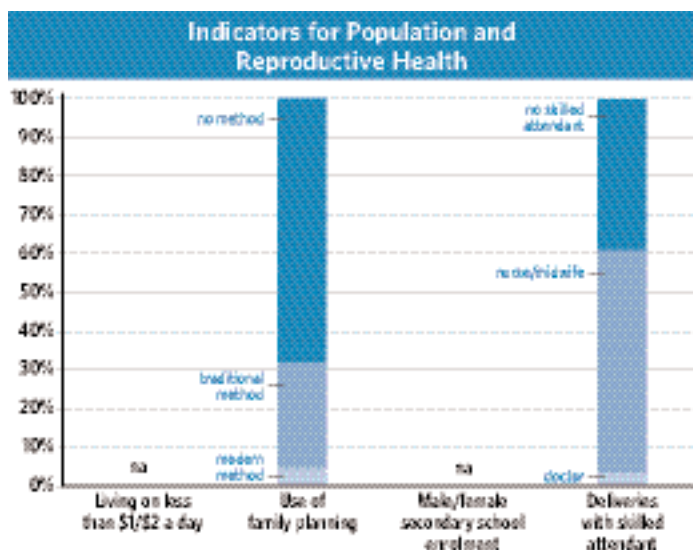
Overview

The Democratic Republic of Congo (DRC) has extensive natural and human resources, yet is one of the 50 least developed countries in the world. Years of poor governance and violence drained its resource base and destroyed economic and social infrastructures. Nearly 3 million deaths are attributed to the fighting — almost 90 per cent due to malnutrition and other diseases. Reconciliation and a new government are creating a constructive environment for achieving progress towards meeting the goals of the International Conference on Population and Development and the MDGs.

A high maternal mortality ratio (990 deaths per 100,000 live births in 2000), rising infant mortality rates (115 deaths per 1,000 live births in 2005), and high childhood mortality (204 deaths per 1,000 live births in 2005), illustrate the scope of the problems. In some war-torn areas, such as Kivu, maternal mortality averages 3,000 per 100,000 live births.

The total fertility rate is high — 6.7 lifetime births per woman. Only 4.4 per cent of women use modern contraception. HIV/AIDS affects 4.2 per cent of the population. Sexual violence is on the rise.

The government is addressing these problems through a number of initiatives. The National Program for Promoting Congolese Women was created by the Ministry of Women and Families. The work code was modified so women can sign a work contract without having their husbands' approval. An Initiative on Sexual and Gender-Based Violence is underway. The Ministry of Health with support from its partners, including UNFPA, created the National Programme for Adolescent Health in 2003, and introduced the National Programme for Reproductive Health in 2001. A National Health Improvement Plan is working to expand service coverage, rehabilitate health facilities and train practitioners to meet the reproductive health and psychosocial needs of girls and women in conflict areas.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	18,600.3	28,541.7
Population in Thousands, Female	19,164.1	29,007.1
Population Growth Rate, %	na	2.9
Crude Birth Rate per 1,000 Population	48.5	49.5
Crude Death Rate per 1,000 Population	18.9	19.7
Urban Population, %	27.9	32.7
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	43.7	43.8
Total Fertility Rate per Woman 15-49	6.70	6.70
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	2.0	4.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	7.7	31.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 870	990
MMR, Lower Bound	● ▲ na	250
MMR, Upper Bound	● ▲ na	1,800
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	47.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 118.1	115.5
Under Age 5 Mortality Rate, Total	● ▲ 209	204
Under Age 5 Mortality Rate, Female	● ▲ na	208
Under Age 5 Mortality Rate, Male	● ▲ na	230
Life Expectancy at Birth, Total, Years	● ▲ 45.7	43.9
Life Expectancy at Birth, Female, Years	● ▲ 47.5	44.9
Life Expectancy at Birth, Male, Years	● ▲ 44.0	42.9
Median Age of Total Population	● ▲ 16.5	16.3
Population 60 Years and Over, %	● ▲ 4.4	4.3
Dependency Ratio	● ▲ 99	100

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.10	1.10	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	91.0/144.0
No Education, Primary	156
Highest Level of Education	84.0
Provincial Low/High	83.0/147.0 Kinshasa/Sud-Kivu
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	673
Gross Domestic Product Growth Rate, Annual %	2	6
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 34	46
Antenatal Care, At Least One Visit, %	na	68
Deliveries Attended by Skilled Attendants, %	●▲ na	61
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	46.0
Illiteracy Rate, % of Population 15 and Over, Male	39	22
Illiteracy Rate, % of Population 15 and Over, Female	66	42
Illiteracy Rate, % of Population 15 to 24, Male	20	9
Illiteracy Rate, % of Population 15 to 24, Female	42	18
Ratio of Girls to Boys, Primary Education	▲ 0.74	0.90
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	48
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	47
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	24
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	13
Children Underweight Under 5, Male, %	na	35
Children Underweight Under 5, Female, %	na	34
Stunted Children under 5, Severe, %	na	25
Wasted Children under 5, Severe, %	na	4
Undernourished People, %	31.0	75.0
Refugees, Number	na	234,033
Internally Displaced Persons, Number	na	9,000
Asylum Seekers, Number	na	446
Estimated HIV Prevalence, 15-49, Total	na	4.2
Estimated HIV Prevalence, 15-49, Male	na	3.6
Estimated HIV Prevalence, 15-49, Female	na	4.8

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	83.2/51.1
No Education, Primary, %	41.4
Highest Level of Education, %	81.6
Provincial Low/High, %	37.0/89.3 Equateur/Kinshasa
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	9.0/2.5
No Education, Primary, %	1.3
Highest Level of Education, %	10.2
Provincial Low/High, %	0.0/11.3 Maniema/Kinshasa
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.0	20.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	230.0	226.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	46
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	4.4
HIV Prevalence, 15-24, Female	▲ na	5.9
HIV Prevalence, 15-24, Male	▲ na	2.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	85.8
Labor Force Participation Rate, 15-64, Female	na	63.4
Seats in Parliament Held by Women, %	5.0	7.4
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	6,086.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	35.5
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % 5.1/11.5

No Education, Primary, % 13.0

Highest Level of Education, % 5.2

Provincial Low/High, % 4.2/13.3 Kinshasa/Sud-Kivu

Poorest/Richest Quintile, % na/na

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Malnourished Women:

Poorest/Richest Quintile, % na/na

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % na/na

Côte d'Ivoire

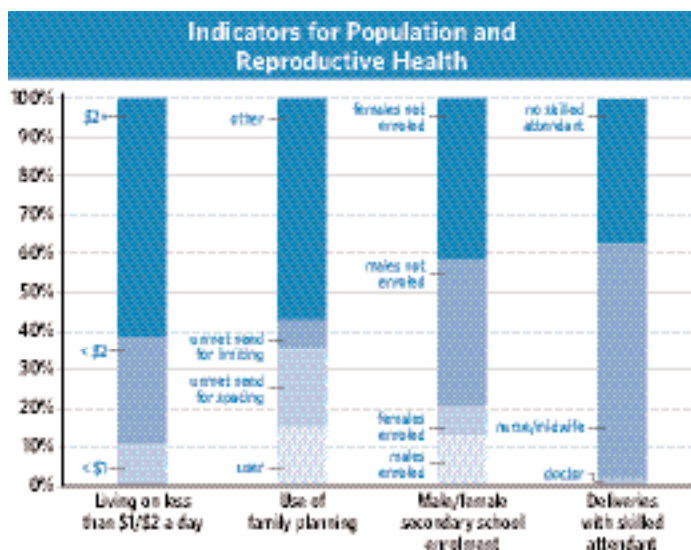
Overview

Years of armed conflict have undermined Côte d'Ivoire's ability to finalize the Poverty Reduction Strategy Paper and concentrate on economic and social development. Despite having an anti-poverty plan since 1997 and a drop in the population growth rate to less than 1.7 per cent per year in 2005, the country's GDP growth rate has not been positive in two consecutive years since 1999. Of the country's 18 million people, around 37 per cent live below the poverty line. International migrants make up about one-quarter of the population, and there were over 130,000 refugees, asylum seekers, and internally displaced persons — most of them women and children — in 2003.

Following agreements to disarm, demobilize and reintegrate former combatants, 2004 was a year of transition from humanitarian assistance to reconstruction and development. Continued high fertility (5.5 lifetime births per woman in 2005), low contraceptive use, increasing rates of infant and childhood mortality, and a decline in overall life expectancy — from 52 years in 1990 to 46 in 2005 — are viewed as unacceptable by the government.

HIV/AIDS prevalence in 2003 was 7 per cent, with higher rates among women aged 15-24 than men. The number of AIDS orphans increased by 40,000 between 2001 and 2003, while the percentage of births attended by trained practitioners declined. As a result of these trends, there has been little progress in meeting the targets set by the ICPD Programme of Action and the Millennium Development Goals.

During and following the conflict, UNFPA, working with the International Rescue Committee and NGOs, distributed 16 tons of emergency reproductive health supplies, and provided emergency obstetric care and integrated reproductive health care services, leading to a reduction in maternal mortality in seven districts. In June 2003, Côte d'Ivoire became eligible for support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, which will boost HIV/AIDS prevention efforts with sex workers, truck drivers, soldiers, and youth.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	6,528.9	9,230.2
Population in Thousands, Female	6,128.5	8,923.6
Population Growth Rate, %	na	1.7
Crude Birth Rate per 1,000 Population	44.6	37.1
Crude Death Rate per 1,000 Population	14.3	16.8
Urban Population, %	39.8	45.8
Sex Ratio at Birth, Male Births per Female Births	1.02	1.02
Women 15-49, %	42.9	47.2
Total Fertility Rate per Woman 15-49	6.59	5.53
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	7.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	15.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 810	690
MMR, Lower Bound	● ▲ na	170
MMR, Upper Bound	● ▲ na	1,300
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	65.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 111.7	116.1
Under Age 5 Mortality Rate, Total	● ▲ 177	186
Under Age 5 Mortality Rate, Female	● ▲ na	164
Under Age 5 Mortality Rate, Male	● ▲ na	182
Life Expectancy at Birth, Total, Years	● ▲ 51.8	46.1
Life Expectancy at Birth, Female, Years	● ▲ 54.3	46.9
Life Expectancy at Birth, Male, Years	● ▲ 49.9	45.4
Median Age of Total Population	● ▲ 16.9	18.5
Population 60 Years and Over, %	● ▲ 4.4	5.3
Dependency Ratio	● ▲ 96	82

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.40	9.94	3.41	170.20

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.0/6.0
No Education, Primary	6.1
Highest Level of Education	2.3
Provincial Low/High	3.4/4.9 Abidjan/Autres villes
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	84.7/123.9
No Education, Primary	123.5
Highest Level of Education	61.8
Provincial Low/High	80.0/89.8 Abidjan/Autres villes
Poorest/Richest Quintile, %	117.2/63.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	189.5/96.5
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	82.0/169.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	18.9/41.0
No Education, Primary, %	38.9

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,469
Gross Domestic Product Growth Rate, Annual %	1	2
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	10.8
Population Living Below National Poverty Line, %	▲ na	36.8
Share of Income or Consumption by Poorest Quintile	na	2.2
Access to Improved Water Supply, %	▲ 83	84
Antenatal Care, At Least One Visit, %	na	88
Deliveries Attended by Skilled Attendants, %	●▲ 50	63
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	50.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	52.4
Illiteracy Rate, % of Population 15 and Over, Male	49	36
Illiteracy Rate, % of Population 15 and Over, Female	74	57
Illiteracy Rate, % of Population 15 to 24, Male	35	26
Illiteracy Rate, % of Population 15 to 24, Female	60	41
Ratio of Girls to Boys, Primary Education	▲ 0.71	0.76
Ratio of Girls to Boys, Secondary Education	▲ na	0.55
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	86
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	69
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	30
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	17
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	8
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	18.0	15.0
Refugees, Number	174,100	75,971
Internally Displaced Persons, Number	na	38,039
Asylum Seekers, Number	na	1,321
Estimated HIV Prevalence, 15-49, Total	na	7.0
Estimated HIV Prevalence, 15-49, Male	na	5.4
Estimated HIV Prevalence, 15-49, Female	na	7.4

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	17.6	21.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	230.0	120.0
Median Age at First Sexual Intercourse, Female, 25-49	na	16.1
Mean Age at Marriage, Male	27.6	27.6
Mean Age at Marriage, Female	19.8	19.8
Married by 18, Percent, Female, 25-49	na	43.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	53
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	64.0
HIV Prevalence, 15-24, Total	▲ na	5.6
HIV Prevalence, 15-24, Female	▲ na	8.3
HIV Prevalence, 15-24, Male	▲ na	2.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	8.0
Labor Force Participation Rate, 15-64, Male	na	88.4
Labor Force Participation Rate, 15-64, Female	na	44.6
Seats in Parliament Held by Women, %	5.0	8.5
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,614.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	30.0
Unmet Need for Family Planning, Spacing, %	● na	20.0
Unmet Need for Family Planning, Limiting, %	● na	7.6
Unmet Need for Family Planning, Total, %	● na	27.7
Unmet Need for Family Planning, Thousands	● na	0.6

Highest Level of Education	8.6	
Provincial Low/High, %	12.4/28.9	Abidjan/Autres villes
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	79.1/32.1	
No Education, Primary, %	37.8	
Highest Level of Education, %	83.6	
Provincial Low/High, %	75.6/82.4	Autres villes/Abidjan
Poorest/Richest Quintile, %	16.8/83.5	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	12.4/4.6	
No Education, Primary, %	4.4	
Highest Level of Education, %	19.6	
Provincial Low/High, %	11.6/13.2	Abidjan/Autres villes
Poorest/Richest Quintile, %	1.1/12.5	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	2.8/15.3	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	5.2/9.2	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	18.2/16.3	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	2.0/6.0	
No Education, Primary, %	5.5	
Highest Level of Education, %	2.5	
Provincial Low/High, %	1.7/2.3	Abidjan/Autres villes
Poorest/Richest Quintile, %	9.4/2.8	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	22.9/70.7	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	35.9/82.9	
Malnourished Women:		
Poorest/Richest Quintile, %	11.0/5.7	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	62.0/98.0	

Equatorial Guinea

Overview

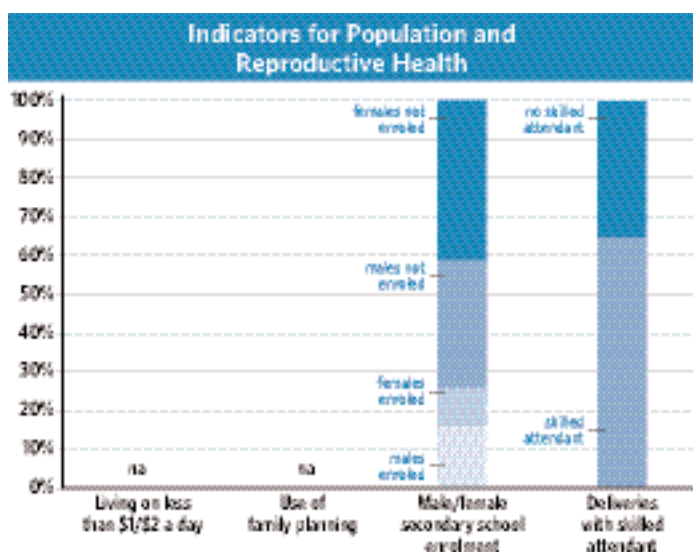
Equatorial Guinea ranks 121 out of 177 countries on UNDP's Human Development Index, placing it in the "medium human development" category. Despite new and expanding oil-generated revenue — oil represents 86 per cent of the GDP, 90 per cent of exports, and 61 per cent of government revenue — living conditions have not improved. Roads, electricity and water infrastructure remain weak, and its health profile resembles that of a least developed country.

Continued high maternal mortality (880 deaths per 100,000 live births in 2000), high fertility rates (5.9 lifetime births per woman in 2005), low ratio of women to men's earned income (0.40), and fewer girls than boys enrolled in primary and secondary schools (0.91 and 0.43 girls to boys, respectively) reflect persistent gender disparities.

While childhood mortality dropped from 207 deaths per 1,000 live births in 1990 to 76 in 2005, high infant mortality (98 deaths per 1,000 live births in 2005) and low life expectancy at birth, (averaging 43 years in 2005) are making it difficult for the government to make steady progress towards meeting the goals of the International Conference on Population and Development and the Millennium Development Goals (MDGs).

A high influx of migrant workers for the oil industry is contributing to increasing prevalence of HIV/AIDS. Furthermore, with nearly 45 per cent of population under the age of 15, adolescent fertility is considered a major problem.

Implementation of the National Strategy to Fight HIV/AIDS (2001-2005) has led to a number of initiatives, including an integrated multi-sector plan. Data on adolescent reproductive health needs, reproductive health training needs, the availability and use of emergency obstetric care, and maternal mortality guided programme development. Because of a lack of human resources, UNFPA and others have trained health workers in using norms and procedures for reducing mother-to-child transmission of HIV, as well as in education and communication techniques.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	173.5	249.2
Population in Thousands, Female	179.4	254.3
Population Growth Rate, %	na	2.3
Crude Birth Rate per 1,000 Population	43.6	43.1
Crude Death Rate per 1,000 Population	19.8	20.4
Urban Population, %	34.5	50.0
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	45.3	43.9
Total Fertility Rate per Woman 15-49	5.89	5.89
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 820	880
MMR, Lower Bound	● ▲ na	220
MMR, Upper Bound	● ▲ na	1,600
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 122.8	98.2
Under Age 5 Mortality Rate, Total	● ▲ 207	176
Under Age 5 Mortality Rate, Female	● ▲ na	164
Under Age 5 Mortality Rate, Male	● ▲ na	181
Life Expectancy at Birth, Total, Years	● ▲ 45.5	42.5
Life Expectancy at Birth, Female, Years	● ▲ 47.5	42.9
Life Expectancy at Birth, Male, Years	● ▲ 43.7	42.1
Median Age of Total Population	● ▲ 19.0	17.6
Population 60 Years and Over, %	● ▲ 6.4	6.0
Dependency Ratio	● ▲ 86	94

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.30	59.93	0.27	36.27

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	19,131
Gross Domestic Product Growth Rate, Annual %		na	15
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	44
Antenatal Care, At Least One Visit, %		15	37
Deliveries Attended by Skilled Attendants, %	●▲	58	65
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		14	6
Illiteracy Rate, % of Population 15 and Over, Female		39	20
Illiteracy Rate, % of Population 15 to 24, Male		3	1
Illiteracy Rate, % of Population 15 to 24, Female		11	3
Ratio of Girls to Boys, Primary Education	▲	na	0.91
Ratio of Girls to Boys, Secondary Education	▲	na	0.43
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	126
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	120
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	38
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	22
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.3	19.4
Age-Specific Fertility Rate per 1,000 Women, 15-20		192.0	187.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	26
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	46.0
HIV Prevalence, 15-24, Total	▲	na	2.1
HIV Prevalence, 15-24, Female	▲	na	2.8
HIV Prevalence, 15-24, Male	▲	na	46.4

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	91.7
Labor Force Participation Rate, 15-64, Female		na	47.4
Seats in Parliament Held by Women, %		na	5.0
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	34.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	25.5
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % na/na

No Education, Primary, % na

Highest Level of Education, % na

Provincial Low/High, % na/na

Poorest/Richest Quintile, % na/na

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Malnourished Women:

Poorest/Richest Quintile, % na/na

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % na/na



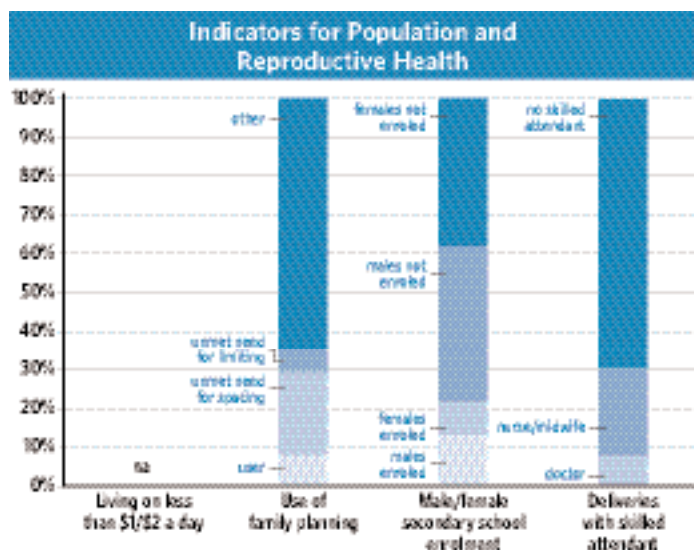
Overview

Eritrea, one of the world's least developed countries, is still grappling with the immediate needs of reconstruction, reintegrating returnees and restoring social services, after years of border conflict with Ethiopia. Prolonged drought in 2003 led to food shortages and severe anaemia among pregnant women. The first ever census, which was originally scheduled for 2004, was postponed as a result of the on-going Ethiopia-Eritrea border dispute. Its population is estimated at 4.4 million.

Although the recent Demographic and Health Survey indicated the total fertility rate had declined from 6.1 lifetime births per woman in 1995 to 4.8 in 2002, the mean ideal family size is still high (5.8). This explains, in part, the low modern contraceptive prevalence rate of 5 per cent among currently married women. Maternal mortality in the country is one of the highest in the world (1,000 deaths per 100,000 live births). Female genital cutting is widespread with 89 per cent of women affected in 2002.

The government, in partnership with the UN and other agencies, has vowed to make primary health care available to all. Its long-term goals are in harmony with the Programme of Action of the International Conference on Population and Development (ICPD). Recently the government assessed progress on the ICPD agenda and a Reproductive Health Coordinating Committee was established to coordinate efforts toward the achievement of the Millennium Development Goals. UNFPA is helping to strengthen the technical capacity of reproductive health service providers. With the assistance of international development partners, a national campaign on safe motherhood has been launched and a training manual on safe motherhood has been developed. Further, a national proposal is underway to support the establishment of an obstetric fistula repair centre.

In the future, the government faces the challenges of demarcation of the Ethiopia-Eritrea border, scaling up behaviour change campaigns to fight the spread of HIV/AIDS and reduce female genital cutting, and instituting national policies to promote adolescent sexual and reproductive health, HIV/AIDS prevention, gender equality, and environmental management.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,476.4	2,160.7
Population in Thousands, Female	1,561.7	2,240.6
Population Growth Rate, %	na	3.7
Crude Birth Rate per 1,000 Population	42.4	42.1
Crude Death Rate per 1,000 Population	16.2	10.8
Urban Population, %	15.8	20.8
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.7	46.5
Total Fertility Rate per Woman 15-49	6.24	5.64
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	5.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	8.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,400	630
MMR, Lower Bound	● ▲ na	380
MMR, Upper Bound	● ▲ na	890
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	25.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 97.4	60.8
Under Age 5 Mortality Rate, Total	● ▲ 135	88
Under Age 5 Mortality Rate, Female	● ▲ na	104
Under Age 5 Mortality Rate, Male	● ▲ na	108
Life Expectancy at Birth, Total, Years	● ▲ 47.9	54.8
Life Expectancy at Birth, Female, Years	● ▲ 50.2	56.6
Life Expectancy at Birth, Male, Years	● ▲ 45.7	52.8
Median Age of Total Population	● ▲ 16.4	17.4
Population 60 Years and Over, %	● ▲ 4.3	4.0
Dependency Ratio	● ▲ 97	89

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.20	5.02	2.50	45.86

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.5/5.7
No Education, Primary	5.5
Highest Level of Education	3.1
Provincial Low/High	3.4/5.7 Maekel/Dehub
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	48.0/62.0
No Education, Primary	64.0
Highest Level of Education	41.0
Provincial Low/High	37.0/122.0 Anseba/Dehubawi Keih Bahri
Poorest/Richest Quintile, %	74.0/67.5

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	152.2/103.5
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	51.0/97.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	7.6/19.3
No Education, Primary, %	25.3

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	956
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	53.0
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	57
Antenatal Care, At Least One Visit, %		na	49
Deliveries Attended by Skilled Attendants, %	●▲	na	28
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		42	28
Illiteracy Rate, % of Population 15 and Over, Female		65	50
Illiteracy Rate, % of Population 15 to 24, Male		27	17
Illiteracy Rate, % of Population 15 to 24, Female		51	34
Ratio of Girls to Boys, Primary Education	▲	0.95	0.82
Ratio of Girls to Boys, Secondary Education	▲	na	0.67
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	70
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	57
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	34
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	22
Children Underweight Under 5, Male, %		na	42
Children Underweight Under 5, Female, %		na	45
Stunted Children under 5, Severe, %		na	18
Wasted Children under 5, Severe, %		na	3
Undernourished People, %		na	61.0
Refugees, Number		na	3,889
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	200
Estimated HIV Prevalence, 15-49, Total		na	2.7
Estimated HIV Prevalence, 15-49, Male		na	2.6
Estimated HIV Prevalence, 15-49, Female		na	3.2

Highest Level of Education	6.5	
Provincial Low/High, %	6.3/20.7	Maekel/Dehub
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	64.7/10.4	
No Education, Primary, %	12.0	
Highest Level of Education, %	87.9	
Provincial Low/High, %	11.0/72.0	Gash-Barka/Maekel
Poorest/Richest Quintile, %	5.0/74.3	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	12.3/1.4	
No Education, Primary, %	1.7	
Highest Level of Education, %	15.1	
Provincial Low/High, %	1.1/14.7	Gash-Barka/Maekel
Poorest/Richest Quintile, %	0.3/18.9	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	0.0/29.9	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	5.2/8.1	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	18.5/19.6	

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.7	20.6
Age-Specific Fertility Rate per 1,000 Women, 15-20		122.5	92.5
Median Age at First Sexual Intercourse, Female, 25-49		na	17.9
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	48.2
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	79.0
HIV Prevalence, 15-24, Total	▲	na	3.5
HIV Prevalence, 15-24, Female	▲	na	4.3
HIV Prevalence, 15-24, Male	▲	na	2.8

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.4
Gender Empowerment Measure, Rank		na	58.0
Malnourished Women, %		na	40.6
Labor Force Participation Rate, 15-64, Male		na	87.4
Labor Force Participation Rate, 15-64, Female		na	77.2
Seats in Parliament Held by Women, %		na	22.0
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	596.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	41.5
Unmet Need for Family Planning, Spacing, %	●	na	21.0
Unmet Need for Family Planning, Limiting, %	●	na	6.0
Unmet Need for Family Planning, Total, %	●	na	27.0
Unmet Need for Family Planning, Thousands	●	na	0.2

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % 5.8/14.3

No Education, Primary, % 15.1

Highest Level of Education, % 0.0

Provincial Low/High, % 3.5/18.6 Maekel/Gash-Barka

Poorest/Richest Quintile, % 24.0/6.3

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % 11.3/87.2

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % 16.2/87.8

Malnourished Women:

Poorest/Richest Quintile, % 44.7/21.0

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % 33.8/89.8

Ethiopia



Overview

Ethiopia, a least developed country, ranks near the bottom of UNDP's 2005 Human Development Index. Ethiopia's 77 million inhabitants are young, heterogeneous, and live mostly in rural areas. Only 6 per cent of reproductive-age women use modern contraceptives, less than one third of women have at least one antenatal care visit, and only about 10 per cent of births are delivered by skilled attendants. The country has been hard-hit by the HIV/AIDS pandemic, with AIDS now recognized as a leading cause of morbidity and mortality.

The government renewed its commitment to population and development issues during the tenth anniversary celebration of the Ethiopian National Population Policy in 2003. The Policy has been revised to incorporate the government's Sustainable Development and Poverty Reduction Programme, the International Conference on Population and Development Programme of Action, the Millennium Development Goals and other government policies.

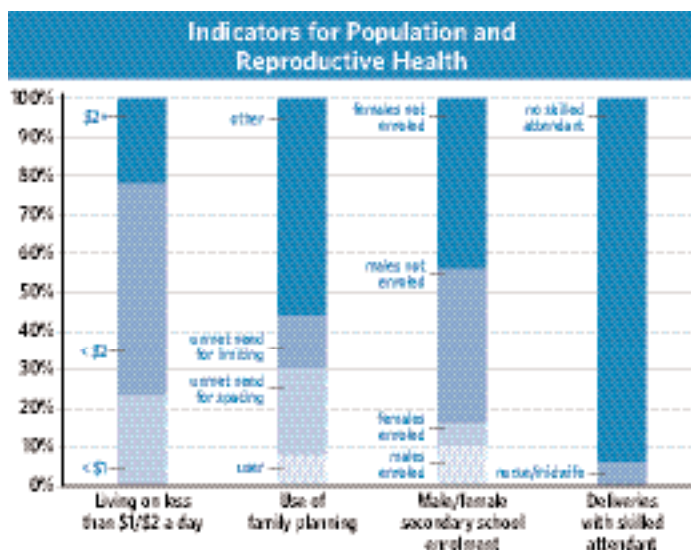
A National Coalition for Women Against HIV/AIDS (made up of women ministers, women parliamentarians and other women leaders) was formed to advocate and mobilize communities in the prevention and control of HIV/AIDS.

Under the Education Sector Development Programme, girl's enrolment in primary and secondary schools has increased. Although there is no national gender policy, various activities are being carried out to promote gender equality, including community mobilization to counteract negative gender norms.

As part of the "Making Pregnancy Safer" initiative, UNFPA has assisted the government in training midwives and traditional birth attendants. Post-abortion care has been extended to more centres and youth-friendly services have been strengthened.

The National Population Office has stepped up coordination of the various governmental agencies and NGOs to enhance monitoring and evaluation of population and reproductive health programmes. The Population Housing Census Commission Office began preparatory work for a scheduled 2004 national census, but the government recently decided to postpone the census to 2006.

Financial, technical and human resource constraints are the main challenges facing the population and development programme.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	25,333.5	38,513.9
Population in Thousands, Female	25,706.8	38,916.8
Population Growth Rate, %	na	2.4
Crude Birth Rate per 1,000 Population	47.1	44.8
Crude Death Rate per 1,000 Population	18.0	15.8
Urban Population, %	12.7	16.2
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.9	45.9
Total Fertility Rate per Woman 15-49	6.79	6.10
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	2.6	6.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	4.3	8.1
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,400	850
MMR, Lower Bound	● ▲ na	500
MMR, Upper Bound	● ▲ na	1,200
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	51.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 118.1	95.2
Under Age 5 Mortality Rate, Total	● ▲ 198	164
Under Age 5 Mortality Rate, Female	● ▲ na	165
Under Age 5 Mortality Rate, Male	● ▲ na	181
Life Expectancy at Birth, Total, Years	● ▲ 46.8	48.0
Life Expectancy at Birth, Female, Years	● ▲ 48.5	49.0
Life Expectancy at Birth, Male, Years	● ▲ 45.3	47.1
Median Age of Total Population	● ▲ 17.0	17.5
Population 60 Years and Over, %	● ▲ 4.4	4.7
Dependency Ratio	● ▲ 94	90

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.60	2.28	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.3/6.4
No Education, Primary	6.2
Highest Level of Education	3.1
Provincial Low/High	1.9/5.9 Addis Ababa/Amhara & SNNP
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	96.5/114.7
No Education, Primary	119.1
Highest Level of Education	63.5
Provincial Low/High	81.0/129.2 Addis Ababa/Affar
Poorest/Richest Quintile, %	92.8/95.1

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	159.2/147.1
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	60.0/123.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	9.1/18.3
No Education, Primary, %	20.8

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	716
Gross Domestic Product Growth Rate, Annual %		2	-4
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	23.0
Population Living Below National Poverty Line, %	▲	na	44.2
Share of Income or Consumption by Poorest Quintile		na	3.9
Access to Improved Water Supply, %	▲	18	22
Antenatal Care, At Least One Visit, %		40	27
Deliveries Attended by Skilled Attendants, %	●▲	10	6
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	44.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	40.1
Illiteracy Rate, % of Population 15 and Over, Male		63	48
Illiteracy Rate, % of Population 15 and Over, Female		80	62
Illiteracy Rate, % of Population 15 to 24, Male		48	34
Illiteracy Rate, % of Population 15 to 24, Female		66	44
Ratio of Girls to Boys, Primary Education	▲	0.66	0.68
Ratio of Girls to Boys, Secondary Education	▲	na	0.66
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	79
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	61
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	28
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	16
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	26
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	42.0
Refugees, Number		431,800	130,274
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	10
Estimated HIV Prevalence, 15-49, Total		na	4.4
Estimated HIV Prevalence, 15-49, Male		na	3.8
Estimated HIV Prevalence, 15-49, Female		na	4.6

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.1	20.2
Age-Specific Fertility Rate per 1,000 Women, 15-20		131.5	89.0
Median Age at First Sexual Intercourse, Female, 25-49		na	16.0
Mean Age at Marriage, Male		na	23.3
Mean Age at Marriage, Female		na	17.1
Married by 18, Percent, Female, 25-49		na	70.2
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	37
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	63
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	39.0
HIV Prevalence, 15-24, Total	▲	na	6.1
HIV Prevalence, 15-24, Female	▲	na	7.8
HIV Prevalence, 15-24, Male	▲	na	4.4

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	30.1
Labor Force Participation Rate, 15-64, Male		na	91.6
Labor Force Participation Rate, 15-64, Female		na	74.4
Seats in Parliament Held by Women, %		na	7.8
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	7,875.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	33.6
Unmet Need for Family Planning, Spacing, %	●	na	21.8
Unmet Need for Family Planning, Limiting, %	●	na	13.9
Unmet Need for Family Planning, Total, %	●	na	35.8
Unmet Need for Family Planning, Thousands	●	na	3.3

Highest Level of Education	9.5	
Provincial Low/High, %	4.7/26.0	Addis Ababa/Gambela
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	34.5/2.3	
No Education, Primary, %	2.5	
Highest Level of Education, %	45.0	
Provincial Low/High, %	3.1/69.1	Amhara/Addis Ababa
Poorest/Richest Quintile, %	0.9/25.3	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	28.3/3.3	
No Education, Primary, %	3.7	
Highest Level of Education, %	33.0	
Provincial Low/High, %	2.4/34.3	Somali/Addis Ababa
Poorest/Richest Quintile, %	2.7/22.9	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	1.9/31.6	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	17.1/12.9	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	20.1/17.6	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	7.9/17.1	
No Education, Primary, %	17.3	
Highest Level of Education, %	3.7	
Provincial Low/High, %	2.6/22.0	Addis Ababa/SNNP
Poorest/Richest Quintile, %	17.3/8.2	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	8.1/55.0	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	13.7/51.5	
Malnourished Women:		
Poorest/Richest Quintile, %	31.8/24.6	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	15.1/59.8	

Gabon



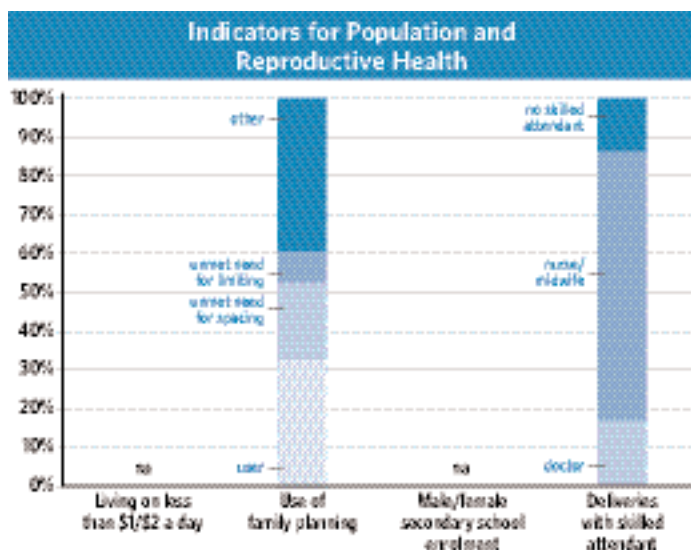
Overview

Gabon is a prosperous, peaceful and politically stable country with large supplies of timber and mineral resources. It is the third largest petroleum producer in West Africa — exports of crude oil account for 60 per cent of the national budget, 80 per cent of total export revenue, and more than 40 per cent of its Gross Domestic Product. Yet, Gabon's social indicators resemble those of a poor country: wide income disparities; high rates of poverty; large numbers of unemployed; and near total reliance on imports of food, consumer goods and equipment.

Although the country has achieved universal education at the primary level for both boys and girls, little progress was made between 1990 and 2005 in reducing under-five mortality and improving life expectancy. Although population growth decreased from 2.5 per cent in 2000 to 1.6 per cent in 2005, and fertility dropped from 5.4 lifetime births per woman in 1990 to 4.4 in 2005, the government views these rates as too low. Prevalence of HIV/AIDS among adults is nearly 8 per cent, and nearly 4 per cent of adolescents test positive. Women are being infected with HIV at more rapid rates than men.

In order to reach its health targets, the government aims to increase budgetary allocations for health, particularly primary health care, increase use of generic drugs, and improve health education and training programmes.

To address the sexual and reproductive health needs of youth, a local NGO, RENAPS/JA — with funds provided by the Ministry of Culture and Popular Education, UNFPA, Canadian Embassy and others — supports a youth-managed centre in Libreville that provides information and education services. Nearly 150 youth come to the clinic every week, and youth leaders have become so competent in advocating for youth-friendly services they now take the lead in meeting with donors to mobilize funds.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	473.9	689.2
Population in Thousands, Female	483.5	694.7
Population Growth Rate, %	na	1.6
Crude Birth Rate per 1,000 Population	39.0	34.5
Crude Death Rate per 1,000 Population	11.4	12.7
Urban Population, %	68.1	85.2
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	43.8	48.3
Total Fertility Rate per Woman 15-49	5.35	4.44
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	11.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	32.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 500	420
MMR, Lower Bound	● ▲ na	240
MMR, Upper Bound	● ▲ na	600
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	31.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 60.7	54.5
Under Age 5 Mortality Rate, Total	● ▲ 95	91
Under Age 5 Mortality Rate, Female	● ▲ na	87
Under Age 5 Mortality Rate, Male	● ▲ na	97
Life Expectancy at Birth, Total, Years	● ▲ 59.6	54.0
Life Expectancy at Birth, Female, Years	● ▲ 61.6	54.5
Life Expectancy at Birth, Male, Years	● ▲ 57.8	53.4
Median Age of Total Population	● ▲ 18.7	19.4
Population 60 Years and Over, %	● ▲ 7.8	6.2
Dependency Ratio	● ▲ 93	80

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.80	66.56	2.27	332.95

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.9/5.7
No Education, Primary	5.2
Highest Level of Education	3.5
Provincial Low/High	3.6/5.5 Libreville, Port-Gentil/Nord
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	60.7/62.2
No Education, Primary	65.5
Highest Level of Education	62.5
Provincial Low/High	35.1/82.4 Est/Nord
Poorest/Richest Quintile, %	57.0/35.9

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	93.1/55.4
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	131.0/210.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	31.2/40.4
No Education, Primary, %	35.4

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,134
Gross Domestic Product Growth Rate, Annual %		1	2
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	72	87
Antenatal Care, At Least One Visit, %		70	94
Deliveries Attended by Skilled Attendants, %	●▲	na	86
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	35.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education	▲	na	0.98
Ratio of Girls to Boys, Secondary Education	▲	na	0.94
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	133
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	132
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	61
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	58
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		11.0	7.0
Refugees, Number		300	14,005
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	5,118
Estimated HIV Prevalence, 15-49, Total		na	8.1
Estimated HIV Prevalence, 15-49, Male		na	6.0
Estimated HIV Prevalence, 15-49, Female		na	8.1

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		17.5	20.6
Age-Specific Fertility Rate per 1,000 Women, 15-20		159.5	104.5
Median Age at First Sexual Intercourse, Female, 25-49		na	16.1
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	37.8
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	79
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	88
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	72.0
HIV Prevalence, 15-24, Total	▲	na	3.5
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	6.6
Labor Force Participation Rate, 15-64, Male		na	85.9
Labor Force Participation Rate, 15-64, Female		na	66.1
Seats in Parliament Held by Women, %		na	11.0
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	111.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	27.1
Unmet Need for Family Planning, Spacing, %	●	na	19.9
Unmet Need for Family Planning, Limiting, %	●	na	8.0
Unmet Need for Family Planning, Total, %	●	na	28.0
Unmet Need for Family Planning, Thousands	●	na	0.4

Highest Level of Education	29.7	
Provincial Low/High, %	28.5/41.5	Libreville, Port-Gentil/Nord
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	92.0/67.4	
No Education, Primary, %	83.9	
Highest Level of Education, %	91.9	
Provincial Low/High, %	65.4/93.2	Sud/Libreville, Port-Gentil
Poorest/Richest Quintile, %	67.2/97.1	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	13.9/5.0	
No Education, Primary, %	4.8	
Highest Level of Education, %	15.7	
Provincial Low/High, %	6.3/14.5	Nord/Libreville, Port-Gentil
Poorest/Richest Quintile, %	5.6/18.2	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	9.7/32.8	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	9.6/7.8	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	23.6/14.4	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	52.5/68.8	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	81.0/72.1	
Children Underweight Under 5, Severe:		
Urban/Rural, %	1.6/3.2	
No Education, Primary, %	2.7	
Highest Level of Education, %	1.5	
Provincial Low/High, %	1.3/3.9	Libreville, Port-Gentil/Nord
Poorest/Richest Quintile, %	4.4/0.7	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	90.3/97.0	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	92.1/96.6	
Malnourished Women:		
Poorest/Richest Quintile, %	9.0/4.0	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	84.5/98.3	

Gambia

Overview

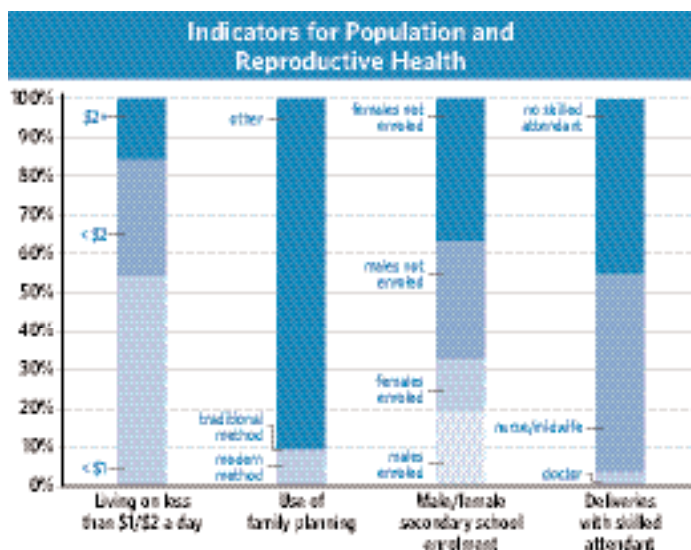
In 2004, the Gambia, a least developed country, ranked 155 out of 177 countries on the UNDP Human Development Index. The total population in 2005 was 1.5 million with an annual growth rate of 2.6 per cent.

Compared to other Sub-Saharan African countries, the Gambia has a low HIV/AIDS prevalence of less than 1 per cent among youth age 15 – 24. The low HIV/AIDS prevalence partly explains why a recent Adolescent Reproductive Health Study revealed that 19 per cent of adolescents did not believe in the existence of HIV/AIDS. The modern contraceptive prevalence rate among reproductive-age women is relatively low (9 per cent) and the high maternal mortality ratio (540 deaths per 100,000 live births) is a source of concern.

Gambia's first National Population Policy (1992) was recently revised along with the national Reproductive Health and Youth Policies to incorporate the Programme of Action of the International Conference on Population and Development (ICPD) as well as the Millennium Development Goals. The revised policies provide clearly defined strategies to address reproductive health and population issues. The country has made significant progress in sexual and reproductive health and rights since the ICPD in 1994.

A Youth Parliament was established in 2003 to mobilize young people and to serve as a channel for education on HIV/AIDS, drug abuse and gender-related issues. The National Policy for the Advancement of Gambian Women, formulated in 1994, provides the framework for gender-oriented population activities. The government continues to introduce measures to improve the status of women. For example, universal free education for girls in both primary and secondary schools has led to increased female enrolments.

UNFPA has been playing an active advocacy role and has assisted the government in building partnerships with the private sector as well as non-governmental agencies (NGOs). UNFPA is facilitating the conduct of a national assessment of Emergency Obstetric Care in health facilities and has supported committees to audit maternal deaths in all communities.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	461.7	752.2
Population in Thousands, Female	473.9	764.9
Population Growth Rate, %	na	2.6
Crude Birth Rate per 1,000 Population	43.0	38.8
Crude Death Rate per 1,000 Population	16.1	11.3
Urban Population, %	24.9	26.1
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	46.0	47.9
Total Fertility Rate per Woman 15-49	5.90	5.04
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	6.7	8.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	11.8	9.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,100	540
MMR, Lower Bound	● ▲ na	140
MMR, Upper Bound	● ▲ na	1,000
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	46.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 107.0	72.5
Under Age 5 Mortality Rate, Total	● ▲ 170	120
Under Age 5 Mortality Rate, Female	● ▲ na	128
Under Age 5 Mortality Rate, Male	● ▲ na	140
Life Expectancy at Birth, Total, Years	● ▲ 49.6	56.6
Life Expectancy at Birth, Female, Years	● ▲ 51.2	58.0
Life Expectancy at Birth, Male, Years	● ▲ 48.2	55.2
Median Age of Total Population	● ▲ 18.7	19.8
Population 60 Years and Over, %	● ▲ 5.0	6.0
Dependency Ratio	● ▲ 85	78

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.30	8.14	2.12	40.81

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,714
Gross Domestic Product Growth Rate, Annual %	4	9
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ 53.7	53.7
Population Living Below National Poverty Line, %	▲ 64.0	64.0
Share of Income or Consumption by Poorest Quintile	na	1.5
Access to Improved Water Supply, %	▲ 77	82
Antenatal Care, At Least One Visit, %	72	72
Deliveries Attended by Skilled Attendants, %	●▲ 65	55
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	68	50
Illiteracy Rate, % of Population 15 and Over, Female	80	65
Illiteracy Rate, % of Population 15 to 24, Male	50	28
Illiteracy Rate, % of Population 15 to 24, Female	66	43
Ratio of Girls to Boys, Primary Education	▲ 0.68	0.91
Ratio of Girls to Boys, Secondary Education	▲ na	0.70
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	86
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	84
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	41
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	28
Children Underweight Under 5, Male, %	na	16
Children Underweight Under 5, Female, %	na	18
Stunted Children under 5, Severe, %	na	6
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	22.0	27.0
Refugees, Number	3,600	7,465
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	1
Estimated HIV Prevalence, 15-49, Total	na	1.2
Estimated HIV Prevalence, 15-49, Male	na	0.8
Estimated HIV Prevalence, 15-49, Female	na	1.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	17.6	18.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	171.0	118.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	52
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	53.0
HIV Prevalence, 15-24, Total	▲ na	0.9
HIV Prevalence, 15-24, Female	▲ na	1.4
HIV Prevalence, 15-24, Male	▲ na	0.5

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	91.0
Labor Force Participation Rate, 15-64, Female	na	70.2
Seats in Parliament Held by Women, %	8.0	13.2
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	159.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	33.7
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	71.6/40.0
No Education, Primary, %	47.2
Highest Level of Education, %	69.2
Provincial Low/High, %	28.0/87.1 Kuntaur/Banjul
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	12.2/7.1
No Education, Primary, %	7.7
Highest Level of Education, %	17.9
Provincial Low/High, %	6.0/22.6 Janjanbureh/Banjul
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.8/4.4
No Education, Primary, %	3.5
Highest Level of Education, %	3.1
Provincial Low/High, %	0.9/9.0 Banjul/Janjanbureh
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Ghana



Overview

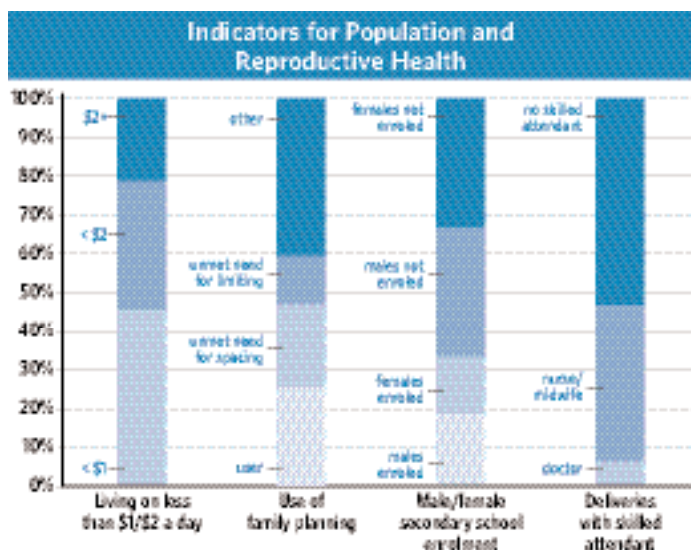
The government views the country's total fertility rate (4.8 births per woman), and maternal mortality ratio (540 deaths per 100,000 live births) as unacceptably high. Use of maternal care is almost universal but only 44 per cent of all births take place with skilled attendants.

With HIV/AIDS prevalence at 3.1 per cent among those of reproductive age, the government has adopted a multi-sectoral approach to control the pandemic. A national AIDS commission was set up to coordinate prevention activities and the provision of anti-retroviral therapy. Religious and traditional leaders have been enlisted to lend support to the campaign against HIV as well as assist those living with the virus. The Africa Youth Alliance programme, funded by the Bill and Melinda Gates Foundation and implemented by UNFPA, PATH and Pathfinder, has trained service providers in the provision of youth-friendly services in five of the country's 10 regions.

The government is proactive on population and development issues and encourages partnerships with non-governmental organizations. It has also formulated a Poverty Reduction Strategy Paper (PRSP), which focuses on reducing poverty in the poorest regions and ensures equitable access to quality health services. The PRSP also takes into account the national population policy and the ICPD Programme of Action. The Ghana Poverty Reduction Strategy is being revised to integrate the MDGs. Recent policy initiatives include revision of national reproductive health service policy and standards, adolescent sexual and reproductive health, HIV/AIDS and youth policies.

The government is addressing the high maternal mortality in the country. With assistance from UNFPA and other development partners, midwives have been trained in life saving skills, and the referral system is being strengthened with the provision of ambulances and communications equipment.

A bill is also under consideration in Parliament that will address domestic violence, especially against women and children. Certain harmful traditional practices, such as female genital cutting, have been outlawed, and the minimum age for marriage has been raised from 16 to 18 years.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	7,805.5	11,191.4
Population in Thousands, Female	7,673.8	10,921.4
Population Growth Rate, %	na	2.0
Crude Birth Rate per 1,000 Population	39.5	34.0
Crude Death Rate per 1,000 Population	11.6	10.5
Urban Population, %	36.5	46.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	45.4	49.6
Total Fertility Rate per Woman 15-49	5.77	4.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	5.2	13.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	12.9	22.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 740	540
MMR, Lower Bound	● ▲ na	140
MMR, Upper Bound	● ▲ na	1,000
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	27.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 77.1	59.0
Under Age 5 Mortality Rate, Total	● ▲ 121	96
Under Age 5 Mortality Rate, Female	● ▲ na	88
Under Age 5 Mortality Rate, Male	● ▲ na	99
Life Expectancy at Birth, Total, Years	● ▲ 56.0	57.4
Life Expectancy at Birth, Female, Years	● ▲ 57.5	57.8
Life Expectancy at Birth, Male, Years	● ▲ 54.8	56.9
Median Age of Total Population	● ▲ 17.6	19.8
Population 60 Years and Over, %	● ▲ 4.8	5.7
Dependency Ratio	● ▲ 91	74

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.30	6.98	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:	
Urban/Rural	3.1/5.6
No Education, Primary	6.0
Highest Level of Education	2.5
Provincial Low/High	2.9/7.0 Greater Accra/Northern
Poorest/Richest Quintile	6.7/3.4
Infant Mortality Rate per 1,000 Live Births:	
Urban/Rural	55.0/70.0
No Education, Primary	66.0
Highest Level of Education	29.0
Provincial Low/High	33.0/105.0 Upper East/Upper West
Poorest/Richest Quintile, %	72.7/26.0
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	138.8/52.2
Age-Specific Fertility Rate, 15-19 Years:	
Urban/Rural	42.0/113.0
Poorest/Richest Quintile	149.0/72.0
Adolescent Women 15-19 Begun Childbearing:	
Urban/Rural, %	7.2/21.8
No Education, Primary, %	26.0

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	2,234
Gross Domestic Product Growth Rate, Annual %		3	6
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	44.8
Population Living Below National Poverty Line, %	▲	50.0	39.5
Share of Income or Consumption by Poorest Quintile		na	2.1
Access to Improved Water Supply, %	▲	56	79
Antenatal Care, At Least One Visit, %		65	90
Deliveries Attended by Skilled Attendants, %	●▲	42	47
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	63.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	63.9
Illiteracy Rate, % of Population 15 and Over, Male		30	16
Illiteracy Rate, % of Population 15 and Over, Female		53	30
Illiteracy Rate, % of Population 15 to 24, Male		12	5
Illiteracy Rate, % of Population 15 to 24, Female		25	8
Ratio of Girls to Boys, Primary Education	▲	0.82	0.90
Ratio of Girls to Boys, Secondary Education	▲	na	0.81
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	87
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	79
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	47
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	38
Children Underweight Under 5, Male, %		na	25
Children Underweight Under 5, Female, %		na	24
Stunted Children under 5, Severe, %		na	9
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		35.0	12.0
Refugees, Number		12,100	43,947
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	4,087
Estimated HIV Prevalence, 15-49, Total		na	3.1
Estimated HIV Prevalence, 15-49, Male		na	2.7
Estimated HIV Prevalence, 15-49, Female		na	3.5

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.1	21.4
Age-Specific Fertility Rate per 1,000 Women, 15-20		113.0	62.5
Median Age at First Sexual Intercourse, Female, 25-49		16.5	18.2
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		21.1	21.1
Married by 18, Percent, Female, 25-49		48.2	35.4
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	70
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	71.0
HIV Prevalence, 15-24, Total	▲	na	2.2
HIV Prevalence, 15-24, Female	▲	na	3.0
HIV Prevalence, 15-24, Male	▲	na	1.4

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	11.3
Labor Force Participation Rate, 15-64, Male		na	82.9
Labor Force Participation Rate, 15-64, Female		na	82.0
Seats in Parliament Held by Women, %		na	9.0
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	2,075.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	30.6
Unmet Need for Family Planning, Spacing, %	●	18.2	21.7
Unmet Need for Family Planning, Limiting, %	●	47.7	12.3
Unmet Need for Family Planning, Total, %	●	65.9	34.0
Unmet Need for Family Planning, Thousands	●	na	0.6

Highest Level of Education	3.0	
Provincial Low/High, %	9.5/24.1	Greater Accra/Central
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	79.7/30.9	
No Education, Primary, %	29.7	
Highest Level of Education, %	89.4	
Provincial Low/High, %	18.3/81.4	Northern/Greater Accra
Poorest/Richest Quintile, %	17.9/86.1	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	24.2/14.9	
No Education, Primary, %	11.0	
Highest Level of Education, %	28.1	
Provincial Low/High, %	7.7/26.0	Northern/Greater Accra
Poorest/Richest Quintile, %	7.5/17.9	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	11.3/24.8	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	11.3/9.7	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	25.0/15.0	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	3.2/5.4	
No Education, Primary, %	6.8	
Highest Level of Education, %	0.8	
Provincial Low/High, %	2.1/8.7	Greater Accra/Northern
Poorest/Richest Quintile, %	9.0/0.7	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	49.2/90.4	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	52.2/91.6	
Malnourished Women:		
Poorest/Richest Quintile, %	17.6/4.8	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	76.4/98.3	

Guinea



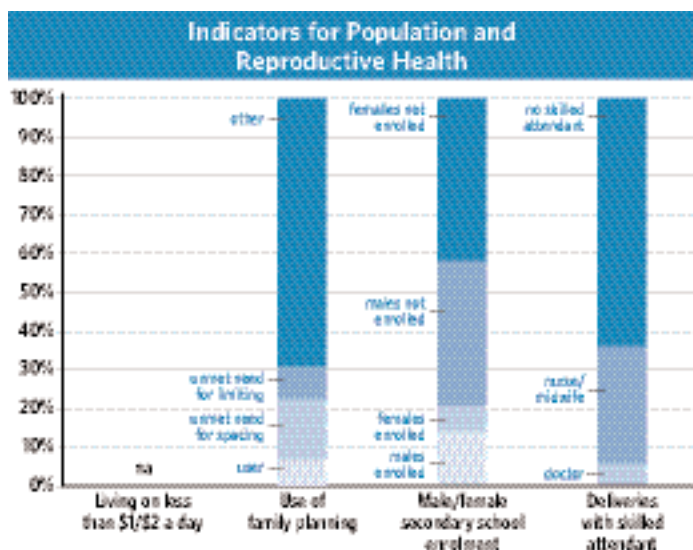
Overview

Guinea has abundant natural resources and is strategically positioned for trade, but is one of the least developed countries in the world, ranking 160 out of 177 countries in terms of its Human Development Index. Donor funds make up nearly 30 per cent of the budget. Despite positive economic growth, its population of 9.4 million is predominately rural and poor — 40 per cent live below the poverty line. Nineteen per cent of the population is between the ages of 15 and 24. Internal conditions are complicated by periodic conflict in neighboring countries.

While some health indicators show improvement, most trends remain unacceptable. Under-five mortality fell from 224 deaths per 1,000 live births in 1990 to 156 in 2005. Maternal mortality was nearly halved between 1990 and 2000, dropping from 1,600 deaths per 100,000 live births to 740. However, births attended by trained practitioners dropped from 76 per cent in 1990 to 35 per cent in 1999. Fertility remains high at 6 lifetime births per woman (in 2005), contraceptive use is low, 3.2 per cent of the adult population is HIV positive, and overall life expectancy is only 54 years.

Gender inequalities persist, even though the ratio of girls to boys' enrolment in primary school increased from 0.46 in 1990 to 0.7 in 2000. More women than men are illiterate, and women are less likely to be employed.

Guinea's Poverty Reduction Strategy Paper sets a medium (2002-2004) target of 5.2 per cent for annual economic growth, increasing to 10 per cent by 2010. Such growth might ensure that all children attend school, have access to health care and safe water, and live in adequate housing. The government prioritized support for primary health care to address infectious diseases, malaria, and reproductive health (including HIV/AIDS prevention). Partners such as UNFPA train health care providers and peer educators to meet the reproductive health needs of adolescents and young people through youth centres and clinic-based services.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	3,174.4	4,818.5
Population in Thousands, Female	3,043.0	4,583.6
Population Growth Rate, %	na	2.2
Crude Birth Rate per 1,000 Population	45.4	45.6
Crude Death Rate per 1,000 Population	18.4	13.3
Urban Population, %	25.3	36.5
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	45.1	44.9
Total Fertility Rate per Woman 15-49	6.52	6.01
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	4.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	6.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,600	740
MMR, Lower Bound	● ▲ na	420
MMR, Upper Bound	● ▲ na	1,100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	48.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 141.4	101.1
Under Age 5 Mortality Rate, Total	● ▲ 224	156
Under Age 5 Mortality Rate, Female	● ▲ na	176
Under Age 5 Mortality Rate, Male	● ▲ na	175
Life Expectancy at Birth, Total, Years	● ▲ 47.1	54.0
Life Expectancy at Birth, Female, Years	● ▲ 47.7	54.2
Life Expectancy at Birth, Male, Years	● ▲ 46.6	53.7
Median Age of Total Population	● ▲ 18.3	18.0
Population 60 Years and Over, %	● ▲ 5.4	5.6
Dependency Ratio	● ▲ 87	90

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
0.90	3.41	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.4/6.1
No Education, Primary	5.9
Highest Level of Education	3.5
Provincial Low/High	4.0/6.9 Conakry/Haute Guinea
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	79.2/115.8
No Education, Primary	112.0
Highest Level of Education	60.6
Provincial Low/High	74.1/128.5 Conakry/Haute Guinea
Poorest/Richest Quintile, %	11.9/70.2

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	229.9/133.0
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	115.0/204.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	25.4/45.5
No Education, Primary, %	45.5

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	2,136
Gross Domestic Product Growth Rate, Annual %		na	2
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	40.0
Share of Income or Consumption by Poorest Quintile		na	2.6
Access to Improved Water Supply, %	▲	33	51
Antenatal Care, At Least One Visit, %		36	74
Deliveries Attended by Skilled Attendants, %	●▲	76	35
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	60.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	57.7
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education	▲	0.46	0.70
Ratio of Girls to Boys, Secondary Education	▲	na	0.35
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	92
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	71
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	33
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	15
Children Underweight Under 5, Male, %		na	23
Children Underweight Under 5, Female, %		na	24
Stunted Children under 5, Severe, %		na	10
Wasted Children under 5, Severe, %		na	2
Undernourished People, %		40.0	28.0
Refugees, Number		478,500	184,341
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	2,544
Estimated HIV Prevalence, 15-49, Total		na	3.2
Estimated HIV Prevalence, 15-49, Male		na	2.8
Estimated HIV Prevalence, 15-49, Female		na	3.7

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.9	19.1
Age-Specific Fertility Rate per 1,000 Women, 15-20		205.5	188.5
Median Age at First Sexual Intercourse, Female, 25-49		15.6	16.0
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		78.8	66.9
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	60.0
HIV Prevalence, 15-24, Total	▲	na	1.0
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	11.8
Labor Force Participation Rate, 15-64, Male		na	88.0
Labor Force Participation Rate, 15-64, Female		na	80.7
Seats in Parliament Held by Women, %		na	19.3
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	864.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	32.1
Unmet Need for Family Planning, Spacing, %	●	18.3	16.0
Unmet Need for Family Planning, Limiting, %	●	6.4	8.2
Unmet Need for Family Planning, Total, %	●	24.7	24.2
Unmet Need for Family Planning, Thousands	●	na	0.4

Highest Level of Education	10.1	
Provincial Low/High, %	21.1/51.0	Conakry/Guinee Forestiere
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	75.6/21.3	
No Education, Primary, %	29.1	
Highest Level of Education, %	83.5	
Provincial Low/High, %	18.1/84.8	Moyenne Guinee/Conakry
Poorest/Richest Quintile, %	12.1/81.5	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	9.5/2.3	
No Education, Primary, %	2.9	
Highest Level of Education, %	17.0	
Provincial Low/High, %	2.4/7.6	Moyenne Guinee/Conakry
Poorest/Richest Quintile, %	1.0/9.2	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	4.7/18.6	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	6.2/9.1	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	15.1/16.7	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	45.9/69.8	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	62.1/44.8	
Children Underweight Under 5, Severe:		
Urban/Rural, %	3.2/5.9	
No Education, Primary, %	5.5	
Highest Level of Education, %	2.6	
Provincial Low/High, %	3.4/6.1	Conakry/Moyenne Guinee
Poorest/Richest Quintile, %	6.2/3.6	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	6.6/45.5	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	10.7/50.5	
Malnourished Women:		
Poorest/Richest Quintile, %	16.7/9.0	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	57.9/96.7	

Guinea-Bissau



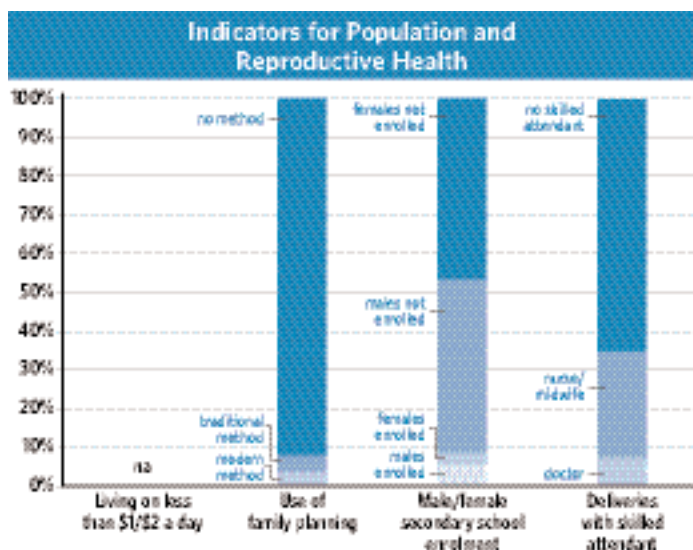
Overview

Guinea-Bissau, with a population of 1.6 million, is one of the 10 poorest countries in the world with extreme income inequality and negative economic growth. Forty-nine per cent of the population live below the national poverty line. The country is heavily dependent on foreign assistance. Delays in finalizing the Poverty Reduction Strategy Paper and implementation of other policy initiatives complicate development planning, as did the September 2003 coup and periodic border conflicts.

Weak service delivery systems and infrastructure destroyed over years of fighting contribute to poor social conditions. Trends are not favorable. Maternal mortality increased from 910 deaths per 100,000 live births in 1995 to 1,100 deaths in 2000. The total fertility rate is 7 lifetime births per woman and contraceptive prevalence is just 8 per cent of reproductive-age women. Life expectancy has improved only marginally between 1990 and 2005 (from 42 years to 45 years), and 2 per cent of adolescents are HIV positive.

Yet, some progress is being made toward achieving the targets set by the ICPD Programme of Action and the Millennium Development Goals (MDGs), including reductions in childhood mortality from 246 deaths per 1,000 live births in 1990 to 203 in 2005, improvements in the percentage of births attended by trained practitioners, and greater primary school enrolment rates for boys and girls.

Interventions to improve reproductive health and reduce gender inequalities are supported by donors and development partners, such as UNFPA. These include: education and training of political and administrative authorities, women's groups, legal experts and members of parliament in various aspects of the rule of law and human rights; social marketing to promote condom use, particularly among youth and adolescents; and strengthening reproductive health services through capacity building and provision of medical supplies and equipment. A study of youth and adolescents' sexual and reproductive health knowledge, and a situation analysis of the state of emergency obstetric care provided valuable inputs into the development of programme interventions.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	500.1	783.6
Population in Thousands, Female	515.5	802.7
Population Growth Rate, %	na	3.0
Crude Birth Rate per 1,000 Population	49.7	50.1
Crude Death Rate per 1,000 Population	22.9	19.4
Urban Population, %	23.8	35.6
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	43.8	43.1
Total Fertility Rate per Woman 15-49	7.10	7.08
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	3.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	7.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 910	1,100
MMR, Lower Bound	● ▲ na	280
MMR, Upper Bound	● ▲ na	2,100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	48.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 145.7	115.3
Under Age 5 Mortality Rate, Total	● ▲ 246	203
Under Age 5 Mortality Rate, Female	● ▲ na	198
Under Age 5 Mortality Rate, Male	● ▲ na	221
Life Expectancy at Birth, Total, Years	● ▲ 42.1	45.1
Life Expectancy at Birth, Female, Years	● ▲ 43.9	46.5
Life Expectancy at Birth, Male, Years	● ▲ 40.5	43.7
Median Age of Total Population	● ▲ 17.3	16.2
Population 60 Years and Over, %	● ▲ 5.5	4.7
Dependency Ratio	● ▲ 94	102

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.00	4.29	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	681
Gross Domestic Product Growth Rate, Annual %	4	-1
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ 48.7	48.7
Share of Income or Consumption by Poorest Quintile	na	2.1
Access to Improved Water Supply, %	▲ 25	59
Antenatal Care, At Least One Visit, %	29	62
Deliveries Attended by Skilled Attendants, %	●▲ 39	35
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	58	40
Illiteracy Rate, % of Population 15 and Over, Female	87	70
Illiteracy Rate, % of Population 15 to 24, Male	38	23
Illiteracy Rate, % of Population 15 to 24, Female	74	47
Ratio of Girls to Boys, Primary Education	▲ na	0.67
Ratio of Girls to Boys, Secondary Education	▲ na	0.55
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	66
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	56
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	26
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	14
Children Underweight Under 5, Male, %	na	23
Children Underweight Under 5, Female, %	na	23
Stunted Children under 5, Severe, %	na	10
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	na	na
Refugees, Number	12,200	7,551
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	79
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.9	18.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	197.0	192.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	28.2
Mean Age at Marriage, Female	na	18.3
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	32
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	31.0
HIV Prevalence, 15-24, Total	▲ na	2.0
HIV Prevalence, 15-24, Female	▲ na	3.0
HIV Prevalence, 15-24, Male	▲ na	1.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	91.4
Labor Force Participation Rate, 15-64, Female	na	59.4
Seats in Parliament Held by Women, %	na	7.8
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	165.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	35.4
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	57.4/25.1
No Education, Primary, %	28.1
Highest Level of Education, %	76.4
Provincial Low/High, %	18.5/62.1 <small>Oio/Autonomous Sector of Bissau</small>
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	10.0/1.2
No Education, Primary, %	1.8
Highest Level of Education, %	20.9
Provincial Low/High, %	0.5/12.2 <small>Quinara/Autonomous Sector of Bissau</small>
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	2.7/6.4
No Education, Primary, %	6.1
Highest Level of Education, %	0.6
Provincial Low/High, %	1.8/9.0 <small>Autonomous Sector of Bissau/Oio</small>
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Kenya



Overview

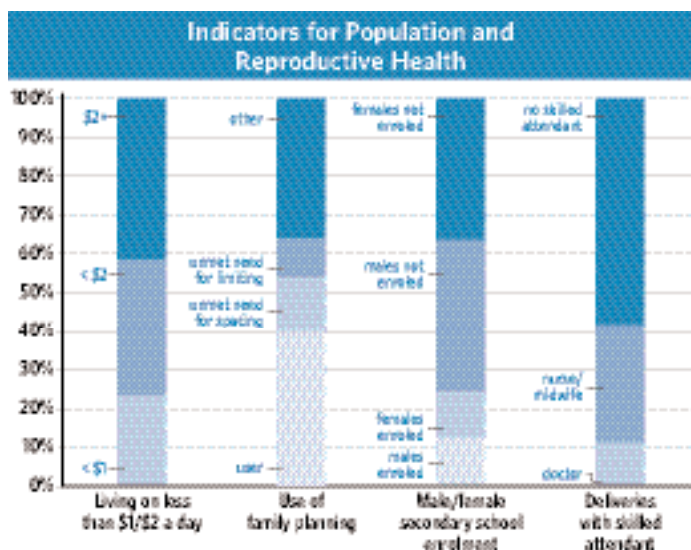
Kenya was the first sub-Saharan African country to adopt a National Family Planning Programme. The country's population is estimated at 34.3 million. The relatively long history of population programmes in Kenya has led to a number of successes. The total fertility rate now stands at 5.5 lifetime births per woman and nearly a third of reproductive-age women use modern contraceptives. The prevalence of HIV/AIDS among youth aged 15-24 years is 10.8 per cent and the pandemic has put a strain on all sectors of the economy. As a result, life expectancy has decreased from 58 years in 1990 to 49 years in 2005.

The recently revised National Population Policy incorporated the targets contained in the Programme of Action of the International Conference on Population and Development (ICPD). The government has approved an Adolescent Reproductive Health and Development Policy as well as a Youth and Development Policy, to address the reproductive health needs of young people. Free and compulsory education in primary schools has increased enrolments among boys and girls. UNFPA has developed a life skills training manual to educate youth on growth and development, reproductive health, and HIV/AIDS prevention.

A National Policy on Gender and Development has been adopted and a National Gender Commission established. In 2001, female genital cutting was outlawed for girls under the age of 16.

Health personnel have been trained to provide comprehensive reproductive health services including adolescent reproductive health, post abortion care, HIV/AIDS, and emergency obstetric care. UNFPA has installed a radio communication network to enhance the health services referral system.

Opposition from religious groups is an impediment to the provision of information, education and services for youth. The procurement of contraceptives is also a major challenge since UNFPA is the main donor for contraceptive supplies. High maternal mortality (1,000 deaths per 100,000 live births) is another major concern.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	11,666.7	17,152.7
Population in Thousands, Female	11,763.5	17,103.1
Population Growth Rate, %	na	2.4
Crude Birth Rate per 1,000 Population	41.8	34.9
Crude Death Rate per 1,000 Population	10.2	14.6
Urban Population, %	24.7	41.6
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	43.3	48.4
Total Fertility Rate per Woman 15-49	5.95	5.45
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	31.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	39.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 650	1,000
MMR, Lower Bound	● ▲ na	580
MMR, Upper Bound	● ▲ na	1,400
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	29.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 65.0	65.3
Under Age 5 Mortality Rate, Total	● ▲ 104	113
Under Age 5 Mortality Rate, Female	● ▲ na	110
Under Age 5 Mortality Rate, Male	● ▲ na	125
Life Expectancy at Birth, Total, Years	● ▲ 58.0	48.7
Life Expectancy at Birth, Female, Years	● ▲ 60.3	47.8
Life Expectancy at Birth, Male, Years	● ▲ 56.0	49.5
Median Age of Total Population	● ▲ 15.5	17.9
Population 60 Years and Over, %	● ▲ 4.1	4.1
Dependency Ratio	● ▲ 106	84

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.20	8.53	5.41	82.54

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:	
Urban/Rural	3.3/5.4
No Education, Primary	6.7
Highest Level of Education	3.2
Provincial Low/High	2.7/7.0 Nairobi/North Eastern
Poorest/Richest Quintile	6.5/3.0
Infant Mortality Rate per 1,000 Live Births:	
Urban/Rural	79.0/61.0
No Education, Primary	80.0
Highest Level of Education	44.0
Provincial Low/High	44.0/133.0 Central/Nyanza
Poorest/Richest Quintile, %	95.8/40.2
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	136.2/60.7
Age-Specific Fertility Rate, 15-19 Years:	
Urban/Rural	88.0/123.0
Poorest/Richest Quintile	163.0/63.0
Adolescent Women 15-19 Begun Childbearing:	
Urban/Rural, %	22.2/23.3
No Education, Primary, %	45.9

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,035
Gross Domestic Product Growth Rate, Annual %	4	2
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	22.8
Population Living Below National Poverty Line, %	▲ 42.0	52.0
Share of Income or Consumption by Poorest Quintile	na	2.3
Access to Improved Water Supply, %	▲ 28	62
Antenatal Care, At Least One Visit, %	na	88
Deliveries Attended by Skilled Attendants, %	●▲ 28	42
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	62.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	49.9
Illiteracy Rate, % of Population 15 and Over, Male	19	8
Illiteracy Rate, % of Population 15 and Over, Female	39	18
Illiteracy Rate, % of Population 15 to 24, Male	7	3
Illiteracy Rate, % of Population 15 to 24, Female	13	4
Ratio of Girls to Boys, Primary Education	▲ 0.95	0.98
Ratio of Girls to Boys, Secondary Education	▲ na	0.91
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	95
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	90
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	34
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	32
Children Underweight Under 5, Male, %	na	24
Children Underweight Under 5, Female, %	na	22
Stunted Children under 5, Severe, %	na	18
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	44.0	37.0
Refugees, Number	401,900	237,512
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	4,023
Estimated HIV Prevalence, 15-49, Total	na	6.7
Estimated HIV Prevalence, 15-49, Male	na	4.8
Estimated HIV Prevalence, 15-49, Female	na	9.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.9	22.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	128.5	95.5
Median Age at First Sexual Intercourse, Female, 25-49	16.5	17.8
Mean Age at Marriage, Male	na	25.5
Mean Age at Marriage, Female	na	20.3
Married by 18, Percent, Female, 25-49	43.4	32.6
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	52
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	74.0
HIV Prevalence, 15-24, Total	▲ na	10.8
HIV Prevalence, 15-24, Female	▲ na	15.6
HIV Prevalence, 15-24, Male	▲ na	6.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	11.9
Labor Force Participation Rate, 15-64, Male	na	89.8
Labor Force Participation Rate, 15-64, Female	na	76.4
Seats in Parliament Held by Women, %	1.0	7.1
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	3,122.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	29.8
Unmet Need for Family Planning, Spacing, %	● 28.3	14.4
Unmet Need for Family Planning, Limiting, %	● 31.9	10.1
Unmet Need for Family Planning, Total, %	● 60.3	24.5
Unmet Need for Family Planning, Thousands	● na	0.3

Highest Level of Education	10.4
Provincial Low/High, %	14.8/30.5 Eastern/Rift Valley
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	72.0/34.5
No Education, Primary, %	15.8
Highest Level of Education, %	72.0
Provincial Low/High, %	8.5/79.0 North Eastern/Nairobi
Poorest/Richest Quintile, %	23.2/79.6
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	39.9/29.2
No Education, Primary, %	8.0
Highest Level of Education, %	51.7
Provincial Low/High, %	0.2/57.9 North Eastern/Central
Poorest/Richest Quintile, %	12.6/50.1
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	17.9/54.6
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	13.8/5.9
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	23.7/6.7

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/55.2
Children Underweight Under 5, Severe:	
Urban/Rural, %	2.8/4.4
No Education, Primary, %	9.9
Highest Level of Education, %	1.7
Provincial Low/High, %	1.9/9.9 Nairobi/North Eastern
Poorest/Richest Quintile, %	7.1/2.1
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	69.2/90.5
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	71.9/91.4
Malnourished Women:	
Poorest/Richest Quintile, %	17.6/5.5
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	88.5/96.2



Overview

Lesotho, with just 1.8 million people, is a small, least developed country located in southern Africa (formerly part of South Africa). Due to a faltering economy and lack of employment opportunities, 40 per cent of the male population seeks work in South Africa, resulting in a large proportion of female-headed households. In the last decade, contraceptive prevalence has increased to 30 per cent of married women, while the total fertility rate decreased to 4.1 lifetime births per woman in 2005.

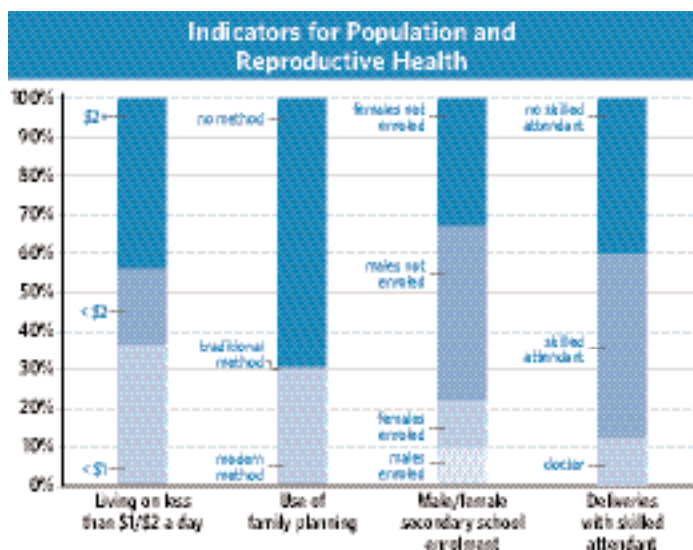
The prevalence of HIV/AIDS is high with 29 per cent of adults ages 15 to 49 years infected with the virus. As a result of the pandemic, life expectancy decreased from 59 years in 1990 to 36 years in 2005. This has stalled development efforts.

In an effort to combat the pandemic, the government has established the National AIDS Council and joined in a public-private partnership with Bristol-Meyers Squibb to make anti-retroviral therapy widely available. In 2003, the Prevention of Mother to Child Transmission Programme of HIV/AIDS was launched. At the same time, behaviour change campaigns have intensified.

The government is committed to implementing the ICPD Programme of Action. It has revised the National Population Policy and developed national policies on reproductive health and gender.

The Lesotho Safe Motherhood Initiative, a collaborative effort between various UN agencies, including UNFPA and the World Health Organization, aims to reduce the high rates of maternal, child and infant mortality. Furthermore, youth-friendly reproductive health clinics have been established within existing health services to cater to the reproductive health needs of adolescents.

Continued support for programmes, services and policy formulation will be crucial elements of Lesotho's population and reproductive health programmes. Equally important will be strong advocacy efforts for women's issues on all levels — legal, political and social. Key to such efforts is continued support for partnerships with national NGOs, religious and political leaders, women's groups, the media and private industry.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	738.8	835.1
Population in Thousands, Female	853.8	959.6
Population Growth Rate, %	na	-0.1
Crude Birth Rate per 1,000 Population	35.5	32.6
Crude Death Rate per 1,000 Population	11.5	25.0
Urban Population, %	17.2	18.2
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	45.1	49.5
Total Fertility Rate per Woman 15-49	4.88	4.07
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	29.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	30.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 610	550
MMR, Lower Bound	● ▲ na	140
MMR, Upper Bound	● ▲ na	1,000
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	28.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 80.2	62.6
Under Age 5 Mortality Rate, Total	● ▲ 107	118
Under Age 5 Mortality Rate, Female	● ▲ na	146
Under Age 5 Mortality Rate, Male	● ▲ na	158
Life Expectancy at Birth, Total, Years	● ▲ 57.3	35.5
Life Expectancy at Birth, Female, Years	● ▲ 59.3	36.2
Life Expectancy at Birth, Male, Years	● ▲ 55.2	34.6
Median Age of Total Population	● ▲ 17.2	19.2
Population 60 Years and Over, %	● ▲ 6.6	7.5
Dependency Ratio	● ▲ 98	78

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.30	21.37	7.98	145.97

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	58.0/85.0
No Education, Primary	83.0
Highest Level of Education	70.0
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	6.1/8.3
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,645
Gross Domestic Product Growth Rate, Annual %	5	3
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	36.4
Population Living Below National Poverty Line, %	▲ na	49.2
Share of Income or Consumption by Poorest Quintile	na	0.5
Access to Improved Water Supply, %	▲ 46	76
Antenatal Care, At Least One Visit, %	50	88
Deliveries Attended by Skilled Attendants, %	●▲ 40	60
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	62.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	35	24
Illiteracy Rate, % of Population 15 and Over, Female	11	5
Illiteracy Rate, % of Population 15 to 24, Male	23	15
Illiteracy Rate, % of Population 15 to 24, Female	3	1
Ratio of Girls to Boys, Primary Education	▲ 1.21	1.02
Ratio of Girls to Boys, Secondary Education	▲ na	1.18
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	126
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	127
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	30
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	39
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	20
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	27.0	25.0
Refugees, Number	100	100
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	28.9
Estimated HIV Prevalence, 15-49, Male	na	34.0
Estimated HIV Prevalence, 15-49, Female	na	35.7

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.5	25.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	65.5	36.5
Median Age at First Sexual Intercourse, Female, 25-49	na	17.4
Mean Age at Marriage, Male	na	26.3
Mean Age at Marriage, Female	na	20.5
Married by 18, Percent, Female, 25-49	na	26.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	58
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	46.0
HIV Prevalence, 15-24, Total	▲ na	27.7
HIV Prevalence, 15-24, Female	▲ na	38.1
HIV Prevalence, 15-24, Male	▲ na	17.4

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	70.5
Labor Force Participation Rate, 15-64, Female	na	57.9
Seats in Parliament Held by Women, %	na	17.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-11.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-2.6
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	50.1/33.6
No Education, Primary, %	17.6
Highest Level of Education, %	47.4
Provincial Low/High, %	11.4/52.0
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Liberia



Overview

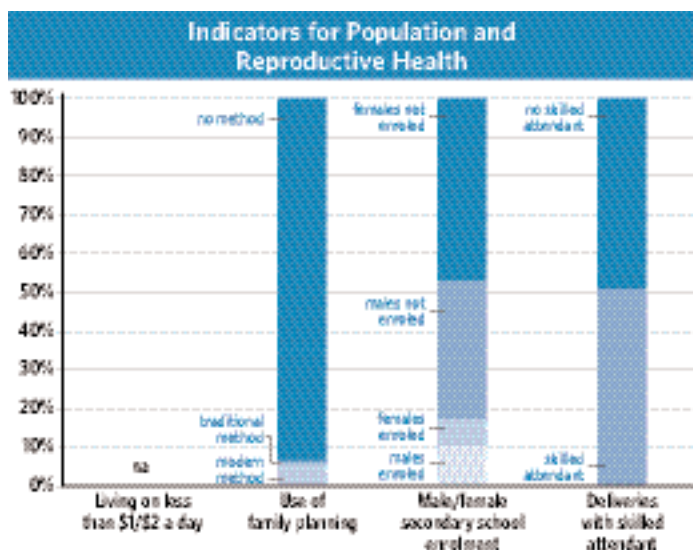
Years of civil war have led to widespread poverty and a deepening humanitarian crisis in Liberia, a least developed country with a population of 3.3 million. High unemployment, illiteracy, and increasing HIV/AIDS infection rates result from internal displacement and migration. The infant mortality rate (137 deaths per 1,000 live births), maternal mortality ratio (760 deaths per 100,000 live births) and total fertility rate (6.8 lifetime births per woman) are among the highest in the world.

After the 1989–1997 civil war, the government together with development partners undertook significant steps to deal with population and development issues. With the support of UNFPA, the revised National Population Policy incorporates the goals of the ICPD Programme of Action. A National HIV/AIDS Policy was formulated to expand prevention activities.

With support from the Ministry of Education, UNFPA successfully integrated population and family life education into school curricula. Community-based dissemination of information, and the provision of counseling and contraceptives to adolescents led to increased demand for these services.

However, the resurgence of the civil strife in summer of 2003 disrupted many government and NGO activities. After the signing of a comprehensive peace accord on 18 August 2003, the government embarked on a national reconstruction programme to address the humanitarian crisis, as well as support population and development activities.

The government is grappling with the task of resettlement and reintegration of the population. The success of population and reproductive health programmes will depend ultimately on the political stability of the country, as well as on the government's level of commitment. Given Liberia's unstable environment, programmes must target refugees and internally displaced persons, including adolescents and women, if they are to have significant impacts.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,066.6	1,638.2
Population in Thousands, Female	1,069.5	1,645.1
Population Growth Rate, %	na	2.1
Crude Birth Rate per 1,000 Population	49.9	49.9
Crude Death Rate per 1,000 Population	21.0	20.4
Urban Population, %	42.0	47.9
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.2	44.6
Total Fertility Rate per Woman 15-49	6.90	6.84
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	5.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	6.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 560	760
MMR, Lower Bound	● ▲ na	190
MMR, Upper Bound	● ▲ na	1,400
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	66.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 158.0	136.9
Under Age 5 Mortality Rate, Total	● ▲ 266	216
Under Age 5 Mortality Rate, Female	● ▲ na	221
Under Age 5 Mortality Rate, Male	● ▲ na	238
Life Expectancy at Birth, Total, Years	● ▲ 43.2	42.5
Life Expectancy at Birth, Female, Years	● ▲ 44.6	43.3
Life Expectancy at Birth, Male, Years	● ▲ 41.9	41.6
Median Age of Total Population	● ▲ 16.4	16.3
Population 60 Years and Over, %	● ▲ 4.0	3.6
Dependency Ratio	● ▲ 98	97

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.40	2.67	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	-7	0
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 50	62
Antenatal Care, At Least One Visit, %	50	50
Deliveries Attended by Skilled Attendants, %	●▲ na	51
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	45	25
Illiteracy Rate, % of Population 15 and Over, Female	77	57
Illiteracy Rate, % of Population 15 to 24, Male	25	12
Illiteracy Rate, % of Population 15 to 24, Female	61	40
Ratio of Girls to Boys, Primary Education	▲ na	0.69
Ratio of Girls to Boys, Secondary Education	▲ na	0.64
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	99
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	137
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	27
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	18
Children Underweight Under 5, Male, %	na	5
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	100,000	33,997
Internally Displaced Persons, Number	na	531,616
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	5.9
Estimated HIV Prevalence, 15-49, Male	na	5.8
Estimated HIV Prevalence, 15-49, Female	na	7.5

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.3	20.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	233.0	223.0
Median Age at First Sexual Intercourse, Female, 25-49	na	15.5
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	19.7	19.7
Married by 18, Percent, Female, 25-49	na	56.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	49
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	55
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	1.5
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	84.1
Labor Force Participation Rate, 15-64, Female	na	55.8
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	269.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	28.1
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Madagascar

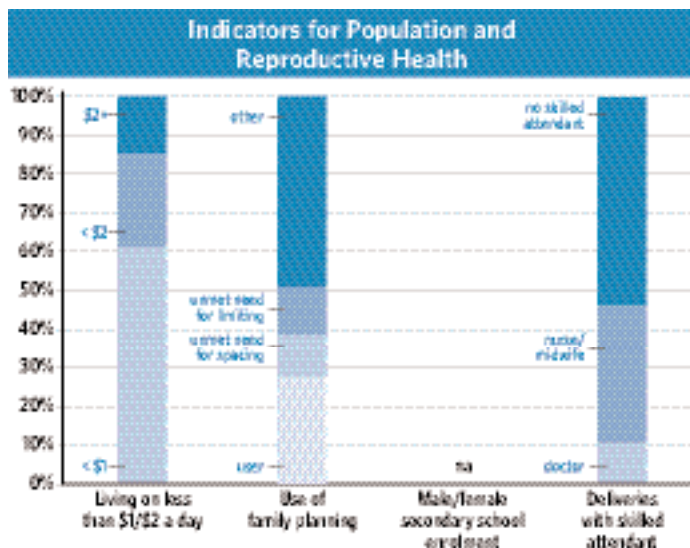
Overview

Following resolution of the contested 2002 elections, the Government began addressing obstacles to sustainable economic and social development. Madagascar, with a total population of 18.6 million in 2005, growing by 2.7 per cent per year, remains one of the poorest countries in the world with up to 71 per cent of the population living below the poverty line. Rural farmers, female-headed households, and the elderly make up a large proportion of the poor.

Madagascar has achieved nearly universal primary education for both boys and girls (ratio of girls to boy's enrolment has been 0.96 since 1998). But 36 per cent of women are illiterate compared to 23 per cent of men. Moderate progress has been made towards achieving the targets set by the ICPD Programme of Action and the Millennium Development Goals (MDGs). Life expectancy increased from 51 years in 1990 to 56 in 2005. The maternal mortality ratio stands at 550 deaths per 100,000 live births in 2000, and under-five mortality dropped from 165 deaths per 1,000 live births in 1995 to 125 deaths in 2005. However, the government considers these rates too high and is also concerned about the HIV/AIDS infection rate (now at 1.7 per cent of the population) and high fertility among adolescents.

Reflecting these concerns, the new Poverty Reduction Strategy Paper prioritises efforts to increase access to contraceptives (currently 12 per cent for modern methods), and improve access to emergency obstetric care, especially for the poor.

The government sponsored the first National Youth Forum on HIV/AIDS. Development partners, including UNFPA, USAID and others, support village-level computer centres, televised programs, and youth clinics in order to provide reproductive health information and services. A general population census will take place in 2006, providing vital information for monitoring progress and identifying gaps.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	5,989.1	9,255.0
Population in Thousands, Female	6,055.4	9,350.9
Population Growth Rate, %	na	2.7
Crude Birth Rate per 1,000 Population	44.3	44.0
Crude Death Rate per 1,000 Population	15.3	11.6
Urban Population, %	23.6	27.0
Sex Ratio at Birth, Male Births per Female Births	1.02	1.03
Women 15-49, %	45.0	46.1
Total Fertility Rate per Woman 15-49	6.20	5.55
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	5.1	11.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	16.7	18.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 490	550
MMR, Lower Bound	● ▲ na	310
MMR, Upper Bound	● ▲ na	780
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	33.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 102.9	75.0
Under Age 5 Mortality Rate, Total	● ▲ 165	125
Under Age 5 Mortality Rate, Female	● ▲ na	144
Under Age 5 Mortality Rate, Male	● ▲ na	150
Life Expectancy at Birth, Total, Years	● ▲ 50.7	55.8
Life Expectancy at Birth, Female, Years	● ▲ 51.9	57.0
Life Expectancy at Birth, Male, Years	● ▲ 49.5	54.5
Median Age of Total Population	● ▲ 17.4	17.8
Population 60 Years and Over, %	● ▲ 4.8	4.8
Dependency Ratio	● ▲ 92	89

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.20	2.86	2.03	20.92

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.7/5.7
No Education, Primary	6.6
Highest Level of Education	3.4
Provincial Low/High	4.2/6.3 Antananarivo/Toliara
Poorest/Richest Quintile	8.1/3.4

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	42.8/75.6
No Education, Primary	96.5
Highest Level of Education	43.6
Provincial Low/High	53.0/90.2 Antananarivo/Toliara
Poorest/Richest Quintile, %	119.1/57.5

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	195.0/101.4
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	104.0/165.0
Poorest/Richest Quintile	271.0/78.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	22.0/38.1
No Education, Primary, %	57.2

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	808
Gross Domestic Product Growth Rate, Annual %	1	10
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	61.0
Population Living Below National Poverty Line, %	▲ na	71.3
Share of Income or Consumption by Poorest Quintile	na	1.9
Access to Improved Water Supply, %	▲ na	45
Antenatal Care, At Least One Visit, %	85	80
Deliveries Attended by Skilled Attendants, %	●▲ 71	46
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	42.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	59.5
Illiteracy Rate, % of Population 15 and Over, Male	34	23
Illiteracy Rate, % of Population 15 and Over, Female	50	36
Illiteracy Rate, % of Population 15 to 24, Male	22	14
Illiteracy Rate, % of Population 15 to 24, Female	33	19
Ratio of Girls to Boys, Primary Education	▲ 0.97	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	0.96
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	112
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	117
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	15
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	16
Children Underweight Under 5, Male, %	na	35
Children Underweight Under 5, Female, %	na	31
Stunted Children under 5, Severe, %	na	26
Wasted Children under 5, Severe, %	na	5
Undernourished People, %	35.0	36.0
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	1.7
Estimated HIV Prevalence, 15-49, Male	na	1.3
Estimated HIV Prevalence, 15-49, Female	na	1.9

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.3	19.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	150.5	122.0
Median Age at First Sexual Intercourse, Female, 25-49	16.7	17.5
Mean Age at Marriage, Male	na	23.5
Mean Age at Marriage, Female	na	20.3
Married by 18, Percent, Female, 25-49	47.9	37.9
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	33
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	27.0
HIV Prevalence, 15-24, Total	▲ na	0.2
HIV Prevalence, 15-24, Female	▲ na	0.2
HIV Prevalence, 15-24, Male	▲ na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	20.6
Labor Force Participation Rate, 15-64, Male	na	86.6
Labor Force Participation Rate, 15-64, Female	na	80.0
Seats in Parliament Held by Women, %	7.0	6.4
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	2,084.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	36.0
Unmet Need for Family Planning, Spacing, %	● 15.8	11.3
Unmet Need for Family Planning, Limiting, %	● 18.8	12.3
Unmet Need for Family Planning, Total, %	● 34.6	23.6
Unmet Need for Family Planning, Thousands	● na	0.6

Highest Level of Education	10.1	
Provincial Low/High, %	18.6/55.8	Antananarivo/Mahajanga
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	90.4/77.4	
No Education, Primary, %	59.9	
Highest Level of Education, %	96.9	
Provincial Low/High, %	68.2/91.3	Toliara/Antananarivo
Poorest/Richest Quintile, %	29.6/88.5	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	26.5/15.9	
No Education, Primary, %	5.2	
Highest Level of Education, %	28.4	
Provincial Low/High, %	10.6/26.5	Mahajanga/Antananarivo
Poorest/Richest Quintile, %	2.3/23.8	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	13.9/9.9	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	17.1/7.8	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	36.7/53.1	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	10.3/12.1	
No Education, Primary, %	16.5	
Highest Level of Education, %	6.8	
Provincial Low/High, %	7.1/14.0	Antsiranana/Fianarantsoa
Poorest/Richest Quintile, %	16.0/8.2	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	40.5/92.1	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	36.0/93.4	
Malnourished Women:		
Poorest/Richest Quintile, %	24.3/15.1	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	67.1/95.6	

Malawi



Overview

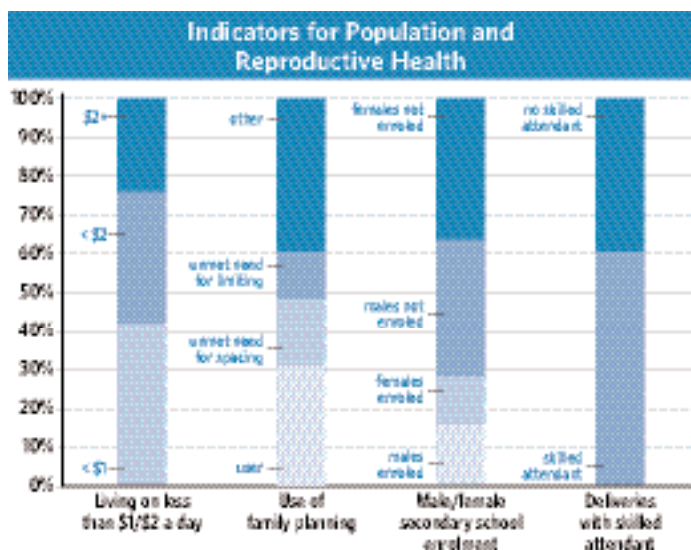
Malawi is a least developed country with a population of 12.9 million. An estimated 65 per cent of all households are living below the national poverty line. The government views its total fertility rate (6.3 lifetime births per woman) and its maternal mortality ratio (1,800 deaths per 100,000 live births) as unacceptably high. HIV/AIDS prevalence is high with 11 per cent of those 15 to 24 years of age infected. Like other southern African countries, life expectancy has decreased as a result of the HIV/AIDS pandemic.

With a view towards addressing these issues, the government has revised the National Population Policy incorporating targets set by the Programme of Action of the International Conference on Population and Development (ICPD). Malawi has made significant progress towards achieving the ICPD targets, as well as the Millennium Development Goals (MDGs). Other initiatives to address sexual and reproductive health include the development of national policies dealing with youth, sexual and reproductive health, and HIV/AIDS.

The government has approved a National Gender Policy, and gender disparities in employment have been addressed in the Poverty Reduction Strategy Paper. Given that adolescents account for a significant proportion of all first pregnancies, Parliament passed legislation stipulating that girls cannot marry earlier than age 16.

Sexual and reproductive health services are available nationwide as an integral part of the essential health care package. Increasing numbers of youth are being reached through peer education and youth friendly health services. Furthermore, components on sexual health and HIV/AIDS prevention have been included in the life-skills curriculum in schools.

As the result of a UNFPA-sponsored programme to train journalists there has been a marked increase in the quantity and quality of coverage of population and reproductive health issues in the media. In 2002, the results of a fistula needs assessment were shared with policy makers, helping to galvanize political support to address obstetric fistula as a maternal health and human rights issue. In addition, radio equipment has been installed in health centres to facilitate referrals.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,640.8	6,397.2
Population in Thousands, Female	4,818.6	6,486.7
Population Growth Rate, %	na	2.2
Crude Birth Rate per 1,000 Population	50.6	48.2
Crude Death Rate per 1,000 Population	19.4	20.7
Urban Population, %	11.6	17.2
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	45.4	43.6
Total Fertility Rate per Woman 15-49	7.02	6.35
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	7.4	26.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	13.0	30.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 560	1,800
MMR, Lower Bound	● ▲ na	1,100
MMR, Upper Bound	● ▲ na	2,600
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 140.0	106.7
Under Age 5 Mortality Rate, Total	● ▲ 227	176
Under Age 5 Mortality Rate, Female	● ▲ na	181
Under Age 5 Mortality Rate, Male	● ▲ na	192
Life Expectancy at Birth, Total, Years	● ▲ 45.8	40.4
Life Expectancy at Birth, Female, Years	● ▲ 47.4	40.1
Life Expectancy at Birth, Male, Years	● ▲ 44.2	40.6
Median Age of Total Population	● ▲ 16.7	16.3
Population 60 Years and Over, %	● ▲ 4.2	4.7
Dependency Ratio	● ▲ 97	101

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.00	5.71	4.55	40.87

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.5/6.7
No Education, Primary	7.3
Highest Level of Education	3.0
Provincial Low/High	6.0/6.8 Southern/Central
Poorest/Richest Quintile	7.2/6.1

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	82.5/116.7
No Education, Primary	116.6
Highest Level of Education	65.4
Provincial Low/High	97.6/129.6 Central/Southern
Poorest/Richest Quintile, %	131.5/86.4

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	230.8/149.0
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	134.0/180.0
Poorest/Richest Quintile	143.0/131.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	27.1/34.2
No Education, Primary, %	56.1

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	618
Gross Domestic Product Growth Rate, Annual %		3	4
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	41.7
Population Living Below National Poverty Line, %	▲	54.0	65.3
Share of Income or Consumption by Poorest Quintile		na	1.9
Access to Improved Water Supply, %	▲	53	67
Antenatal Care, At Least One Visit, %		92	94
Deliveries Attended by Skilled Attendants, %	●▲	41	61
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	50.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	63.8
Illiteracy Rate, % of Population 15 and Over, Male		31	23
Illiteracy Rate, % of Population 15 and Over, Female		64	48
Illiteracy Rate, % of Population 15 to 24, Male		24	17
Illiteracy Rate, % of Population 15 to 24, Female		49	34
Ratio of Girls to Boys, Primary Education	▲	0.82	0.96
Ratio of Girls to Boys, Secondary Education	▲	na	0.75
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	143
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	137
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	38
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	29
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	24
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		49.0	33.0
Refugees, Number		1,058,500	3,202
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	8,848
Estimated HIV Prevalence, 15-49, Total		na	14.2
Estimated HIV Prevalence, 15-49, Male		na	13.2
Estimated HIV Prevalence, 15-49, Female		na	16.8

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.8	19.8
Age-Specific Fertility Rate per 1,000 Women, 15-20		170.0	156.5
Median Age at First Sexual Intercourse, Female, 25-49		na	16.8
Mean Age at Marriage, Male		23.6	23.6
Mean Age at Marriage, Female		18.6	18.6
Married by 18, Percent, Female, 25-49		53.9	52.2
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	66
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	76
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	84.0
HIV Prevalence, 15-24, Total	▲	na	10.6
HIV Prevalence, 15-24, Female	▲	na	14.9
HIV Prevalence, 15-24, Male	▲	na	6.4

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	8.8
Labor Force Participation Rate, 15-64, Male		na	87.3
Labor Force Participation Rate, 15-64, Female		na	79.3
Seats in Parliament Held by Women, %		10.0	9.3
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	1,030.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	28.2
Unmet Need for Family Planning, Spacing, %	●	19.8	17.2
Unmet Need for Family Planning, Limiting, %	●	16.5	12.5
Unmet Need for Family Planning, Total, %	●	36.3	29.7
Unmet Need for Family Planning, Thousands	●	na	0.5

Highest Level of Education	19.7	
Provincial Low/High, %	29.7/35.7	Central/Southern
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	81.6/51.9	
No Education, Primary, %	45.0	
Highest Level of Education, %	87.7	
Provincial Low/High, %	52.2/62.2	Central/Southern
Poorest/Richest Quintile, %	43.0/83.0	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	38.2/24.1	
No Education, Primary, %	4.8	
Highest Level of Education, %	41.6	
Provincial Low/High, %	25.3/27.2	Southern/Central
Poorest/Richest Quintile, %	19.9/39.6	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	19.9/29.4	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	14.1/10.0	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	18.5/13.6	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	13.0/44.1	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	12.4/42.9	
Children Underweight Under 5, Severe:		
Urban/Rural, %	1.4/6.5	
No Education, Primary, %	6.9	
Highest Level of Education, %	2.1	
Provincial Low/High, %	3.4/6.7	Northern/Central
Poorest/Richest Quintile, %	8.7/2.3	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	61.7/89.7	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	55.3/88.7	
Malnourished Women:		
Poorest/Richest Quintile, %	10.4/6.0	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	89.3/97.6	

Mali



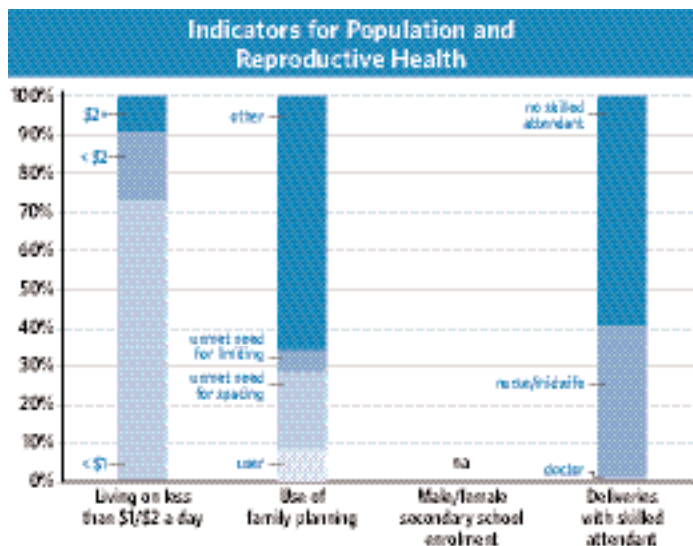
Overview

Political and social stability have not enabled Mali to develop. It remains one of the 50 least developed countries in the world, ranking nearly last — 174th out of 177 countries — on the Human Development Index. Mali is a land-locked country with few resources — much of its land area consists of desert or semi-desert, and it is heavily dependent on donor support. Seventy-three per cent of the country's 13.5 million people live on a dollar a day or less.

Despite these constraints, Mali has experienced sustained positive economic growth since the mid-1990s, and is making some progress in improving health and social conditions. The ratio of girls-to-boys' primary school enrolment increased from 0.59 in 1990 to 0.71 in 2000. Life expectancy increased from 46 in 1990 to 49 in 2005.

HIV/AIDS prevalence remains low at 1.9 per cent, but vulnerability factors, such as mobile populations, poverty and illiteracy, prompted the creation of a National AIDS Commission that is headed by the President. Although maternal, infant and childhood mortality declined, rates remain unacceptable. High fertility (7 lifetime births per woman), low contraceptive prevalence (8 per cent), and rapid population growth (2.9 per cent in 2005) continue to undermine progress.

UNFPA and other partners, working with the government, constructed new health and youth centres, trained health care providers and peer educators, and provided reproductive health commodities and emergency obstetric supplies. A reproductive health programme for adolescents, implemented by ASDAP, a Malian NGO, trained 2,000 peer educators who, in turn, reached 1 million adolescents in 29 regions. A UNFPA peer education project sensitized 4,000 adolescents on reproductive health and rights. With assistance from UNFPA and others, the government organized a National Programme for the Fight against Excision, supported by Parliamentarians, religious leaders and communities.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,420.8	6,736.5
Population in Thousands, Female	4,473.1	6,781.9
Population Growth Rate, %	na	2.9
Crude Birth Rate per 1,000 Population	50.6	49.8
Crude Death Rate per 1,000 Population	19.7	17.0
Urban Population, %	23.8	33.7
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	43.1	43.8
Total Fertility Rate per Woman 15-49	7.42	7.00
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	5.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	8.1
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,200	1,200
MMR, Lower Bound	● ▲ na	680
MMR, Upper Bound	● ▲ na	1,700
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	55.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 146.9	129.6
Under Age 5 Mortality Rate, Total	● ▲ 241	213
Under Age 5 Mortality Rate, Female	● ▲ na	178
Under Age 5 Mortality Rate, Male	● ▲ na	184
Life Expectancy at Birth, Total, Years	● ▲ 45.8	48.5
Life Expectancy at Birth, Female, Years	● ▲ 46.8	49.1
Life Expectancy at Birth, Male, Years	● ▲ 44.9	47.8
Median Age of Total Population	● ▲ 16.0	15.8
Population 60 Years and Over, %	● ▲ 4.4	4.2
Dependency Ratio	● ▲ 102	104

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.30	6.13	2.52	51.36

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	5.5/7.3
No Education, Primary	7.1
Highest Level of Education	4.1
Provincial Low/High	4.7/7.4 Bamako/Sakasso & Segou
Poorest/Richest Quintile	6.9/5.1

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	98.7/145.0
No Education, Primary	139.6
Highest Level of Education	59.6
Provincial Low/High	83.9/147.9 Bamako/Segou
Poorest/Richest Quintile, %	137.2/89.9

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	247.8/148.1
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	129.0/218.0
Poorest/Richest Quintile	198.0/122.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	29.9/49.4
No Education, Primary, %	46.0

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	994
Gross Domestic Product Growth Rate, Annual %		1	6
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	72.8
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	1.8
Access to Improved Water Supply, %	▲	49	48
Antenatal Care, At Least One Visit, %		11	53
Deliveries Attended by Skilled Attendants, %	●▲	14	41
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	58.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	63.7
Illiteracy Rate, % of Population 15 and Over, Male		72	60
Illiteracy Rate, % of Population 15 and Over, Female		90	81
Illiteracy Rate, % of Population 15 to 24, Male		62	48
Illiteracy Rate, % of Population 15 to 24, Female		83	70
Ratio of Girls to Boys, Primary Education	▲	0.59	0.71
Ratio of Girls to Boys, Secondary Education	▲	na	0.52
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	66
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	51
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	25
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	14
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		25.0	21.0
Refugees, Number		13,100	10,009
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	715
Estimated HIV Prevalence, 15-49, Total		na	1.9
Estimated HIV Prevalence, 15-49, Male		na	1.8
Estimated HIV Prevalence, 15-49, Female		na	2.6

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.9	20.3
Age-Specific Fertility Rate per 1,000 Women, 15-20		199.5	199.0
Median Age at First Sexual Intercourse, Female, 25-49		na	15.8
Mean Age at Marriage, Male		28.1	28.1
Mean Age at Marriage, Female		18.9	18.9
Married by 18, Percent, Female, 25-49		na	65.6
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	46.0
HIV Prevalence, 15-24, Total	▲	na	1.7
HIV Prevalence, 15-24, Female	▲	na	2.1
HIV Prevalence, 15-24, Male	▲	na	1.4

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	12.6
Labor Force Participation Rate, 15-64, Male		na	90.5
Labor Force Participation Rate, 15-64, Female		na	74.5
Seats in Parliament Held by Women, %		na	10.2
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	1,594.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	38.7
Unmet Need for Family Planning, Spacing, %	●	na	20.1
Unmet Need for Family Planning, Limiting, %	●	na	5.7
Unmet Need for Family Planning, Total, %	●	na	25.7
Unmet Need for Family Planning, Thousands	●	na	0.5

Highest Level of Education	14.6	
Provincial Low/High, %	30.7/51.1	Bamako/Sikasso
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	85.6/28.5	
No Education, Primary, %	36.9	
Highest Level of Education, %	94.1	
Provincial Low/High, %	20.1/95.1	Mopti/Bamako
Poorest/Richest Quintile, %	8.1/81.9	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	14.7/2.8	
No Education, Primary, %	4.0	
Highest Level of Education, %	25.6	
Provincial Low/High, %	0.6/19.2	Gao/Bamako
Poorest/Richest Quintile, %	4.2/17.9	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	7.6/19.1	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	8.0/8.9	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	21.0/21.2	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	14.7/60.2	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	19.7/34.7	
Children Underweight Under 5, Severe:		
Urban/Rural, %	12.1/18.1	
No Education, Primary, %	17.6	
Highest Level of Education, %	8.8	
Provincial Low/High, %	9.8/19.2	Bamako/Sikasso
Poorest/Richest Quintile, %	13.2/3.9	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	17.9/65.6	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	28.8/74.1	
Malnourished Women:		
Poorest/Richest Quintile, %	13.0/10.2	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	42.2/91.8	

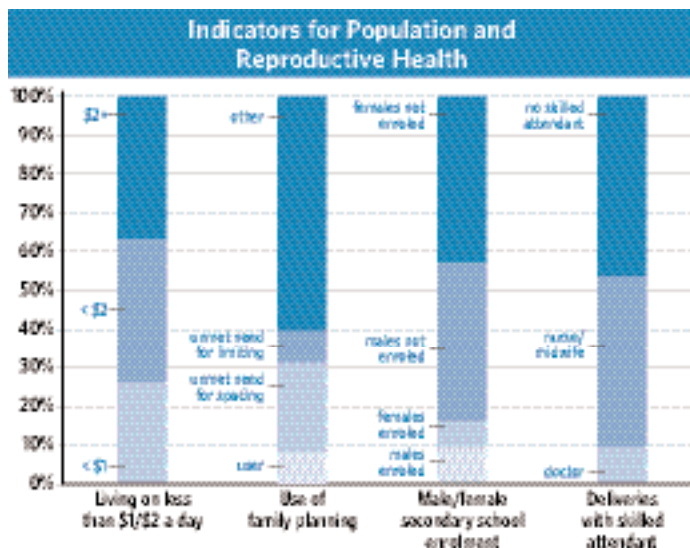
Mauritania

Overview

Recurrent coup attempts in 2003 and 2004 undermined economic growth in Mauritania — one of the poorest countries in the world. Despite its size, the country's 3 million people are confined to towns and cities and a few fertile areas. Most of the land is desert or semi-desert. Mauritania is making some progress toward achieving the targets set by its Poverty Reduction Strategy Paper and the Millennium Development Goals: the proportion of those living below the national poverty line declined from 50 per cent in 1990 to 46 per cent in 2000; access to education improved; and gender inequalities in primary school enrolment nearly disappeared. Mauritania increased its allocations for education, health and poverty reduction from 8 per cent of GDP in 2001 to 11 per cent in 2002.

Social indicators are mixed. Maternal mortality increased from 930 deaths per 100,000 live births in 1990 to 1,000 in 2000. Less than half (40 per cent) of all births are attended by skilled personnel and infant and childhood mortality both declined, but remain high. Low contraceptive use (8 per cent for any method), high fertility (5.8 lifetime births per woman), and accelerated population growth of 2.9 are hindering development. Although only 0.6 per cent of the adult population is HIV positive, the government views the threat with concern. The Prime Minister chairs the National AIDS Commission, which is comprised of government agencies, religious leaders, civil society organizations and development partners.

Peer-educators and teachers provide HIV/AIDS education and information to students in all secondary schools, and youth associations educate out-of-school young people. Construction, renovation and equipping of hospitals and health posts, and training physicians, including pediatricians, obstetricians and gynecologists, has improved the availability and quality of reproductive health care. Radio, television and print media were used in a national campaign, supported by UNFPA, to inform citizens of the Personnel Status Code, which promotes women's rights and opportunities.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	998.9	1,517.6
Population in Thousands, Female	1,031.4	1,551.1
Population Growth Rate, %	na	2.9
Crude Birth Rate per 1,000 Population	42.5	42.6
Crude Death Rate per 1,000 Population	16.5	13.4
Urban Population, %	44.0	64.3
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	45.5	46.7
Total Fertility Rate per Woman 15-49	6.15	5.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	1.3	5.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	3.3	8.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 930	1,000
MMR, Lower Bound	● ▲ na	630
MMR, Upper Bound	● ▲ na	1,500
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	70.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 112.5	92.4
Under Age 5 Mortality Rate, Total	● ▲ 181	149
Under Age 5 Mortality Rate, Female	● ▲ na	150
Under Age 5 Mortality Rate, Male	● ▲ na	163
Life Expectancy at Birth, Total, Years	● ▲ 48.9	53.5
Life Expectancy at Birth, Female, Years	● ▲ 50.6	55.1
Life Expectancy at Birth, Male, Years	● ▲ 47.4	51.9
Median Age of Total Population	● ▲ 17.9	18.4
Population 60 Years and Over, %	● ▲ 5.3	5.3
Dependency Ratio	● ▲ 89	87

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.90	10.41	3.07	65.02

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.1/5.1
No Education, Primary	5.2
Highest Level of Education	3.4
Provincial Low/High	4.1/5.1 Nouakchott/Fleuve
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	82.0/74.0
No Education, Primary	87.0
Highest Level of Education	51.0
Provincial Low/High	71.0/102.0 Sud-Est/Nord
Poorest/Richest Quintile, %	60.8/62.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	98.1/78.5
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	69.0/106.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	14.4/17.0
No Education, Primary, %	23.3

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,896
Gross Domestic Product Growth Rate, Annual %	2	5
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	25.9
Population Living Below National Poverty Line, %	▲ na	46.3
Share of Income or Consumption by Poorest Quintile	na	2.5
Access to Improved Water Supply, %	▲ 66	56
Antenatal Care, At Least One Visit, %	48	63
Deliveries Attended by Skilled Attendants, %	●▲ 40	57
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	37.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	54.9
Illiteracy Rate, % of Population 15 and Over, Male	54	47
Illiteracy Rate, % of Population 15 and Over, Female	76	67
Illiteracy Rate, % of Population 15 to 24, Male	44	42
Illiteracy Rate, % of Population 15 to 24, Female	64	57
Ratio of Girls to Boys, Primary Education	▲ 0.73	0.93
Ratio of Girls to Boys, Secondary Education	▲ na	0.88
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	89
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	87
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	25
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	20
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	33
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	14.0	10.0
Refugees, Number	37,500	475
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	55
Estimated HIV Prevalence, 15-49, Total	na	0.6
Estimated HIV Prevalence, 15-49, Male	na	0.6
Estimated HIV Prevalence, 15-49, Female	na	0.8

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.4	19.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	124.5	98.0
Median Age at First Sexual Intercourse, Female, 25-49	na	17.0
Mean Age at Marriage, Male	29.8	29.8
Mean Age at Marriage, Female	23.1	23.1
Married by 18, Percent, Female, 25-49	na	54.8
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	17
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	30
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	30.0
HIV Prevalence, 15-24, Total	▲ na	0.5
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	13.0
Labor Force Participation Rate, 15-64, Male	na	87.9
Labor Force Participation Rate, 15-64, Female	na	66.0
Seats in Parliament Held by Women, %	na	4.4
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	337.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	35.3
Unmet Need for Family Planning, Spacing, %	● na	22.9
Unmet Need for Family Planning, Limiting, %	● na	8.6
Unmet Need for Family Planning, Total, %	● na	31.6
Unmet Need for Family Planning, Thousands	● na	0.1

Highest Level of Education	5.3	
Provincial Low/High, %	10.4/18.1	Centre/Nord
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	88.2/33.3	
No Education, Primary, %	41.8	
Highest Level of Education, %	93.1	
Provincial Low/High, %	23.0/92.1	Sud-Est/Nouakchott
Poorest/Richest Quintile, %	14.7/92.8	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	11.8/0.6	
No Education, Primary, %	2.4	
Highest Level of Education, %	17.5	
Provincial Low/High, %	0.9/13.1	Sud-Est & Centre/Nouakchott
Poorest/Richest Quintile, %	0.1/16.5	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	2.0/16.9	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/64.1	
Children Underweight Under 5, Severe:		
Urban/Rural, %	7.1/11.9	
No Education, Primary, %	12.6	
Highest Level of Education, %	3.2	
Provincial Low/High, %	5.5/13.0	Nord/Fleuve
Poorest/Richest Quintile, %	14.2/3.1	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	38.9/76.6	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	50.2/80.4	
Malnourished Women:		
Poorest/Richest Quintile, %	17.3/8.5	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	33.3/88.5	

Overview

Mauritius, an island off the east coast of Africa, has an estimated population of 1.2 million. Family planning and prenatal services are widely accessible in the country through an extensive network of hospitals, clinics and community health centres. Since the early 1970s, the Maternal and Child Health services of the Ministry of Health and Quality of Life, with the collaboration of other ministries and NGO's, has successfully implemented programmes addressing reproductive health, women's empowerment and gender equality. These services have contributed to a decline in the country's total fertility rate (now at 2.1 lifetime births per women) and the low annual population growth rate (0.9 per cent). However, some challenges remain.

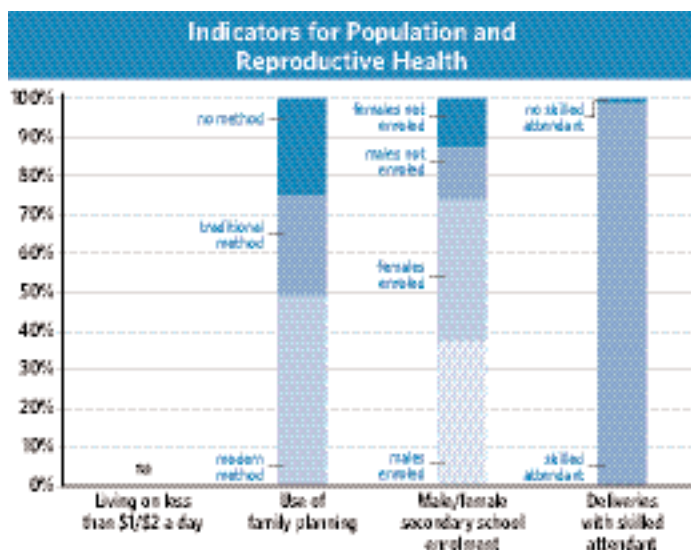
In its response to a 2003 United Nations inquiry, the government indicated that it continues to view adolescent fertility levels, the ageing of its population, and the shrinking size of its working age population as areas of concern.

The government sees a need to increase the accessibility of high-quality reproductive health services among adolescents and other underserved populations and to address the unmet reproductive health needs of married women.

In 2001, responding to the increasing number of complications associated with unsafe abortions, the government announced the creation of a task force to investigate abortion-related issues. In addition, the National HIV/AIDS Strategic Plan 2001-2005 outlines multisectoral activities to promote prevention and to increase access to anti-retroviral drugs. A National AIDS Committee was also formed to give policy guidance on HIV/AIDS.

As of 2004, Mauritius had not developed a Poverty Reduction Strategy Paper (PRSP), however the government is giving top priority to poverty reduction through the implementation of the National Action Plan for Poverty Alleviation.

In 2002, Rodrigues Island was granted autonomy within the Republic of Mauritius. Rodriguan leaders will now define its priorities and policies in the field of reproductive health, gender equality and women's empowerment in line with the island's needs.



POPULATION	1990	Most Recent
Population in Thousands, Male	527.8	618.0
Population in Thousands, Female	528.9	626.6
Population Growth Rate, %	na	0.9
Crude Birth Rate per 1,000 Population	20.1	17.6
Crude Death Rate per 1,000 Population	6.4	6.8
Urban Population, %	40.5	43.8
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	54.6	54.6
Total Fertility Rate per Woman 15-49	2.23	2.08
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	48.9	48.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	74.7	74.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 120	24
MMR, Lower Bound	● ▲ na	16
MMR, Upper Bound	● ▲ na	32
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	12.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 21.7	14.4
Under Age 5 Mortality Rate, Total	● ▲ 24	17
Under Age 5 Mortality Rate, Female	● ▲ na	15
Under Age 5 Mortality Rate, Male	● ▲ na	21
Life Expectancy at Birth, Total, Years	● ▲ 69.2	72.5
Life Expectancy at Birth, Female, Years	● ▲ 73.2	76.0
Life Expectancy at Birth, Male, Years	● ▲ 65.7	69.2
Median Age of Total Population	● ▲ 25.7	30.4
Population 60 Years and Over, %	● ▲ 8.3	9.6
Dependency Ratio	● ▲ 54	45

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.20	85.72	2.50	458.13

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.2/2.3
No Education, Primary	2.6
Highest Level of Education	2.3
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	11,258
Gross Domestic Product Growth Rate, Annual %		6	5
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	10.6	10.6
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	100	100
Antenatal Care, At Least One Visit, %		90	90
Deliveries Attended by Skilled Attendants, %	●▲	91	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	71.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		15	11
Illiteracy Rate, % of Population 15 and Over, Female		25	16
Illiteracy Rate, % of Population 15 to 24, Male		9	6
Illiteracy Rate, % of Population 15 to 24, Female		9	4
Ratio of Girls to Boys, Primary Education	▲	0.98	0.97
Ratio of Girls to Boys, Secondary Education	▲	na	0.92
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	103
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	104
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	81
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	81
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	3
Wasted Children under 5, Severe, %		na	4
Undernourished People, %		6.0	5.0
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.9	15.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		40.0	32.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		28.2	28.2
Mean Age at Marriage, Female		23.8	23.8
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.0
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.4
Gender Empowerment Measure, Rank		na	58.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		86.3	84.7
Labor Force Participation Rate, 15-64, Female		43.3	45.0
Seats in Parliament Held by Women, %		7.0	5.7
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	12.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	3.6
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	47.5/50.2
No Education, Primary, %	57.4
Highest Level of Education, %	43.8
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Mozambique

Overview

Mozambique is a least developed country, ranking 168 out of 177 countries on the UNDP Human Development Index. Recent droughts in several provinces have led to food shortages. The HIV/AIDS pandemic is considered one of the most devastating threats to the country's 19.8 million people, with the potential to wipe out all past and current gains. The incidence of HIV/AIDS is disproportionately higher among young females. Mozambique has one of the highest maternal mortality ratios in the world (1,000 deaths per 100,000 live births) while modern contraceptive prevalence rate is 5 per cent.

The National Population Policy Action Plan is an integral part of the comprehensive Absolute Poverty Reduction Programme, which seeks to reduce individual poverty while addressing issues such as sexual and reproductive health and rights, HIV/AIDS, education and gender equality.

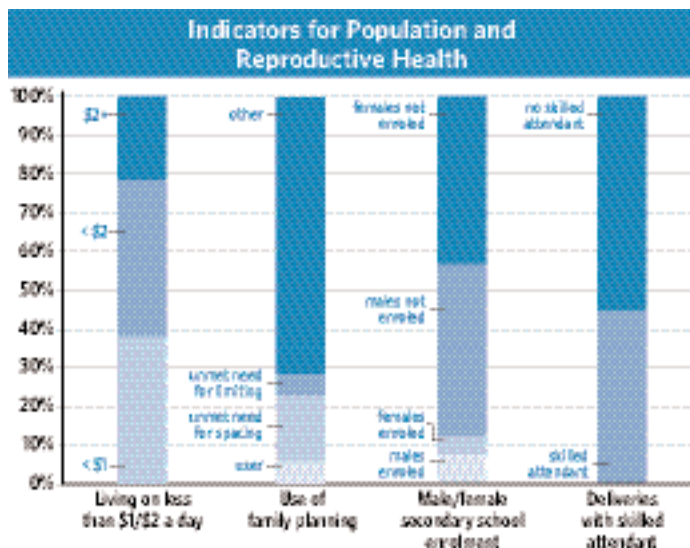
The government has approved a National Gender Policy that provides stronger inheritance rights protection to women and children. The minimum age for marriage for both boys and girls has been increased to 18 years in an effort to reduce adolescent childbearing.

An Adolescent Sexual and Reproductive Health Policy has been developed, catering to the needs of young people. The government, working with NGOs, is focusing attention and resources on meeting the reproductive health needs of adolescents and young adults.

The international community has provided generous funding for the treatment of HIV/AIDS. However, inadequate technical, human and institutional capacities are a major challenge to scaling-up the anti-retroviral treatment programme.

A National Maternal Mortality Reduction Strategy was approved in 2000. UNFPA provides technical support for the in-service training of health personnel on emergency obstetric care. The national health information system has been revised to incorporate sexual and reproductive health indicators.

Challenges facing the Absolute Poverty Reduction Programme include the persistence of regional disparities in poverty, poor governance systems and lack of qualified personnel in sexual and reproductive health.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	6,417.6	9,579.8
Population in Thousands, Female	7,011.8	10,212.4
Population Growth Rate, %	na	1.9
Crude Birth Rate per 1,000 Population	44.2	43.0
Crude Death Rate per 1,000 Population	20.7	20.0
Urban Population, %	21.1	38.0
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.0	46.6
Total Fertility Rate per Woman 15-49	6.25	5.68
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	5.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	5.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,500	1,000
MMR, Lower Bound	● ▲ na	260
MMR, Upper Bound	● ▲ na	2,000
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	48.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 138.3	95.8
Under Age 5 Mortality Rate, Total	● ▲ 233	172
Under Age 5 Mortality Rate, Female	● ▲ na	207
Under Age 5 Mortality Rate, Male	● ▲ na	223
Life Expectancy at Birth, Total, Years	● ▲ 43.2	41.8
Life Expectancy at Birth, Female, Years	● ▲ 44.8	42.3
Life Expectancy at Birth, Male, Years	● ▲ 41.6	41.3
Median Age of Total Population	● ▲ 16.6	17.7
Population 60 Years and Over, %	● ▲ 5.2	5.2
Dependency Ratio	● ▲ 99	90

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.10	7.78	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.4/6.1
No Education, Primary	6.3
Highest Level of Education	2.9
Provincial Low/High	3.2/7.2 Maputo City/Niassa
Poorest/Richest Quintile	5.2/4.4

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	95.0/135.0
No Education, Primary	142.0
Highest Level of Education	65.0
Provincial Low/High	51.0/178.0 Maputo City/Cabo Delgado
Poorest/Richest Quintile, %	187.7/94.7

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	277.5/144.6
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	143.0/208.0
Poorest/Richest Quintile	191.0/126.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	30.6/43.6
No Education, Primary, %	50.1

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,133
Gross Domestic Product Growth Rate, Annual %		0	7
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	37.9
Population Living Below National Poverty Line, %	▲	na	69.4
Share of Income or Consumption by Poorest Quintile		na	2.5
Access to Improved Water Supply, %	▲	22	42
Antenatal Care, At Least One Visit, %		54	85
Deliveries Attended by Skilled Attendants, %	●▲	29	45
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	43.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	62.2
Illiteracy Rate, % of Population 15 and Over, Male		51	34
Illiteracy Rate, % of Population 15 and Over, Female		82	64
Illiteracy Rate, % of Population 15 to 24, Male		34	21
Illiteracy Rate, % of Population 15 to 24, Female		68	46
Ratio of Girls to Boys, Primary Education	▲	0.76	0.77
Ratio of Girls to Boys, Secondary Education	▲	na	0.65
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	114
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	93
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	19
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	13
Children Underweight Under 5, Male, %		na	28
Children Underweight Under 5, Female, %		na	24
Stunted Children under 5, Severe, %		na	16
Wasted Children under 5, Severe, %		na	2
Undernourished People, %		69.0	53.0
Refugees, Number		300	311
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	9,225
Estimated HIV Prevalence, 15-49, Total		na	12.2
Estimated HIV Prevalence, 15-49, Male		na	12.9
Estimated HIV Prevalence, 15-49, Female		na	14.6

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.6	20.3
Age-Specific Fertility Rate per 1,000 Women, 15-20		119.0	101.5
Median Age at First Sexual Intercourse, Female, 25-49		na	16.1
Mean Age at Marriage, Male		na	22.7
Mean Age at Marriage, Female		na	17.6
Married by 18, Percent, Female, 25-49		na	59.4
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	62.0
HIV Prevalence, 15-24, Total	▲	na	10.4
HIV Prevalence, 15-24, Female	▲	na	14.7
HIV Prevalence, 15-24, Male	▲	na	6.1

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	10.9
Labor Force Participation Rate, 15-64, Male		na	91.2
Labor Force Participation Rate, 15-64, Female		na	84.0
Seats in Parliament Held by Women, %		16.0	30.0
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	1,376.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	24.0
Unmet Need for Family Planning, Spacing, %	●	na	16.9
Unmet Need for Family Planning, Limiting, %	●	na	5.6
Unmet Need for Family Planning, Total, %	●	na	22.5
Unmet Need for Family Planning, Thousands	●	na	0.7

Highest Level of Education	11.4	
Provincial Low/High, %	23.4/53.5	Maputo Cidade/Cabo Delgado
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	80.7/34.2	
No Education, Primary, %	31.4	
Highest Level of Education, %	94.7	
Provincial Low/High, %	31.4/89.2	Cabo Delgado/Maputo City
Poorest/Richest Quintile, %	18.1/82.1	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	23.2/7.0	
No Education, Primary, %	4.7	
Highest Level of Education, %	47.4	
Provincial Low/High, %	4.5/39.2	Cabo Delgado/Maputo City
Poorest/Richest Quintile, %	0.9/16.9	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	0.6/20.3	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	5.1/8.8	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	17.3/18.8	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	3.6/7.6	
No Education, Primary, %	10.6	
Highest Level of Education, %	3.7	
Provincial Low/High, %	1.4/9.2	Maputo City/Cabo Delgado
Poorest/Richest Quintile, %	15.3/4.5	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	29.3/78.3	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	41.5/78.6	
Malnourished Women:		
Poorest/Richest Quintile, %	17.2/4.2	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	48.4/98.2	

Namibia

Overview

Compared to other sub-Saharan African countries, Namibia's maternal mortality ratio is low (300 deaths per 100,000 live births) and over three-quarters of women deliver with the assistance of skilled birth attendants. The modern contraceptive prevalence rate is 26 per cent

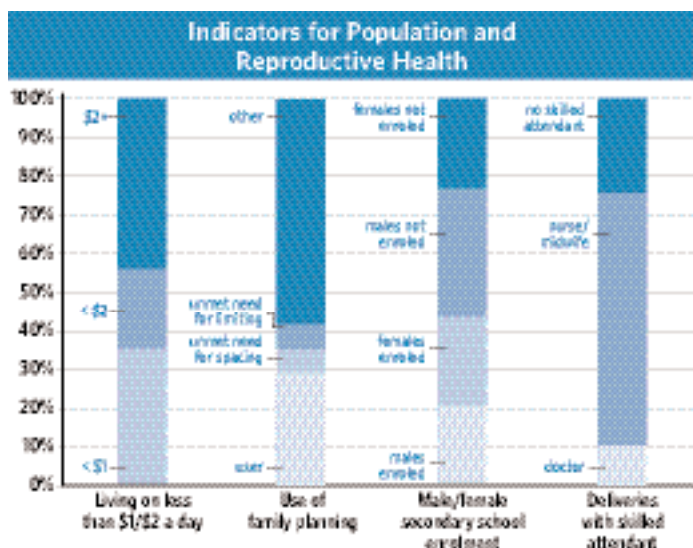
However, Namibia has one of the highest HIV prevalence rates in the world with 21 per cent of those ages 15-49 infected. Moreover, the prevalence of HIV/AIDS among 15-24 year olds is 18 per cent. Recent national surveys, however, indicate that the prevalence rate may be declining.

Several policy frameworks to address the country's population and development programmes demonstrate the government's commitment to Namibia Vision 2030, which takes into consideration the Millennium Development Goals (MDGs) and the International Conference on Population and Development (ICPD) Programme of Action. Some of the policies, which have recently been approved, include the National Reproductive Health Policy and National Youth Policy.

Through the adoption of a National Gender Policy, the Married Persons Equality Act and the Combating of Rape Act, Namibia has taken important steps towards creating an enabling environment for gender equality and women's empowerment. Many challenges remain, including the effective implementation and enforcement of these Acts, continuing violence against women and the critical need to ensure the incorporation of a gender perspective in all policies and programmes pertaining to HIV/AIDS.

The National Strategic Plan on HIV/AIDS is a multisectoral response to the pandemic that provides anti-retroviral therapy and prevention activities. Through intensive peer education programmes and multi-purpose youth resource centres, young people are being reached with information on sexual and reproductive health, adolescent pregnancy, gender-based violence and HIV/AIDS.

The HIV/AIDS pandemic remains a major challenge to Vision 2030 and has enormous implications for the country's future development, particularly for adolescents.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	690.0	1,007.1
Population in Thousands, Female	707.7	1,024.1
Population Growth Rate, %	na	1.2
Crude Birth Rate per 1,000 Population	41.6	38.0
Crude Death Rate per 1,000 Population	9.0	15.5
Urban Population, %	26.6	33.5
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	46.3	47.8
Total Fertility Rate per Woman 15-49	5.97	4.72
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	26.0	26.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	28.9	28.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 370	300
MMR, Lower Bound	● ▲ na	74
MMR, Upper Bound	● ▲ na	550
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	25.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 60.2	40.2
Under Age 5 Mortality Rate, Total	● ▲ 79	75
Under Age 5 Mortality Rate, Female	● ▲ na	102
Under Age 5 Mortality Rate, Male	● ▲ na	113
Life Expectancy at Birth, Total, Years	● ▲ 61.6	47.2
Life Expectancy at Birth, Female, Years	● ▲ 63.1	47.2
Life Expectancy at Birth, Male, Years	● ▲ 60.1	47.2
Median Age of Total Population	● ▲ 17.8	18.6
Population 60 Years and Over, %	● ▲ 5.3	5.3
Dependency Ratio	● ▲ 89	82

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.70	69.45	6.11	435.25

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.1/5.1
No Education, Primary	6.3
Highest Level of Education	2.6
Provincial Low/High	3.6/4.8 South/Northeast
Poorest/Richest Quintile	6.9/3.6

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	30.1/45.1
No Education, Primary	51.3
Highest Level of Education	27.0
Provincial Low/High	23.5/49.9 Northeast/Northwest
Poorest/Richest Quintile, %	35.8/22.7

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	55.4/31.4
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	82.0/92.0
Poorest/Richest Quintile	105.0/99.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	17.3/17.8
No Education, Primary, %	37.1

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,375
Gross Domestic Product Growth Rate, Annual %	1	4
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	34.9
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	0.5
Access to Improved Water Supply, %	▲ na	80
Antenatal Care, At Least One Visit, %	82	82
Deliveries Attended by Skilled Attendants, %	●▲ 71	76
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	54.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	75.3
Illiteracy Rate, % of Population 15 and Over, Male	23	14
Illiteracy Rate, % of Population 15 and Over, Female	28	15
Illiteracy Rate, % of Population 15 to 24, Male	14	8
Illiteracy Rate, % of Population 15 to 24, Female	11	5
Ratio of Girls to Boys, Primary Education	▲ 1.08	1.00
Ratio of Girls to Boys, Secondary Education	▲ na	1.12
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	105
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	106
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	59
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	66
Children Underweight Under 5, Male, %	27	27
Children Underweight Under 5, Female, %	26	26
Stunted Children under 5, Severe, %	8	8
Wasted Children under 5, Severe, %	2	2
Undernourished People, %	20.0	7.0
Refugees, Number	200	19,800
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	1,992
Estimated HIV Prevalence, 15-49, Total	na	21.3
Estimated HIV Prevalence, 15-49, Male	na	19.4
Estimated HIV Prevalence, 15-49, Female	na	23.3

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.3	21.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	110.5	52.0
Median Age at First Sexual Intercourse, Female, 25-49	19.2	19.2
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	12.6	11.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	86
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	82.0
HIV Prevalence, 15-24, Total	▲ na	17.7
HIV Prevalence, 15-24, Female	▲ na	24.3
HIV Prevalence, 15-24, Male	▲ na	11.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	33.0
Malnourished Women, %	13.7	13.7
Labor Force Participation Rate, 15-64, Male	na	63.1
Labor Force Participation Rate, 15-64, Female	na	49.2
Seats in Parliament Held by Women, %	7.0	21.4
Female Legislators, Senior Officials and Managers, %	na	30.0
Female Professional and Technical Workers, %	na	55.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	136.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	23.4
Unmet Need for Family Planning, Spacing, %	● 15.7	6.0
Unmet Need for Family Planning, Limiting, %	● 7.8	6.7
Unmet Need for Family Planning, Total, %	● 23.5	12.7
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	7.9	
Provincial Low/High, %	7.4/35.0	Oshana/Kunene
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	93.1/66.3	
No Education, Primary, %	46.8	
Highest Level of Education, %	98.3	
Provincial Low/High, %	50.7/95.3	Kavango/Erongo
Poorest/Richest Quintile, %	55.4/97.1	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	57.4/44.9	
No Education, Primary, %	35.1	
Highest Level of Education, %	65.9	
Provincial Low/High, %	21.8/68.5	Oshana/Erongo
Poorest/Richest Quintile, %	28.8/64.2	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	20.0/60.2	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	6.6/7.2	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	15.8/7.7	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	3.7/6.0	
No Education, Primary, %	9.8	
Highest Level of Education, %	1.5	
Provincial Low/High, %	1.5/10.1	Karas/Oshana
Poorest/Richest Quintile, %	8.0/1.4	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	76.1/90.3	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	72.9/92.7	
Malnourished Women:		
Poorest/Richest Quintile, %	19.3/5.3	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	80.6/96.3	

Niger



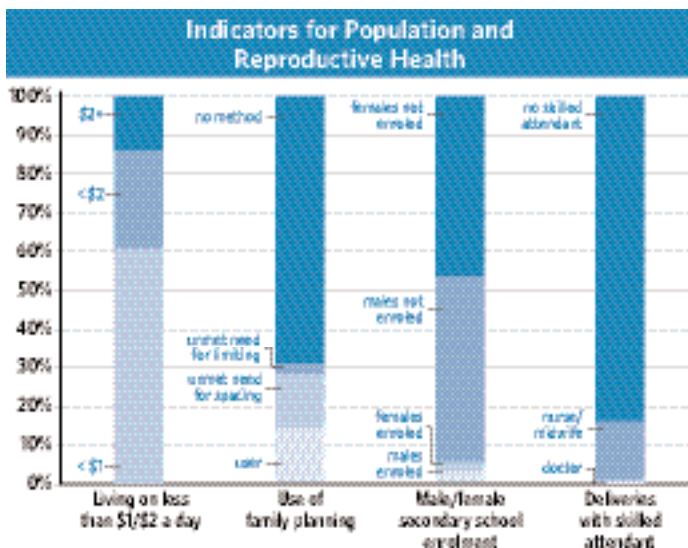
Overview

Niger, one of the least developed countries in the world, ranks lowest on the Human Development Index. Approximately 61 per cent of the country's population of nearly 14 million live on less than \$1 per day and 19 per cent of the population is between the ages of 15 and 24. Despite positive economic growth, almost all of Niger's national budget is provided by donors, and the economy is still largely dependent on the agricultural sector. In late 2004, Niger suffered a severe drought and locust invasion, causing extreme food shortages and widespread starvation.

Positive signs include: a decline in the infant mortality rate from 177 deaths per 1,000 live births in 1990 to 149 in 2005, a reduction in under-five mortality from 307 deaths per 1,000 live births in 1995 to 256 in 2005 and an increase in life expectancy from 40 years in 1990 to 45 in 2005.

However, social indicators for girls and women are among the worst in the world. Nearly all women 15 years and older are illiterate, and nearly two-thirds of girls do not attend primary school. The government is alarmed about high fertility rates, particularly among young women, accelerating rates of maternal mortality, a decline in assisted births (from 21 per cent in 1990 to 16 per cent in 2000), and low contraceptive prevalence. With a persistently high population growth rate (3.3 per cent in 2005), Niger's ability to achieve development targets is severely limited.

The government prioritized investments to improve reproductive health in its Poverty Reduction Strategy Paper. UNFPA supplies oral contraceptives and male condoms, supports midwives' training, and provides materials and equipment to improve maternal health care. Although HIV/AIDS prevalence is low (1.2 per cent of all adults) national, regional and sector plans of action were developed. An NGO — Living Better with AIDS — runs Niger's only voluntary testing and counseling centre.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,298.8	7,136.1
Population in Thousands, Female	4,173.6	6,820.9
Population Growth Rate, %	na	3.3
Crude Birth Rate per 1,000 Population	57.2	55.4
Crude Death Rate per 1,000 Population	25.6	20.2
Urban Population, %	16.1	23.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	43.0	43.2
Total Fertility Rate per Woman 15-49	8.19	7.85
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	2.3	4.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	4.4	14.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,200	1,600
MMR, Lower Bound	● ▲ na	420
MMR, Upper Bound	● ▲ na	3,100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	43.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 176.7	149.0
Under Age 5 Mortality Rate, Total	● ▲ 307	256
Under Age 5 Mortality Rate, Female	● ▲ na	213
Under Age 5 Mortality Rate, Male	● ▲ na	207
Life Expectancy at Birth, Total, Years	● ▲ 40.0	44.8
Life Expectancy at Birth, Female, Years	● ▲ 40.0	44.9
Life Expectancy at Birth, Male, Years	● ▲ 39.9	44.8
Median Age of Total Population	● ▲ 15.5	15.5
Population 60 Years and Over, %	● ▲ 3.7	3.3
Dependency Ratio	● ▲ 105	104

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.00	3.50	1.72	83.41

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	6.7/7.5
No Education, Primary	7.5
Highest Level of Education	6.3
Provincial Low/High	5.9/8.1 Niamey/Tillaberi
Poorest/Richest Quintile	8.4/5.7

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	79.0/144.0
No Education, Primary	142.0
Highest Level of Education	78.0
Provincial Low/High	67.0/159.0 Agadez/Maradi
Poorest/Richest Quintile, %	131.1/85.8

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	281.8/183.7
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	177.0/242.0
Poorest/Richest Quintile	260.0/148.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	28.7/38.0
No Education, Primary, %	38.9

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	827
Gross Domestic Product Growth Rate, Annual %		0	4
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	61.4
Population Living Below National Poverty Line, %	▲	na	63.0
Share of Income or Consumption by Poorest Quintile		na	0.8
Access to Improved Water Supply, %	▲	59	46
Antenatal Care, At Least One Visit, %		31	41
Deliveries Attended by Skilled Attendants, %	●▲	21	16
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	47.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	50.8
Illiteracy Rate, % of Population 15 and Over, Male		82	73
Illiteracy Rate, % of Population 15 and Over, Female		95	89
Illiteracy Rate, % of Population 15 to 24, Male		75	64
Illiteracy Rate, % of Population 15 to 24, Female		91	83
Ratio of Girls to Boys, Primary Education	▲	0.57	0.65
Ratio of Girls to Boys, Secondary Education	▲	na	0.62
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	51
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	36
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	8
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	6
Children Underweight Under 5, Male, %		na	40
Children Underweight Under 5, Female, %		na	40
Stunted Children under 5, Severe, %		na	20
Wasted Children under 5, Severe, %		na	3
Undernourished People, %		42.0	34.0
Refugees, Number		3,700	328
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	34
Estimated HIV Prevalence, 15-49, Total		na	1.2
Estimated HIV Prevalence, 15-49, Male		na	1.0
Estimated HIV Prevalence, 15-49, Female		na	1.3

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.3	19.4
Age-Specific Fertility Rate per 1,000 Women, 15-20		293.0	257.5
Median Age at First Sexual Intercourse, Female, 25-49		14.9	15.1
Mean Age at Marriage, Male		23.4	23.4
Mean Age at Marriage, Female		16.6	16.6
Married by 18, Percent, Female, 25-49		88.7	86.6
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	30
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	37.0
HIV Prevalence, 15-24, Total	▲	na	1.2
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	20.7
Labor Force Participation Rate, 15-64, Male		na	93.7
Labor Force Participation Rate, 15-64, Female		na	71.7
Seats in Parliament Held by Women, %		5.0	1.2
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	1,638.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	39.6
Unmet Need for Family Planning, Spacing, %	●	14.1	14.0
Unmet Need for Family Planning, Limiting, %	●	5.1	2.7
Unmet Need for Family Planning, Total, %	●	19.2	16.6
Unmet Need for Family Planning, Thousands	●	na	0.3

Highest Level of Education	24.8	
Provincial Low/High, %	17.4/48.6	Niamey/Zinder, Diffa
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	64.7/9.1	
No Education, Primary, %	12.0	
Highest Level of Education, %	75.4	
Provincial Low/High, %	3.7/77.7	Zinder/Niamey
Poorest/Richest Quintile, %	4.2/62.8	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	18.5/2.2	
No Education, Primary, %	2.5	
Highest Level of Education, %	38.5	
Provincial Low/High, %	2.1/25.7	Maradi/Niamey
Poorest/Richest Quintile, %	0.8/18.1	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	1.7/26.0	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	2.9/5.5	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	14.3/14.9	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/40.7	
Children Underweight Under 5, Severe:		
Urban/Rural, %	7.4/15.4	
No Education, Primary, %	14.7	
Highest Level of Education, %	6.8	
Provincial Low/High, %	4.4/21.2	Niamey/Zinder
Poorest/Richest Quintile, %	22.5/11.2	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	7.0/48.3	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	12.5/55.9	
Malnourished Women:		
Poorest/Richest Quintile, %	26.7/12.8	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	23.9/84.7	

Nigeria



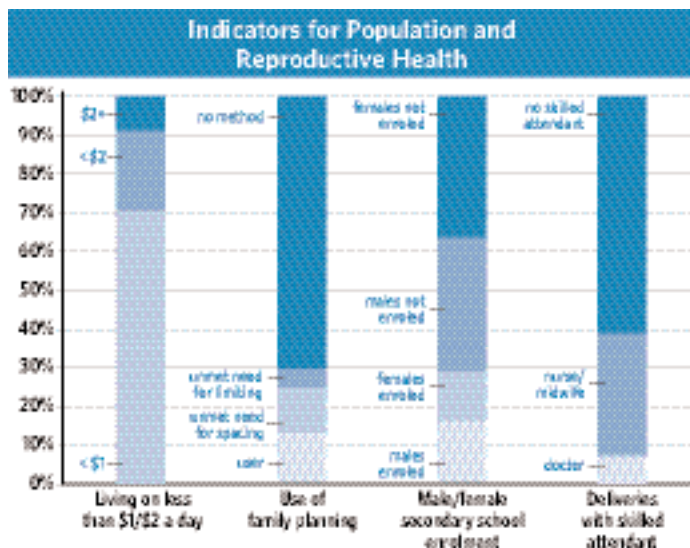
Overview

With a population estimated at almost 132 million in 2005, Nigeria is the most populous country in Africa. The infant mortality rate increased from 86 deaths per 1,000 live births in 2000 to 111 deaths per 1,000 live births in 2005. The total fertility rate stands at 6 births per woman while use of modern contraception among women of reproductive age remains low at about 9 per cent.

Women continue to be disadvantaged in employment, access to credit, education, land ownership and participation in government. Women's health is also being undermined by gender-based violence, lack of adequate nutrition during pregnancy, female genital cutting, and a growing number of fistulas (It is estimated that between 100,000 and 1,000,000 Nigerian women live with the condition.). And Nigeria has one of the highest maternal mortality ratios in the world: 800 deaths per 100,000 live births.

The revised National Population Policy takes the ICPD Programme of Action into account. The National Economic Empowerment and Development Strategy to eradicate poverty has been developed and States Economic Empowerment and Development Strategies are being developed at sub-national level, while reforms have been initiated in several government sectors. National policies on reproductive health, HIV/AIDS, women, and youth exist, but implementation has been slow.

UNFPA and other development partners are supporting the government in building technical capacity for the operationalization of various policies. Specifically, UNFPA is engaged in advocacy and policy dialogue to mobilise support for the population programme, including the improvement of reproductive health services. In addition, UNFPA is supporting the implementation of existing reproductive health and rights policies and assisting in expanding access to quality maternal health care, including the provision of emergency obstetric care. The government's other top priorities focus on: the prevention of HIV, including voluntary counseling and testing (VCT), and provision of youth friendly sexual and reproductive health information and services.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	45,417.0	66,558.3
Population in Thousands, Female	45,140.3	64,971.3
Population Growth Rate, %	na	2.2
Crude Birth Rate per 1,000 Population	46.8	41.7
Crude Death Rate per 1,000 Population	18.5	18.8
Urban Population, %	35.0	48.3
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	44.3	45.9
Total Fertility Rate per Woman 15-49	6.73	6.03
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	3.5	8.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	6.0	15.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,000	800
MMR, Lower Bound	● ▲ na	210
MMR, Upper Bound	● ▲ na	1,500
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	53.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 119.9	111.2
Under Age 5 Mortality Rate, Total	● ▲ 206	195
Under Age 5 Mortality Rate, Female	● ▲ na	133
Under Age 5 Mortality Rate, Male	● ▲ na	133
Life Expectancy at Birth, Total, Years	● ▲ 46.4	43.8
Life Expectancy at Birth, Female, Years	● ▲ 47.9	43.9
Life Expectancy at Birth, Male, Years	● ▲ 45.1	43.6
Median Age of Total Population	● ▲ 17.0	17.5
Population 60 Years and Over, %	● ▲ 4.7	4.8
Dependency Ratio	● ▲ 96	90

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.20	4.85	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.9/6.1
No Education, Primary	6.7
Highest Level of Education	2.8
Provincial Low/High	4.1/7.0 South East, South West/North East
Poorest/Richest Quintile	6.6/4.7

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	81.0/121.0
No Education, Primary	124.0
Highest Level of Education	71.0
Provincial Low/High	66.0/125.0 South East/North East
Poorest/Richest Quintile, %	102.2/68.6

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	239.6/119.8
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	88.0/146.0
Poorest/Richest Quintile	194.0/66.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	16.7/29.6
No Education, Primary, %	53.9

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,024
Gross Domestic Product Growth Rate, Annual %	2	4
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	70.2
Population Living Below National Poverty Line, %	▲ na	34.1
Share of Income or Consumption by Poorest Quintile	na	1.6
Access to Improved Water Supply, %	▲ 46	60
Antenatal Care, At Least One Visit, %	64	61
Deliveries Attended by Skilled Attendants, %	●▲ 45	35
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	45.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	58.8
Illiteracy Rate, % of Population 15 and Over, Male	41	22
Illiteracy Rate, % of Population 15 and Over, Female	62	36
Illiteracy Rate, % of Population 15 to 24, Male	19	8
Illiteracy Rate, % of Population 15 to 24, Female	34	10
Ratio of Girls to Boys, Primary Education	▲ 0.76	0.76
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	132
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	107
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	40
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	33
Children Underweight Under 5, Male, %	na	29
Children Underweight Under 5, Female, %	na	25
Stunted Children under 5, Severe, %	na	26
Wasted Children under 5, Severe, %	na	5
Undernourished People, %	13.0	8.0
Refugees, Number	4,800	9,171
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	1,125
Estimated HIV Prevalence, 15-49, Total	na	5.4
Estimated HIV Prevalence, 15-49, Male	na	4.8
Estimated HIV Prevalence, 15-49, Female	na	6.7

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.7	20.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	180.5	139.5
Median Age at First Sexual Intercourse, Female, 25-49	16.9	16.2
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	18.7
Married by 18, Percent, Female, 25-49	55.0	59.1
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	45.0
HIV Prevalence, 15-24, Total	▲ na	4.4
HIV Prevalence, 15-24, Female	▲ na	5.8
HIV Prevalence, 15-24, Male	▲ na	3.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	87.4
Labor Force Participation Rate, 15-64, Female	na	48.8
Seats in Parliament Held by Women, %	na	5.8
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	11,941.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	31.2
Unmet Need for Family Planning, Spacing, %	● 11.5	11.8
Unmet Need for Family Planning, Limiting, %	● 9.3	5.1
Unmet Need for Family Planning, Total, %	● 20.8	16.9
Unmet Need for Family Planning, Thousands	● na	3.0

Highest Level of Education	9.4
Provincial Low/High, %	4.7/45.2 South West/North West
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	58.5/25.7
No Education, Primary, %	12.7
Highest Level of Education, %	88.9
Provincial Low/High, %	12.3/87.5 North West/South East
Poorest/Richest Quintile, %	12.2/70.0
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	13.9/5.7
No Education, Primary, %	2.3
Highest Level of Education, %	21.7
Provincial Low/High, %	3.0/23.1 North East/South West
Poorest/Richest Quintile, %	0.5/11.6
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	3.5/6.8
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	14.4/15.5

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	6.8/9.9
No Education, Primary, %	11.7
Highest Level of Education, %	2.1
Provincial Low/High, %	4.7/14.7 South West, North West
Poorest/Richest Quintile, %	16.4/4.9
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	30.2/80.2
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	35.1/83.4
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	32.4/90.8



Overview

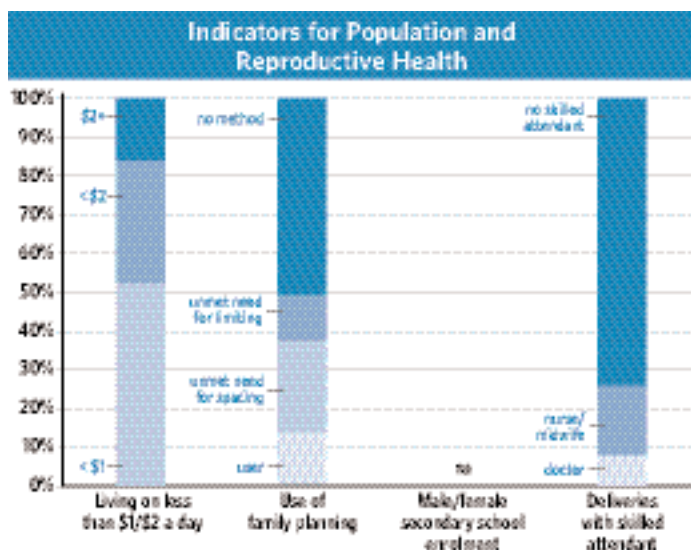
Rwanda is a least developed country, ranking 159 out of 177 countries on the UNDP Human Development Index. Presidential and parliamentary elections were successfully conducted in 2003 after years of ethnic strife that culminated in the 1994 genocide. The civil war reversed substantial gains made in the population and development programme. The government is still grappling with the effects of the civil war. The maternal mortality ratio (1,400 deaths per 100,000 live births) and infant mortality rate (114 deaths per 1,000 live births) are among the highest in the world.

Nearly a quarter of the country's 9 million inhabitants are between the ages of 15 and 24. Furthermore, with a total fertility rate of over six lifetime births per woman, one of the major challenges facing the government is whether economic growth will keep pace with population growth.

The government is implementing a decentralization programme aimed at improving local and regional governance. Although the government has approved a National Population Policy for Sustainable Development, population and reproductive health issues are not high on the national agenda.

Significant efforts are still needed by UNFPA and other partners to ensure population factors are integrated in national priorities and become part of PRSP of Rwanda. The first PRSP 2001 is being updated. It will provide the foundation for a three-year development plan and will aid the government in attaining the MDGs.

The government is taking steps to curb the spread of HIV/AIDS. With substantial donor funding, the national HIV/AIDS programme is expanding comprehensive HIV/AIDS services. Youth-friendly centres have been established and behaviour change communication has been implemented in several districts in the country, with UNFPA assistance.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	3,483.7	4,379.5
Population in Thousands, Female	3,612.4	4,658.2
Population Growth Rate, %	na	2.3
Crude Birth Rate per 1,000 Population	47.8	44.5
Crude Death Rate per 1,000 Population	31.4	18.0
Urban Population, %	5.3	21.8
Sex Ratio at Birth, Male Births per Female Births	1.01	1.01
Women 15-49, %	42.3	48.8
Total Fertility Rate per Woman 15-49	7.58	6.39
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	12.9	4.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	21.2	13.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,300	1,400
MMR, Lower Bound	● ▲ na	790
MMR, Upper Bound	● ▲ na	2,000
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	45.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 122.3	113.9
Under Age 5 Mortality Rate, Total	● ▲ 223	190
Under Age 5 Mortality Rate, Female	● ▲ na	168
Under Age 5 Mortality Rate, Male	● ▲ na	189
Life Expectancy at Birth, Total, Years	● ▲ 33.0	44.1
Life Expectancy at Birth, Female, Years	● ▲ 35.4	45.7
Life Expectancy at Birth, Male, Years	● ▲ 30.8	42.5
Median Age of Total Population	● ▲ 15.0	17.5
Population 60 Years and Over, %	● ▲ 3.6	3.9
Dependency Ratio	● ▲ 109	85

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.10	6.20	1.78	19.75

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	5.2/5.9
No Education, Primary	6.1
Highest Level of Education	4.9
Provincial Low/High	4.9/6.7
Poorest/Richest Quintile	na/na

Butare, Gitarama, & Kigali Ville/Gisenyi & Ruhengeri

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	77.9/123.5
No Education, Primary	139.0
Highest Level of Education	59.5
Provincial Low/High	79.0/142.8
Poorest/Richest Quintile, %	138.7/87.9

Kigali Ville/Kibungo

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	246.4/154.1
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	59.0/50.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	6.9/6.8
No Education, Primary, %	11.8

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,268
Gross Domestic Product Growth Rate, Annual %	2	3
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	51.7
Population Living Below National Poverty Line, %	▲ na	51.2
Share of Income or Consumption by Poorest Quintile	na	4.2
Access to Improved Water Supply, %	▲ 64	73
Antenatal Care, At Least One Visit, %	95	93
Deliveries Attended by Skilled Attendants, %	●▲ 28	31
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	62.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	57.4
Illiteracy Rate, % of Population 15 and Over, Male	37	22
Illiteracy Rate, % of Population 15 and Over, Female	56	32
Illiteracy Rate, % of Population 15 to 24, Male	22	12
Illiteracy Rate, % of Population 15 to 24, Female	33	13
Ratio of Girls to Boys, Primary Education	▲ 0.99	1.00
Ratio of Girls to Boys, Secondary Education	▲ na	0.96
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	122
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	122
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	18
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	15
Children Underweight Under 5, Male, %	na	30
Children Underweight Under 5, Female, %	na	29
Stunted Children under 5, Severe, %	na	19
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	43.0	41.0
Refugees, Number	25,200	36,608
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	3,026
Estimated HIV Prevalence, 15-49, Total	na	5.1
Estimated HIV Prevalence, 15-49, Male	na	5.1
Estimated HIV Prevalence, 15-49, Female	na	6.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.6	23.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	59.0	46.5
Median Age at First Sexual Intercourse, Female, 25-49	19.9	20.1
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	21.2
Married by 18, Percent, Female, 25-49	23.7	20.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	63
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	76
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	64.0
HIV Prevalence, 15-24, Total	▲ na	8.1
HIV Prevalence, 15-24, Female	▲ na	11.2
HIV Prevalence, 15-24, Male	▲ na	4.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	9.0
Labor Force Participation Rate, 15-64, Male	na	88.8
Labor Force Participation Rate, 15-64, Female	na	87.4
Seats in Parliament Held by Women, %	17.0	45.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	984.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	34.3
Unmet Need for Family Planning, Spacing, %	● 21.0	24.0
Unmet Need for Family Planning, Limiting, %	● 19.4	11.6
Unmet Need for Family Planning, Total, %	● 40.4	35.6
Unmet Need for Family Planning, Thousands	● na	0.3

Highest Level of Education	3.8
Provincial Low/High, %	2.5/12.6 Gitarama/Ruhengeri
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	68.2/24.9
No Education, Primary, %	17.4
Highest Level of Education, %	73.1
Provincial Low/High, %	15.9/74.5 Kibuye/Kigali Ville
Poorest/Richest Quintile, %	17.3/59.6
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	14.0/2.6
No Education, Primary, %	1.6
Highest Level of Education, %	16.6
Provincial Low/High, %	1.8/13.5 Ruhengeri/Kigali Ville
Poorest/Richest Quintile, %	2.4/14.6
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	12.5/9.3
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	24.2/21.8

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/48.3
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	2.1/5.8
No Education, Primary, %	6.8
Highest Level of Education, %	2.4
Provincial Low/High, %	3.1/8.3 Kigali Ville/Butare
Poorest/Richest Quintile, %	7.3/2.7
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	31.5/46.3
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	27.8/47.6
Malnourished Women:	
Poorest/Richest Quintile, %	11.7/7.1
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	89.9/95.2

Sao Tome and Principe

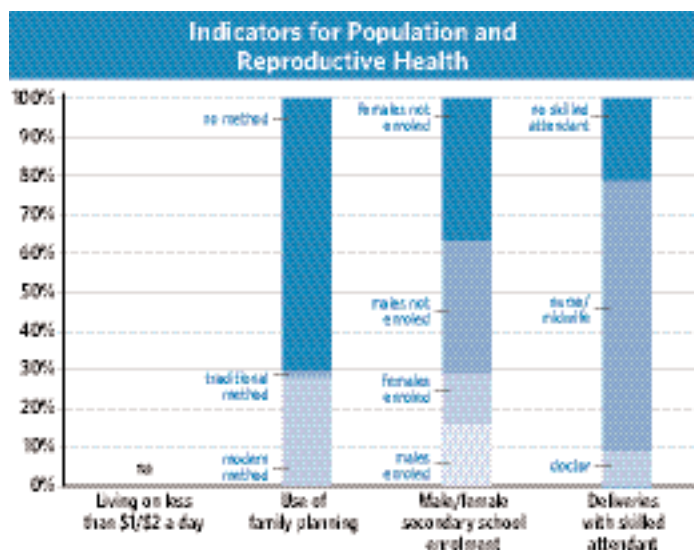
Overview

The island nation of São Tomé and Príncipe relies heavily on imports for most consumer goods and a substantial amount of food. Considered one of 50 least developed countries, the total population is currently 157,000. Over 70 per cent of children are enrolled in primary schools, with near gender parity (girls-to-boys ratio was 0.92 in 2000). The average life expectancy is 63 years.

With total fertility averaging 4.4 lifetime births per woman and the prevalence of modern contraceptive methods approaching 30 per cent, the country's annual population growth rate is 2.2 per cent. Deteriorating social conditions could be reversed through coordinated investment planning guided by the Poverty Reduction Strategy Paper, the country's qualification for debt relief, revenues from oil production, and diversified agricultural production and tourism.

Although births attended by skilled personnel are as high as 86 per cent, maternal and under-five mortality remain high. HIV/AIDS prevalence is low, but rates are expected to increase as international workers flock to the oil industry. While some targets of the ICPD Programme of Action and the Millennium Development Goals are being met, it will be easier to determine progress once data from the 2001 census are processed.

A project approved by the World Bank in 2004 will support the development of national strategies for the control of HIV/AIDS and malaria. Sexual and reproductive health education in secondary schools, and information campaigns by the media and civil society groups to reach out-of-school youth and adults, have increased knowledge of HIV/AIDS prevention methods. Results of studies supported by UNFPA on sexual and reproductive health of out-of-school adolescents, gender integration, and factors related to maternal mortality will guide the development of policies and programmes.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	57.8	77.7
Population in Thousands, Female	58.9	78.8
Population Growth Rate, %	na	2.2
Crude Birth Rate per 1,000 Population	37.2	37.2
Crude Death Rate per 1,000 Population	10.2	8.3
Urban Population, %	36.5	37.9
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	40.6	50.8
Total Fertility Rate per Woman 15-49	5.29	4.43
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	27.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	29.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	38.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 82.6	80.2
Under Age 5 Mortality Rate, Total	● ▲ 119	108
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ 61.6	63.5
Life Expectancy at Birth, Female, Years	● ▲ 62.5	64.5
Life Expectancy at Birth, Male, Years	● ▲ 60.6	62.3
Median Age of Total Population	● ▲ 16.0	19.6
Population 60 Years and Over, %	● ▲ 6.6	5.7
Dependency Ratio	● ▲ 109	78

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
9.73	31.57	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	5
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	79
Antenatal Care, At Least One Visit, %	76	76
Deliveries Attended by Skilled Attendants, %	●▲ 86	79
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ na	0.92
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	130
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	122
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	42
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	36
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	13
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.6	23.6
Age-Specific Fertility Rate per 1,000 Women, 15-20	113.5	63.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	23.1	23.1
Mean Age at Marriage, Female	17.8	17.8
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	32
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	65.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	79.9	79.9
Labor Force Participation Rate, 15-64, Female	39.3	39.3
Seats in Parliament Held by Women, %	11.0	9.1
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	16.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	32.7
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	82.2/76.1
No Education, Primary, %	61.9
Highest Level of Education, %	91.3
Provincial Low/High, %	63.0/93.6 Centro/Sul
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	28.5/26.2
No Education, Primary, %	22.4
Highest Level of Education, %	29.7
Provincial Low/High, %	21.5/51.1 Sul/Principe
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	2.2/1.7
No Education, Primary, %	1.9
Highest Level of Education, %	1.5
Provincial Low/High, %	1.2/2.7 Principe/Norte
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Senegal



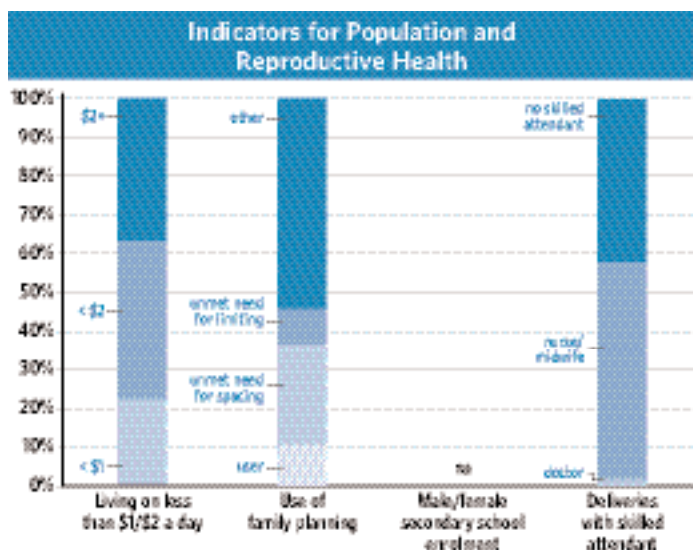
Overview

Senegal is one of 50 least developed countries in the world. It qualified for debt relief in April 2004 and has submitted a request to the Millennium Challenge Corporation for support for the years 2004-2005. In May 2002 the country's Poverty Reduction Strategy Paper was finalized, providing a framework to address poor living conditions and other development related challenges. More than 20 per cent of the Senegalese population lives on less than one dollar per day.

Progress has been made towards achieving some of the goals and targets of the ICPD Programme of Action and the MDGs. Sixty-seven per cent of girls and 83 per cent of boys are enrolled in primary school. More women than men are illiterate (67 per cent compared to 48 per cent). Infant, childhood and maternal mortality dropped between 1990 and 2000 — the maternal mortality ratio was halved (from 1,200 deaths per 100,000 live births to 690). The number of attended births increased from 40 per cent in 1990 to 51 per cent in 2000. Over the same period, total fertility fell from 6.5 lifetime births per woman to 5.5, which is reflected in a population growth rate of 2.3 in 2005.

Senegal is viewed as a success story in containing HIV/AIDS, in large part because of early policy and programme action. The HIV prevalence rate is 1.8 per cent for those between the ages of 15 to 49.

Adolescent fertility remains a government concern. Partners, such as UNFPA, support the development of Youth Counseling Centres, which offer a variety of services, including voluntary counseling and testing. In addition, family life education has been integrated into primary and secondary school curriculums, and community centres have been equipped with computers where youth have ready access to reproductive health information.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	3,922.6	5,734.3
Population in Thousands, Female	4,054.9	5,923.8
Population Growth Rate, %	na	2.3
Crude Birth Rate per 1,000 Population	44.2	38.4
Crude Death Rate per 1,000 Population	14.2	11.1
Urban Population, %	40.0	51.0
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.3	47.9
Total Fertility Rate per Woman 15-49	6.50	5.48
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	8.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	12.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,200	690
MMR, Lower Bound	● ▲ na	180
MMR, Upper Bound	● ▲ na	1,300
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	31.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 95.1	80.3
Under Age 5 Mortality Rate, Total	● ▲ 144	127
Under Age 5 Mortality Rate, Female	● ▲ na	108
Under Age 5 Mortality Rate, Male	● ▲ na	116
Life Expectancy at Birth, Total, Years	● ▲ 52.8	56.4
Life Expectancy at Birth, Female, Years	● ▲ 54.0	57.6
Life Expectancy at Birth, Male, Years	● ▲ 51.7	55.1
Median Age of Total Population	● ▲ 16.6	18.2
Population 60 Years and Over, %	● ▲ 4.9	4.9
Dependency Ratio	● ▲ 99	84

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.30	12.18	2.26	69.30

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.9/6.1
No Education, Primary	5.9
Highest Level of Education	2.7
Provincial Low/High	3.5/6.4 Dakar/Tambacounda & Kaolack
Poorest/Richest Quintile	7.4/3.6

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	55.4/77.2
No Education, Primary	73.9
Highest Level of Education	59.3
Provincial Low/High	50.9/86.7 Louga/Kolda
Poorest/Richest Quintile, %	84.5/44.9

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	181.0/69.9
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	58.0/138.0
Poorest/Richest Quintile	189.0/36.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	11.6/29.5
No Education, Primary, %	29.8

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,682
Gross Domestic Product Growth Rate, Annual %	3	6
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	22.3
Population Living Below National Poverty Line, %	▲ 33.4	33.4
Share of Income or Consumption by Poorest Quintile	na	2.6
Access to Improved Water Supply, %	▲ 53	72
Antenatal Care, At Least One Visit, %	21	77
Deliveries Attended by Skilled Attendants, %	●▲ 40	51
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	55.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	61.8
Illiteracy Rate, % of Population 15 and Over, Male	62	48
Illiteracy Rate, % of Population 15 and Over, Female	81	67
Illiteracy Rate, % of Population 15 to 24, Male	50	36
Illiteracy Rate, % of Population 15 to 24, Female	70	52
Ratio of Girls to Boys, Primary Education	▲ 0.72	0.87
Ratio of Girls to Boys, Secondary Education	▲ na	0.65
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	83
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	77
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	23
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	16
Children Underweight Under 5, Male, %	na	19
Children Underweight Under 5, Female, %	na	16
Stunted Children under 5, Severe, %	na	6
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	23.0	24.0
Refugees, Number	71,600	20,726
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	2,265
Estimated HIV Prevalence, 15-49, Total	na	0.8
Estimated HIV Prevalence, 15-49, Male	na	0.7
Estimated HIV Prevalence, 15-49, Female	na	0.9

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.1	21.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	118.5	81.0
Median Age at First Sexual Intercourse, Female, 25-49	na	17.3
Mean Age at Marriage, Male	28.5	28.5
Mean Age at Marriage, Female	20.1	20.1
Married by 18, Percent, Female, 25-49	na	55.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	49
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	46.0
HIV Prevalence, 15-24, Total	▲ na	0.4
HIV Prevalence, 15-24, Female	▲ na	0.5
HIV Prevalence, 15-24, Male	▲ na	0.2

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	72.3	87.1
Labor Force Participation Rate, 15-64, Female	22.2	63.1
Seats in Parliament Held by Women, %	13.0	19.2
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,314.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	35.2
Unmet Need for Family Planning, Spacing, %	● na	25.5
Unmet Need for Family Planning, Limiting, %	● na	9.4
Unmet Need for Family Planning, Total, %	● na	34.8
Unmet Need for Family Planning, Thousands	● na	0.5

Highest Level of Education	5.2
Provincial Low/High, %	9.3/37.8 Dakar/Kolda
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	86.1/30.0
No Education, Primary, %	39.2
Highest Level of Education, %	86.6
Provincial Low/High, %	27.7/92.2 Tambacounda/Dakar
Poorest/Richest Quintile, %	20.3/86.2
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	17.5/3.3
No Education, Primary, %	4.4
Highest Level of Education, %	27.7
Provincial Low/High, %	3.3/18.6 Diourbel/Dakar
Poorest/Richest Quintile, %	1.0/23.6
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	1.6/28.3
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	8.3/8.7
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	25.3/21.5

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	67.4/96.9

Seychelles

Overview

The Seychelles was ruled by the British until 1976 when they won independence. In 1977, a bloodless coup installed France Rene as president and he led the country until April 2004.

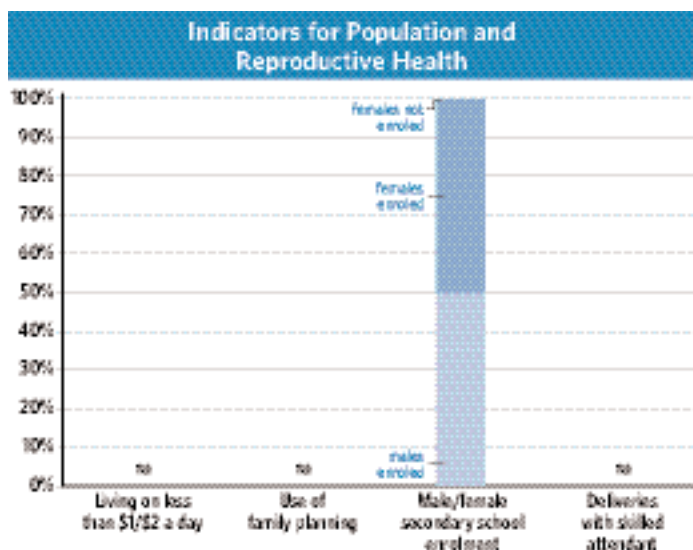
The government has expressed concerns over population growth (currently at 0.4 per cent per year) and has policies and programmes in place to limit further growth. It is also concerned with adolescent fertility, the size of the working age population, and HIV/AIDS.

Currently, the Seychelles has a low HIV prevalence rate, but the pandemic is growing. The Ministry of Health has been making a strong effort to combat the pandemic since the late 1990s. A National Policy on HIV/AIDS/STIs was created in June 2000. Members of the public were invited to debate the new policy in a national "Break the Silence" campaign headed by the Ministry of Health. Condoms are distributed freely at all health centres operated by the Ministry of Health and anti-retroviral therapy is available free of charge to all eligible patients through a government procurement programme. A multisectoral National HIV/AIDS Strategic Plan for 2005-2009 was endorsed by stakeholders in October and approved by the Cabinet in December 2004.

A National Information, Education and Communication (IEC) Strategy and Plan of Action for Adolescent Reproductive Health and a Social Development Strategy for Seychelles Beyond 2000 have been approved. It is expected that the implementation of these policies will help to empower young people, especially in the area of reproductive health.

Domestic violence is an important social issue in the Seychelles, disproportionately affecting women and children. In collaboration with a South Africa based NGO, Gender Links, a workshop on reporting gender violence in the media was held and is expected to help improve the current approach.

A National Population Policy was finalized in 2002 and should lead to further integration of population and development strategies.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	na	38.3
Population in Thousands, Female	na	41.0
Population Growth Rate, %	na	0.4
Crude Birth Rate per 1,000 Population	na	18.0
Crude Death Rate per 1,000 Population	na	7.0
Urban Population, %	na	na
Sex Ratio at Birth, Male Births per Female Births	na	na
Women 15-49, %	na	na
Total Fertility Rate per Woman 15-49	na	1.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	● ▲ na	18.0
Under Age 5 Mortality Rate, Total	● ▲ na	na
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ na	70.4
Life Expectancy at Birth, Female, Years	● ▲ na	na
Life Expectancy at Birth, Male, Years	● ▲ na	na
Median Age of Total Population	● ▲ na	na
Population 60 Years and Over, %	● ▲ na	na
Dependency Ratio	● ▲ na	na

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.86	315.78	3.01	1049.69

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	16,944
Gross Domestic Product Growth Rate, Annual %	na	-5
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	87
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	na
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	9
Illiteracy Rate, % of Population 15 and Over, Female	na	8
Illiteracy Rate, % of Population 15 to 24, Male	na	1
Illiteracy Rate, % of Population 15 to 24, Female	na	1
Ratio of Girls to Boys, Primary Education	▲ na	0.97
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	110
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	109
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	111
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	111
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	na	na
Age-Specific Fertility Rate per 1,000 Women, 15-20	na	na
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	26.4	26.4
Mean Age at Marriage, Female	23.8	23.8
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	83.6	83.6
Labor Force Participation Rate, 15-64, Female	64.5	64.5
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	na
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	na
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Sierra Leone

Overview

Sierra Leone, with an estimated population of 5.5 million, is one of the 50 least developed countries and ranked next to last on the UNDP Human Development Index. The maternal mortality ratio (2,000 deaths per 100,000 live births) and the infant mortality rate (162 deaths per 1,000 live births) are among the highest in the world. The total fertility rate is high at 6.5 lifetime births per woman, while the modern contraceptive prevalence rate is only 3.9 per cent of married women.

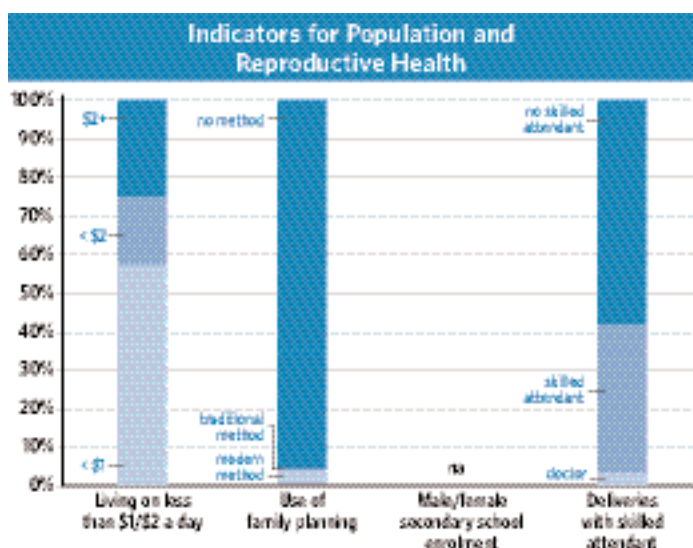
After undergoing almost a decade of civil war and political instability, the government adopted the Abuja Ceasefire Agreement in the year 2000. The peace accord has paved the way for sustainable development. Health and educational infrastructure destroyed during the war are being rehabilitated and socio-economic activities are gaining momentum. A Poverty Reduction Strategy Paper has been formulated, incorporating the targets of the ICPD Programme of Action and the Millennium Development Goals (MDGs).

A National Population and Housing Census was conducted in late 2004, taking into account sexual and reproductive health indicators. The census will provide much-needed data for monitoring and evaluating progress towards meeting the MDGs.

The government, through its National HIV/AIDS Policy, has adopted a multisectoral response to the pandemic. Adolescents are being targeted through the population and family life education programme, which incorporates issues of reproductive health, gender, poverty and HIV/AIDS into primary and secondary school curricula.

A National Gender Policy has been approved and several NGOs have provided training on counseling and treatment of gender-based violence. Important advocacy strategies for policy reform include launching the Network of Women Ministers and Parliamentarians and the appointment of UNFPA Goodwill Ambassadors.

With assistance from development partners, emergency obstetric care services have been strengthened and advocacy activities have been carried out to raise awareness of women's risks before, during and after pregnancy. An obstetric fistula assessment has been carried out to guide policy decisions.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,006.4	2,724.6
Population in Thousands, Female	2,072.0	2,800.9
Population Growth Rate, %	na	3.1
Crude Birth Rate per 1,000 Population	47.7	49.7
Crude Death Rate per 1,000 Population	25.7	22.9
Urban Population, %	30.0	40.2
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	46.4	45.7
Total Fertility Rate per Woman 15-49	6.50	6.49
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	3.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	4.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,800	2,000
MMR, Lower Bound	● ▲ na	510
MMR, Upper Bound	● ▲ na	3,800
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	56.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 182.2	162.4
Under Age 5 Mortality Rate, Total	● ▲ 331	284
Under Age 5 Mortality Rate, Female	● ▲ na	293
Under Age 5 Mortality Rate, Male	● ▲ na	321
Life Expectancy at Birth, Total, Years	● ▲ 39.0	41.3
Life Expectancy at Birth, Female, Years	● ▲ 40.4	42.7
Life Expectancy at Birth, Male, Years	● ▲ 37.5	39.9
Median Age of Total Population	● ▲ 19.4	18.4
Population 60 Years and Over, %	● ▲ 5.7	5.5
Dependency Ratio	● ▲ 81	86

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.70	3.52	2.40	18.90

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	556
Gross Domestic Product Growth Rate, Annual %		1	7
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	57.0	57.0
Population Living Below National Poverty Line, %	▲	68.0	68.0
Share of Income or Consumption by Poorest Quintile		0.5	0.5
Access to Improved Water Supply, %	▲	43	57
Antenatal Care, At Least One Visit, %		30	68
Deliveries Attended by Skilled Attendants, %	●▲	na	42
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	60
Illiteracy Rate, % of Population 15 and Over, Female		na	80
Illiteracy Rate, % of Population 15 to 24, Male		na	53
Illiteracy Rate, % of Population 15 to 24, Female		na	70
Ratio of Girls to Boys, Primary Education	▲	0.70	0.76
Ratio of Girls to Boys, Secondary Education	▲	na	0.83
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	63
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	65
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	29
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	24
Children Underweight Under 5, Male, %		na	30
Children Underweight Under 5, Female, %		na	25
Stunted Children under 5, Severe, %		na	16
Wasted Children under 5, Severe, %		na	2
Undernourished People, %		46.0	50.0
Refugees, Number		5,900	61,194
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	141
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.6	19.0
Age-Specific Fertility Rate per 1,000 Women, 15-20		192.0	176.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		27.4	27.4
Mean Age at Marriage, Female		18.0	18.0
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	30
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	35.0
HIV Prevalence, 15-24, Total	▲	na	5.0
HIV Prevalence, 15-24, Female	▲	na	7.5
HIV Prevalence, 15-24, Male	▲	na	2.5

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	85.3
Labor Force Participation Rate, 15-64, Female		na	45.0
Seats in Parliament Held by Women, %		na	14.5
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	558.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	34.8
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	60.9/36.7
No Education, Primary, %	37.6
Highest Level of Education, %	66.4
Provincial Low/High, %	21.8/65.6 North/East
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	14.3/3.8
No Education, Primary, %	4.3
Highest Level of Education, %	18.7
Provincial Low/High, %	2.8/20.2 East/West
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	5.9/9.7
No Education, Primary, %	9.4
Highest Level of Education, %	3.4
Provincial Low/High, %	3.7/12.9 West/East
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

South Africa

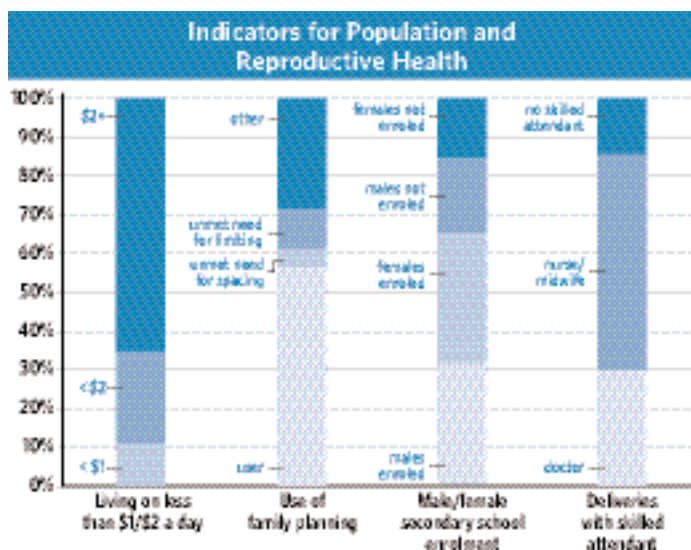
Overview

South Africa, with an estimated population of 47.4 million, is a middle-income country, ranking 119 out of 177 countries on UNDP's Human Development Index. Compared to other sub-Saharan African countries, it has more favourable health indicators: a low total fertility rate (3.1 lifetime births per woman), low infant mortality (41 deaths per 1,000 live births), and a high proportion of deliveries (84 per cent) taking place with the assistance of skilled birth attendants. However, the prevalence of HIV/AIDS — estimated at 22 per cent among adults and 18 per cent among 15-24 year olds - is one of the highest in the world. The pandemic has resulted in a decrease in life expectancy from 62 years in 1990 to 47 years in 2005.

The ICPD Programme of Action was the government's first international agreement after the end of apartheid in 1994. The National Population Policy, adopted in 1998, reflects the goals of the ICPD Programme of Action. In 2003, the government carried out an ICPD+10 evaluation as part of its 10-year review of progress made since independence. The evaluation found that while more people have access to basic social services and appreciate the essence of human rights, inequalities still exist with blacks fairing worse in almost all socio-economic and health indicators. Although human rights have been incorporated into all development policies and programmes, the incidence of violence against women, including rape, remains high.

The national HIV/AIDS policy has been revised to allow the provision of anti-retroviral therapy through the public health system. HIV/AIDS information, education and communication (IEC) materials have been translated into local languages to make them more accessible to those who cannot read English. In addition, programmes have been implemented to reduce the stigma attached to individuals living with HIV/AIDS.

Comprehensive adolescent reproductive health and contraceptive policies have created an enabling environment for the delivery of high quality sexual and reproductive health services.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	18,262.1	23,291.1
Population in Thousands, Female	18,614.5	24,140.7
Population Growth Rate, %	na	0.5
Crude Birth Rate per 1,000 Population	29.0	24.6
Crude Death Rate per 1,000 Population	8.2	18.4
Urban Population, %	48.8	57.9
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	50.1	52.6
Total Fertility Rate per Woman 15-49	3.60	3.12
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	48.4	55.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	49.7	56.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 230	230
MMR, Lower Bound	● ▲ na	58
MMR, Upper Bound	● ▲ na	430
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	21.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 47.9	40.8
Under Age 5 Mortality Rate, Total	● ▲ 61	74
Under Age 5 Mortality Rate, Female	● ▲ na	75
Under Age 5 Mortality Rate, Male	● ▲ na	85
Life Expectancy at Birth, Total, Years	● ▲ 61.6	46.5
Life Expectancy at Birth, Female, Years	● ▲ 65.4	47.4
Life Expectancy at Birth, Male, Years	● ▲ 58.2	45.7
Median Age of Total Population	● ▲ 20.3	23.5
Population 60 Years and Over, %	● ▲ 5.1	6.8
Dependency Ratio	● ▲ 72	58

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.50	82.87	4.06	454.81

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.3/3.9
No Education, Primary	4.5
Highest Level of Education	1.9
Provincial Low/High	2.2/3.9 Free State/Northern
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	32.6/52.2
No Education, Primary	58.8
Highest Level of Education	29.3
Provincial Low/High	8.4/61.2 Western Cape/Eastern Cape
Poorest/Richest Quintile, %	61.6/17.0

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	87.4/21.9
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	56.0/99.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	12.5/20.9
No Education, Primary, %	29.2

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	10,492
Gross Domestic Product Growth Rate, Annual %	1	4
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	10.7
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	0.7
Access to Improved Water Supply, %	▲ na	87
Antenatal Care, At Least One Visit, %	na	89
Deliveries Attended by Skilled Attendants, %	●▲ na	84
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	54.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	69.9
Illiteracy Rate, % of Population 15 and Over, Male	18	12
Illiteracy Rate, % of Population 15 and Over, Female	20	13
Illiteracy Rate, % of Population 15 to 24, Male	11	8
Illiteracy Rate, % of Population 15 to 24, Female	12	8
Ratio of Girls to Boys, Primary Education	▲ 0.98	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	1.10
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	108
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	104
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	85
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	91
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	26,558
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	84,085
Estimated HIV Prevalence, 15-49, Total	na	21.5
Estimated HIV Prevalence, 15-49, Male	na	17.7
Estimated HIV Prevalence, 15-49, Female	na	22.8

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.3	20.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	91.5	66.0
Median Age at First Sexual Intercourse, Female, 25-49	na	18.4
Mean Age at Marriage, Male	28.9	28.9
Mean Age at Marriage, Female	26.8	26.8
Married by 18, Percent, Female, 25-49	na	14.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	83
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	54.0
HIV Prevalence, 15-24, Total	▲ na	18.1
HIV Prevalence, 15-24, Female	▲ na	25.6
HIV Prevalence, 15-24, Male	▲ na	10.7

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	61.5
Labor Force Participation Rate, 15-64, Female	na	48.1
Seats in Parliament Held by Women, %	na	27.9
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-324.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-2.7
Unmet Need for Family Planning, Spacing, %	● na	4.7
Unmet Need for Family Planning, Limiting, %	● na	10.3
Unmet Need for Family Planning, Total, %	● na	15.0
Unmet Need for Family Planning, Thousands	● na	0.6

Highest Level of Education	4.0
Provincial Low/High, %	9.5/25.2 Gauteng/Mpumalanga
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	93.4/75.5
No Education, Primary, %	59.7
Highest Level of Education, %	99.0
Provincial Low/High, %	74.6/96.1 Eastern Cape/Western Cape
Poorest/Richest Quintile, %	67.8/98.1
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	66.0/52.7
No Education, Primary, %	33.1
Highest Level of Education, %	78.1
Provincial Low/High, %	53.2/73.7 Mpumalanga/Western Cape
Poorest/Richest Quintile, %	34.0/70.3
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	15.5/5.0
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	9.6/1.4

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	85.8/90.7
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	79.9/91.9
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	95.5/93.5

Swaziland

Overview

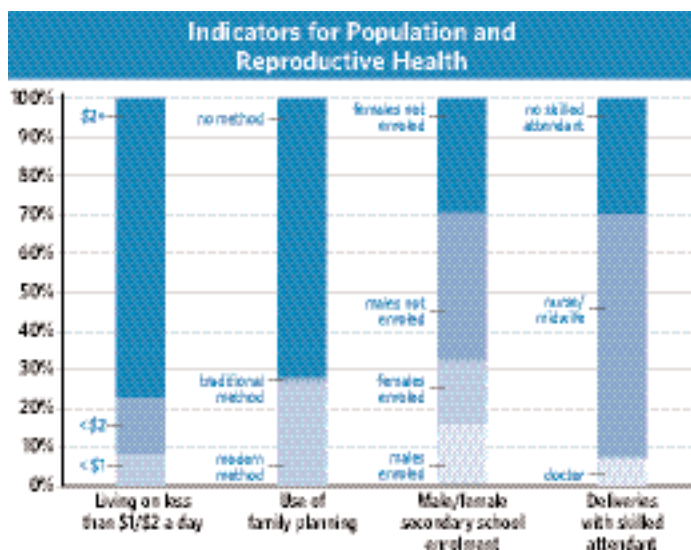
Swaziland, with a population estimated at 1.03 million, is a middle-income country, ranking 137 out of 177 countries on the UNDP Human Development Index. The economy has been hard hit by the HIV/AIDS pandemic and also by droughts resulting in severe food shortages. The prevalence of HIV/AIDS, which is the one of the highest in the world, increased rapidly from an estimated 4 per cent of the adult population in 1992 to 39 per cent in 2003. In addition, Swaziland has experienced a rapid increase in the number of AIDS orphans and tuberculosis fatalities. In its response to the 2003 United Nations survey of population policies, the government viewed its under-five mortality rate (139 deaths per 1,000 live births) and maternal mortality ratio (370 deaths per 100,000 live births) as unacceptably high.

The government is committed to addressing these pertinent population and development issues and has collaborated with development partners, including United Nations organizations and NGOs, in developing a National Population Policy Action Plan, as well as national policies dealing with reproductive health and gender.

The government has intensified efforts to curb the HIV/AIDS pandemic and has incorporated HIV/AIDS prevention efforts into the country's Poverty Reduction Strategy Paper. Several multilateral and bilateral donors, including United Nations organizations, the Italian government, European Union, U.S. government, and the UK Department for International Development (DFID), have provided funding to support HIV/AIDS prevention activities. Anti-retroviral therapy is widely available for the prevention of mother-to-child transmission, and population and family life education has been introduced into all schools. Furthermore, the number of youth-friendly reproductive health services has increased.

In an attempt to reduce the high rates of maternal and child mortality, health personnel have been trained to improve emergency obstetric services in health centres and free primary health care services at local clinics has increased access by the poor.

Lack of adequate human resources, especially in the health sector, remains a major challenge to achieving the Millennium Development Goals.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	407.6	497.7
Population in Thousands, Female	457.8	534.8
Population Growth Rate, %	na	-0.1
Crude Birth Rate per 1,000 Population	41.2	38.0
Crude Death Rate per 1,000 Population	10.8	28.9
Urban Population, %	22.9	23.9
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	46.4	49.1
Total Fertility Rate per Woman 15-49	5.71	4.60
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	17.2	26.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	19.9	27.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 560	370
MMR, Lower Bound	● ▲ na	94
MMR, Upper Bound	● ▲ na	700
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	38.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 77.2	68.4
Under Age 5 Mortality Rate, Total	● ▲ 109	139
Under Age 5 Mortality Rate, Female	● ▲ na	138
Under Age 5 Mortality Rate, Male	● ▲ na	155
Life Expectancy at Birth, Total, Years	● ▲ 56.5	31.4
Life Expectancy at Birth, Female, Years	● ▲ 59.2	31.3
Life Expectancy at Birth, Male, Years	● ▲ 53.7	31.6
Median Age of Total Population	● ▲ 16.3	18.1
Population 60 Years and Over, %	● ▲ 4.2	5.4
Dependency Ratio	● ▲ 99	80

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.60	39.60	5.14	550.07

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	4,719
Gross Domestic Product Growth Rate, Annual %	7	2
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	8.0
Population Living Below National Poverty Line, %	▲ na	40.0
Share of Income or Consumption by Poorest Quintile	na	1.0
Access to Improved Water Supply, %	▲ 30	52
Antenatal Care, At Least One Visit, %	76	87
Deliveries Attended by Skilled Attendants, %	●▲ 55	70
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	26	16
Illiteracy Rate, % of Population 15 and Over, Female	30	18
Illiteracy Rate, % of Population 15 to 24, Male	15	8
Illiteracy Rate, % of Population 15 to 24, Female	15	7
Ratio of Girls to Boys, Primary Education	▲ 0.99	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	102
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	94
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	45
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	46
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	10.0	12.0
Refugees, Number	55,600	686
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	327
Estimated HIV Prevalence, 15-49, Total	na	38.8
Estimated HIV Prevalence, 15-49, Male	na	39.1
Estimated HIV Prevalence, 15-49, Female	na	42.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.1	26.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	61.0	36.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	29.3	29.3
Mean Age at Marriage, Female	26.0	26.0
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	63
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	81.0
HIV Prevalence, 15-24, Total	▲ na	27.4
HIV Prevalence, 15-24, Female	▲ na	39.5
HIV Prevalence, 15-24, Male	▲ na	15.2

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	51.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	82.2
Labor Force Participation Rate, 15-64, Female	na	42.8
Seats in Parliament Held by Women, %	na	16.8
Female Legislators, Senior Officials and Managers, %	na	24.0
Female Professional and Technical Workers, %	na	61.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-2.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-0.8
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	81.8/67.0
No Education, Primary, %	65.5
Highest Level of Education, %	80.6
Provincial Low/High, %	66.0/77.1 Lubombo/Manzini
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	39.5/22.1
No Education, Primary, %	17.4
Highest Level of Education, %	34.4
Provincial Low/High, %	24.0/28.9 Lubombo/Manzini
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.1/2.4
No Education, Primary, %	3.1
Highest Level of Education, %	1.2
Provincial Low/High, %	1.6/2.6 Manzini/Shiselweni
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

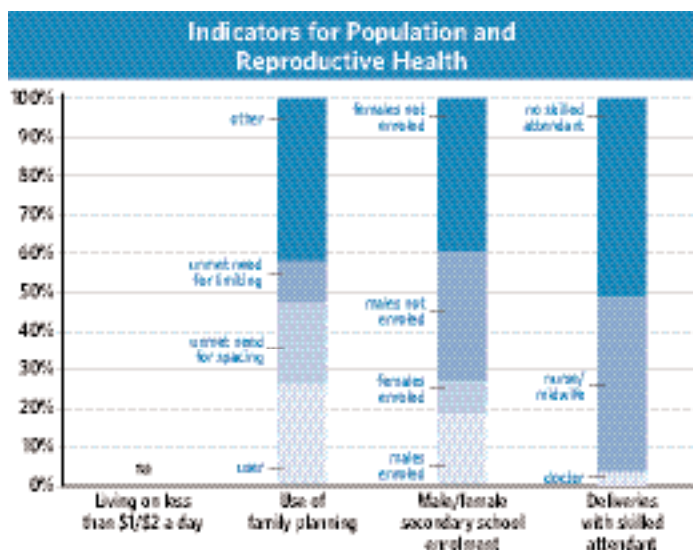


Overview

Despite an improving economic picture in 2003, one-third (32 per cent) of the country's population of 6.1 million live below the national poverty line. Without assurances of better governance, the European Union and other traditional development partners continue to withhold budgetary aid while providing some social sector support.

Togo ranks 143 out of 177 countries on the Human Development Index. Yet it is one of 23 countries showing significant progress toward achieving the targets of the ICPD Programme of Action and the MDGs. Improvements were made in primary school enrolment — the ratio of girls-to-boys was 0.75 in 1998 and 0.83 in 2002. The population growth rate has slowed to 2.6 per cent, down from 3.3 per cent in 2000 and fertility rates dropped from 6.4 lifetime births per woman in 1990 to 5.6 currently. Contraceptive prevalence rates increased but remain low (use of modern methods was only 9.3 per cent in 2000). Maternal, infant and childhood mortality remain unacceptably high and life expectancy at birth declined from 57.3 years in 1990 to 55 in 2005.

HIV/AIDS prevalence is 4.1 per cent among adults ages 15 to 49 — the third highest in West Africa. Rates among 15 to 24 year olds are 2 per cent for men and nearly 6 per cent for women, and the number of orphans increased by 17,000 in only two years. Since USAID phased out its condom programme support, resources from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria are filling the gap, in partnership with UNFPA and Population Services International, an international NGO. Because youth and adolescents are a major concern, development partners support youth centres, train health providers and peer educators in reproductive health education and counseling methods, and develop public school curricula aimed at preventing HIV/AIDS and promoting reproductive health.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,956.6	3,034.6
Population in Thousands, Female	2,004.6	3,110.4
Population Growth Rate, %	na	2.6
Crude Birth Rate per 1,000 Population	44.1	40.7
Crude Death Rate per 1,000 Population	11.7	11.7
Urban Population, %	28.5	36.3
Sex Ratio at Birth, Male Births per Female Births	1.02	1.02
Women 15-49, %	43.9	46.6
Total Fertility Rate per Woman 15-49	6.40	5.60
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	9.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	12.1	25.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 640	570
MMR, Lower Bound	● ▲ na	340
MMR, Upper Bound	● ▲ na	810
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 101.5	90.0
Under Age 5 Mortality Rate, Total	● ▲ 148	132
Under Age 5 Mortality Rate, Female	● ▲ na	128
Under Age 5 Mortality Rate, Male	● ▲ na	145
Life Expectancy at Birth, Total, Years	● ▲ 57.3	55.0
Life Expectancy at Birth, Female, Years	● ▲ 59.5	56.8
Life Expectancy at Birth, Male, Years	● ▲ 55.3	53.2
Median Age of Total Population	● ▲ 16.7	17.9
Population 60 Years and Over, %	● ▲ 4.8	4.9
Dependency Ratio	● ▲ 98	87

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.10	67.26	1.87	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.3/6.5
No Education, Primary	6.5
Highest Level of Education	2.7
Provincial Low/High	4.3/7.6 Ensemble Maritime/Savanes
Poorest/Richest Quintile	7.3/2.9

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	65.3/85.0
No Education, Primary	87.4
Highest Level of Education	54.4
Provincial Low/High	73.6/89.0 Plateaux/Savanes
Poorest/Richest Quintile, %	84.1/65.8

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	167.7/97.0
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	50.0/119.0
Poorest/Richest Quintile	142.0/35.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	11.7/25.4
No Education, Primary, %	37.7

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,527
Gross Domestic Product Growth Rate, Annual %		2	3
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	32.3	32.3
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	71	51
Antenatal Care, At Least One Visit, %		83	81
Deliveries Attended by Skilled Attendants, %	●▲	56	49
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	63.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		40	23
Illiteracy Rate, % of Population 15 and Over, Female		71	50
Illiteracy Rate, % of Population 15 to 24, Male		21	10
Illiteracy Rate, % of Population 15 to 24, Female		52	29
Ratio of Girls to Boys, Primary Education	▲	0.65	0.79
Ratio of Girls to Boys, Secondary Education	▲	na	0.45
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	132
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	110
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	54
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	24
Children Underweight Under 5, Male, %		na	26
Children Underweight Under 5, Female, %		na	25
Stunted Children under 5, Severe, %		na	7
Wasted Children under 5, Severe, %		na	2
Undernourished People, %		33.0	25.0
Refugees, Number		3,400	12,395
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	333
Estimated HIV Prevalence, 15-49, Total		na	4.1
Estimated HIV Prevalence, 15-49, Male		na	3.1
Estimated HIV Prevalence, 15-49, Female		na	4.0

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.0	20.7
Age-Specific Fertility Rate per 1,000 Women, 15-20		133.0	96.5
Median Age at First Sexual Intercourse, Female, 25-49		16.5	17.3
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		20.3	20.3
Married by 18, Percent, Female, 25-49		46.5	40.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	63
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	66.0
HIV Prevalence, 15-24, Total	▲	na	4.0
HIV Prevalence, 15-24, Female	▲	na	5.9
HIV Prevalence, 15-24, Male	▲	na	2.1

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	10.9
Labor Force Participation Rate, 15-64, Male		na	87.9
Labor Force Participation Rate, 15-64, Female		na	54.6
Seats in Parliament Held by Women, %		4.0	7.4
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	697.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	35.9
Unmet Need for Family Planning, Spacing, %	●	na	21.4
Unmet Need for Family Planning, Limiting, %	●	na	10.9
Unmet Need for Family Planning, Total, %	●	na	32.3
Unmet Need for Family Planning, Thousands	●	na	0.2

Highest Level of Education	4.0	
Provincial Low/High, %	13.7/28.2	Ensemble Maritime/Savanes
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	89.5/49.7	
No Education, Primary, %	48.1	
Highest Level of Education, %	91.1	
Provincial Low/High, %	45.4/70.3	Plateaux/Ensemble Maritime
Poorest/Richest Quintile, %	25.1/91.2	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	10.3/5.5	
No Education, Primary, %	4.3	
Highest Level of Education, %	15.3	
Provincial Low/High, %	4.6/7.6	Savanes/Kara
Poorest/Richest Quintile, %	3.3/12.5	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	6.2/25.7	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	9.8/12.9	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	25.4/14.6	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/31.3	
Children Underweight Under 5, Severe:		
Urban/Rural, %	3.1/7.8	
No Education, Primary, %	8.3	
Highest Level of Education, %	3.6	
Provincial Low/High, %	5.2/12.6	Ensemble Maritime/Savanes
Poorest/Richest Quintile, %	8.8/1.9	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	40.1/87.0	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	53.8/93.4	
Malnourished Women:		
Poorest/Richest Quintile, %	13.3/7.9	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	68.8/97.3	

Uganda



Overview

Uganda's large population base of almost 29 million and rapid growth rate (3.5 per cent per year) make it the third fastest growing country in the world. Population growth is responsible, in part, for the country's deepening poverty. At the current growth rate, Uganda's population will increase to 54 million in 2025, doubling in less than 25 years. The country's Population Policy is being revised to counter this trend.

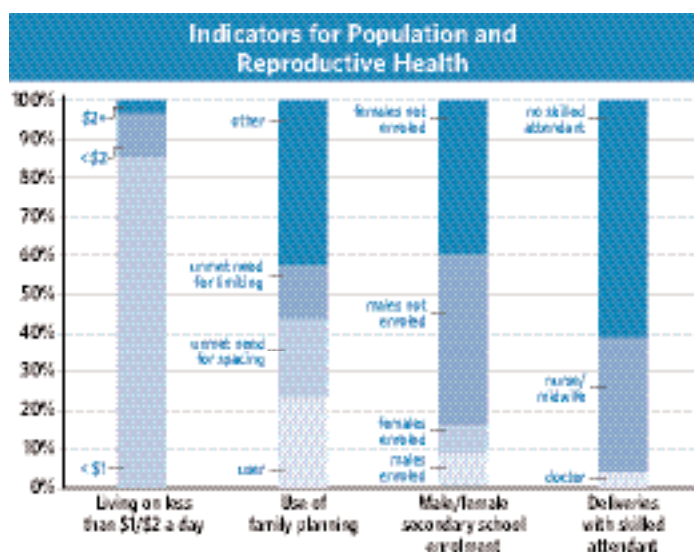
Uganda's Poverty Eradication Action Plan guides the formulation of policy and implementation of programmes through the sector wide approach. Some progress has been made in terms of poverty eradication, educational achievements, gender equality in primary education, and HIV/AIDS prevention. Performance has been less impressive in reducing infant and maternal mortality. The country has improved access to safe water, but has not managed to improve sanitation.

Since 2000, there have been significant improvements in health sector outputs, reflecting improved access to and utilization of the Minimum Health Care Package. Out-patient visits nearly doubled in most health facilities - increasing from 9.3 million in 1999/2000 to 17.7 million in 2002/2003.

The government continues to implement HIV/AIDS prevention strategies, sustaining the declining trend in HIV prevalence. Currently HIV infection has stabilized at around 4.1 per cent of those between the ages of 15 and 49.

Reproductive health services remain inadequate. The proportion of deliveries taking place in health facilities declined from 25.2 per cent in 1999 to 20 per cent in 2003. Meanwhile, the overall contraceptive prevalence rate is low at just 23 per cent among reproductive-age women.

The National Gender Policy has been revised and a Domestic Relations Bill is currently tabled in Parliament. In addition, efforts have been made to eradicate female genital cutting. Gender-based violence is common, especially in the conflict areas of northern Uganda. The insurgency in the northern part of the country has severely depleted the nation's resources, eroded gains from improved social spending and slowed down the pace of Uganda's progress towards poverty reduction.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	8,833.4	14,416.4
Population in Thousands, Female	8,924.6	14,399.8
Population Growth Rate, %	na	3.5
Crude Birth Rate per 1,000 Population	49.9	50.3
Crude Death Rate per 1,000 Population	17.5	14.7
Urban Population, %	11.2	12.4
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	43.1	41.9
Total Fertility Rate per Woman 15-49	7.10	7.10
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	2.5	18.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	4.9	22.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,200	880
MMR, Lower Bound	● ▲ na	510
MMR, Upper Bound	● ▲ na	1,200
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	32.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 94.6	78.9
Under Age 5 Mortality Rate, Total	● ▲ 162	134
Under Age 5 Mortality Rate, Female	● ▲ na	139
Under Age 5 Mortality Rate, Male	● ▲ na	154
Life Expectancy at Birth, Total, Years	● ▲ 46.2	49.5
Life Expectancy at Birth, Female, Years	● ▲ 48.2	50.0
Life Expectancy at Birth, Male, Years	● ▲ 44.3	48.8
Median Age of Total Population	● ▲ 15.6	14.8
Population 60 Years and Over, %	● ▲ 4.1	3.8
Dependency Ratio	● ▲ 105	112

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.10	5.11	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.0/7.4
No Education, Primary	7.8
Highest Level of Education	3.9
Provincial Low/High	5.7/7.9 Central/Northern
Poorest/Richest Quintile	7.5/5.4

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	54.5/93.7
No Education, Primary	106.5
Highest Level of Education	52.6
Provincial Low/High	71.9/105.9 Central/Northern
Poorest/Richest Quintile, %	105.7/60.2

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	191.8/106.4
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	119.0/192.0
Poorest/Richest Quintile	222.0/171.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	22.5/33.6
No Education, Primary, %	59.0

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,471
Gross Domestic Product Growth Rate, Annual %		3	6
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	84.9
Population Living Below National Poverty Line, %	▲	na	44.0
Share of Income or Consumption by Poorest Quintile		na	2.3
Access to Improved Water Supply, %	▲	15	56
Antenatal Care, At Least One Visit, %		86	92
Deliveries Attended by Skilled Attendants, %	●▲	na	39
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	54.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	61.5
Illiteracy Rate, % of Population 15 and Over, Male		31	19
Illiteracy Rate, % of Population 15 and Over, Female		57	37
Illiteracy Rate, % of Population 15 to 24, Male		20	12
Illiteracy Rate, % of Population 15 to 24, Female		40	23
Ratio of Girls to Boys, Primary Education	▲	0.80	0.80
Ratio of Girls to Boys, Secondary Education	▲	na	0.75
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	142
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	140
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	22
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	18
Children Underweight Under 5, Male, %		na	27
Children Underweight Under 5, Female, %		na	24
Stunted Children under 5, Severe, %		na	15
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		23.0	19.0
Refugees, Number		196,300	230,903
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	726
Estimated HIV Prevalence, 15-49, Total		na	4.1
Estimated HIV Prevalence, 15-49, Male		na	3.2
Estimated HIV Prevalence, 15-49, Female		na	4.8

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.5	20.4
Age-Specific Fertility Rate per 1,000 Women, 15-20		211.0	207.0
Median Age at First Sexual Intercourse, Female, 25-49		15.6	16.6
Mean Age at Marriage, Male		23.7	23.7
Mean Age at Marriage, Female		19.4	19.4
Married by 18, Percent, Female, 25-49		61.7	53.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	68
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	81
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	76.0
HIV Prevalence, 15-24, Total	▲	na	3.3
HIV Prevalence, 15-24, Female	▲	na	4.6
HIV Prevalence, 15-24, Male	▲	na	2.0

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	10.4
Labor Force Participation Rate, 15-64, Male		na	91.9
Labor Force Participation Rate, 15-64, Female		na	82.1
Seats in Parliament Held by Women, %		12.0	24.7
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	3,853.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	43.1
Unmet Need for Family Planning, Spacing, %	●	36.8	20.7
Unmet Need for Family Planning, Limiting, %	●	16.9	13.9
Unmet Need for Family Planning, Total, %	●	53.7	34.6
Unmet Need for Family Planning, Thousands	●	na	1.2

Highest Level of Education	16.7
Provincial Low/High, %	24.3/36.5 Western/Eastern
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	80.5/34.0
No Education, Primary, %	22.0
Highest Level of Education, %	76.3
Provincial Low/High, %	23.1/58.8 Western/Central
Poorest/Richest Quintile, %	19.7/77.3
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	41.6/14.7
No Education, Primary, %	9.4
Highest Level of Education, %	42.2
Provincial Low/High, %	11.2/31.4 Eastern/Central
Poorest/Richest Quintile, %	11.3/40.6
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	3.2/30.0
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	8.4/11.9
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	16.4/19.7

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	47.4/62.1
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/65.6
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.8/5.2
No Education, Primary, %	7.7
Highest Level of Education, %	2.3
Provincial Low/High, %	4.1/6.5 Eastern/Northern
Poorest/Richest Quintile, %	6.0/1.9
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	68.8/91.9
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	67.3/92.0
Malnourished Women:	
Poorest/Richest Quintile, %	15.4/4.9
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	88.2/97.5

The United Republic of Tanzania

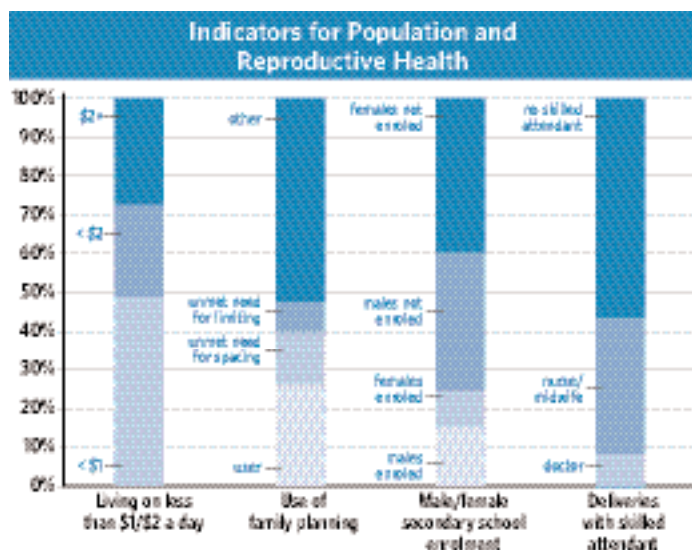
Overview

Tanzania is a least developed country, ranking 162 out of 177 countries on the UNDP Human Development Index. The 2002 census indicated that its current population of 38.3 million doubled between 1978 and 2003. In its response to the 2003 United Nations survey of population policies, the government viewed its fertility as too high, and under-five and maternal mortality levels as unacceptably high. Although use of antenatal care is nearly universal, use of skilled birth attendants for delivery decreased from 60 per cent in 1990 to 36 per cent in 1999, contributing to the high maternal mortality ratio of 1,500 deaths per 100,000 live births. The HIV/AIDS prevalence among adults ages 15 to 49 is 8.8 per cent.

The Poverty Reduction Strategy Paper aims to reduce poverty by 50 per cent by 2010 through a multisectoral approach. Governance in all sectors has been decentralized to the districts with the central government performing a policymaking role. The government has strengthened partnerships with NGOs and other development partners to enhance coordination of population and development activities. The 1992 National Population Policy has been revised to incorporate the goals of the ICPD Programme of Action.

The National HIV/AIDS Policy addresses the pandemic through provision of anti-retroviral therapy and preventive activities, including behaviour change campaigns. The National Reproductive and Child Health Strategy emphasizes maternal and child health, and family planning services. The National Adolescent Health and Development Policy deals with the reproductive health of both in-school and out-of-school youth. With assistance from the Gates Foundation, under the Africa Youth Alliance programme, tremendous progress has been made in improving adolescent reproductive health.

The government has set up a National Human Rights Commission to monitor human rights and collaborates with a network of NGOs such as the Tanzania Women Lawyers Association and the Women's Legal Aid Centre to promote gender equality. These NGOs have supported the enactment of laws, such as the Sexual Offences Special Provisions Act, that protect the rights of women and children.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	12,985.7	19,070.5
Population in Thousands, Female	13,245.6	19,258.3
Population Growth Rate, %	na	1.9
Crude Birth Rate per 1,000 Population	43.7	42.5
Crude Death Rate per 1,000 Population	13.2	16.4
Urban Population, %	21.7	37.5
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	45.0	46.8
Total Fertility Rate per Woman 15-49	6.13	5.29
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	6.6	16.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	10.4	25.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 770	1,500
MMR, Lower Bound	● ▲ na	910
MMR, Upper Bound	● ▲ na	2,200
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	43.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 108.2	104.2
Under Age 5 Mortality Rate, Total	● ▲ 165	162
Under Age 5 Mortality Rate, Female	● ▲ na	153
Under Age 5 Mortality Rate, Male	● ▲ na	170
Life Expectancy at Birth, Total, Years	● ▲ 53.7	46.3
Life Expectancy at Birth, Female, Years	● ▲ 56.0	46.6
Life Expectancy at Birth, Male, Years	● ▲ 51.5	45.9
Median Age of Total Population	● ▲ 17.1	18.2
Population 60 Years and Over, %	● ▲ 4.4	5.1
Dependency Ratio	● ▲ 94	85

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.70	7.16	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.2/6.5
No Education, Primary	6.5
Highest Level of Education	4.9
Provincial Low/High	5.6/5.6 Mainland/Zanzibar
Poorest/Richest Quintile	7.8/3.9

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	87.3/113.0
No Education, Primary	117.7
Highest Level of Education	99.9
Provincial Low/High	83.0/108.5 Zanzibar/Mainland
Poorest/Richest Quintile, %	114.8/91.9

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	160.0/135.2
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	95.0/154.0
Poorest/Richest Quintile	151.0/93.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	23.1/25.0
No Education, Primary, %	32.7

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	611
Gross Domestic Product Growth Rate, Annual %	na	6
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ 48.5	48.5
Population Living Below National Poverty Line, %	▲ 51.1	35.7
Share of Income or Consumption by Poorest Quintile	na	2.8
Access to Improved Water Supply, %	▲ 52	73
Antenatal Care, At Least One Visit, %	94	96
Deliveries Attended by Skilled Attendants, %	●▲ 60	36
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	60.9
Illiteracy Rate, % of Population 15 and Over, Male	24	13
Illiteracy Rate, % of Population 15 and Over, Female	49	27
Illiteracy Rate, % of Population 15 to 24, Male	11	5
Illiteracy Rate, % of Population 15 to 24, Female	23	8
Ratio of Girls to Boys, Primary Education	▲ 0.98	1.00
Ratio of Girls to Boys, Secondary Education	▲ na	0.81
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	99
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	95
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	6
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	5
Children Underweight Under 5, Male, %	na	29
Children Underweight Under 5, Female, %	na	30
Stunted Children under 5, Severe, %	na	17
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	35.0	43.0
Refugees, Number	292,100	649,770
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	163
Estimated HIV Prevalence, 15-49, Total	na	8.8
Estimated HIV Prevalence, 15-49, Male	na	7.7
Estimated HIV Prevalence, 15-49, Female	na	9.8

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.4	21.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	144.0	108.0
Median Age at First Sexual Intercourse, Female, 25-49	16.6	16.6
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	20.6	20.6
Married by 18, Percent, Female, 25-49	51.0	48.9
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	62
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	72
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	65.0
HIV Prevalence, 15-24, Total	▲ na	5.8
HIV Prevalence, 15-24, Female	▲ na	8.1
HIV Prevalence, 15-24, Male	▲ na	3.5

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	9.2
Labor Force Participation Rate, 15-64, Male	na	90.7
Labor Force Participation Rate, 15-64, Female	na	89.3
Seats in Parliament Held by Women, %	11.0	21.4
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	3,347.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	29.4
Unmet Need for Family Planning, Spacing, %	● 18.0	13.8
Unmet Need for Family Planning, Limiting, %	● 12.1	8.0
Unmet Need for Family Planning, Total, %	● 30.1	21.8
Unmet Need for Family Planning, Thousands	● na	1.2

Highest Level of Education	12.3
Provincial Low/High, %	17.2/24.7 Zanzibar/Mainland
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	84.0/36.8
No Education, Primary, %	26.8
Highest Level of Education, %	81.4
Provincial Low/High, %	41.3/45.8
Poorest/Richest Quintile, %	28.9/82.8
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	28.9/10.5
No Education, Primary, %	6.8
Highest Level of Education, %	33.5
Provincial Low/High, %	10.9/15.7 Zanzibar/Mainland
Poorest/Richest Quintile, %	5.6/32.1
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	10.5/34.9
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	7.6/8.0
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	14.8/12.9

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	51.0/49.8
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/62.5
Children Underweight Under 5, Severe:	
Urban/Rural, %	4.9/6.8
No Education, Primary, %	8.6
Highest Level of Education, %	2.7
Provincial Low/High, %	6.5/7.0 Mainland/Zanzibar
Poorest/Richest Quintile, %	8.6/4.0
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	27.3/72.6
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	16.5/66.7
Malnourished Women:	
Poorest/Richest Quintile, %	12.2/7.1
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	88.8/97.3

Zambia



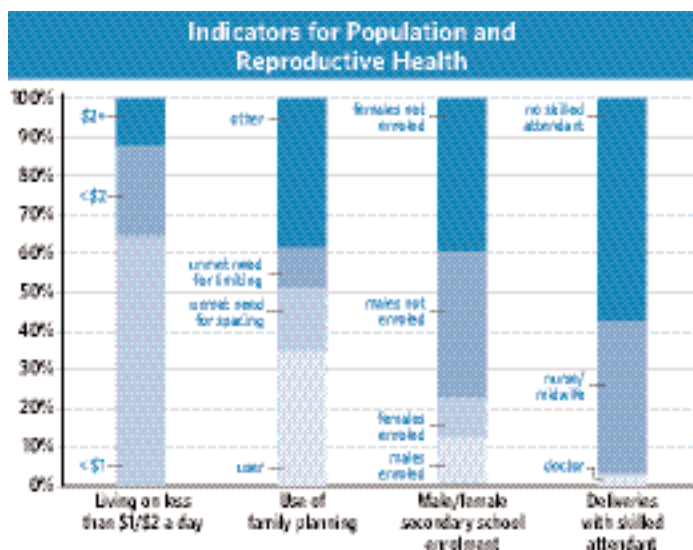
Overview

Zambia ranks 166 out of 177 countries on the UNDP Human Development Index. According to a 2003 UN survey on population issues, the government views its maternal mortality ratio (750 deaths per 100,000 live births) and under-five mortality (167 deaths per 1,000 live births) as unacceptably high. With a total population of 11.7 million, Zambia's total fertility rate is 5.8 lifetime births per woman.

Some 17 per cent of the adult population ages 15 to 49 are infected with HIV/AIDS. The pandemic has resulted in a decline in life expectancy from 46 years in 1990 to 38 years in 2005. The government, with support from NGOs, is using a multi-pronged approach to control the pandemic. Through support from the Global Fund, World Bank, USAID and other organizations, anti-retroviral therapy is widely available for the prevention of mother-to-child transmission, and the number of voluntary testing and counselling centres has increased. Political support from local government and traditional leaders has also facilitated community education on the prevention of HIV/AIDS. People living with the virus have been actively involved in media campaigns to provide real personal stories.

In order to empower women and bridge the gender gap, a National Gender Policy and a bill on gender-based violence have been approved.

The Zambian government, with donor assistance, is supporting family planning, maternal and child health programmes. The contraceptive logistics system has been improved to prevent stock-outs of contraceptives and a needs assessment on obstetric fistula has been carried out to guide efforts to prevent and treat this condition. Lack of adequate human resources remains a major challenge.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,160.8	5,842.7
Population in Thousands, Female	4,215.8	5,825.8
Population Growth Rate, %	na	1.7
Crude Birth Rate per 1,000 Population	46.1	44.7
Crude Death Rate per 1,000 Population	17.5	22.0
Urban Population, %	39.4	36.5
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	44.6	44.7
Total Fertility Rate per Woman 15-49	6.51	5.84
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	8.9	22.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	15.2	34.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 940	750
MMR, Lower Bound	● ▲ na	430
MMR, Upper Bound	● ▲ na	1,100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 100.8	91.7
Under Age 5 Mortality Rate, Total	● ▲ 179	167
Under Age 5 Mortality Rate, Female	● ▲ na	177
Under Age 5 Mortality Rate, Male	● ▲ na	194
Life Expectancy at Birth, Total, Years	● ▲ 46.3	38.3
Life Expectancy at Birth, Female, Years	● ▲ 48.2	37.7
Life Expectancy at Birth, Male, Years	● ▲ 44.6	38.7
Median Age of Total Population	● ▲ 16.6	16.7
Population 60 Years and Over, %	● ▲ 4.3	4.6
Dependency Ratio	● ▲ 97	95

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.10	10.69	1.60	29.31

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.3/6.9
No Education, Primary	7.4
Highest Level of Education	3.9
Provincial Low/High	4.3/7.3 Copperbelt/Luapula
Poorest/Richest Quintile	7.4/4.4

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	77.0/103.0
No Education, Primary	108.0
Highest Level of Education	70.0
Provincial Low/High	68.0/154.0 Copperbelt/Luapula
Poorest/Richest Quintile, %	115.2/56.7

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	191.7/92.4
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	127.0/185.0
Poorest/Richest Quintile	210.0/86.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	27.1/34.9
No Education, Primary, %	45.6

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	883
Gross Domestic Product Growth Rate, Annual %	1	4
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	63.7
Population Living Below National Poverty Line, %	▲ na	72.9
Share of Income or Consumption by Poorest Quintile	na	1.1
Access to Improved Water Supply, %	▲ 59	55
Antenatal Care, At Least One Visit, %	91	94
Deliveries Attended by Skilled Attendants, %	●▲ 43	43
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	50.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	56.1
Illiteracy Rate, % of Population 15 and Over, Male	21	12
Illiteracy Rate, % of Population 15 and Over, Female	41	23
Illiteracy Rate, % of Population 15 to 24, Male	14	8
Illiteracy Rate, % of Population 15 to 24, Female	24	11
Ratio of Girls to Boys, Primary Education	▲ na	0.93
Ratio of Girls to Boys, Secondary Education	▲ na	0.80
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	85
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	79
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	31
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	25
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	45.0	50.0
Refugees, Number	142,100	226,697
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	180
Estimated HIV Prevalence, 15-49, Total	na	16.5
Estimated HIV Prevalence, 15-49, Male	na	14.1
Estimated HIV Prevalence, 15-49, Female	na	18.7

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.1	22.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	163.0	127.5
Median Age at First Sexual Intercourse, Female, 25-49	16.2	16.8
Mean Age at Marriage, Male	25.9	25.9
Mean Age at Marriage, Female	21.2	21.2
Married by 18, Percent, Female, 25-49	58.6	52.2
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	59
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	69
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	74.0
HIV Prevalence, 15-24, Total	▲ na	14.5
HIV Prevalence, 15-24, Female	▲ na	21.0
HIV Prevalence, 15-24, Male	▲ na	8.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	15.0
Labor Force Participation Rate, 15-64, Male	na	87.4
Labor Force Participation Rate, 15-64, Female	na	67.1
Seats in Parliament Held by Women, %	5.0	12.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	868.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	26.7
Unmet Need for Family Planning, Spacing, %	● 21.4	16.8
Unmet Need for Family Planning, Limiting, %	● 12.1	10.6
Unmet Need for Family Planning, Total, %	● 33.4	27.4
Unmet Need for Family Planning, Thousands	● na	0.4

Highest Level of Education	21.4	
Provincial Low/High, %	26.4/39.7	Copperbelt/Western
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	79.0/27.6	
No Education, Primary, %	17.3	
Highest Level of Education, %	97.1	
Provincial Low/High, %	27.5/74.9	Northern/Lusaka
Poorest/Richest Quintile, %	19.7/91.1	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	38.7/13.9	
No Education, Primary, %	8.0	
Highest Level of Education, %	56.3	
Provincial Low/High, %	6.7/39.8	Luapula/Lusaka
Poorest/Richest Quintile, %	10.8/52.5	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	12.0/37.0	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	9.6/10.6	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	19.1/10.3	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	44.2/61.5	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/58.9	
Children Underweight Under 5, Severe:		
Urban/Rural, %	5.0/8.1	
No Education, Primary, %	10.4	
Highest Level of Education, %	0.0	
Provincial Low/High, %	4.2/10.4	Lusaka, Western/Northern
Poorest/Richest Quintile, %	9.5/3.0	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	35.2/77.9	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	34.0/82.5	
Malnourished Women:		
Poorest/Richest Quintile, %	21.3/10.4	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	89.0/98.9	

Zimbabwe

Overview

With a population estimated at 13 million in 2005, Zimbabwe ranks 145 out of 177 countries on the UNDP Human Development Index. The HIV/AIDS epidemic and severe droughts are closely linked with food shortages and poverty, and have affected progress on population and developmental issues. The HIV/AIDS prevalence among adults 15-49 years is 25 per cent and among 15-24 year olds the prevalence rate is 23 per cent. The epidemic has taken a great toll on life expectancy, now estimated at around 37 years. Furthermore, the maternal mortality ratio is high (1,100 maternal deaths per 100,000 live births). However, efforts are underway to reduce maternal morbidity and mortality.

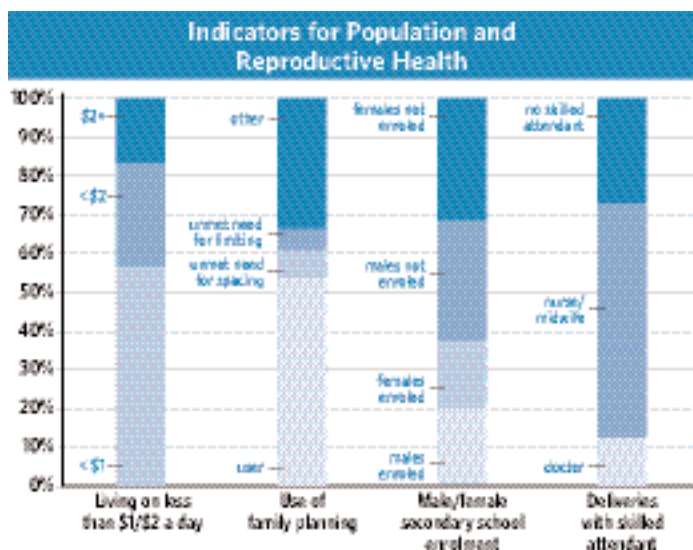
A comprehensive National HIV/AIDS Policy is in place and a national HIV/AIDS Strategic Framework for 2005-09 is being developed. National programmes for scaling up voluntary counselling and testing and adolescent reproductive health services are underway. NGOs and churches are mobilizing communities to prevent the spread of the pandemic. HIV/AIDS prevention has been integrated into the life skills education curriculum in schools.

A National Reproductive Health Policy adopted in 2003 guides the provision of quality reproductive health services and supports adolescent reproductive health programmes. The Sexual Offence Act (2001) promotes sexual rights by criminalising marital rape and wilful transmission of HIV infection.

A National Gender Policy was adopted in 2003 and provides for the mainstreaming of gender concerns into all development policies and programmes. A draft domestic violence bill is under consideration.

The government is committed to achieving the Millennium Development Goals (MDGs). With assistance from UN organizations, NGOs and other partners, Zimbabwe has undertaken a National Poverty Assessment Study, which will form the basis for a National Poverty Reduction Strategy Paper.

Current challenges include provision of basic social and health services in the face of economic challenges and human resource depletion due to emigration of skilled workers, AIDS and related mortality, and ongoing political tension and instability.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	5,248.3	6,452.7
Population in Thousands, Female	5,316.5	6,556.8
Population Growth Rate, %	na	0.6
Crude Birth Rate per 1,000 Population	38.2	34.8
Crude Death Rate per 1,000 Population	9.5	22.8
Urban Population, %	29.0	35.9
Sex Ratio at Birth, Male Births per Female Births	1.02	1.02
Women 15-49, %	45.3	49.5
Total Fertility Rate per Woman 15-49	5.27	4.23
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	36.1	50.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	43.1	53.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 570	1,100
MMR, Lower Bound	● ▲ na	620
MMR, Upper Bound	● ▲ na	1,500
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	33.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 52.6	60.6
Under Age 5 Mortality Rate, Total	● ▲ 85	115
Under Age 5 Mortality Rate, Female	● ▲ na	109
Under Age 5 Mortality Rate, Male	● ▲ na	118
Life Expectancy at Birth, Total, Years	● ▲ 59.0	37.3
Life Expectancy at Birth, Female, Years	● ▲ 61.9	36.6
Life Expectancy at Birth, Male, Years	● ▲ 56.5	37.9
Median Age of Total Population	● ▲ 16.8	18.7
Population 60 Years and Over, %	● ▲ 4.5	5.4
Dependency Ratio	● ▲ 96	77

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.40	61.08	5.61	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.0/4.6
No Education, Primary	5.2
Highest Level of Education	1.9
Provincial Low/High	3.0/4.9 Harare and Bulawayo/Mashonaland Central
Poorest/Richest Quintile	6.2/2.8

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	47.2/65.3
No Education, Primary	81.1
Highest Level of Education	55.6
Provincial Low/High	38.8/86.6 Matabeleland North/Mashonaland Central
Poorest/Richest Quintile, %	59.1/44.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	99.5/62.2
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	93.0/125.0
Poorest/Richest Quintile	144.0/59.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	16.1/22.8
No Education, Primary, %	30.8

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,370
Gross Domestic Product Growth Rate, Annual %	4	-6
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ 36.0	56.1
Population Living Below National Poverty Line, %	▲ 25.8	34.9
Share of Income or Consumption by Poorest Quintile	na	1.8
Access to Improved Water Supply, %	▲ 36	83
Antenatal Care, At Least One Visit, %	83	82
Deliveries Attended by Skilled Attendants, %	●▲ 65	73
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	61.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	64.2
Illiteracy Rate, % of Population 15 and Over, Male	13	5
Illiteracy Rate, % of Population 15 and Over, Female	25	11
Illiteracy Rate, % of Population 15 to 24, Male	3	1
Illiteracy Rate, % of Population 15 to 24, Female	9	3
Ratio of Girls to Boys, Primary Education	▲ 0.99	0.97
Ratio of Girls to Boys, Secondary Education	▲ na	0.88
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	94
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	92
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	38
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	35
Children Underweight Under 5, Male, %	na	13
Children Underweight Under 5, Female, %	na	13
Stunted Children under 5, Severe, %	na	9
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	43.0	39.0
Refugees, Number	137,200	12,721
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	556
Estimated HIV Prevalence, 15-49, Total	na	24.6
Estimated HIV Prevalence, 15-49, Male	na	21.4
Estimated HIV Prevalence, 15-49, Female	na	29.2

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	25.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	109.0	90.5
Median Age at First Sexual Intercourse, Female, 25-49	17.4	18.7
Mean Age at Marriage, Male	26.1	26.1
Mean Age at Marriage, Female	21.3	21.3
Married by 18, Percent, Female, 25-49	41.8	33.9
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	73
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	81
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	74.0
HIV Prevalence, 15-24, Total	▲ na	22.7
HIV Prevalence, 15-24, Female	▲ na	33.0
HIV Prevalence, 15-24, Male	▲ na	12.4

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	5.8
Labor Force Participation Rate, 15-64, Male	na	78.9
Labor Force Participation Rate, 15-64, Female	na	64.8
Seats in Parliament Held by Women, %	12.0	10.7
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	463.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	13.1
Unmet Need for Family Planning, Spacing, %	● 16.6	7.3
Unmet Need for Family Planning, Limiting, %	● 17.6	5.6
Unmet Need for Family Planning, Total, %	● 34.2	12.9
Unmet Need for Family Planning, Thousands	● na	0.2

Highest Level of Education	15.6	
Provincial Low/High, %	14.4/35.5	Masvingo/Mashonaland West
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	89.4/64.2	
No Education, Primary, %	42.8	
Highest Level of Education, %	98.9	
Provincial Low/High, %	51.0/91.0	Manicaland/Harare
Poorest/Richest Quintile, %	56.7/93.5	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	61.8/43.9	
No Education, Primary, %	35.2	
Highest Level of Education, %	65.6	
Provincial Low/High, %	36.2/62.9	Matabeleland South/Harare
Poorest/Richest Quintile, %	41.1/67.4	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	50.7/72.7	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	6.0/3.3	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	10.8/3.5	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	55.6/63.1	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	75.4/61.4	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.7/1.9	
No Education, Primary, %	3.4	
Highest Level of Education, %	0.0	
Provincial Low/High, %	0.4/4.1	Masvingo and Bulawayo/Matabeleland North
Poorest/Richest Quintile, %	2.1/0.7	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	76.2/94.1	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	77.4/94.2	
Malnourished Women:		
Poorest/Richest Quintile, %	8.5/4.1	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	94.1/96.9	

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

2:

The vast and culturally diverse Asia and the Pacific region is home to 60 per cent of the world's people. It encompasses the huge, rapidly industrializing economies of China and India, the remote, mountainous communities of Nepal and Bhutan and the small Pacific island countries. In the past two decades, spurred on by the International Conference on Population and Development (ICPD) Programme of Action and the Millennium Development Goals (MDGs), the region has made great progress on both the social and economic fronts. But this overall progress marks wide disparities and stark contrasts. Hundreds of millions of people have been lifted out of poverty, yet hundreds of millions of others struggle to survive on less than \$1 a day. Two out of every three people living in extreme poverty live in the Asia and the Pacific region.

The biggest demographic challenge and opportunity of the region is its enormous population of youth. More than half of the world's young people — some 850 million between the ages of 10 and 24 — live in Asia and the Pacific. In some parts of South and South-east Asia, young people make up between one third and one half of the population. This demographic surge of people entering their productive and reproductive years offers great potential for development — if countries invest wisely in the education, health, skills and economic opportunities of youth.

Asia is also home to the majority of the world's older people. People over the age of 60 made up about 9.3 per cent of the region's population in 2005 and are projected to account for almost 15 per cent by 2025. This emerging issue has major ramifications, as the developing countries of Asia and the Pacific still do not have systems of social protection in place, particularly old age security and health insurance for the elderly.

Several Asian countries began addressing population issues decades ago. As a result, population growth rates in the region peaked in the late sixties and early seventies and have been falling ever since. The population growth rate for Asia and the Pacific is now close to the world's average (1.21 per 1,000 population), with some countries having reached fertility levels of 2.1 or below. However, high fertility in some countries, especially in South and West Asia, continues to outpace economic and development gains and stall poverty reduction efforts. The large percentage of young people means that the region will continue to grow for years to come, although some Pacific island countries are losing population and capacity, due to migration.

Urbanization is occurring at an unprecedented pace, bringing with it both problems and possibilities. Nearly 40 million people in the region, many of them women and young people, migrate each year to urban areas in search of economic opportunity. The majority end up living in slum-like conditions characterized by insecure tenure, inadequate housing and a lack of access to water or sanitation. Within the next 15 years, 18 of the projected 27 megacities (urban areas with more than 10 million people) will be in Asia, and over half of the people will live in slums and informal settlements. This urbanization poses serious environmental threats, including high levels of water and air pollution and attendant health risks.

The 2004 tsunami, which claimed the lives of some 300,000 people and displaced whole communities, called attention to the region's acute vulnerability to natural disaster, which is exacerbated by the large numbers of people in crowded cities located in earthquake zones and dense rural settlements in low-lying flood plains. Small islands in the region are already affected by rising sea levels. Few of these countries, however, have the infrastructure for emergency preparedness or the capacity to deal with the social upheaval that follows a major catastrophe.

Although empowering, educating and improving the reproductive health of women are keys to achieving the targets of the ICPD and the MDGs, gender disparities persist in the areas of health, literacy, education, political participation, income and employment. As a result, many women, especially those who are impoverished, are prevented from exercising their human rights and realizing their full potential. Their families, communities and countries miss out as well. Although most countries in the region have signed or ratified the UN Convention on the Elimination of All Forms of Discrimination against Women, not all ensure equal rights for women in their own constitutions. Gender-based violence remains widespread and has only recently been recognized as a significant public health and development concern. A strong preference for sons in some countries has led to pre-natal sex selection or neglect of infant girls, with the result that least 60 million girls are 'missing' in Asia, with potentially serious social consequences.

Considerable progress has been made in closing gender gaps in education in South-east Asia and Bangladesh. Many countries in the region have made significant progress in promoting reproductive health and taking a rights-based approach in the provision of

Asia and the Pacific

information and services, as called for at the ICPD. However, poor access to reproductive health services in many countries, especially for the poor and those living in remote areas, compromises the well-being and productivity of women and undermines efforts to achieve the targets set by the ICPD and the MDGs. Through some countries (e.g. Vietnam) have narrowed differentials in access to reproductive health services between richer and poorer segments of society, many countries continue to have inequitable distributions of services access and quality. The poor are least able to implement their family size and spacing choices effectively and to deliver their children safely. The high rates of maternal and infant mortality in some countries underscore extreme inequities in health care: In Afghanistan, Bhutan, Cambodia, India, Lao PDR, Nepal, Papua New Guinea and Timor-Leste, maternal mortality ratios exceed 400 per 100,000 live births. These countries, as well as Myanmar, Pakistan and the Philippines, also have large unmet needs in the areas of family planning and reproductive health.

HIV prevention is an urgent reproductive health challenge. Until recently, HIV prevalence in most countries in the region had been restricted to high-risk groups involved in injecting drug use and sex work. There is now a serious threat of the virus quickly spreading to the general population. The Asia and Pacific region has more than 6.5 million people living with HIV/AIDS, some 5 million in China and India alone. Without far-reaching interventions, epidemiologists believe the virus could spread rapidly, creating a new epicentre of the global AIDS pandemic in the next decade and undoing years of development progress. Cambodia, Myanmar and Thailand are already dealing with serious epidemics, but Thailand has shown that it is possible to reverse the spread of the infection with large-scale, sustained and concerted programming.

The situation demands a scaling up AIDS advocacy, prevention and treatment efforts. However, several factors have muted an effective response in some countries, including denial of the problem, stigma and discrimination against those living with the infection, and lack of resources and political commitment. Tackling the issue is further complicated by the increasing volume of migration and by the trafficking of women and youth for the sex industry, especially in the Mekong area.

The large proportion of young people in the region could also help fuel an epidemic, especially because the reproductive health needs of young people have been overlooked in many countries. A major initiative to prevent HIV, and address other sexual and reproductive health concerns of young people, was launched in early 2003 with funding from the European Union. The Reproductive Health Initiative for Youth in Asia covers projects for both urban and rural youth in seven South and Southeast Asian countries (Bangladesh, Cambodia, Lao PDR, Pakistan, Nepal, Sri Lanka and Viet Nam). All have prioritized HIV prevention and emphasize gender equality.

The UN Millennium Project refers to East and South-east Asia as having shown 'tremendous progress' in the reduction of poverty, hunger and gender inequality, and many countries in this subregion are on target to reach most of the MDGs. Their social and economic progress was associated with investments in reproductive health, including family planning, and education, as well as the 'demographic bonus' of a large cohort of young people entering the workforce. This demographic window is now opening for South Asia, offering the possibility for improving lives and reducing poverty on a large scale, if governments strengthen their investments in human capital and reduce inequities. Slow progress (and a backsliding for some health targets) suggests that greater efforts will need to be made if the Pacific island countries are to achieve the MDGs.

Afghanistan

Overview

Over two decades of war, ethnic conflict and drought have led to widespread human suffering and massive displacement of Afghanistan's almost 30 million people. As one of the least developed countries, Afghanistan's health status is among the poorest in the world.

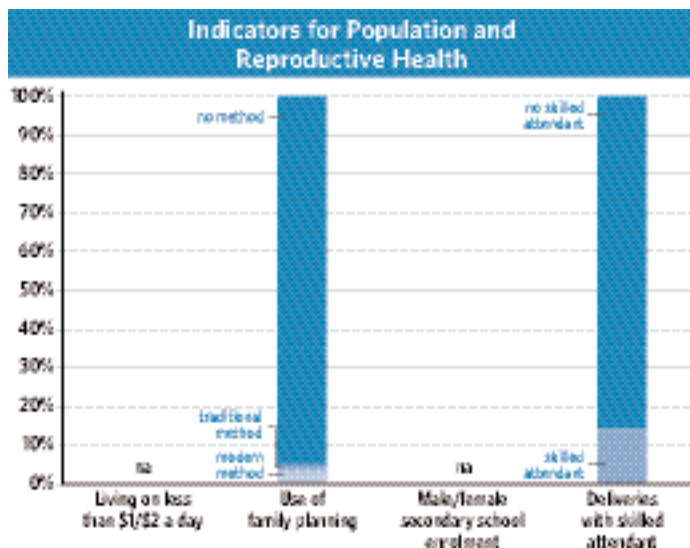
Life expectancy at birth is 47 years, among the lowest. Infant, child and maternal mortality rates are excessively high. The maternal mortality ratio, for instance, is 1,900 deaths per 100,000 live births. Communicable diseases are prevalent and continue to be one of the major causes of death. Poverty, limited access to safe water, poor sanitation, malnutrition and low levels of education contribute to the deterioration of human health.

Under the draft National Health Policy, the Ministry of Public Health (MOPH) is determined to achieve the goal of "health for all". In order to reduce maternal deaths and disabilities, the policy facilitates access to a full range of affordable reproductive health services, especially maternal care and treatment of obstetric emergencies.

The lack of data is one of the major constraints facing the health system. At the request of the MOPH, UNFPA supported an assessment of reproductive health care throughout the country, undertaken by the Japanese NGO Health and Development Services (HANDS). The data will be used to determine needs and assistance priorities.

Under the National Development Framework, quality education has been emphasized as the foundation for poverty reduction and economic growth. Improving access to the educational system for women and girl children has become a priority.

The Afghanistan Census of Population and Housing, under the direction of the Afghan Central Statistical Office with financial and technical support from UNFPA, will take place in two phases. The first phase, the household listing exercise, has been completed, facilitating logistical planning for the recent elections. The data also provided much-needed information for development policies and strategies. The final phase will include the full census.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	7,546.9	15,404.1
Population in Thousands, Female	7,059.5	14,458.9
Population Growth Rate, %	na	4.1
Crude Birth Rate per 1,000 Population	51.4	47.7
Crude Death Rate per 1,000 Population	20.8	18.7
Urban Population, %	18.2	24.3
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	44.0	44.0
Total Fertility Rate per Woman 15-49	7.95	7.51
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	3.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	4.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,700	1,900
MMR, Lower Bound	● ▲ na	470
MMR, Upper Bound	● ▲ na	3,500
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	60.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 153.0	145.4
Under Age 5 Mortality Rate, Total	● ▲ 257	244
Under Age 5 Mortality Rate, Female	● ▲ na	283
Under Age 5 Mortality Rate, Male	● ▲ na	278
Life Expectancy at Birth, Total, Years	● ▲ 45.1	46.9
Life Expectancy at Birth, Female, Years	● ▲ 45.3	47.1
Life Expectancy at Birth, Male, Years	● ▲ 44.9	46.6
Median Age of Total Population	● ▲ 17.1	16.7
Population 60 Years and Over, %	● ▲ 4.7	4.4
Dependency Ratio	● ▲ 94	97

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.10	5.43	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	97.0/121.0
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	na
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 21	13
Antenatal Care, At Least One Visit, %	8	16
Deliveries Attended by Skilled Attendants, %	●▲ 8	14
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ 0.52	0.52
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	120
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	63
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	24
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Children Underweight Under 5, Male, %	na	50
Children Underweight Under 5, Female, %	na	45
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	70.0
Refugees, Number	60,000	7
Internally Displaced Persons, Number	na	82,067
Asylum Seekers, Number	na	32
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.7	19.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	161.0	122.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	25.3
Mean Age at Marriage, Female	na	17.8
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	87.7
Labor Force Participation Rate, 15-64, Female	na	48.9
Seats in Parliament Held by Women, %	3.0	3.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	4,155.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	45.4
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	34.8/6.9
No Education, Primary, %	10.7
Highest Level of Education, %	42.8
Provincial Low/High, %	0.4/60.1 Sar I Pol/Jalalabad City
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	16.7/5.3
No Education, Primary, %	3.2
Highest Level of Education, %	5.3
Provincial Low/High, %	0.2/56.4 Paktika/Herat City
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	14.0
Highest Level of Education, %	6.5
Provincial Low/High, %	13.2/13.9 South-Eastern/Eastern
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Bangladesh

Overview

Bangladesh, with an estimated population of almost 142 million, is the largest of the least developed countries. The contraceptive prevalence rate increased from 45 per cent in 1994 to 54 per cent in 2000. Despite this, the total fertility rate has remained almost constant for nearly a decade, and is now at 3.7 lifetime births per woman. The Health and Population Sector Programme, begun in 1998, ended in 2003. In a major policy change, the government introduced the Health, Nutrition, and Population Sector Program for 2004-2006, under which field activities in population and health are managed separately.

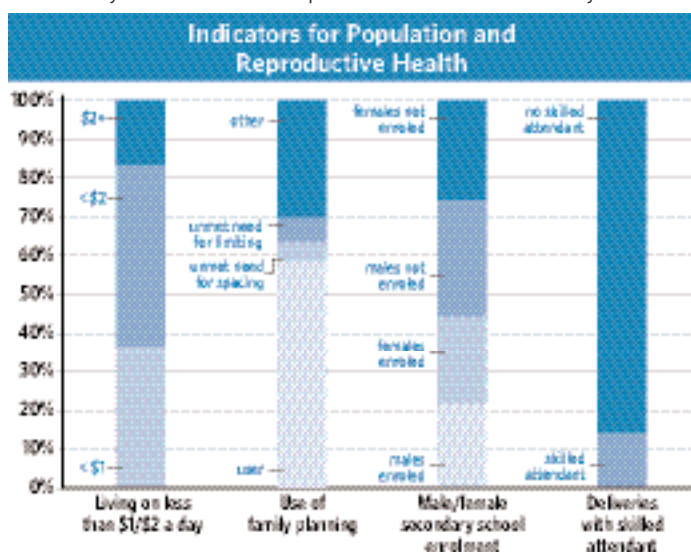
Other pressing concerns include diversifying the contraceptive method mix, ensuring safe deliveries and improving the quality of care. By early 2004, a successful pilot initiative trained over 300 skilled birth attendants in 15 districts.

The government aims to reduce its current 1.8 per cent annual population growth rate in an effort to promote sustainable socio-economic development and reduce poverty. UNFPA and others continue to provide support to the government in carrying out nationwide behavior change communication programmes on issues such as safe motherhood and the prevention of HIV/AIDS.

Bangladesh is a country with low HIV prevalence but high vulnerability given rising prevalence rates among sex workers and cases of hepatitis C in injecting drug users. National commitment to HIV/AIDS prevention is strong and the World Bank, along with other donors, is providing support.

In 2003, the government finalized the Interim Poverty Reduction Strategy Paper. Most of the Millennium Development Goals were incorporated into the strategy, including the elimination of gender disparities in primary and secondary education, reducing maternal mortality, eliminating gender-based violence, and reducing infant and child mortality. Ensuring the availability of reproductive health services was included.

The government continues to: focus on maintaining contraceptive security, including emergency contraception; address adolescent fertility, which remains high; and improve access to maternal and emergency obstetric care. It also set up the first pilot fistula centre in the country with a dedicated operation theater and recovery ward.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	53,602.4	72,459.0
Population in Thousands, Female	50,444.2	69,363.2
Population Growth Rate, %	na	1.8
Crude Birth Rate per 1,000 Population	35.2	32.5
Crude Death Rate per 1,000 Population	12.2	7.6
Urban Population, %	19.8	25.0
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	48.6	52.3
Total Fertility Rate per Woman 15-49	4.37	3.67
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	43.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	53.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 850	380
MMR, Lower Bound	● ▲ na	320
MMR, Upper Bound	● ▲ na	450
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	36.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 95.9	54.2
Under Age 5 Mortality Rate, Total	● ▲ 124	72
Under Age 5 Mortality Rate, Female	● ▲ na	90
Under Age 5 Mortality Rate, Male	● ▲ na	85
Life Expectancy at Birth, Total, Years	● ▲ 54.6	63.7
Life Expectancy at Birth, Female, Years	● ▲ 55.0	64.6
Life Expectancy at Birth, Male, Years	● ▲ 54.4	62.8
Median Age of Total Population	● ▲ 19.2	22.1
Population 60 Years and Over, %	● ▲ 5.1	5.7
Dependency Ratio	● ▲ 79	64

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
0.80	2.84	2.16	46.21

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.5/3.2
No Education, Primary	3.8
Highest Level of Education	2.5
Provincial Low/High	2.6/4.3 Khulna/Sylhet
Poorest/Richest Quintile	3.8/2.2

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	64.6/72.9
No Education, Primary	82.7
Highest Level of Education	49.2
Provincial Low/High	54.9/101.4 Chittagong/Sylhet
Poorest/Richest Quintile, %	92.9/57.9

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	139.7/72.4
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	110.0/142.0
Poorest/Richest Quintile	187.0/91.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	26.9/35.4
No Education, Primary, %	55.1

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,786
Gross Domestic Product Growth Rate, Annual %	4	6
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	29.1
Population Living Below National Poverty Line, %	▲ na	49.8
Share of Income or Consumption by Poorest Quintile	na	3.9
Access to Improved Water Supply, %	▲ 78	75
Antenatal Care, At Least One Visit, %	na	49
Deliveries Attended by Skilled Attendants, %	●▲ 7	14
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	74.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	55.5
Illiteracy Rate, % of Population 15 and Over, Male	56	48
Illiteracy Rate, % of Population 15 and Over, Female	76	67
Illiteracy Rate, % of Population 15 to 24, Male	49	41
Illiteracy Rate, % of Population 15 to 24, Female	67	57
Ratio of Girls to Boys, Primary Education	▲ 0.81	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	0.99
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	94
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	98
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	45
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	50
Children Underweight Under 5, Male, %	na	46
Children Underweight Under 5, Female, %	na	50
Stunted Children under 5, Severe, %	na	18
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	35.0	32.0
Refugees, Number	245,000	19,792
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	8
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	20.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	168.0	120.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.5	25.5
Mean Age at Marriage, Female	18.0	18.0
Married by 18, Percent, Female, 25-49	na	82.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	22.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	0.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.2
Gender Empowerment Measure, Rank	na	76.0
Malnourished Women, %	na	52.0
Labor Force Participation Rate, 15-64, Male	na	89.8
Labor Force Participation Rate, 15-64, Female	na	57.2
Seats in Parliament Held by Women, %	10.0	2.0
Female Legislators, Senior Officials and Managers, %	na	8.0
Female Professional and Technical Workers, %	na	25.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	12,173.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	27.4
Unmet Need for Family Planning, Spacing, %	● na	5.1
Unmet Need for Family Planning, Limiting, %	● na	6.3
Unmet Need for Family Planning, Total, %	● na	11.3
Unmet Need for Family Planning, Thousands	● na	4.0

Highest Level of Education	22.4	
Provincial Low/High, %	22.4/24.6	Sylhet/Khulna
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	29.6/9.4	
No Education, Primary, %	4.4	
Highest Level of Education, %	55.2	
Provincial Low/High, %	10.6/21.2	Rajshahi/Khulna
Poorest/Richest Quintile, %	3.5/42.1	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	51.6/46.0	
No Education, Primary, %	48.3	
Highest Level of Education, %	49.1	
Provincial Low/High, %	22.0/57.8	Sylhet/Rajshahi
Poorest/Richest Quintile, %	37.4/50.2	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	43.4/57.4	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	10.0/5.1	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	10.3/5.4	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	13.2/41.8	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	27.4/38.0	
Children Underweight Under 5, Severe:		
Urban/Rural, %	12.0/13.0	
No Education, Primary, %	17.0	
Highest Level of Education, %	3.0	
Provincial Low/High, %	8.3/16.2	Khulna/Chittagong
Poorest/Richest Quintile, %	24.5/9.9	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	65.1/84.0	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	61.3/89.6	
Malnourished Women:		
Poorest/Richest Quintile, %	64.5/32.6	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	19.4/69.8	



Overview

With high fertility and declining mortality rates, Bhutan's population is growing by 2.2 per cent per year. Since the country introduced national development plans in 1961, Bhutan has placed people at the centre of its development agenda. This approach has led to striking improvements in the quality of life for Bhutanese.

Although no explicit population policy exists, a chapter on Population and Development was introduced in the 8th Five Year Plan (1997-2002). The government's policy approach includes strong political commitment to reduce population growth, improve and expand the primary health care network, deliver quality reproductive health care at the grass root level, and expand maternal and child health services.

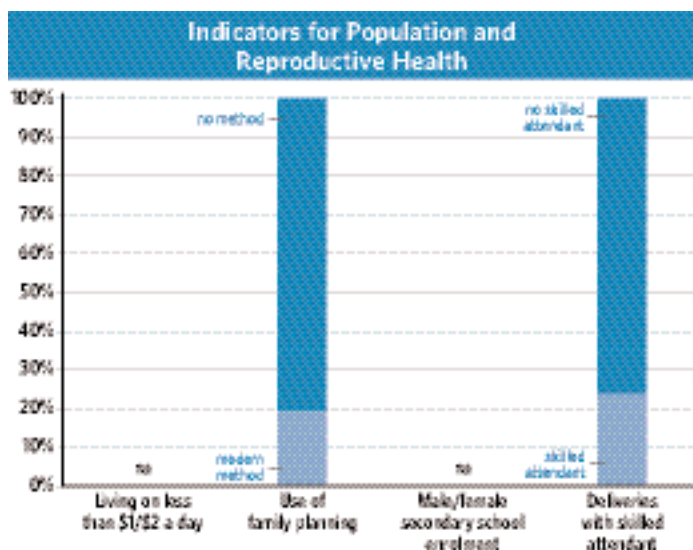
The Royal Decree on Population Planning, issued by the King, was followed by a nationwide campaign with the slogan "Small Family, Happy Family."

In implementing these policies, specific strategies have been developed to: raise awareness of and improve access to comprehensive reproductive health services, including a wider range of contraceptives; create special programmes for adolescents; and promote community involvement.

With more than 40 per cent of the population of 2.1 million below the age of 15, programmes addressing the special needs of young people increasingly are given high priority in the health and education sectors.

HIV/AIDS is still at an early stage, however the rate of new infections is accelerating. A recent Royal Decree issued by the King strengthens the country's commitment to take preventive measures against its spread.

Ratification of international agreements such as the UN's Convention on Elimination of all forms of Discrimination Against Women (CEDAW) and Convention on the Rights of the Child underscore the value attached to the status of women and children. Gender needs and interests are mainstreamed in all aspects of the 9th Five Year Plan. Some specific strategies include: improvement of maternal and child health; catering to the special needs of girl students; and creation of favourable employment conditions for women, enabling them to pursue careers while raising children.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	830.4	1,095.7
Population in Thousands, Female	811.3	1,066.9
Population Growth Rate, %	na	2.2
Crude Birth Rate per 1,000 Population	38.8	36.0
Crude Death Rate per 1,000 Population	13.6	8.3
Urban Population, %	5.5	9.1
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.2	48.3
Total Fertility Rate per Woman 15-49	5.66	4.75
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	18.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	18.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,600	420
MMR, Lower Bound	● ▲ na	110
MMR, Upper Bound	● ▲ na	780
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	38.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 91.5	51.8
Under Age 5 Mortality Rate, Total	● ▲ 129	77
Under Age 5 Mortality Rate, Female	● ▲ na	78
Under Age 5 Mortality Rate, Male	● ▲ na	82
Life Expectancy at Birth, Total, Years	● ▲ 53.6	63.8
Life Expectancy at Birth, Female, Years	● ▲ 54.7	65.0
Life Expectancy at Birth, Male, Years	● ▲ 52.7	62.6
Median Age of Total Population	● ▲ 19.2	20.1
Population 60 Years and Over, %	● ▲ 5.9	7.0
Dependency Ratio	● ▲ 83	75

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.15	11.06	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	7
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 34	62
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ 11	24
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ na	0.86
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	19
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	22
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	12
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	9
Children Underweight Under 5, Male, %	na	20
Children Underweight Under 5, Female, %	na	17
Stunted Children under 5, Severe, %	na	15
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.6	21.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	77.0	32.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	91.2
Labor Force Participation Rate, 15-64, Female	na	59.6
Seats in Parliament Held by Women, %	na	9.3
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	247.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	36.1
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Brunei Darussalam

Overview

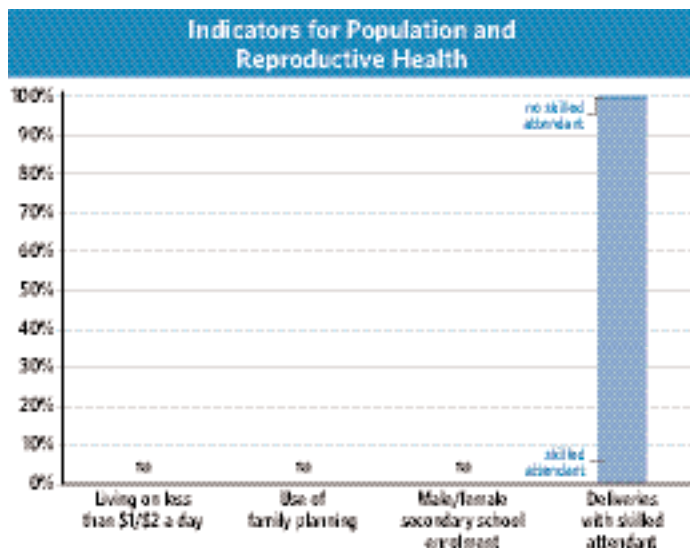
Oil-rich Brunei Darussalam has an estimated population of 374,000. Close to one-fifth of the population (18 per cent) are between 15 and 24 years of age, while just 5 per cent are ages 60 and over. The country is predominately urban, with about 78 per cent of the population living in towns and cities. Life expectancy at birth is 79 years for women and 75 for men.

The total fertility rate dropped from a high of 5.4 lifetime births per woman in the early and mid 1970s to 2.8 per woman in 2005. The government, however, does not provide contraceptives. The maternal mortality ratio is low, just 37 deaths per 100,000 live births, while 99 per cent of deliveries take place with skilled attendants.

Over the past three decades, Brunei has registered major improvements in the rates of infant and under-five mortality. Infant mortality has dropped from 54 deaths per 1,000 live births in 1975, to 14 deaths in 1985, and six in 2005. Under-five mortality rates have followed a similar pattern: the current rate is seven deaths per 1,000 live births.

In response to a 2003 United Nations inquiry, the government views its population growth rate, at 2.2 per cent per year, as satisfactory. There is concern, however, about the level of immigration, as 31.2 per cent of the population is foreign born.

The people of Brunei Darussalam enjoy free medical and health care, which is provided by government hospitals, health centres and clinics throughout the country. In remote areas that are not accessible or are difficult to reach, primary health care is provided by the Flying Medical Services. Private and military hospitals also augment government facilities.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	135.9	193.7
Population in Thousands, Female	121.1	180.2
Population Growth Rate, %	na	2.2
Crude Birth Rate per 1,000 Population	27.7	25.3
Crude Death Rate per 1,000 Population	3.4	2.8
Urban Population, %	65.8	77.6
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	55.8	60.0
Total Fertility Rate per Woman 15-49	3.23	2.76
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	30.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	43.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 60	37
MMR, Lower Bound	● ▲ na	22
MMR, Upper Bound	● ▲ na	53
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	4.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 9.6	5.8
Under Age 5 Mortality Rate, Total	● ▲ 9	7
Under Age 5 Mortality Rate, Female	● ▲ na	6
Under Age 5 Mortality Rate, Male	● ▲ na	8
Life Expectancy at Birth, Total, Years	● ▲ 73.8	76.7
Life Expectancy at Birth, Female, Years	● ▲ 76.2	79.3
Life Expectancy at Birth, Male, Years	● ▲ 72.0	74.6
Median Age of Total Population	● ▲ 23.4	26.2
Population 60 Years and Over, %	● ▲ 4.1	4.7
Dependency Ratio	● ▲ 59	49

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.74	336.26	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	na
Income Group per World Bank Classification	na	High income: non OECD
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	na
Antenatal Care, At Least One Visit, %	100	100
Deliveries Attended by Skilled Attendants, %	●▲ 97	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	9	5
Illiteracy Rate, % of Population 15 and Over, Female	21	10
Illiteracy Rate, % of Population 15 to 24, Male	2	1
Illiteracy Rate, % of Population 15 to 24, Female	2	0
Ratio of Girls to Boys, Primary Education	▲ na	0.90
Ratio of Girls to Boys, Secondary Education	▲ na	0.99
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	106
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	106
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	87
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	92
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.8	17.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	40.5	29.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	28.0	28.0
Mean Age at Marriage, Female	25.1	25.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	84.2
Labor Force Participation Rate, 15-64, Female	na	49.4
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	36.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	27.4
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Cambodia

Overview

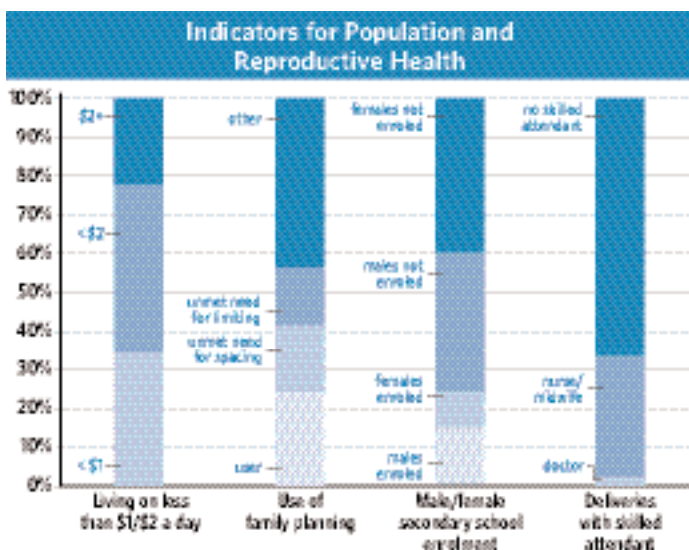
Cambodia, with a population of 14 million, is one of Asia's least developed countries. It is struggling with high rates of maternal and infant mortality and faces a large unmet need for family planning. In 2000, the maternal mortality ratio was estimated at 450 deaths per 100,000 live births, while the infant mortality rate is 91 deaths per 1,000 live births. The contraceptive prevalence rate for modern methods among women ages 15-49 years is only 18.5 per cent. A full one-third of women of reproductive age want to plan their families but are unable to do so because of an acute lack of information and services.

HIV prevalence among adults is 2.6 per cent, one of the highest rates in Asia. Prevention campaigns have brought about a reduction in the rate of new infections. However, widespread poverty and gender inequality are exacerbating the effects of the pandemic.

Cambodia's National Population Policy, launched in 2004, recommends action in the ten priority areas, including taking account of the links between high fertility and high population growth and poverty. The policy is facilitating the availability and use of accurate population data in the design of more effective development programmes.

Although there is no stated policy on adolescent reproductive health, the government is supporting organizations that reach out to young people. A large Adolescent Reproductive and Sexual Health Initiative, funded by the European Commission and implemented by UNFPA, is addressing major adolescent reproductive health issues, including life skills education and HIV/AIDS prevention activities.

The Health Sector Strategic Plan for 2003-2007 addresses the Millennium Development Goals (MDGs), the government's Poverty Reduction Strategy Paper and the Second Socio-Economic Development Plan. The Strategic Plan specifies which MDGs the Ministry of Health is committed to achieving by 2007. Specific targets related to safe motherhood include: reducing the maternal mortality ratio to 305 deaths per 100,000 live births; and increasing the modern contraceptive prevalence to 35 per cent among currently married women aged 15-49 years.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,632.1	6,800.9
Population in Thousands, Female	5,105.8	7,270.1
Population Growth Rate, %	na	2.0
Crude Birth Rate per 1,000 Population	43.7	36.8
Crude Death Rate per 1,000 Population	13.5	10.4
Urban Population, %	12.6	19.7
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.8	50.9
Total Fertility Rate per Woman 15-49	5.55	4.63
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	18.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	23.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 900	450
MMR, Lower Bound	● ▲ na	260
MMR, Upper Bound	● ▲ na	620
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 113.6	91.1
Under Age 5 Mortality Rate, Total	● ▲ 170	133
Under Age 5 Mortality Rate, Female	● ▲ na	99
Under Age 5 Mortality Rate, Male	● ▲ na	115
Life Expectancy at Birth, Total, Years	● ▲ 54.3	57.0
Life Expectancy at Birth, Female, Years	● ▲ 56.2	60.5
Life Expectancy at Birth, Male, Years	● ▲ 52.3	53.4
Median Age of Total Population	● ▲ 17.9	20.3
Population 60 Years and Over, %	● ▲ 4.6	5.6
Dependency Ratio	● ▲ 90	68

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.10	5.60	1.18	3.01

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.1/4.2
No Education, Primary	4.5
Highest Level of Education	2.9
Provincial Low/High	2.1/6.3 <small>Phnom Penh/Mondol Kiri, Rotanak Kiri</small>
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	72.3/95.7
No Education, Primary	102.5
Highest Level of Education	60.3
Provincial Low/High	37.6/169.8 <small>Phnom Penh/Mondol Kiri, Rotanak Kiri</small>
Poorest/Richest Quintile, %	109.7/50.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	154.8/63.6
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	38.0/54.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	7.2/8.5
No Education, Primary, %	13.3

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,189
Gross Domestic Product Growth Rate, Annual %	na	8
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	34.1
Population Living Below National Poverty Line, %	▲ na	36.1
Share of Income or Consumption by Poorest Quintile	na	2.9
Access to Improved Water Supply, %	▲ na	34
Antenatal Care, At Least One Visit, %	na	44
Deliveries Attended by Skilled Attendants, %	●▲ na	34
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	46.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	50.9
Illiteracy Rate, % of Population 15 and Over, Male	22	18
Illiteracy Rate, % of Population 15 and Over, Female	51	38
Illiteracy Rate, % of Population 15 to 24, Male	19	15
Illiteracy Rate, % of Population 15 to 24, Female	34	22
Ratio of Girls to Boys, Primary Education	▲ na	0.86
Ratio of Girls to Boys, Secondary Education	▲ na	0.55
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	130
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	117
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	31
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	20
Children Underweight Under 5, Male, %	na	53
Children Underweight Under 5, Female, %	na	36
Stunted Children under 5, Severe, %	na	22
Wasted Children under 5, Severe, %	na	4
Undernourished People, %	43.0	38.0
Refugees, Number	na	76
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	46
Estimated HIV Prevalence, 15-49, Total	na	2.6
Estimated HIV Prevalence, 15-49, Male	na	3.6
Estimated HIV Prevalence, 15-49, Female	na	1.5

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.5	24.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	113.0	46.5
Median Age at First Sexual Intercourse, Female, 25-49	na	19.9
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	28.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	64
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	62.0
HIV Prevalence, 15-24, Total	▲ na	1.7
HIV Prevalence, 15-24, Female	▲ na	2.5
HIV Prevalence, 15-24, Male	▲ na	1.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	69.0
Malnourished Women, %	na	20.7
Labor Force Participation Rate, 15-64, Male	na	82.3
Labor Force Participation Rate, 15-64, Female	na	76.2
Seats in Parliament Held by Women, %	na	10.9
Female Legislators, Senior Officials and Managers, %	na	14.0
Female Professional and Technical Workers, %	na	33.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,293.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	28.8
Unmet Need for Family Planning, Spacing, %	● na	17.4
Unmet Need for Family Planning, Limiting, %	● na	15.2
Unmet Need for Family Planning, Total, %	● na	32.6
Unmet Need for Family Planning, Thousands	● na	0.7

Highest Level of Education	5.9
Provincial Low/High, %	4.2/19.8
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	57.2/28.0
No Education, Primary, %	19.3
Highest Level of Education, %	65.8
Provincial Low/High, %	12.0/88.9
Poorest/Richest Quintile, %	14.7/81.2
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	23.2/17.6
No Education, Primary, %	15.7
Highest Level of Education, %	23.1
Provincial Low/High, %	9.2/29.0
Poorest/Richest Quintile, %	12.5/25.4
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	19.0/10.2
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	19.6/9.7

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	9.1/13.2
No Education, Primary, %	15.1
Highest Level of Education, %	8.4
Provincial Low/High, %	8.0/19.0
Poorest/Richest Quintile, %	16.7/5.6
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	44.6/86.5
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	46.6/87.0
Malnourished Women:	
Poorest/Richest Quintile, %	24.3/16.8
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	21.9/79.6

China



Overview

The Law of Population and Family Planning of the People's Republic of China went into effect in 2002, introducing client-centred and service-oriented approaches to reproductive health services.

Introduction of the law has been considered among the most critical factors influencing the future direction of population policy as well as the provision of family planning services. The law spells out rights and responsibilities for clients, service providers and family planning officials, as well as providing for sexual health education for students. Most provinces have also formulated their own regulations. A client-centred, quality reproductive health approach, pioneered in 32 counties with UNFPA assistance, has been replicated in over 800 other counties (one third of the country's total), resulting in its incorporation into national policy.

With a total fertility rate of about 2 lifetime births per woman, China has sustained a reduction in population growth over the past three decades. However, the current total population of 1.3 billion is still a key concern. The government views population issues as critical to the country's development.

According to official statistics, HIV/AIDS prevalence is still very low and primarily concentrated among injecting drug users. However, the pandemic is rapidly expanding into the general population. The government has taken measures to address this situation by providing free anti-retroviral drugs for those unable to pay and legalizing the advertisement of condoms. An innovative UNFPA-funded pilot project, using an integrated prevention strategy, is working with government ministries and other partners to target the reproductive age population, including in-school youth, commercial sex workers and migrants.

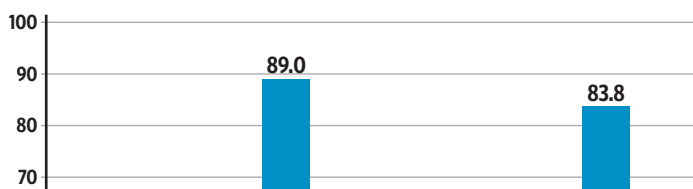
In 2002, the government declared it had achieved the Millennium Development Goal to reduce the incidence of extreme poverty by half. At the same time new challenges, such as an ageing population, are putting pressure on the social welfare system. In addition to combating poverty among women, the All China Women's Federation has added reproductive health, women's rights and the uneven sex ratio to their priority activities.

Estimated Annual Resource Requirements for Population Programmes

Years 2005-2015 (in millions \$US)

Date	2005	2010	2015
Cost	5083.94	5278.50	5363.86

Indicators for Population and Reproductive Health



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	595,934.4	675,852.0
Population in Thousands, Female	559,371.0	639,991.6
Population Growth Rate, %	na	0.6
Crude Birth Rate per 1,000 Population	20.2	16.2
Crude Death Rate per 1,000 Population	7.0	6.9
Urban Population, %	27.4	40.5
Sex Ratio at Birth, Male Births per Female Births	1.10	1.10
Women 15-49, %	55.8	56.5
Total Fertility Rate per Woman 15-49	2.19	1.97
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	80.0	83.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	83.0	83.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 95	56
MMR, Lower Bound	● ▲ na	28
MMR, Upper Bound	● ▲ na	110
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	21.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 48.6	32.7
Under Age 5 Mortality Rate, Total	● ▲ 56	38
Under Age 5 Mortality Rate, Female	● ▲ na	47
Under Age 5 Mortality Rate, Male	● ▲ na	39
Life Expectancy at Birth, Total, Years	● ▲ 67.6	72.0
Life Expectancy at Birth, Female, Years	● ▲ 69.2	73.9
Life Expectancy at Birth, Male, Years	● ▲ 66.1	70.3
Median Age of Total Population	● ▲ 25.3	32.6
Population 60 Years and Over, %	● ▲ 8.6	10.9
Dependency Ratio	● ▲ 50	41

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.00	21.7	1.46	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	4,995
Gross Domestic Product Growth Rate, Annual %	10	10
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	16.6
Population Living Below National Poverty Line, %	▲ na	4.6
Share of Income or Consumption by Poorest Quintile	na	1.8
Access to Improved Water Supply, %	▲ 71	77
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ 94	97
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	86.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	68.9
Illiteracy Rate, % of Population 15 and Over, Male	13	6
Illiteracy Rate, % of Population 15 and Over, Female	31	18
Illiteracy Rate, % of Population 15 to 24, Male	3	1
Illiteracy Rate, % of Population 15 to 24, Female	7	2
Ratio of Girls to Boys, Primary Education	▲ 0.86	0.92
Ratio of Girls to Boys, Secondary Education	▲ na	0.83
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	115
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	115
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	71
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	69
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	17.0	11.0
Refugees, Number	288,100	299,354
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	43
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.2
Estimated HIV Prevalence, 15-49, Female	na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	21.8	16.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	6.0	5.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	23.8	23.8
Mean Age at Marriage, Female	22.1	22.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	▲ na	0.2

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	88.9	90.1
Labor Force Participation Rate, 15-64, Female	79.1	80.3
Seats in Parliament Held by Women, %	21.0	20.2
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	10,589.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	2.9
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

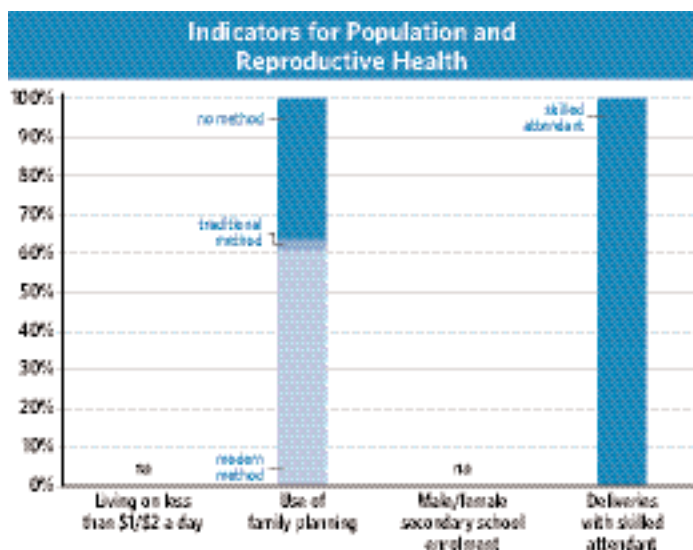
Cook Islands

Overview

The Cook Islands is a self-governing state in free association with New Zealand. The 15 islands in the country are geographically divided into two distinct zones—the Northern and Southern Groups. With a population growth rate of -0.64, the population of the Cook Islands has been declining for many years due to emigration. The 2005 residential population is estimated at about 18,000—a decline of about one third over the past 30 years. While emigration has been occurring for many decades, a financial crisis in 1996 resulted in a severe reduction in public services, leading to large-scale emigration of former government workers.

While the population of the main island of Rarotonga has reasonable access to health care, outer islands (especially in the Northern group), are underserved. The government's National Health Strategic Development Plan is striving to achieve quality health services for all. The plan has identified nine national health priorities, including reproductive health, sexually transmitted infections and HIV/AIDS, and child and adolescent health and development. UNFPA-supported studies on adolescent reproductive health attitudes and behaviour and the health needs of women have been conducted. The results will assist in formulating appropriate policies and programmes to address reproductive health and population issues.

Since the International Conference on Population and Development in 1994, an effort has been made to integrate population issues into development strategies. There is no explicit population policy but rather a series of policy interventions to address important demographic-related issues. The government has ratified the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and acceded to the Convention on the Rights of the Child (CRC). A Healthy Islands Committee has been formed for the purpose of coordinating programmes on health and related developments. Institutional changes have been introduced at the national level to recognize the reproductive rights of women, particularly the freedom to decide the number and spacing of their children.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	na	9.3
Population in Thousands, Female	na	8.7
Population Growth Rate, %	-1.2	-0.6
Crude Birth Rate per 1,000 Population	na	22.4
Crude Death Rate per 1,000 Population	na	6.3
Urban Population, %	na	na
Sex Ratio at Birth, Male Births per Female Births	na	na
Women 15-49, %	na	na
Total Fertility Rate per Woman 15-49	na	3.10
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	60.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	63.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	12.0
Infant Mortality Rate per 1,000 Live Births	● ▲ na	8.9
Under Age 5 Mortality Rate, Total	● ▲ na	na
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ na	71.1
Life Expectancy at Birth, Female, Years	● ▲ na	na
Life Expectancy at Birth, Male, Years	● ▲ na	na
Median Age of Total Population	● ▲ na	na
Population 60 Years and Over, %	● ▲ na	na
Dependency Ratio	● ▲ 67	69

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
na	na	0.22	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	na
Income Group per World Bank Classification	na	na
Population Below \$1/Day, %	▲	na
Population Living Below National Poverty Line, %	▲	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲	95
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲	0.86
Ratio of Girls to Boys, Secondary Education	▲	1.00
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	na	na
Age-Specific Fertility Rate per 1,000 Women, 15-20	na	na
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲	na
HIV Prevalence, 15-24, Female	▲	na
HIV Prevalence, 15-24, Male	▲	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	74.8	82.5
Labor Force Participation Rate, 15-64, Female	46.9	67.1
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	na
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	na
Unmet Need for Family Planning, Spacing, %	●	na
Unmet Need for Family Planning, Limiting, %	●	na
Unmet Need for Family Planning, Total, %	●	na
Unmet Need for Family Planning, Thousands	●	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na



Overview

Fiji's population was estimated at almost 848,000 in 2005, the second largest in the Pacific Islands region after Papua New Guinea. The estimated annual rate of population growth has dropped from 1.2 per cent in 2000 to 0.8 per cent in 2005, largely as a result of the on-going emigration of skilled and professional workers. The loss of skilled personnel is making it difficult to maintain or improve the quality of education and health services.

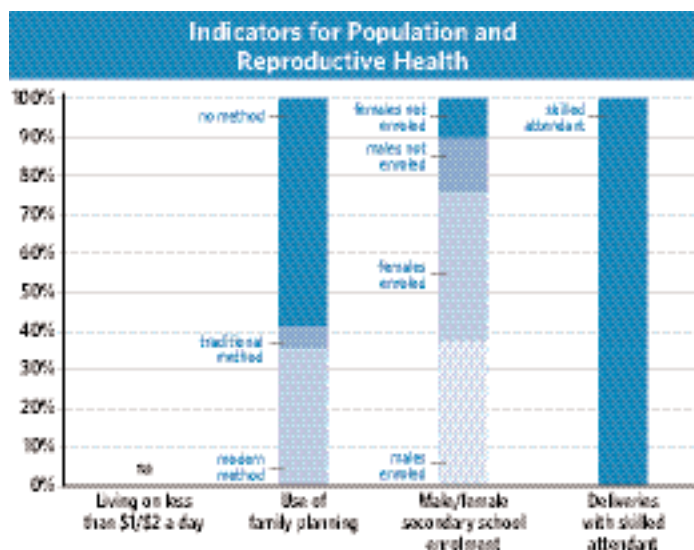
Fiji has experienced three *coup d'états* since 1987, the most recent in 2000. The resulting political instability has discouraged both foreign and domestic investment and reduced per capita economic growth to negligible levels.

There is no explicit population policy in Fiji. Some population-related goals have been included in the government's *Strategic Development Plan 2003-2005*, mainly in the area of reproductive health, but also including rural-urban migration and urban population growth. While there is no explicit reference to ICPD Programme of Action goals in the strategy, the reduction of teenage pregnancy, the prevention of HIV/AIDS and the expansion of adolescent reproductive health facilities are emphasized.

Promoting rural development and alleviating poverty are among the government's strategic priorities. The outer island population has declined as a result of rural-urban migration. Ensuring the provision of minimum and affordable basic services is a specific policy objective.

The health sector is becoming more decentralized within the Ministry of Health. The government aims to provide adequate primary and preventive health services. This includes prevention and control of HIV/AIDS, expanding reproductive health facilities (including adolescent health) and integrating health promotion activities into rural and community health programmes.

The government is committed to: integrating adolescent reproductive health into the Family Life Education Programme and strengthening its implementation; protecting children and youth; developing and promoting gender-sensitive policies; providing quality education and training for all while being responsive to changing needs; and reducing poverty by 5 per cent annually.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	367.4	430.8
Population in Thousands, Female	356.1	416.9
Population Growth Rate, %	na	0.8
Crude Birth Rate per 1,000 Population	28.5	25.9
Crude Death Rate per 1,000 Population	6.1	6.3
Urban Population, %	41.6	53.2
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	51.5	53.5
Total Fertility Rate per Woman 15-49	3.41	3.06
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	35.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	41.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 90	75
MMR, Lower Bound	● ▲ na	19
MMR, Upper Bound	● ▲ na	140
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 34.6	20.7
Under Age 5 Mortality Rate, Total	● ▲ 44	26
Under Age 5 Mortality Rate, Female	● ▲ na	23
Under Age 5 Mortality Rate, Male	● ▲ na	21
Life Expectancy at Birth, Total, Years	● ▲ 66.6	68.2
Life Expectancy at Birth, Female, Years	● ▲ 68.8	70.5
Life Expectancy at Birth, Male, Years	● ▲ 64.6	66.1
Median Age of Total Population	● ▲ 21.3	24.5
Population 60 Years and Over, %	● ▲ 4.9	6.4
Dependency Ratio	● ▲ 69	55

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.71	60.72	4.73	400.35

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.8/3.7
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	40.0/69.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	5,517
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	79	47
Antenatal Care, At Least One Visit, %		100	100
Deliveries Attended by Skilled Attendants, %	●▲	98	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		8	4
Illiteracy Rate, % of Population 15 and Over, Female		15	7
Illiteracy Rate, % of Population 15 to 24, Male		2	1
Illiteracy Rate, % of Population 15 to 24, Female		2	1
Ratio of Girls to Boys, Primary Education	▲	na	0.93
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	109
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	109
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	78
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	83
Children Underweight Under 5, Male, %		na	8
Children Underweight Under 5, Female, %		na	7
Stunted Children under 5, Severe, %		na	1
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.9	19.3
Age-Specific Fertility Rate per 1,000 Women, 15-20		56.0	36.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		25.3	25.3
Mean Age at Marriage, Female		22.5	22.5
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.3
Gender Empowerment Measure, Rank		na	71.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	84.5
Labor Force Participation Rate, 15-64, Female		na	32.8
Seats in Parliament Held by Women, %		na	6.0
Female Legislators, Senior Officials and Managers, %		na	51.0
Female Professional and Technical Workers, %		na	9.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	20.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	8.7
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

French Polynesia

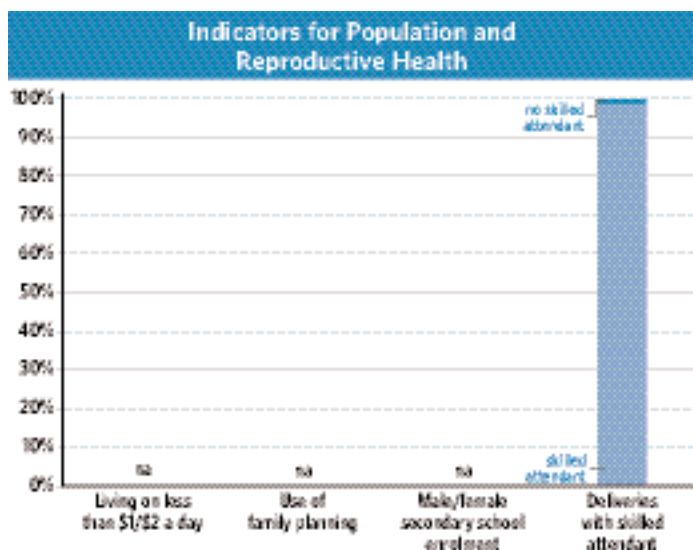
Overview

In early 2004, the status of French Polynesia was changed from overseas territory to overseas country, giving it an additional degree of autonomy. The total population is 256,600 with 52 per cent living in urban areas. The population is growing by 1.5 per cent per year. Life expectancy at birth is 76 years for women and 71 for men with 8 per cent of the population ages 60 and over.

The delivery of health care services, in both public and private practices, has been significantly strengthened in recent years. However, inadequacies still exist in areas such as staffing.

The total fertility rate has fallen from 3.3 lifetime births per woman in 1990 to 2.8 in 2005. The contraceptive prevalence rate for any method is estimated at 50 per cent, compared with 41 per cent for modern methods. The maternal mortality ratio is 20 deaths per 100,000 live births, with 99 per cent of all deliveries attended by skilled personnel. Immunization coverage is above 90 per cent and the under-five mortality rate is 11 per 1,000 live births.

French Polynesia is moving forward in reaching the targets set by the Millennium Development Goals (MDG). The target for primary school net enrolment has already been surpassed: 95 per cent of all children attend school. Progress has also been made in achieving its MDG target for infant mortality. Since 1990, the infant mortality rate has been cut in half to 8 per 1,000 live births.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	101.7	131.3
Population in Thousands, Female	93.7	125.3
Population Growth Rate, %	na	1.5
Crude Birth Rate per 1,000 Population	27.6	21.5
Crude Death Rate per 1,000 Population	5.3	4.9
Urban Population, %	56.1	51.9
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	52.4	56.1
Total Fertility Rate per Woman 15-49	3.31	2.79
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	40.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	50.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	20
MMR, Lower Bound	● ▲ na	10
MMR, Upper Bound	● ▲ na	40
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	na
Infant Mortality Rate per 1,000 Live Births	● ▲ 14.6	8.4
Under Age 5 Mortality Rate, Total	● ▲ 15	11
Under Age 5 Mortality Rate, Female	● ▲ na	11
Under Age 5 Mortality Rate, Male	● ▲ na	11
Life Expectancy at Birth, Total, Years	● ▲ 69.2	73.5
Life Expectancy at Birth, Female, Years	● ▲ 72.0	76.3
Life Expectancy at Birth, Male, Years	● ▲ 66.9	71.2
Median Age of Total Population	● ▲ 22.1	26.9
Population 60 Years and Over, %	● ▲ 5.3	7.9
Dependency Ratio	● ▲ 63	49

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
na	na	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	24,820
Gross Domestic Product Growth Rate, Annual %		na	4
Income Group per World Bank Classification		na	High income: non OECD
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	100
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	●▲	na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education	▲	na	na
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	na
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		20.3	19.3
Age-Specific Fertility Rate per 1,000 Women, 15-20		73.5	39.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		29.8	29.8
Mean Age at Marriage, Female		27.6	27.6
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		77.0	77.0
Labor Force Participation Rate, 15-64, Female		51.0	51.0
Seats in Parliament Held by Women, %		na	na
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	14.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	18.7
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % na/na

No Education, Primary, % na

Highest Level of Education, % na

Provincial Low/High, % na/na

Poorest/Richest Quintile, % na/na

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Malnourished Women:

Poorest/Richest Quintile, % na/na

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % na/na

India



Overview

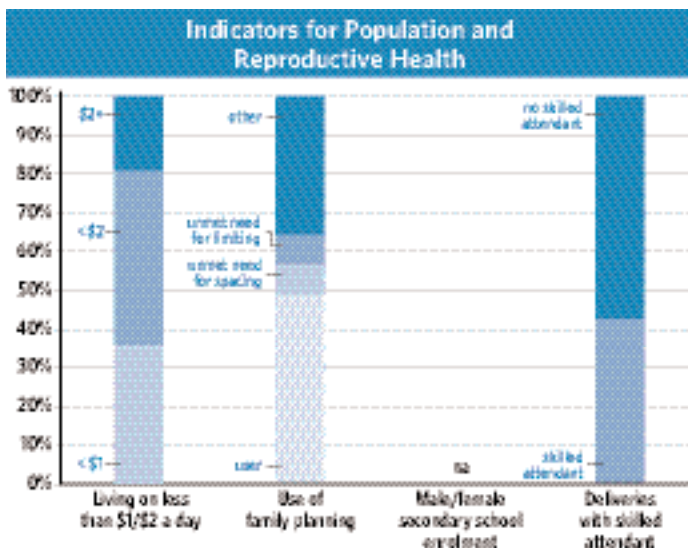
India's huge population, estimated at just over 1.1 billion in 2005, conceals important longer-term trends. Fertility levels in India have been declining steadily over the past several decades, and the total fertility rate now stands at 3.4 births per woman, on average, though with wide regional variations. Population growth rates have declined to 1.5 per cent per year, and nearly half the population of reproductive age uses modern contraceptives. However, with two-thirds of all deliveries taking place at home, the country's maternal mortality ratio remains high at 540 deaths per 100,000 live births.

Though the rural-urban gap in the level of human development continues to be significant, it has been narrowing. The level of poverty is declining slowly, but has not been uniform either across states or across rural and urban areas. The illiteracy rate among women continues to drop.

Despite these positive trends, several issues continue to be of concern. Although India is one of the few countries that initiated HIV prevention activities in the very early stages of the pandemic, awareness about its causes, transmission routes and prevention is low, especially among rural women, and stigma and discrimination against those with HIV remains a serious challenge to prevention efforts. Female child sex ratios have deteriorated in several states and continue to decline. In some states there are 106 boys for every 100 girls.

Issues relating to gender and reproductive rights, gender-based violence, men's involvement and quality of care increasingly are being discussed as part of the policy and programme debate. Given the constitutional mandate, various national policies in India have been formulated to address inequities faced by women, especially their limited access to quality reproductive health care services.

In 2000, the government approved India's National Population Policy, which calls for population stabilization. The policy reiterates a commitment to voluntary and informed choice and the consent of citizens while accessing reproductive health care and family planning services. Several state population policies have also been developed.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	438,573.2	565,777.9
Population in Thousands, Female	410,841.4	537,592.9
Population Growth Rate, %	na	1.5
Crude Birth Rate per 1,000 Population	31.2	27.0
Crude Death Rate per 1,000 Population	11.0	8.5
Urban Population, %	25.5	28.7
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	49.3	51.9
Total Fertility Rate per Woman 15-49	3.98	3.37
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	38.0	42.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	43.0	48.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 570	540
MMR, Lower Bound	● ▲ na	430
MMR, Upper Bound	● ▲ na	650
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	43.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 89.7	63.7
Under Age 5 Mortality Rate, Total	● ▲ 128	92
Under Age 5 Mortality Rate, Female	● ▲ na	90
Under Age 5 Mortality Rate, Male	● ▲ na	78
Life Expectancy at Birth, Total, Years	● ▲ 58.3	64.0
Life Expectancy at Birth, Female, Years	● ▲ 58.8	65.7
Life Expectancy at Birth, Male, Years	● ▲ 58.1	62.4
Median Age of Total Population	● ▲ 21.7	24.3
Population 60 Years and Over, %	● ▲ 6.8	7.9
Dependency Ratio	● ▲ 69	60

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.30	6.39	3.20	73.58

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.3/3.1
No Education, Primary	3.5
Highest Level of Education	2.0
Provincial Low/High	1.8/4.6 Goa/Meghalaya
Poorest/Richest Quintile	4.1/2.1

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	49.2/79.7
No Education, Primary	86.5
Highest Level of Education	32.8
Provincial Low/High	16.3/89.0 Kerala/Meghalaya
Poorest/Richest Quintile, %	96.5/38.1

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	141.3/45.5
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	68.0/121.0
Poorest/Richest Quintile	135.0/45.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,909
Gross Domestic Product Growth Rate, Annual %	6	7
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	35.3
Population Living Below National Poverty Line, %	▲ na	28.6
Share of Income or Consumption by Poorest Quintile	na	3.9
Access to Improved Water Supply, %	▲ 75	86
Antenatal Care, At Least One Visit, %	70	65
Deliveries Attended by Skilled Attendants, %	●▲ 75	43
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	65.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	53.5
Illiteracy Rate, % of Population 15 and Over, Male	38	29
Illiteracy Rate, % of Population 15 and Over, Female	64	50
Illiteracy Rate, % of Population 15 to 24, Male	27	18
Illiteracy Rate, % of Population 15 to 24, Female	46	30
Ratio of Girls to Boys, Primary Education	▲ 0.71	0.77
Ratio of Girls to Boys, Secondary Education	▲ na	0.66
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	113
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	106
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	59
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	47
Children Underweight Under 5, Male, %	na	45
Children Underweight Under 5, Female, %	na	49
Stunted Children under 5, Severe, %	na	23
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	25.0	21.0
Refugees, Number	258,400	164,757
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	535
Estimated HIV Prevalence, 15-49, Total	na	0.9
Estimated HIV Prevalence, 15-49, Male	na	1.1
Estimated HIV Prevalence, 15-49, Female	na	0.7

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.4	19.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	119.5	71.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	23.4
Mean Age at Marriage, Female	na	18.7
Married by 18, Percent, Female, 25-49	na	61.6
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	62
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	63
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.5
HIV Prevalence, 15-24, Female	▲ na	0.7
HIV Prevalence, 15-24, Male	▲ na	0.3

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	36.2
Labor Force Participation Rate, 15-64, Male	na	87.6
Labor Force Participation Rate, 15-64, Female	na	43.5
Seats in Parliament Held by Women, %	7.0	9.3
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	75,568.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	23.1
Unmet Need for Family Planning, Spacing, %	● na	8.3
Unmet Need for Family Planning, Limiting, %	● na	7.5
Unmet Need for Family Planning, Total, %	● na	15.8
Unmet Need for Family Planning, Thousands	● na	31.3

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	73.3/33.5
No Education, Primary, %	25.4
Highest Level of Education, %	83.4
Provincial Low/High, %	20.6/94.0 Meghalaya/Kerala
Poorest/Richest Quintile, %	16.4/84.4
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	51.2/39.9
No Education, Primary, %	39.2
Highest Level of Education, %	47.1
Provincial Low/High, %	15.5/60.8 Meghalaya/Himachal Pradesh
Poorest/Richest Quintile, %	29.3/54.6
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	10.4/6.1
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	9.5/5.9

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	11.6/19.9
No Education, Primary, %	24.1
Highest Level of Education, %	5.8
Provincial Low/High, %	4.2/25.5 Sikkim/Bihar
Poorest/Richest Quintile, %	28.2/5.3
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	58.1/97.5
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	70.7/97.6
Malnourished Women:	
Poorest/Richest Quintile, %	50.4/14.5
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	44.1/92.8

Indonesia

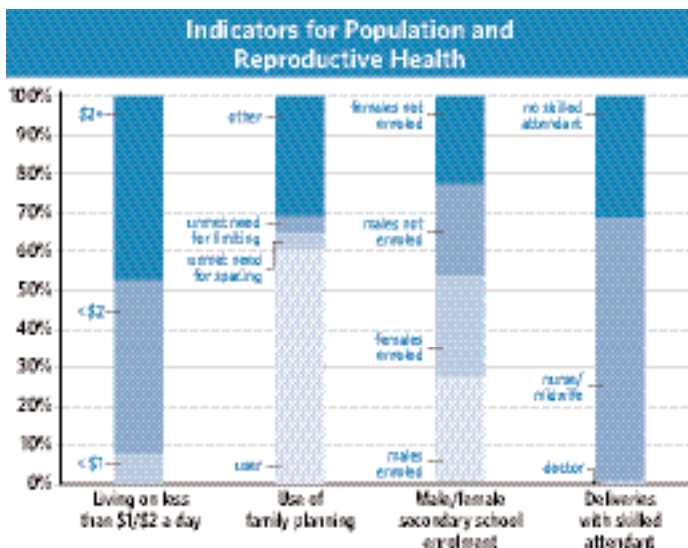
Overview

At 220 million, Indonesia is the fourth most populous country in the world, with one fifth of the population between the ages of 15 and 24. The total fertility rate (TFR) is 2.7 lifetime births per woman - a 50 per cent decline since the 1970s. The government's development goals include an effort to reach a TFR of 2.2 by the year 2010. Social and health services have been deteriorating due to the prolonged economic crisis, especially for the poor. To provide adequate and efficient services and facilities for all, the government has initiated a social safety net program. The devastating tsunami, which struck Sumatra on 26 December 2004, claimed nearly 200,000 lives and severely damaged the health infrastructure.

Indonesia's maternal mortality ratio remains high at 230 deaths per 100,000 live births. In an effort to reduce it, the Ministry of Health developed the National Strategic Plan on Making Pregnancy Safer, 2001-2010. Another government concern is the rapid increase of HIV/AIDS prevalence, now at 0.1 per cent of the population. In response, a comprehensive National HIV/AIDS Strategy has been launched.

Indonesia's population policy emphasizes the importance of providing client-centred quality reproductive health information and services, and improving family welfare by promoting gender equality. Although the Ministry of Population was abolished in 2002, the Law on Population and Family Welfare of 1992 is being revised in relation to gender, male involvement, adolescent reproductive health, and reproductive rights.

The Indonesia Forum of Parliamentarians on Population and Development, established at the national level and in three provinces, has proven to be effective in raising the awareness and commitment of parliamentarians and local representatives on issues related to reproductive health and gender. The Forum has been instrumental in facilitating laws and policies aimed at achieving the goals of the ICPD Programme of Action. In addition, a National Policy on Reproductive Health has been signed by the Minister of Health and will allow local authorities to develop their own reproductive health strategies.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	90,903.3	111,230.7
Population in Thousands, Female	90,510.5	111,550.8
Population Growth Rate, %	na	1.2
Crude Birth Rate per 1,000 Population	25.7	22.5
Crude Death Rate per 1,000 Population	8.8	7.2
Urban Population, %	30.6	47.9
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	50.8	55.4
Total Fertility Rate per Woman 15-49	3.15	2.67
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	47.1	54.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	49.7	57.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 650	230
MMR, Lower Bound	● ▲ na	58
MMR, Upper Bound	● ▲ na	440
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	18.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 64.2	38.2
Under Age 5 Mortality Rate, Total	● ▲ 79	48
Under Age 5 Mortality Rate, Female	● ▲ na	46
Under Age 5 Mortality Rate, Male	● ▲ na	59
Life Expectancy at Birth, Total, Years	● ▲ 61.4	67.6
Life Expectancy at Birth, Female, Years	● ▲ 63.3	69.5
Life Expectancy at Birth, Male, Years	● ▲ 59.8	65.8
Median Age of Total Population	● ▲ 21.7	26.5
Population 60 Years and Over, %	● ▲ 6.2	8.4
Dependency Ratio	● ▲ 66	51

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.20	9.75	0.94	41.58

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.4/2.7
No Education, Primary	2.6
Highest Level of Education	2.5
Provincial Low/High	1.9/4.1 DI Yogyakarta/East Nusa Tenggara
Poorest/Richest Quintile	3.3/2.0

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	32.0/52.0
No Education, Primary	67.0
Highest Level of Education	23.0
Provincial Low/High	14.0/77.0 Bali/Gorontalo
Poorest/Richest Quintile, %	78.1/23.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	109.0/29.2
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	41.0/63.0
Poorest/Richest Quintile	75.0/15.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	7.3/13.7
No Education, Primary, %	13.6

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	3,364
Gross Domestic Product Growth Rate, Annual %	6	5
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	7.5
Population Living Below National Poverty Line, %	▲ na	27.1
Share of Income or Consumption by Poorest Quintile	na	3.6
Access to Improved Water Supply, %	▲ 42	78
Antenatal Care, At Least One Visit, %	47	95
Deliveries Attended by Skilled Attendants, %	●▲ 44	66
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	82.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	57.2
Illiteracy Rate, % of Population 15 and Over, Male	13	6
Illiteracy Rate, % of Population 15 and Over, Female	27	14
Illiteracy Rate, % of Population 15 to 24, Male	3	1
Illiteracy Rate, % of Population 15 to 24, Female	7	2
Ratio of Girls to Boys, Primary Education	▲ 0.95	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	0.95
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	113
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	111
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	61
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	60
Children Underweight Under 5, Male, %	na	29
Children Underweight Under 5, Female, %	na	24
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	9.0	6.0
Refugees, Number	15,600	233
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	68
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.2
Estimated HIV Prevalence, 15-49, Female	na	0.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.7	19.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	67.5	53.5
Median Age at First Sexual Intercourse, Female, 25-49	18.6	18.6
Mean Age at Marriage, Male	25.2	25.2
Mean Age at Marriage, Female	21.6	21.6
Married by 18, Percent, Female, 25-49	53.5	39.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	23
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	78
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	32.0
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	▲ na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	84.2	86.3
Labor Force Participation Rate, 15-64, Female	46.0	53.2
Seats in Parliament Held by Women, %	12.0	8.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	10,480.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	15.5
Unmet Need for Family Planning, Spacing, %	● 6.3	4.0
Unmet Need for Family Planning, Limiting, %	● 6.4	4.6
Unmet Need for Family Planning, Total, %	● 12.7	8.6
Unmet Need for Family Planning, Thousands	● na	3.7

Highest Level of Education	5.7
Provincial Low/High, %	4.2/18.6
North Sumatera/ Central Kalimantan	
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	79.0/55.2
No Education, Primary, %	32.4
Highest Level of Education, %	93.8
Provincial Low/High, %	36.4/94.3
East Nusa Tenggara/DKI Jakarta	
Poorest/Richest Quintile, %	21.3/89.2
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	57.0/56.5
No Education, Primary, %	44.8
Highest Level of Education, %	57.8
Provincial Low/High, %	40.9/66.4
Southeast Sulawesi/North Sulawesi	
Poorest/Richest Quintile, %	46.2/56.9
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	6.1/3.7
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	5.9/3.0

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	78.6/95.1
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	76.6/93.3
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	76.6/99.3

Iran (Islamic Republic of)

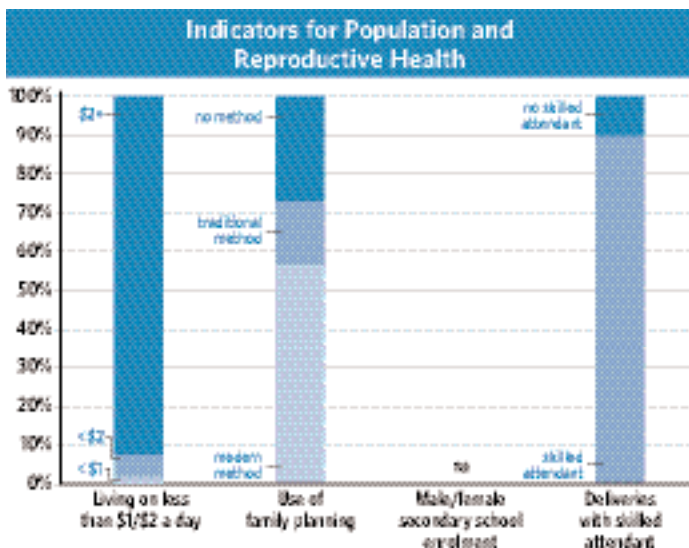
Overview

Iran is OPEC's second largest oil-producing member and has among the largest gas reserves in the world. The country's GDP per capita increased from \$5,590 in 1999 to \$7,145 in 2003, but there is high unemployment, and low labor force participation by women (11 per cent versus 76 per cent for men). This is due in part to the fact that Iran, with almost 70 million people, is the most populous country in the region, with a large proportion of young people and one of the largest refugee populations in the world.

Iran ranks 99 out of 177 on the Human Development Index. It is making progress towards achieving the ICPD Programme of Action and the Millennium Development Goals (MDGs). Contraceptive prevalence increased to 56 per cent of women of reproductive age by 1997, fertility rates are declining (from 5.0 lifetime births per woman in 1990 to 3.5 in 2005), and 90 per cent of all births are attended by skilled personnel. These trends have contributed to a decline in maternal mortality (from 120 deaths per 100,000 live births in 1990 to 76 in 2000). Infant mortality also dropped by over 50 per cent between 1990 and 2005 (from 61 deaths per 1,000 live births to 31), while childhood mortality fell by almost half. Life expectancy rose from 64.6 years in 1990 to 71.0 in 2005.

Despite the low prevalence of HIV/AIDS (estimated at 0.1 per cent of the 15-49 age group), volunteer counseling and testing services are being integrated into the primary health care system. With UNFPA's assistance, the Centre for Disease Control is developing a framework for assessing HIV/AIDS risks for commercial sex workers and other high-risk groups.

Concern about maternal mortality prompted the government and its partners, including UNFPA, to ensure supplies of contraceptives, including emergency contraceptives, establish safe delivery facilities in existing health centres and health posts in refugee camps and train rural midwives.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	29,041.9	35,249.6
Population in Thousands, Female	27,631.8	34,265.6
Population Growth Rate, %	na	1.1
Crude Birth Rate per 1,000 Population	34.8	19.5
Crude Death Rate per 1,000 Population	7.4	5.2
Urban Population, %	56.3	68.1
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	45.0	58.0
Total Fertility Rate per Woman 15-49	4.97	3.51
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	44.6	56.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	64.6	72.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 120	76
MMR, Lower Bound	● ▲ na	38
MMR, Upper Bound	● ▲ na	150
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	22.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 60.9	30.6
Under Age 5 Mortality Rate, Total	● ▲ 64	35
Under Age 5 Mortality Rate, Female	● ▲ na	39
Under Age 5 Mortality Rate, Male	● ▲ na	39
Life Expectancy at Birth, Total, Years	● ▲ 64.6	71.0
Life Expectancy at Birth, Female, Years	● ▲ 65.9	72.6
Life Expectancy at Birth, Male, Years	● ▲ 63.6	69.5
Median Age of Total Population	● ▲ 17.7	23.4
Population 60 Years and Over, %	● ▲ 5.7	6.4
Dependency Ratio	● ▲ 93	50

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.90	50.27	2.97	191.86

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.8/2.4
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	1.4/4.1 Gilan/Sistan & Baluchestan
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	25.2/34.7
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	23.9/32.1
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	7,145
Gross Domestic Product Growth Rate, Annual %	2	7
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	2.0
Access to Improved Water Supply, %	▲ 89	93
Antenatal Care, At Least One Visit, %	25	93
Deliveries Attended by Skilled Attendants, %	●▲ 70	90
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	71.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	75.8
Illiteracy Rate, % of Population 15 and Over, Male	28	13
Illiteracy Rate, % of Population 15 and Over, Female	46	25
Illiteracy Rate, % of Population 15 to 24, Male	8	3
Illiteracy Rate, % of Population 15 to 24, Female	19	6
Ratio of Girls to Boys, Primary Education	▲ 0.86	0.91
Ratio of Girls to Boys, Secondary Education	▲ na	0.89
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	93
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	90
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	80
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	75
Children Underweight Under 5, Male, %	na	12
Children Underweight Under 5, Female, %	na	10
Stunted Children under 5, Severe, %	na	4
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	5.0	5.0
Refugees, Number	4,150,700	984,896
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	1
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.1
Estimated HIV Prevalence, 15-49, Female	na	0.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.6	25.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	104.0	19.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	24.5	24.5
Mean Age at Marriage, Female	21.1	21.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.3
Gender Empowerment Measure, Rank	na	72.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	76.4
Labor Force Participation Rate, 15-64, Female	na	11.2
Seats in Parliament Held by Women, %	2.0	4.1
Female Legislators, Senior Officials and Managers, %	na	13.0
Female Professional and Technical Workers, %	na	33.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	5,451.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	23.9
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	7.5
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	55.2/57.3
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	36.4/69.9
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Kiribati

Overview

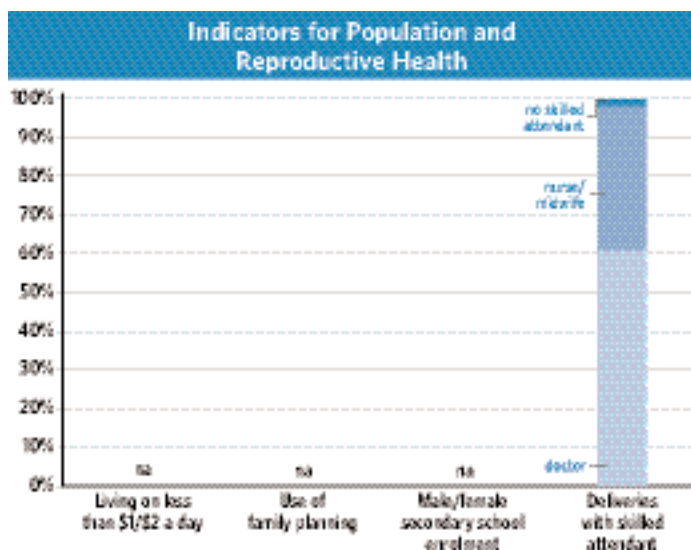
The Republic of Kiribati, independent from Great Britain since 1979, comprises 33 low-lying atolls distributed over a large area of the Pacific straddling the equator. Economic development is constrained by major communication and logistic challenges. Due to its low per capita income, limited human resources, and vulnerability to external forces, Kiribati is classified as a least developed country. Its population was estimated at 92,000 in 2005 with an annual growth rate of 2 per cent by 2005. The most pressing population problem, however, is the high rate of urban growth in the capital of South Tarawa, which reached 5.2 per cent per annum in 2000.

The population is youthful, with 35 per cent below the age of 15. The total fertility rate was 4.4 lifetime births per woman in 2000. In light of this, the government has developed a National Youth Policy.

The government's medium term goals are set out in the National Development Strategy 2004-07. Their principal objective is to improve living standards. The government's vision is to achieve a significant increase in real per capita income, along with steady growth in employment and genuine improvements in education, health, environmental protection and social indicators. Government expenditure on the health sector has grown considerably since independence.

The National Health Plan 2004-2007, identifies 12 priority areas, including: reproductive and sexual health, adolescent and women's health; population and family planning; maternal and child health; and control of communicable diseases, including HIV/AIDS. In order to support the 12 priority areas, the "Village Welfare Group" (VWG) will be strengthened as part of community development efforts in the outer islands. VWGs play a key role in providing health education and health data collection at the household level under the supervision of a public health nurse.

A National Population Plan 2004-2007 has been drafted with the assistance of the Asian Development Bank and is awaiting government approval.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	na	45.7
Population in Thousands, Female	na	46.3
Population Growth Rate, %	na	1.9
Crude Birth Rate per 1,000 Population	na	26.4
Crude Death Rate per 1,000 Population	na	9.0
Urban Population, %	na	na
Sex Ratio at Birth, Male Births per Female Births	na	na
Women 15-49, %	na	na
Total Fertility Rate per Woman 15-49	na	4.40
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	27.0
Infant Mortality Rate per 1,000 Live Births	● ▲ na	43.0
Under Age 5 Mortality Rate, Total	● ▲ na	na
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ na	59.8
Life Expectancy at Birth, Female, Years	● ▲ na	67.3
Life Expectancy at Birth, Male, Years	● ▲ na	58.2
Median Age of Total Population	● ▲ na	na
Population 60 Years and Over, %	● ▲ na	na
Dependency Ratio	● ▲ na	104

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
7.90	48.41	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	na
Gross Domestic Product Growth Rate, Annual %		na	1
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	64
Antenatal Care, At Least One Visit, %		na	88
Deliveries Attended by Skilled Attendants, %	●▲	na	85
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education	▲	0.98	0.96
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	103
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	120
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	98
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	111
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		na	na
Age-Specific Fertility Rate per 1,000 Women, 15-20		na	na
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		24.6	24.6
Mean Age at Marriage, Female		21.5	21.5
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	na
Labor Force Participation Rate, 15-64, Female		na	na
Seats in Parliament Held by Women, %		na	na
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	na
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	na
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Korea, Democratic People's Republic of



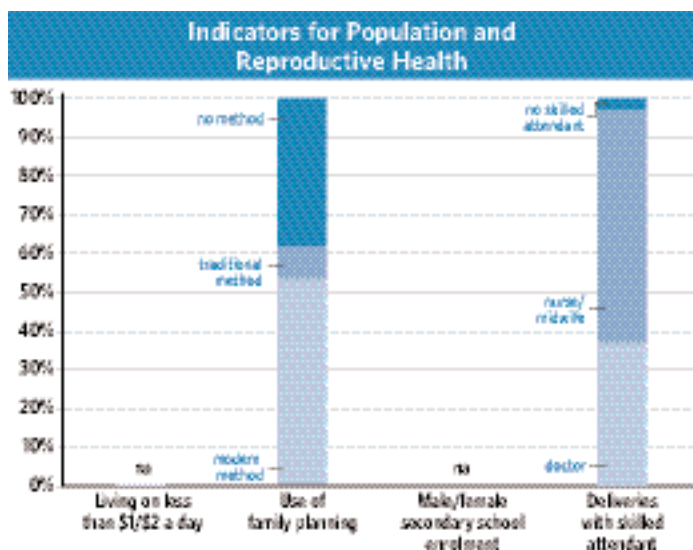
Overview

The Democratic People's Republic of Korea, with 22.5 million people, does not have an explicit population policy or programme. The total fertility rate (TFR) has declined slightly over the last decade and is presently 2.2 lifetime births per woman. The UNFPA funded 2002 Reproductive Health Survey measured proximate determinants that contribute to a low TFR, such as a moderately high contraceptive prevalence rate, a high level of urbanization and high educational levels for women. However, many indicators point to what may be a recent increase in fertility, perhaps in response to improving living conditions. In 2002, the government initiated a number of new reforms aimed at rehabilitating the economy.

In accordance with the Programme of Action adopted at the International Conference on Population and Development (ICPD), the government is focusing on the need to provide information, counseling and quality services to women of reproductive age, the promotion of gender equality, the reduction of maternal mortality and the health consequences of unsafe abortion. The Ministry of Public Health revised the Reproductive Health Clinical Guidelines and Protocols so they meet international standards. The new guidelines are compulsory for all medical institutions in the country. Procedures are now in place for providing a wide range of reproductive health services, such as contraceptives, maternal and child health, prevention and treatment of STIs and HIV/AIDS, as well as maintaining quality control.

There are still urgent humanitarian needs and the government's priority task is to ensure food security. Moreover, the health and nutritional status of the majority of the population, in particular women and children, remains poor. There have been some improvements, particularly in child nutrition, attributed to feeding programmes.

Although HIV/AIDS is currently not a threat, several risk factors could pose danger in the coming years, including cross border movements, increased international travel, tourism and lack of awareness among the population and health staff. The government is taking measures to prevent HIV/AIDS, including advocacy campaigns and some very limited screening and testing.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	9,933.0	11,232.8
Population in Thousands, Female	9,756.8	11,254.9
Population Growth Rate, %	na	0.5
Crude Birth Rate per 1,000 Population	20.9	18.6
Crude Death Rate per 1,000 Population	8.2	10.7
Urban Population, %	58.4	61.7
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	56.0	54.1
Total Fertility Rate per Woman 15-49	2.42	2.17
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	53.0	58.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	61.8	68.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 70	67
MMR, Lower Bound	● ▲ na	17
MMR, Upper Bound	● ▲ na	130
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	22.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 38.2	43.4
Under Age 5 Mortality Rate, Total	● ▲ 52	56
Under Age 5 Mortality Rate, Female	● ▲ na	55
Under Age 5 Mortality Rate, Male	● ▲ na	61
Life Expectancy at Birth, Total, Years	● ▲ 65.4	63.7
Life Expectancy at Birth, Female, Years	● ▲ 68.1	66.8
Life Expectancy at Birth, Male, Years	● ▲ 63.0	60.9
Median Age of Total Population	● ▲ 25.7	31.1
Population 60 Years and Over, %	● ▲ 7.3	11.2
Dependency Ratio	● ▲ 46	47

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.52	0.23	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	na
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	100
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	97
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	55.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ na	na
Ratio of Girls to Boys, Secondary Education	▲ na	0.52
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Children Underweight Under 5, Male, %	na	66
Children Underweight Under 5, Female, %	na	54
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	21.8	16.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	3.5	2.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	84.3
Labor Force Participation Rate, 15-64, Female	na	67.0
Seats in Parliament Held by Women, %	20.0	20.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	648.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	10.2
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	98.3/94.7
No Education, Primary, %	na
Highest Level of Education, %	96.7
Provincial Low/High, %	95.8/97.9 Plain County/Inland City
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	6.3/15.4
No Education, Primary, %	na
Highest Level of Education, %	9.9
Provincial Low/High, %	4.8/15.5 Coast City/Mountainous County
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Korea, Republic of

Overview

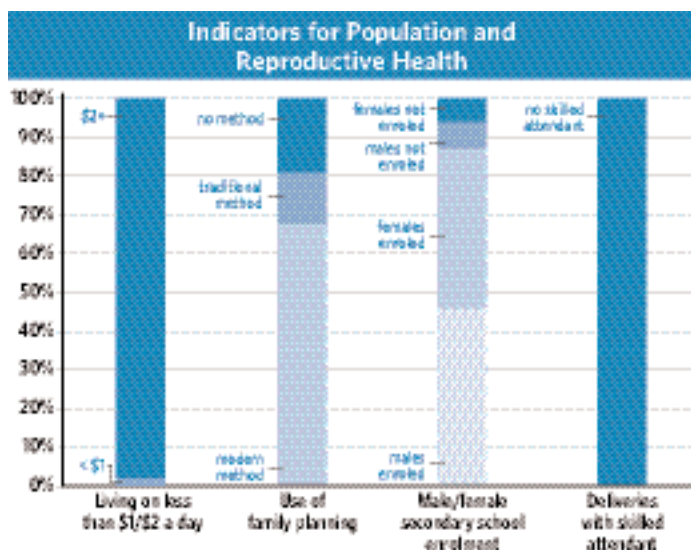
The Republic of Korea has experienced impressive socioeconomic changes during the past three decades. Rapid economic growth and industrialization have accelerated urbanization. Eighty-one per cent of the country's population of 47.8 million lives in urban areas. Tension between the states of the Republic of Korea and the Democratic People's Republic of Korea, and the associated military presence, continues to be a major political issue in the region and a potential source of conflict.

Since the beginning of the first Five-year Economic Development Plan in 1962, the economy and quality of life have improved rapidly. The country's gross national income — US\$ 473.1 billion in 2001 — was the 13th largest in the world.

In recent years, the health and quality of life of the population have improved steadily. There has been a significant rise in life expectancy, in part due to progress in medical services and increases in the number of medical facilities and medical staff. These improvements have also contributed to reductions in infant and maternal mortality. The total fertility rate is 1.4 lifetime births per woman. The extension of health insurance to the entire population has led to greater demands for health care, which has resulted in the need for a larger health workforce and more facilities.

As the elderly population grows and the number of people suffering from chronic degenerative diseases increases, treatment-focused health care policies are being increasingly supplemented by prevention-focused and health promotion policies. These changes have also contributed to decreasing rates of infant and maternal mortality.

The launching in 2003 of the Korean International Foundation for Health and Development (KIFHAD) reflects the country's increasing interest in international health development. KIFHAD's objectives are primarily medical relief and health system support for developing countries, emergency aid for disaster areas, and health care support for the Democratic People's Republic of Korea.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	21,568.2	23,972.7
Population in Thousands, Female	21,301.1	23,844.2
Population Growth Rate, %	na	0.4
Crude Birth Rate per 1,000 Population	16.4	13.7
Crude Death Rate per 1,000 Population	5.9	5.8
Urban Population, %	73.8	80.8
Sex Ratio at Birth, Male Births per Female Births	1.14	1.05
Women 15-49, %	56.9	55.7
Total Fertility Rate per Woman 15-49	1.65	1.43
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	69.5	66.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	79.4	80.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 130	20
MMR, Lower Bound	● ▲ na	10
MMR, Upper Bound	● ▲ na	40
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	3.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 13.8	3.7
Under Age 5 Mortality Rate, Total	● ▲ 18	5
Under Age 5 Mortality Rate, Female	● ▲ na	6
Under Age 5 Mortality Rate, Male	● ▲ na	8
Life Expectancy at Birth, Total, Years	● ▲ 71.0	77.5
Life Expectancy at Birth, Female, Years	● ▲ 75.3	81.2
Life Expectancy at Birth, Male, Years	● ▲ 67.1	73.8
Median Age of Total Population	● ▲ 26.9	35.1
Population 60 Years and Over, %	● ▲ 7.7	13.7
Dependency Ratio	● ▲ 45	39

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.65	305.23	3.27	2422.88

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	17,908
Gross Domestic Product Growth Rate, Annual %		9	3
Income Group per World Bank Classification		na	High income: non OECD
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	2.9
Access to Improved Water Supply, %	▲	78	92
Antenatal Care, At Least One Visit, %		96	96
Deliveries Attended by Skilled Attendants, %	●▲	95	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		2	1
Illiteracy Rate, % of Population 15 and Over, Female		7	3
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	0.94	0.89
Ratio of Girls to Boys, Secondary Education	▲	na	0.92
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	106
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	105
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	90
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	91
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		100	25
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	139
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	0.1
Estimated HIV Prevalence, 15-49, Female		na	0.0

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		20.4	14.5
Age-Specific Fertility Rate per 1,000 Women, 15-20		4.0	3.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		28.5	28.5
Mean Age at Marriage, Female		25.4	25.4
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.0
HIV Prevalence, 15-24, Female	▲	na	0.0
HIV Prevalence, 15-24, Male	▲	na	0.0

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.4
Gender Empowerment Measure, Rank		na	68.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		76.1	77.9
Labor Force Participation Rate, 15-64, Female		50.0	52.8
Seats in Parliament Held by Women, %		2.0	5.9
Female Legislators, Senior Officials and Managers, %		na	5.0
Female Professional and Technical Workers, %		na	34.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-1,056.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-8.6
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Lao People's Democratic Republic

Overview

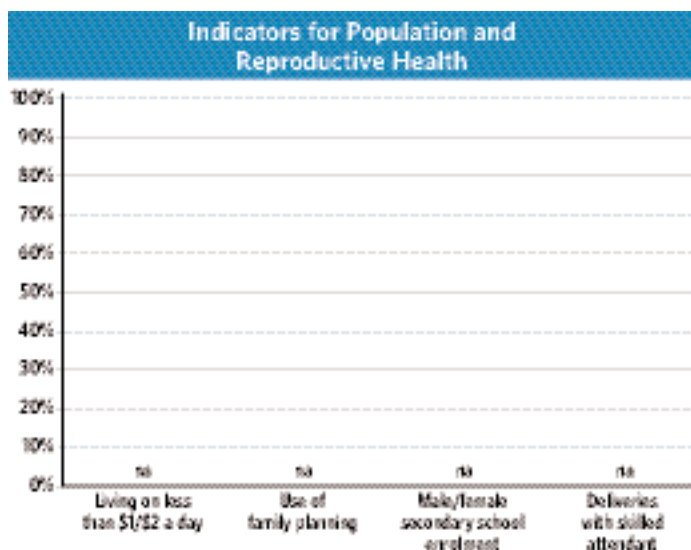
The Lao PDR, with 5.9 million people, is one of the poorest countries in Asia, ranking 133 out of 177 countries, according to the 2005 UNDP Human Development Index. Health concerns remain a pressing social issue. Poor access to medical care, the lack of clean drinking water and language barriers preventing the use of health services are major factors affecting health.

In September 2003, the National Growth and Poverty Eradication Strategy (NGPES), which replaced the Poverty Reduction Strategy Paper, revealed that about 30 per cent of the population lives in poverty. While poverty has steadily been reduced over the past years, the gap between rich and poor is widening and regional variations are evident. Reproductive health is integrated within the primary health care network and particular emphasis is placed on maternal and child health. Reduction of maternal mortality — currently 650 deaths per 100,000 live births — is one of the government's top priorities. Gender issues have also been taken into consideration, including girls' education and gender mainstreaming.

The government is in the process of updating the National Population and Development Policy to incorporate emerging issues such as adolescent reproductive health, HIV/AIDS and reproductive rights, as well as developing a comprehensive reproductive health policy.

The National Reproductive Health Survey 2000, funded by UNFPA, shows that progress has been made in reducing maternal mortality, increasing life expectancy and reducing infant mortality. However, the total fertility rate is 5.2 lifetime births per woman and adolescent fertility remains high. Adolescent reproductive health issues are now more accepted in the country and senior officials recognize young people's needs. UNFPA (with UNICEF) is funding sexual and reproductive health, HIV/AIDS and population education programmes.

While the HIV/AIDS prevalence rate remains low, Lao PDR is becoming increasingly vulnerable to the spread of the disease. The efforts of various donors who support the National Commission for the Control of AIDS have resulted in a high level of awareness among the general population.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,052.9	2,964.0
Population in Thousands, Female	2,079.5	2,960.2
Population Growth Rate, %	na	2.2
Crude Birth Rate per 1,000 Population	43.0	38.2
Crude Death Rate per 1,000 Population	17.0	11.9
Urban Population, %	15.4	21.6
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	45.2	48.6
Total Fertility Rate per Woman 15-49	6.05	5.16
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	28.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	32.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 650	650
MMR, Lower Bound	● ▲ na	160
MMR, Upper Bound	● ▲ na	1,200
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	35.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 110.1	83.8
Under Age 5 Mortality Rate, Total	● ▲ 171	133
Under Age 5 Mortality Rate, Female	● ▲ na	137
Under Age 5 Mortality Rate, Male	● ▲ na	144
Life Expectancy at Birth, Total, Years	● ▲ 49.5	55.5
Life Expectancy at Birth, Female, Years	● ▲ 50.8	56.8
Life Expectancy at Birth, Male, Years	● ▲ 48.3	54.3
Median Age of Total Population	● ▲ 18.0	19.1
Population 60 Years and Over, %	● ▲ 6.1	5.3
Dependency Ratio	● ▲ 91	80

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.50	5.17	1.25	7.80

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.8/5.4
No Education, Primary	6.2
Highest Level of Education	3.3
Provincial Low/High	4.5/5.4 Central/South
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	41.7/87.2
No Education, Primary	96.1
Highest Level of Education	7.5
Provincial Low/High	75.7/88.1 Central/North
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	49.0/115.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	8.8/20.5
No Education, Primary, %	31.2

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,896
Gross Domestic Product Growth Rate, Annual %	4	5
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	26.3
Population Living Below National Poverty Line, %	▲ na	38.6
Share of Income or Consumption by Poorest Quintile	na	3.2
Access to Improved Water Supply, %	▲ 28	43
Antenatal Care, At Least One Visit, %	na	27
Deliveries Attended by Skilled Attendants, %	●▲ na	19
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	39.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	30	21
Illiteracy Rate, % of Population 15 and Over, Female	57	41
Illiteracy Rate, % of Population 15 to 24, Male	21	13
Illiteracy Rate, % of Population 15 to 24, Female	39	25
Ratio of Girls to Boys, Primary Education	▲ 0.77	0.83
Ratio of Girls to Boys, Secondary Education	▲ na	0.69
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	124
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	108
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	50
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	37
Children Underweight Under 5, Male, %	na	41
Children Underweight Under 5, Female, %	na	39
Stunted Children under 5, Severe, %	na	20
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	29.0	22.0
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.9	20.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	109.5	88.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	0.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	91.1
Labor Force Participation Rate, 15-64, Female	na	77.4
Seats in Parliament Held by Women, %	9.0	22.9
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	610.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	33.0
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	40.0
Unmet Need for Family Planning, Thousands	● na	0.3

Highest Level of Education	0.0
Provincial Low/High, %	16.4/20.4 South/North
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	57.8/9.8
No Education, Primary, %	8.6
Highest Level of Education, %	52.1
Provincial Low/High, %	12.2/28.2 North/Central
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	42.3/26.3
No Education, Primary, %	12.5
Highest Level of Education, %	25.2
Provincial Low/High, %	17.7/33.3 South/Central
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	7.9/14.3
No Education, Primary, %	16.6
Highest Level of Education, %	8.5
Provincial Low/High, %	9.2/20.1 North/South
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Malaysia

Overview

Malaysia has succeeded in reducing poverty to the extent that less than 2 per cent of the population lives on less than one dollar per day. Under the current National Plan, the goal of the poverty eradication programme is to reduce the incidence of poverty to 0.5 per cent by the year 2005.

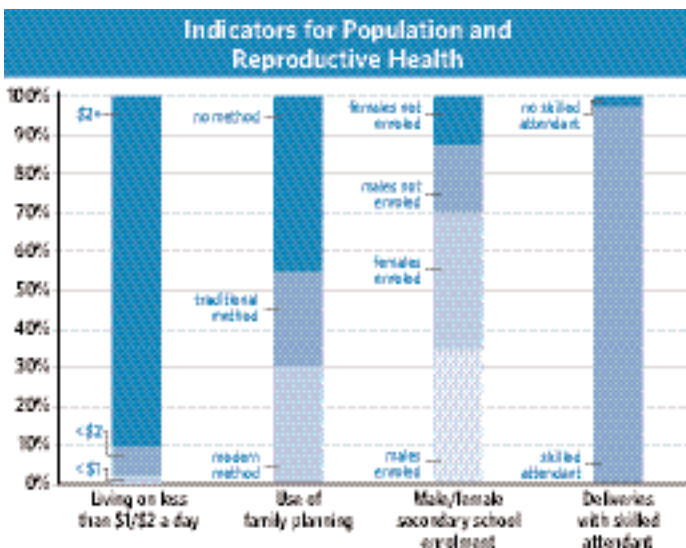
Malaysia's population of 25.3 million is young, with a median age of 24.7 years, according to 2005 figures. However, the welfare of the ageing population is also of concern as life expectancies for females and males are 76.0 and 71.4 years, respectively.

Reproductive health services are contained within the Family Health Programme, but they are also addressed through the Family Development Programme. Clinical services related to family planning are available at nearly all government health facilities established under the Ministry of Health, while menopause, andropause and counseling services are made available at government hospitals and some selected health clinics.

The Ministry of Women and Family Development, established in January 2001, is addressing issues related to population and development, reproductive health, and gender and women's empowerment. In 2004, the Ministry was given added responsibility over a broad range of social issues and it has since been renamed the Ministry of Women, Family and Community Development.

The acceptance of the Reproductive Health Adolescent Module (RHAM), developed with UNFPA funding and spearheaded by FFPAM, a renowned NGO, is evident by the creation of an electronic version, e-RHAM, funded by the government. The RHAM is a comprehensive tool for advocacy and training programmes, addressing sexual and reproductive health including HIV/AIDS, gender concerns and reproductive rights.

For UNFPA, 2004 marked the beginning of the cost sharing arrangement on an equal basis with the government. Three key areas — HIV/AIDS, population ageing and gender-based violence — have been identified, with national counterparts, as strategic issues for the future.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	9,056.4	12,864.6
Population in Thousands, Female	8,789.0	12,482.8
Population Growth Rate, %	na	1.8
Crude Birth Rate per 1,000 Population	30.8	25.5
Crude Death Rate per 1,000 Population	5.4	4.7
Urban Population, %	49.8	65.1
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	51.7	52.5
Total Fertility Rate per Woman 15-49	3.81	3.21
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	31.4	29.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	48.3	54.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 80	41
MMR, Lower Bound	● ▲ na	20
MMR, Upper Bound	● ▲ na	81
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	5.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 16.1	9.6
Under Age 5 Mortality Rate, Total	● ▲ 20	12
Under Age 5 Mortality Rate, Female	● ▲ na	11
Under Age 5 Mortality Rate, Male	● ▲ na	15
Life Expectancy at Birth, Total, Years	● ▲ 70.1	73.6
Life Expectancy at Birth, Female, Years	● ▲ 72.3	76.0
Life Expectancy at Birth, Male, Years	● ▲ 68.1	71.4
Median Age of Total Population	● ▲ 21.9	24.7
Population 60 Years and Over, %	● ▲ 5.8	7.0
Dependency Ratio	● ▲ 67	59

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.00	78.42	5.25	962.56

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	5.7/14.1	Sarawak/Sabah
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	9,696
Gross Domestic Product Growth Rate, Annual %		5	7
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	15.5	15.5
Share of Income or Consumption by Poorest Quintile		na	1.7
Access to Improved Water Supply, %	▲	78	95
Antenatal Care, At Least One Visit, %		84	84
Deliveries Attended by Skilled Attendants, %	●▲	92	97
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	69.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		13	7
Illiteracy Rate, % of Population 15 and Over, Female		26	13
Illiteracy Rate, % of Population 15 to 24, Male		5	2
Illiteracy Rate, % of Population 15 to 24, Female		6	1
Ratio of Girls to Boys, Primary Education	▲	0.95	0.95
Ratio of Girls to Boys, Secondary Education	▲	na	1.05
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	93
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	93
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	67
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	74
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		3.0	3.0
Refugees, Number		10,300	442
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	9,205
Estimated HIV Prevalence, 15-49, Total		na	0.4
Estimated HIV Prevalence, 15-49, Male		na	0.7
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.1	18.1
Age-Specific Fertility Rate per 1,000 Women, 15-20		30.5	18.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	26.6
Mean Age at Marriage, Female		na	23.5
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.4
HIV Prevalence, 15-24, Female	▲	na	0.1
HIV Prevalence, 15-24, Male	▲	na	0.7

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.5
Gender Empowerment Measure, Rank		na	44.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		81.9	35.7
Labor Force Participation Rate, 15-64, Female		45.2	39.4
Seats in Parliament Held by Women, %		5.0	16.3
Female Legislators, Senior Officials and Managers, %		na	20.0
Female Professional and Technical Workers, %		na	45.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	1,705.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	22.2
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Maldives



Overview

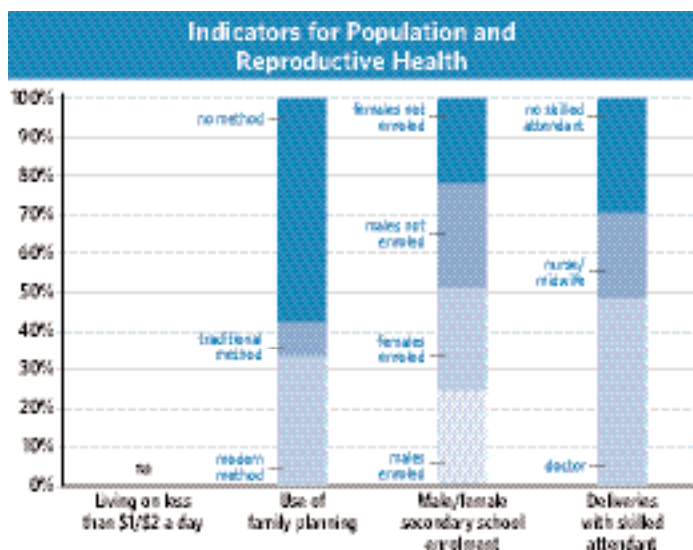
With a population of almost 330,000, the Maldives, one of the world's least developed countries, has made impressive advances in health and education. Increasing life expectancy at birth (67 years for both sexes) and decreasing infant mortality rates (38 infant deaths per 1,000 live births) underscore the progress made in terms of human development. Though the total fertility rate is 5.1 lifetime births per woman, population growth continues to decline. However, the country's skewed population distribution (roughly one-quarter of the population lives on the main island) continues to aggravate development efforts.

The government gives safe motherhood high priority. The maternal mortality ratio has been reduced to 110 deaths per 100,000 live births. Studies show that up to 47 per cent of women had at least one antenatal care visit before delivery.

A number of policy documents and strategic plans provide the frameworks for addressing issues in population and development. These include Vision 2020, which provides broad strategic direction and reflects the Millennium Development Goals. The National Development Plan 2001 to 2005, which includes health and gender factors, forms the basis for poverty reduction strategies. Gender mainstreaming, gender equality and women's empowerment initiatives continued with the launching of the 2003 National Policy on the Equality of Men and Women.

Adolescents make up 22 per cent of the population. Addressing their sexual and reproductive health needs is a challenge. The National Youth Policy of 2003 covers aspects of adolescent reproductive health, including HIV/AIDS and sexually transmitted infections (STIs), as well as family planning.

Although the Maldives is a low prevalence country for STIs, including HIV/AIDS, it is potentially at high risk given factors such as a youthful population, migration patterns, low condom use and growing drug abuse. An initiative has been launched to revise and strengthen the National HIV/AIDS Prevention Policy.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	110.6	169.0
Population in Thousands, Female	105.1	160.2
Population Growth Rate, %	na	2.5
Crude Birth Rate per 1,000 Population	40.9	37.0
Crude Death Rate per 1,000 Population	9.5	5.9
Urban Population, %	25.9	29.7
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	42.8	49.3
Total Fertility Rate per Woman 15-49	6.32	5.05
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	34.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	39.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	110
MMR, Lower Bound	● ▲ na	28
MMR, Upper Bound	● ▲ na	220
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	37.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 73.6	38.3
Under Age 5 Mortality Rate, Total	● ▲ 90	49
Under Age 5 Mortality Rate, Female	● ▲ na	56
Under Age 5 Mortality Rate, Male	● ▲ na	41
Life Expectancy at Birth, Total, Years	● ▲ 60.3	67.4
Life Expectancy at Birth, Female, Years	● ▲ 59.0	67.1
Life Expectancy at Birth, Male, Years	● ▲ 61.6	67.8
Median Age of Total Population	● ▲ 16.7	18.9
Population 60 Years and Over, %	● ▲ 5.4	5.1
Dependency Ratio	● ▲ 99	79

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.98	81.31	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	9
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 70	84
Antenatal Care, At Least One Visit, %	47	47
Deliveries Attended by Skilled Attendants, %	●▲ na	70
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	5	2
Illiteracy Rate, % of Population 15 and Over, Female	5	2
Illiteracy Rate, % of Population 15 to 24, Male	2	1
Illiteracy Rate, % of Population 15 to 24, Female	2	1
Ratio of Girls to Boys, Primary Education	▲ na	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	1.05
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	119
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	117
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	62
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	71
Children Underweight Under 5, Male, %	na	42
Children Underweight Under 5, Female, %	na	44
Stunted Children under 5, Severe, %	na	7
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.3	21.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	143.0	62.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	23.2	23.2
Mean Age at Marriage, Female	19.1	19.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	62.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	78.9	75.7
Labor Force Participation Rate, 15-64, Female	20.5	28.6
Seats in Parliament Held by Women, %	4.0	12.0
Female Legislators, Senior Officials and Managers, %	na	15.0
Female Professional and Technical Workers, %	na	40.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	40.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	38.1
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Marshall Islands, Republic of

Overview

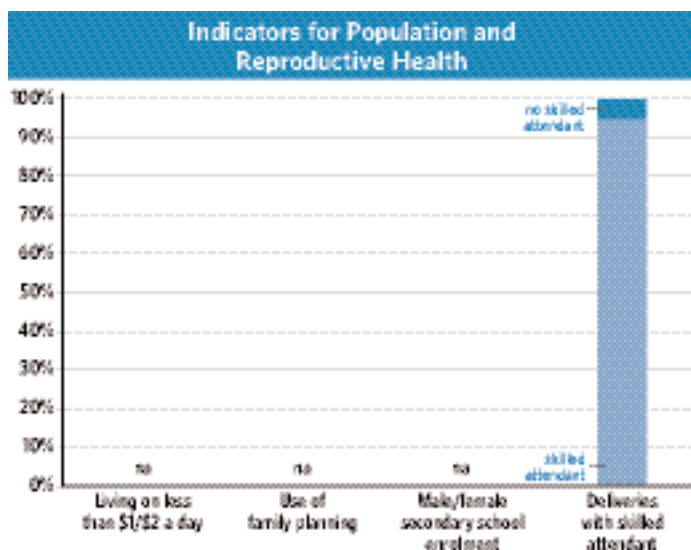
The Republic of the Marshall Islands is made up of a large number of widely scattered coral atolls. The country is politically and economically linked with the United States of America through a "Compact of Free Association", which results in a substantial in-flow of US development assistance. The estimated population in 2005 was 53,000 with an annual growth rate of 1.6 per cent. Although the growth rate has declined in recent years due to emigration, the total fertility rate is 5.7 births per woman, the highest of any Pacific country or territory.

A National Population Policy was developed some years ago and revised in 1995 as a result of the International Conference on Population and Development (ICPD). Progress has been made toward the achievement of many ICPD Programme of Action goals. The Marshall Islands has relatively high levels of adult literacy, school enrolment and life expectancy.

In response to concerns that sexually transmitted infection rates were increasing, a survey on sexual attitudes and practices was conducted with funding from UNFPA. The survey revealed that some young people become sexually active from the age of 13 or 14 and that a number of them are engaging in unsafe sexual practices and lack awareness of the transmission routes of HIV/AIDS.

National priorities include reducing population growth and urban population densities, reducing malnutrition and strengthening the capacity of reproductive health and family planning programmes, with emphasis on adolescent sexual and reproductive health, including the prevention of STIs and HIV/AIDS.

A National Youth Policy has been developed and is being implemented. It emphasizes sexuality education, the promotion and distribution of condoms and youth peer education.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	na	27.1
Population in Thousands, Female	na	25.9
Population Growth Rate, %	4.3	1.6
Crude Birth Rate per 1,000 Population	na	35.0
Crude Death Rate per 1,000 Population	8.9	5.0
Urban Population, %	na	na
Sex Ratio at Birth, Male Births per Female Births	na	na
Women 15-49, %	na	na
Total Fertility Rate per Woman 15-49	na	5.70
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	26.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 56.9	37.0
Under Age 5 Mortality Rate, Total	● ▲ na	na
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ 61.0	67.5
Life Expectancy at Birth, Female, Years	● ▲ 62.6	69.4
Life Expectancy at Birth, Male, Years	● ▲ 59.6	65.7
Median Age of Total Population	● ▲ na	na
Population 60 Years and Over, %	● ▲ na	na
Dependency Ratio	● ▲ na	na

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
7.13	141.33	9.46	570.21

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	na
Gross Domestic Product Growth Rate, Annual %		na	2
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	85
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	●▲	na	95
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education	▲	na	0.93
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	110
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	103
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	75
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	76
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		na	na
Age-Specific Fertility Rate per 1,000 Women, 15-20		na	na
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	na
Labor Force Participation Rate, 15-64, Female		na	na
Seats in Parliament Held by Women, %		na	na
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	na
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	na
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % na/na

No Education, Primary, % na

Highest Level of Education, % na

Provincial Low/High, % na/na

Poorest/Richest Quintile, % na/na

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Malnourished Women:

Poorest/Richest Quintile, % na/na

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % na/na

Micronesia (Federated States of)

Overview

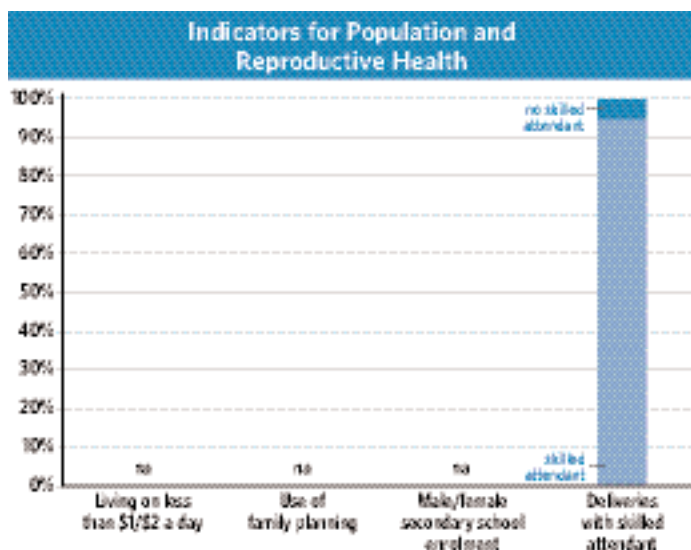
The Federated States of Micronesia consists of four major island groups. The estimated population in 2005 was 110,500 with an annual growth rate of 0.6 per cent. The relatively low population growth rate is due mainly to out-migration to Guam and the U.S. mainland.

While both the crude birth rate and the total fertility rate are high compared with developed countries, they have been decreasing over the years. The average number of lifetime births per woman has somewhat decreased from 5.0 in 1990 to 4.6 in 2005. This decline is thought to be due to family planning, the education and employment of women and emigration, rather than economic development. However, the TFR varies considerably between states, from 6.0 to 3.3. Women of reproductive age comprised 50 per cent of the population. Average life expectancy at birth is 67 years for males and 69 years for females.

High population growth adversely affects health indicators such as infant and maternal mortality, and offsets economic growth. The maternal mortality ratio is estimated to be 317 per 100,000 live births, while the infant mortality rate is 36 per 1,000 live births. Prenatal care is slowly improving in the state centres and is being expanded to remote areas.

Overall, Micronesia's population is young with 22 per cent between the ages of 15 and 24. To help meet the needs of young people, a regional adolescent reproductive health (ARH) project, supported by UNFPA, strengthens existing school-based clinics by improving ARH counseling and services.

Citizens of the Federated States of Micronesia enjoy a level of health care that is relatively high, compared to the rest of the Pacific Region. The United States Public Health Service provides doctors at the four state hospitals. But Micronesians are taking their place in the system through such programmes as the Medical Officer Training Programme. Overall, 75 per cent of the population has access to health care services.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	49.3	55.6
Population in Thousands, Female	47.0	54.9
Population Growth Rate, %	na	0.6
Crude Birth Rate per 1,000 Population	33.9	27.1
Crude Death Rate per 1,000 Population	6.6	6.0
Urban Population, %	26.4	30.0
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	46.5	50.0
Total Fertility Rate per Woman 15-49	5.00	4.59
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	12.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 43.5	36.2
Under Age 5 Mortality Rate, Total	● ▲ 54	45
Under Age 5 Mortality Rate, Female	● ▲ na	25
Under Age 5 Mortality Rate, Male	● ▲ na	26
Life Expectancy at Birth, Total, Years	● ▲ 66.2	68.0
Life Expectancy at Birth, Female, Years	● ▲ 66.8	68.7
Life Expectancy at Birth, Male, Years	● ▲ 65.7	67.3
Median Age of Total Population	● ▲ 17.6	19.6
Population 60 Years and Over, %	● ▲ 5.3	4.9
Dependency Ratio	● ▲ 91	74

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.73	126.13	4.87	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	2
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	94
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	88
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ na	1.01
Ratio of Girls to Boys, Secondary Education	▲ na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.7	22.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	54.5	33.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	na
Labor Force Participation Rate, 15-64, Female	na	na
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	6.3
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Mongolia

Overview

With a population of just 2.6 million spread out over an area the size of Western Europe, Mongolia is one of the most sparsely populated countries in the world. Its growth rate has dropped to 1.2 per cent per year, while the total fertility rate is 3.2 lifetime births per woman. Nearly one-quarter (22 per cent) of the total population consists of youth aged 15-24.

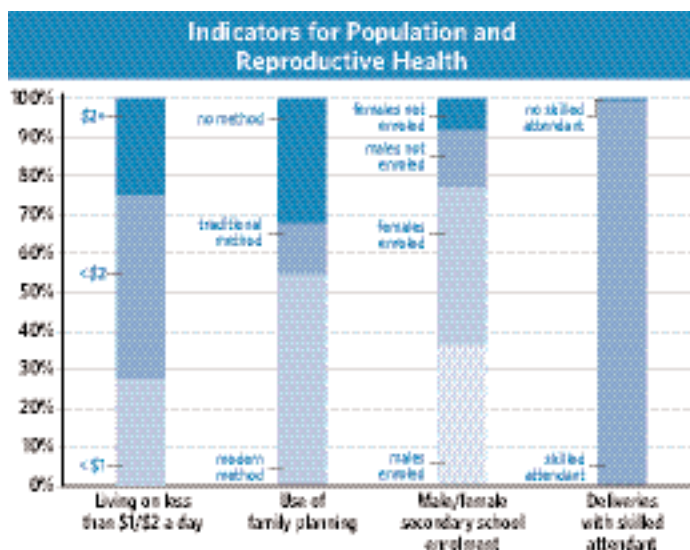
Declining fertility, combined with a relatively high maternal mortality ratio — 110 deaths per 100,000 live births — are priority concerns for the government. Other reproductive health issues include: relatively high abortion rates; increasing numbers of STIs, the rising threat of HIV infections, especially among youth; and poor quality of and lack of access to reproductive health information and services, particularly among rural populations.

The use of modern contraceptives has increased from 46 per cent in 1998 to 54 per cent in 2000. Despite increased awareness of the transmission routes of STIs and HIV/AIDS, only about half of those surveyed knew that a healthy-looking person can have the AIDS virus. According to official health statistics published in 2004, there are only five reported cases of HIV/AIDS in the entire country, but UNAIDS estimates are much higher.

A new Population Development Policy was launched in 2004. It emphasizes people-centred development, human rights, gender equality, and the participation of civil society. The policy addresses demography, poverty, gender, health, education, family development, social welfare, housing, environment, migration to urban areas, and population data and research.

The government's Programme of Action (2004-2008) addresses population and health issues in line with the MDGs. Two major health policy documents — The Health Sector Master Plan (2005-2015) and The Maternal Mortality Reduction Strategy (2005-2010) — are being developed. The Domestic Violence Bill was adopted by parliament in 2004.

The first National MDG Report was launched in October 2004. Under Goal 5, it focuses on reducing maternal mortality by improving access to reproductive health services.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,105.8	1,325.5
Population in Thousands, Female	1,110.3	1,321.0
Population Growth Rate, %	na	1.2
Crude Birth Rate per 1,000 Population	32.2	24.3
Crude Death Rate per 1,000 Population	8.8	6.9
Urban Population, %	57.0	57.0
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.2	58.5
Total Fertility Rate per Woman 15-49	4.10	3.16
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	54.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	67.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 65	110
MMR, Lower Bound	● ▲ na	75
MMR, Upper Bound	● ▲ na	150
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	26.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 70.5	54.6
Under Age 5 Mortality Rate, Total	● ▲ 103	79
Under Age 5 Mortality Rate, Female	● ▲ na	83
Under Age 5 Mortality Rate, Male	● ▲ na	88
Life Expectancy at Birth, Total, Years	● ▲ 60.7	64.9
Life Expectancy at Birth, Female, Years	● ▲ 62.6	66.9
Life Expectancy at Birth, Male, Years	● ▲ 59.0	62.9
Median Age of Total Population	● ▲ 18.8	23.7
Population 60 Years and Over, %	● ▲ 5.8	5.7
Dependency Ratio	● ▲ 84	52

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.60	18.82	5.95	122.54

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.5/3.7
No Education, Primary	3.4
Highest Level of Education	2.8
Provincial Low/High	2.2/3.9 Ulaanbaatar/West
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	54.5/79.4
No Education, Primary	99.7
Highest Level of Education	55.3
Provincial Low/High	45.2/76.8 South/Central & West
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	38.0/72.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	5.7/12.9
No Education, Primary, %	10.2

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,802
Gross Domestic Product Growth Rate, Annual %		5	5
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	27.0
Population Living Below National Poverty Line, %	▲	na	36.3
Share of Income or Consumption by Poorest Quintile		na	2.1
Access to Improved Water Supply, %	▲	66	62
Antenatal Care, At Least One Visit, %		98	97
Deliveries Attended by Skilled Attendants, %	●▲	na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	38.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		2	1
Illiteracy Rate, % of Population 15 and Over, Female		3	1
Illiteracy Rate, % of Population 15 to 24, Male		1	1
Illiteracy Rate, % of Population 15 to 24, Female		1	0
Ratio of Girls to Boys, Primary Education	▲	1.00	1.00
Ratio of Girls to Boys, Secondary Education	▲	na	1.19
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	100
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	102
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	78
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	90
Children Underweight Under 5, Male, %		na	13
Children Underweight Under 5, Female, %		na	13
Stunted Children under 5, Severe, %		na	9
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		34.0	38.0
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		20.7	22.2
Age-Specific Fertility Rate per 1,000 Women, 15-20		72.0	53.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	77
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	57.0
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.4
Gender Empowerment Measure, Rank		na	62.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	61.2
Labor Force Participation Rate, 15-64, Female		na	56.1
Seats in Parliament Held by Women, %		2.0	10.5
Female Legislators, Senior Officials and Managers, %		na	30.0
Female Professional and Technical Workers, %		na	66.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	178.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	20.9
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	8.8
Provincial Low/High, %	4.4/26.3 Ulaanbaatar/South
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	96.9/96.4
No Education, Primary, %	83.3
Highest Level of Education, %	97.1
Provincial Low/High, %	93.9/100.0 Western/Eastern
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	53.5/55.1
No Education, Primary, %	39.7
Highest Level of Education, %	57.9
Provincial Low/High, %	51.5/61.9 Central 2/Southern
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.9/3.5
No Education, Primary, %	8.8
Highest Level of Education, %	1.1
Provincial Low/High, %	1.5/4.4 Southern/Eastern
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Myanmar



Overview

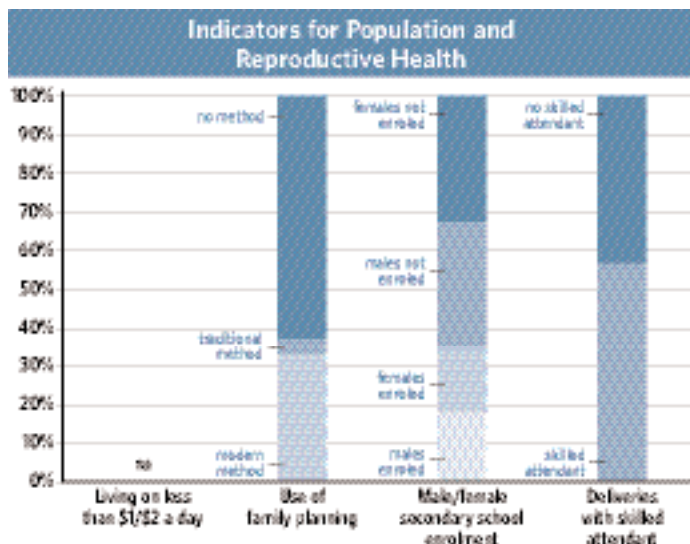
The total population of Myanmar was estimated at 50.5 million in 2005 and is growing by 1 per cent per year. Only 31 per cent of the population is urban, the remainder live in rural areas. Youth constitute about 20 per cent of the total population. Public funding for health and education is among the lowest in the world, at under 0.2% and 0.5% of Gross Domestic Product (GDP), respectively for the period 1999-2000.

Maternal mortality continues to be high in Myanmar, averaging 360 deaths per 100,000 live births in 2000. The potential impact of the HIV/AIDS pandemic on overall maternal mortality is also underestimated at present. According to 1990 data, approximately 76 per cent of women receive antenatal care from nurses and midwives. Doctors provide antenatal care for about 10 per cent of pregnancies, mainly in urban areas. Both quality and content of antenatal care services and postnatal care provided in the public sector vary considerably. The majority of deliveries are performed at home and are attended by a trained medical professional.

The UNFPA Country Office in Myanmar developed four component projects (2002-2005) covering reproductive health services (including adolescent reproductive health), behaviour change communication, data analysis and HIV/AIDS prevention.

Under strengthening of reproductive health services, UNFPA will gradually expand its support to include 100 townships by the end of 2005. One of the key issues addressed is improving accessibility and availability of modern contraceptives in poor communities. Although knowledge of modern contraceptive methods is high, there is a shortage of supplies.

In 2004, the first Reproductive Health Strategic Plan (2004-2008) was launched by the Ministry of Health in collaboration with WHO, UNFPA and UNICEF. It will expand and strengthen partnerships so that reproductive health needs can be addressed in a more effective and comprehensive manner.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	20,309.5	25,083.3
Population in Thousands, Female	20,443.6	25,436.2
Population Growth Rate, %	na	1.0
Crude Birth Rate per 1,000 Population	30.5	26.5
Crude Death Rate per 1,000 Population	12.0	9.4
Urban Population, %	24.8	30.6
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	50.2	55.1
Total Fertility Rate per Woman 15-49	3.99	3.03
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	32.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	37.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 580	360
MMR, Lower Bound	● ▲ na	91
MMR, Upper Bound	● ▲ na	660
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 94.2	70.6
Under Age 5 Mortality Rate, Total	● ▲ 140	105
Under Age 5 Mortality Rate, Female	● ▲ na	118
Under Age 5 Mortality Rate, Male	● ▲ na	137
Life Expectancy at Birth, Total, Years	● ▲ 55.8	60.9
Life Expectancy at Birth, Female, Years	● ▲ 58.0	63.9
Life Expectancy at Birth, Male, Years	● ▲ 54.0	58.1
Median Age of Total Population	● ▲ 21.0	25.5
Population 60 Years and Over, %	● ▲ 6.8	7.5
Dependency Ratio	● ▲ 72	52

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
0.40	57.27	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	1	10
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 33	80
Antenatal Care, At Least One Visit, %	90	76
Deliveries Attended by Skilled Attendants, %	●▲ 94	56
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	37.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	65.0
Illiteracy Rate, % of Population 15 and Over, Male	13	10
Illiteracy Rate, % of Population 15 and Over, Female	26	17
Illiteracy Rate, % of Population 15 to 24, Male	10	8
Illiteracy Rate, % of Population 15 to 24, Female	14	8
Ratio of Girls to Boys, Primary Education	▲ 0.94	0.97
Ratio of Girls to Boys, Secondary Education	▲ na	0.93
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	92
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	92
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	40
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	38
Children Underweight Under 5, Male, %	na	37
Children Underweight Under 5, Female, %	na	35
Stunted Children under 5, Severe, %	na	15
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	10.0	7.0
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	1.2
Estimated HIV Prevalence, 15-49, Male	na	1.7
Estimated HIV Prevalence, 15-49, Female	na	0.7

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.2	19.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	45.5	18.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	24.6
Mean Age at Marriage, Female	na	22.4
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	1.4
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	89.7
Labor Force Participation Rate, 15-64, Female	na	68.3
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	2,948.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	18.7
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Nepal



Overview

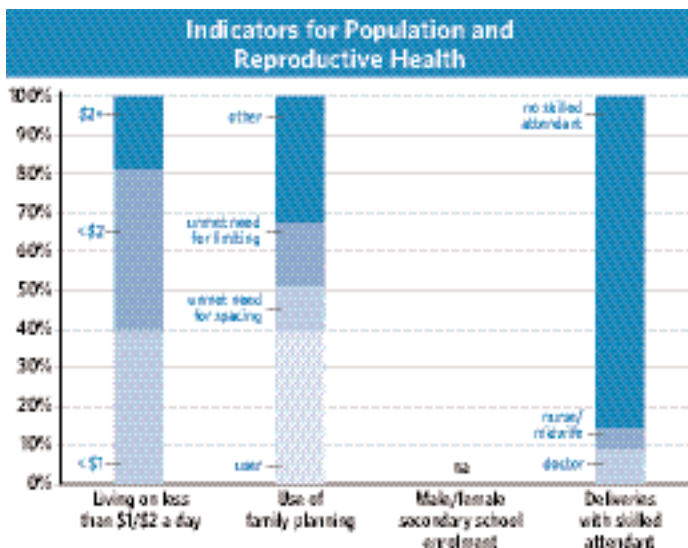
Despite almost 50 years of development efforts, Nepal remains one of the poorest and least developed countries in the world with an estimated population of 27 million in 2005 with 42 per cent of the population living below the national poverty line. The country also faces environmental problems due to increasing population, poverty and dependence on subsistence agriculture. Recent political instability and the deteriorating situation arising from insurgency remain a threat to development efforts.

Illiteracy is also problematic, with rates for men at 35 per cent and twice that for women, at 70 per cent. The total fertility rate is estimated at 4.2 lifetime births per women and maternal mortality ratio is estimated at 740 deaths per 100,000 live births. Women's unequal access to health care and education contribute to the high levels of female mortality and morbidity.

The population is young, with a median age of just 20 years. In the Second Long-Term Health Plan (1997-2017), the government emphasizes developing special programmes for population and reproductive health, including adolescent reproductive health. The National Reproductive Health Strategy and the National Adolescent Health and Development Strategy, identify adolescents as a critical component of the reproductive health package, including the distribution of contraceptives to unmarried adolescents.

The threat of HIV/AIDS is a major concern in the country. The prevalence of HIV infection among sex workers and injecting drug users has increased. A National HIV/AIDS Strategy has been developed.

Poverty reduction has been and continues to be the major focus of the government's policies and programmes. The government expressed its commitment to implement the reform agenda as envisaged by the Poverty Reduction Strategy Paper (Tenth Five-Year Development Plan 2002-2007) including broad-based growth, social sector development and improved governance. The government has also prepared a Health Sector Reform Strategy, now in the initial stages of implementation. The government is preparing a Population Perspective Plan to integrate population, reproductive health and gender concerns into sectoral development policies and programmes.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	9,632.6	13,445.5
Population in Thousands, Female	9,481.5	13,687.1
Population Growth Rate, %	na	2.0
Crude Birth Rate per 1,000 Population	38.5	35.3
Crude Death Rate per 1,000 Population	12.9	8.2
Urban Population, %	8.9	15.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.1	49.6
Total Fertility Rate per Woman 15-49	5.14	4.22
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	21.8	35.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	22.7	39.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,500	740
MMR, Lower Bound	● ▲ na	440
MMR, Upper Bound	● ▲ na	1,100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 98.2	59.5
Under Age 5 Mortality Rate, Total	● ▲ 128	80
Under Age 5 Mortality Rate, Female	● ▲ na	106
Under Age 5 Mortality Rate, Male	● ▲ na	91
Life Expectancy at Birth, Total, Years	● ▲ 54.2	62.5
Life Expectancy at Birth, Female, Years	● ▲ 54.0	62.9
Life Expectancy at Birth, Male, Years	● ▲ 54.5	62.0
Median Age of Total Population	● ▲ 18.9	20.1
Population 60 Years and Over, %	● ▲ 5.4	5.8
Dependency Ratio	● ▲ 83	74

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.40	3.23	2.66	25.55

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.1/4.4
No Education, Primary	4.8
Highest Level of Education	2.1
Provincial Low/High	3.5/4.7 Western/Mid-western & Far-western
Poorest/Richest Quintile	6.2/2.9

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	50.1/79.3
No Education, Primary	84.6
Highest Level of Education	11.2
Provincial Low/High	60.1/112.2 Western/Far-western
Poorest/Richest Quintile, %	85.5/53.2

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	129.9/67.7
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	72.0/114.0
Poorest/Richest Quintile	143.0/90.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	12.6/22.5
No Education, Primary, %	31.5

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,418
Gross Domestic Product Growth Rate, Annual %		5	3
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	39.1
Population Living Below National Poverty Line, %	▲	na	42.0
Share of Income or Consumption by Poorest Quintile		na	3.2
Access to Improved Water Supply, %	▲	37	84
Antenatal Care, At Least One Visit, %		9	49
Deliveries Attended by Skilled Attendants, %	●▲	6	11
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	57.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	54.2
Illiteracy Rate, % of Population 15 and Over, Male		53	35
Illiteracy Rate, % of Population 15 and Over, Female		86	70
Illiteracy Rate, % of Population 15 to 24, Male		33	20
Illiteracy Rate, % of Population 15 to 24, Female		73	49
Ratio of Girls to Boys, Primary Education	▲	0.56	0.79
Ratio of Girls to Boys, Secondary Education	▲	na	0.69
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	126
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	112
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	50
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	39
Children Underweight Under 5, Male, %		na	47
Children Underweight Under 5, Female, %		na	47
Stunted Children under 5, Severe, %		na	22
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		18.0	17.0
Refugees, Number		75,500	123,667
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	235
Estimated HIV Prevalence, 15-49, Total		na	0.5
Estimated HIV Prevalence, 15-49, Male		na	0.7
Estimated HIV Prevalence, 15-49, Female		na	0.3

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.2	20.1
Age-Specific Fertility Rate per 1,000 Women, 15-20		125.5	112.5
Median Age at First Sexual Intercourse, Female, 25-49		na	16.9
Mean Age at Marriage, Male		na	21.5
Mean Age at Marriage, Female		na	17.9
Married by 18, Percent, Female, 25-49		na	66.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	39
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	81
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	42.0
HIV Prevalence, 15-24, Total	▲	na	0.3
HIV Prevalence, 15-24, Female	▲	na	0.3
HIV Prevalence, 15-24, Male	▲	na	0.3

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	26.7
Labor Force Participation Rate, 15-64, Male		na	92.1
Labor Force Participation Rate, 15-64, Female		na	85.0
Seats in Parliament Held by Women, %		3.0	7.9
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	2,755.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	31.7
Unmet Need for Family Planning, Spacing, %	●	na	11.4
Unmet Need for Family Planning, Limiting, %	●	na	16.4
Unmet Need for Family Planning, Total, %	●	na	27.8
Unmet Need for Family Planning, Thousands	●	na	1.2

Highest Level of Education	8.3	
Provincial Low/High, %	16.1/23.8	Western/Central
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	51.1/10.1	
No Education, Primary, %	6.6	
Highest Level of Education, %	67.8	
Provincial Low/High, %	6.3/15.6	Mid-western/Eastern
Poorest/Richest Quintile, %	3.6/45.1	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	56.3/33.2	
No Education, Primary, %	33.5	
Highest Level of Education, %	46.4	
Provincial Low/High, %	28.8/37.9	Far-western/Eastern
Poorest/Richest Quintile, %	23.8/55.2	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	29.3/61.1	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	21.2/9.7	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	12.3/7.3	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	6.7/13.0	
No Education, Primary, %	15.0	
Highest Level of Education, %	0.7	
Provincial Low/High, %	8.7/15.8	Eastern/Central
Poorest/Richest Quintile, %	16.7/5.0	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	54.3/92.8	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	75.0/95.0	
Malnourished Women:		
Poorest/Richest Quintile, %	26.8/14.9	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	30.4/79.5	

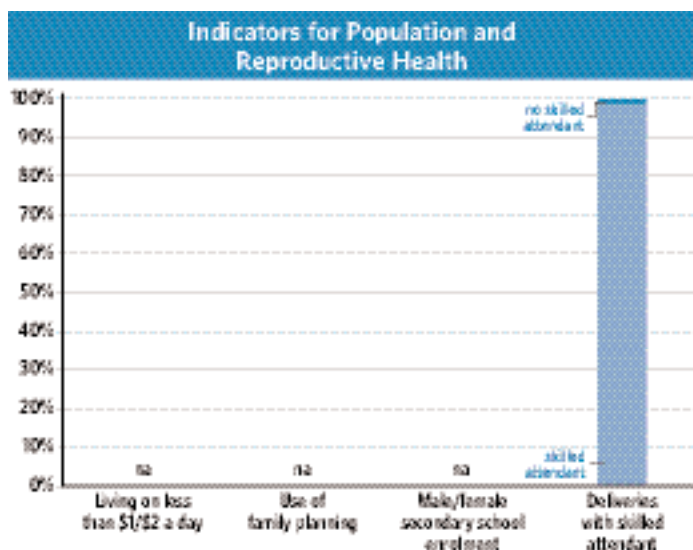
New Caledonia

Overview

New Caledonia, an overseas territory of France, enjoys a relatively high standard of living compared with most other Pacific Island countries. Its economic profile is similar to that of a fully industrialized country. The total population is estimated at 236,800, with an annual growth rate of 1.8 per cent. The total fertility rate is 2.6 lifetime births per woman and life expectancy at birth is 78 years for women and 73 years for men.

For many years, emphasis has been placed on maternal and child health, immunization and control and containment of communicable diseases. Currently, the infant mortality rate is 6 deaths per 1,000 live births while the maternal mortality ratio is 10 deaths per 100,000 live births. Today, the disease patterns traditionally associated with consumer societies are appearing — non-communicable diseases are increasing while infectious diseases are declining. HIV/AIDS is of concern to the government, with 15 new cases reported in 2001.

The significant improvement in the health status of the population in recent years can be attributed to economic growth and the quality of health care coverage. The government of the territory has endorsed a policy of "health for all." Various public mechanisms fund social welfare programmes, including national health insurance, family allowances and a pension scheme. Consequently, all the citizens are comprehensively covered for their health and welfare needs. However, there is a constant need to balance the distribution of these resources equally among all segments of the population.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	87.4	121.6
Population in Thousands, Female	83.6	115.3
Population Growth Rate, %	na	1.8
Crude Birth Rate per 1,000 Population	24.2	21.4
Crude Death Rate per 1,000 Population	5.6	5.0
Urban Population, %	59.5	61.6
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	53.2	53.6
Total Fertility Rate per Woman 15-49	2.98	2.64
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	51.9	51.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	68.0	68.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	10
MMR, Lower Bound	● ▲ na	5
MMR, Upper Bound	● ▲ na	20
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	na
Infant Mortality Rate per 1,000 Live Births	● ▲ 13.0	6.3
Under Age 5 Mortality Rate, Total	● ▲ 17	9
Under Age 5 Mortality Rate, Female	● ▲ na	10
Under Age 5 Mortality Rate, Male	● ▲ na	9
Life Expectancy at Birth, Total, Years	● ▲ 70.7	75.5
Life Expectancy at Birth, Female, Years	● ▲ 73.9	78.3
Life Expectancy at Birth, Male, Years	● ▲ 68.3	73.1
Median Age of Total Population	● ▲ 23.8	28.4
Population 60 Years and Over, %	● ▲ 7.0	9.2
Dependency Ratio	● ▲ 58	52

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
na	na	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	22,302
Gross Domestic Product Growth Rate, Annual %	na	2
Income Group per World Bank Classification	na	High income: non OECD
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	na
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	98
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	3
Illiteracy Rate, % of Population 15 and Over, Female	na	5
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ na	na
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.9	16.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	37.5	30.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	30.9	30.9
Mean Age at Marriage, Female	28.4	28.4
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	77.5	77.5
Labor Force Participation Rate, 15-64, Female	49.1	49.1
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	14.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	20.5
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Pakistan



Overview

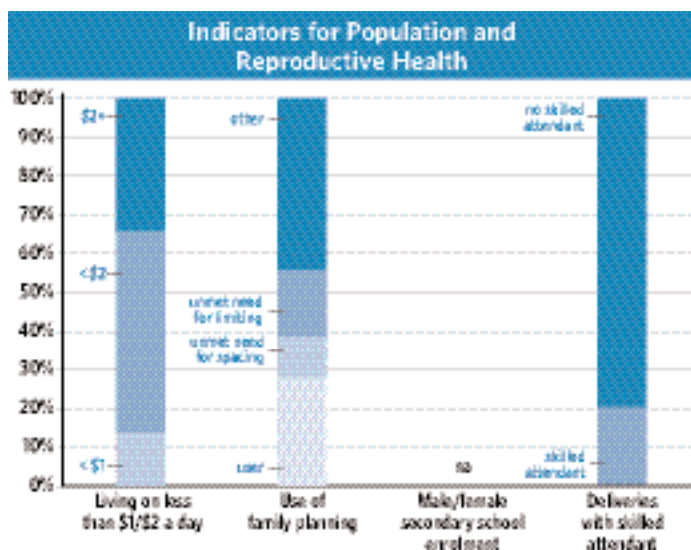
Pakistan, with a population of almost 158 million, is the world's sixth most populous country. The high annual population growth rate of 2.1 per cent remains a cause of concern. The latest Population Policy of Pakistan, introduced in July 2002, aims to achieve population stabilization by 2020 through completion of the demographic transition including reductions in fertility and mortality rates. Integrating population components at all levels of government is key and has been introduced in all civil service institutions in Pakistan. Population education is also being integrated into the formal school curriculum.

The maternal health situation is cause for concern. The maternal mortality ratio is estimated to be 500 deaths per 100,000 births. Over 75 per cent of deliveries take place at home and skilled personnel attend only about 20 per cent of them.

Progress is being made. The development of the first National Maternal Health Policy is under way. Furthermore, a dialogue on maternal health and birth spacing with North Western Frontier Province religious leaders led to the development of a strategy for promoting maternal health. The recruitment of two female gynecologists, supported through UNFPA, to work in remote areas, has seen a significant increase in women utilizing maternal health services.

The Pakistan Reproductive and Family Planning Survey, conducted in 2000-2001, showed a contraceptive prevalence rate of only 28 per cent, but found that 33 per cent of women surveyed were unable to plan their families because services were not available. A new strategic partnership with UNFPA and other donors should revolutionize contraceptive availability and use through a strengthened social marketing programme. In another effort to bring service and demand closer together, female community health workers were trained in administering injectable contraceptives, thus expanding client choices beyond condoms and oral contraceptives.

Population and reproductive health issues have been given significant weight in Pakistan's Poverty Reduction Strategy Paper, which was recently finalized. Government officials have identified population as the single most pressing issue in the country's development.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	57,612.8	81,282.6
Population in Thousands, Female	54,085.7	76,652.5
Population Growth Rate, %	na	2.1
Crude Birth Rate per 1,000 Population	40.7	37.6
Crude Death Rate per 1,000 Population	10.7	7.9
Urban Population, %	30.6	34.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	45.1	49.7
Total Fertility Rate per Woman 15-49	6.05	4.89
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	9.0	20.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	11.8	27.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 340	500
MMR, Lower Bound	● ▲ na	130
MMR, Upper Bound	● ▲ na	940
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	57.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 92.7	74.6
Under Age 5 Mortality Rate, Total	● ▲ 128	107
Under Age 5 Mortality Rate, Female	● ▲ na	135
Under Age 5 Mortality Rate, Male	● ▲ na	121
Life Expectancy at Birth, Total, Years	● ▲ 59.6	63.8
Life Expectancy at Birth, Female, Years	● ▲ 59.8	64.0
Life Expectancy at Birth, Male, Years	● ▲ 59.5	63.6
Median Age of Total Population	● ▲ 18.3	20.0
Population 60 Years and Over, %	● ▲ 5.4	5.8
Dependency Ratio	● ▲ 89	73

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.10	4.47	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.7/5.4
No Education, Primary	5.1
Highest Level of Education	3.8
Provincial Low/High	4.7/5.4 Punjab & Sindh/Balochistan
Poorest/Richest Quintile	5.1/4.0

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	74.6/102.2
No Education, Primary	98.6
Highest Level of Education	45.8
Provincial Low/High	72.4/104.1 Balochistan/Punjab
Poorest/Richest Quintile, %	88.7/62.5

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	124.5/73.8
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	41.0/79.0
Poorest/Richest Quintile	88.0/44.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	9.9/18.7
No Education, Primary, %	22.4

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,971
Gross Domestic Product Growth Rate, Annual %	6	6
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	13.4
Population Living Below National Poverty Line, %	▲ na	32.6
Share of Income or Consumption by Poorest Quintile	na	3.7
Access to Improved Water Supply, %	▲ 50	90
Antenatal Care, At Least One Visit, %	29	28
Deliveries Attended by Skilled Attendants, %	●▲ 70	20
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	57.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	38.9
Illiteracy Rate, % of Population 15 and Over, Male	51	39
Illiteracy Rate, % of Population 15 and Over, Female	80	68
Illiteracy Rate, % of Population 15 to 24, Male	37	26
Illiteracy Rate, % of Population 15 to 24, Female	69	52
Ratio of Girls to Boys, Primary Education	▲ 0.48	0.55
Ratio of Girls to Boys, Secondary Education	▲ na	0.63
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	80
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	57
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	26
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	19
Children Underweight Under 5, Male, %	na	38
Children Underweight Under 5, Female, %	na	38
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	26.0	19.0
Refugees, Number	1,629,200	1,124,298
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	5,356
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.2
Estimated HIV Prevalence, 15-49, Female	na	0.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.3	21.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	97.0	69.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	26.5	26.5
Mean Age at Marriage, Female	21.7	21.7
Married by 18, Percent, Female, 25-49	42.3	42.3
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	▲ na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	64.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	87.2	84.6
Labor Force Participation Rate, 15-64, Female	11.8	15.4
Seats in Parliament Held by Women, %	1.0	20.8
Female Legislators, Senior Officials and Managers, %	na	9.0
Female Professional and Technical Workers, %	na	26.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	16,304.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	33.3
Unmet Need for Family Planning, Spacing, %	● 10.5	10.5
Unmet Need for Family Planning, Limiting, %	● 17.6	17.6
Unmet Need for Family Planning, Total, %	● 28.0	28.0
Unmet Need for Family Planning, Thousands	● 6.9	6.9

Highest Level of Education	5.3
Provincial Low/High, %	13.9/20.5
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	60.6/24.1
No Education, Primary, %	28.0
Highest Level of Education, %	78.9
Provincial Low/High, %	20.4/52.6
Poorest/Richest Quintile, %	4.6/55.2
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	30.1/15.3
No Education, Primary, %	6.2
Highest Level of Education, %	25.9
Provincial Low/High, %	12.6/20.9
Poorest/Richest Quintile, %	1.2/23.2
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	13.5/15.2
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	16.5/14.8

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	9.5/16.0
No Education, Primary, %	16.5
Highest Level of Education, %	2.5
Provincial Low/High, %	12.1/23.7
Poorest/Richest Quintile, %	20.8/7.3
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	15.4/86.1
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	38.9/87.2
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	8.1/72.1

Papua New Guinea

Overview

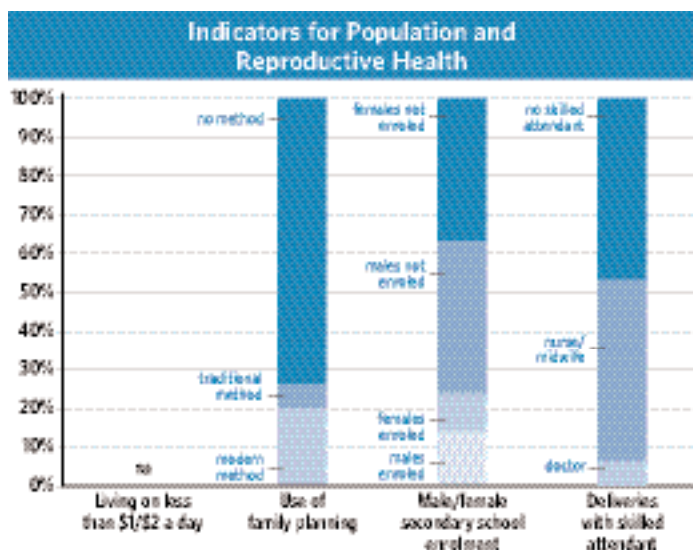
Papua New Guinea's population of 5.9 million is estimated to be growing at 2 per cent per year. The median age is young at 20 years, posing serious socio-economic implications. Total fertility declined from 5.1 lifetime births per woman in 1990, to the current 4.4.

The country's maternal mortality ratio of 300 deaths per 100,000 live births is among the highest in the Western Pacific. Health policies are aimed at improving women's health. Fees have been waived for all antenatal and childbirth services and a Health Sector Improvement Programme (HSIP) has been launched in 2004 to implement the National Health Policy.

The HIV infection rate is the highest in the Pacific Islands region. Parliament recently passed the HIV Prevention and Management Act that provides protection for victims against stigma and discrimination and makes it an offence to knowingly spread the virus. A population education curriculum, including HIV/AIDS topics, is being taught in upper primary grades in half of the provinces.

Education of girls continues to receive support from the government. In 2003, a Gender Education Policy was adopted, reinforcing the National Population Policy strategy to improve the quality of life through general education for all. Legal and policy frameworks demonstrate the government's commitment to human rights, gender equality and women's empowerment, but challenges remain to be addressed.

The Constitution provides for the rights of all citizens to participate in the development of the country. The National Population Policy, approved in October 1998, is grounded in human rights and choice concerning population and family planning. During 2002, a Poverty Reduction Strategy Paper was formulated and forms an integral part of overall development planning. A Medium Term Development Strategy (MTDS) for 2005-2010 has been launched, highlighting high population growth, HIV/AIDS, poor land management and inefficient reproductive health service delivery as barriers to development.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,155.8	3,034.7
Population in Thousands, Female	1,958.1	2,852.4
Population Growth Rate, %	na	2.0
Crude Birth Rate per 1,000 Population	38.1	35.9
Crude Death Rate per 1,000 Population	13.1	10.1
Urban Population, %	13.1	13.2
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	50.8	50.7
Total Fertility Rate per Woman 15-49	5.13	4.36
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	19.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	25.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 930	300
MMR, Lower Bound	● ▲ na	77
MMR, Upper Bound	● ▲ na	570
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	32.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 83.3	67.2
Under Age 5 Mortality Rate, Total	● ▲ 113	93
Under Age 5 Mortality Rate, Female	● ▲ na	88
Under Age 5 Mortality Rate, Male	● ▲ na	81
Life Expectancy at Birth, Total, Years	● ▲ 52.1	56.1
Life Expectancy at Birth, Female, Years	● ▲ 53.2	56.8
Life Expectancy at Birth, Male, Years	● ▲ 51.4	55.6
Median Age of Total Population	● ▲ 18.8	19.7
Population 60 Years and Over, %	● ▲ 4.3	3.9
Dependency Ratio	● ▲ 78	74

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.80	19.44	2.07	95.52

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.0/5.0
No Education, Primary	5.0
Highest Level of Education	3.9
Provincial Low/High	4.4/5.3 Highlands/Momase
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	33.7/86.6
No Education, Primary	105.5
Highest Level of Education	40.2
Provincial Low/High	41.0/114.0 Southern/Highlands
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	91.0/73.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	13.8/13.9
No Education, Primary, %	23.1

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	2,505
Gross Domestic Product Growth Rate, Annual %		2	3
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	37.5
Share of Income or Consumption by Poorest Quintile		na	1.7
Access to Improved Water Supply, %	▲	33	39
Antenatal Care, At Least One Visit, %		68	78
Deliveries Attended by Skilled Attendants, %	●▲	20	53
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		36	27
Illiteracy Rate, % of Population 15 and Over, Female		52	39
Illiteracy Rate, % of Population 15 to 24, Male		26	18
Illiteracy Rate, % of Population 15 to 24, Female		38	25
Ratio of Girls to Boys, Primary Education	▲	0.80	0.83
Ratio of Girls to Boys, Secondary Education	▲	na	0.67
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	77
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	69
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	27
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	21
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		25.0	27.0
Refugees, Number		6,700	7,491
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	306
Estimated HIV Prevalence, 15-49, Total		na	0.6
Estimated HIV Prevalence, 15-49, Male		na	0.8
Estimated HIV Prevalence, 15-49, Female		na	0.4

Highest Level of Education	8.2	
Provincial Low/High, %	12.4/15.6	Highlands/Southern
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	89.5/45.0	
No Education, Primary, %	36.2	
Highest Level of Education, %	87.1	
Provincial Low/High, %	44.8/69.0	Highlands/Islands
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	30.9/16.9	
No Education, Primary, %	14.6	
Highest Level of Education, %	33.5	
Provincial Low/High, %	12.9/29.3	Highlands/Southern
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	na/na	

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		21.2	19.6
Age-Specific Fertility Rate per 1,000 Women, 15-20		88.5	58.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		24.6	24.6
Mean Age at Marriage, Female		20.8	20.8
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.4
HIV Prevalence, 15-24, Female	▲	na	0.4
HIV Prevalence, 15-24, Male	▲	na	0.3

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	88.7
Labor Force Participation Rate, 15-64, Female		na	68.7
Seats in Parliament Held by Women, %		na	0.9
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	561.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	30.3
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % na/na

No Education, Primary, % na

Highest Level of Education, % na

Provincial Low/High, % na/na

Poorest/Richest Quintile, % na/na

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Malnourished Women:

Poorest/Richest Quintile, % na/na

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % na/na

Philippines



Overview

The Philippine archipelago contains 7,100 islands, but most of the country's 83 million people live on the 10 largest islands. The Philippine population is growing by 1.7 per cent per year.

The Philippine Population Management Programme aims to: assist couples in achieving their fertility goals within the context of responsible parenthood; prevent teenage pregnancies; reduce infant, child and maternal mortality; and contribute to a balance between population distribution and economic activities.

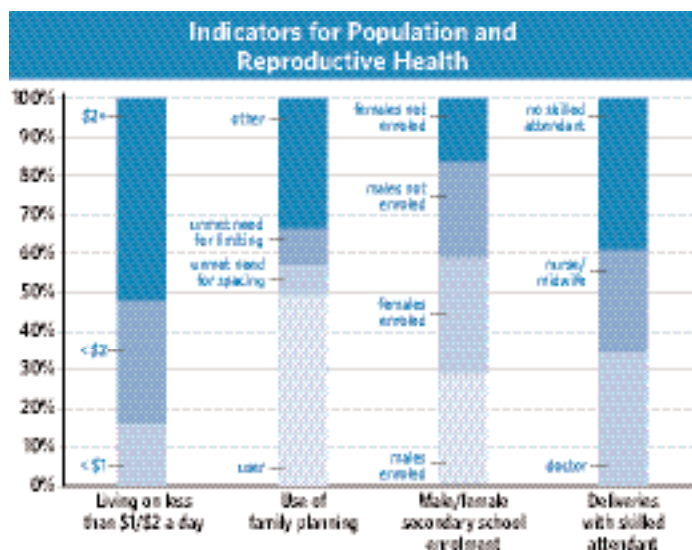
The emphasis on responsible parenthood as opposed to a reproductive rights framework is indicative of the approach taken by the Arroyo government. The President first articulated her position at the Asia Pacific Conference on Reproductive Health in 2001, stressing that family planning technologies should be based on the social and cultural beliefs of those being served. The administration advocates natural family planning, with ambiguous support for funding contraceptive supplies and logistics.

The National Health Insurance Act, which increased access to health care for the poor through social health insurance, expanded its coverage to include modern family planning methods in its roster of eligible health services. The government's decision not to use public funds to procure contraceptives continues to pose threats to their timely availability in the country.

Some modest gains have been achieved in the field of gender rights. The Anti-Trafficking in Persons Act was signed into law addressing the sexual exploitation and abuse of women and children through trafficking. Meanwhile, the Anti-Abuse of Women in Intimate Relationships (AWIR) Bill as well as the Anti-Domestic Violence Bill, are being deliberated in Congress.

Despite the low prevalence of HIV/AIDS, the disease poses a threat to the country. High-risk behavior, such as the low usage rate of condoms, and the rise in sexually transmitted infections, could accelerate the spread of the disease.

Rapid population growth is one of the country's most critical development problems. Without concrete steps to check the prevailing high growth rate, the Philippines is unlikely to achieve its Millennium Development Goals for poverty reduction.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	30,774.6	41,813.7
Population in Thousands, Female	30,329.7	41,240.8
Population Growth Rate, %	na	1.7
Crude Birth Rate per 1,000 Population	32.7	28.4
Crude Death Rate per 1,000 Population	6.8	4.9
Urban Population, %	48.8	62.6
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	48.7	52.2
Total Fertility Rate per Woman 15-49	4.35	3.59
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	28.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	46.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 280	200
MMR, Lower Bound	● ▲ na	120
MMR, Upper Bound	● ▲ na	280
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	15.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 47.3	25.7
Under Age 5 Mortality Rate, Total	● ▲ 54	31
Under Age 5 Mortality Rate, Female	● ▲ na	30
Under Age 5 Mortality Rate, Male	● ▲ na	40
Life Expectancy at Birth, Total, Years	● ▲ 65.3	70.9
Life Expectancy at Birth, Female, Years	● ▲ 67.5	73.1
Life Expectancy at Birth, Male, Years	● ▲ 63.4	68.8
Median Age of Total Population	● ▲ 19.2	22.2
Population 60 Years and Over, %	● ▲ 4.9	6.1
Dependency Ratio	● ▲ 79	64

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.10	10.62	2.49	98.04

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.0/4.3
No Education, Primary	5.3
Highest Level of Education	2.7
Provincial Low/High	2.8/5.0
Poorest/Richest Quintile	6.5/2.1

National Capital Region/ MIMAROPA

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	24.0/36.0
No Education, Primary	65.0
Highest Level of Education	15.0
Provincial Low/High	14.0/44.0
Poorest/Richest Quintile, %	48.8/20.9

Cordillera Admin Region/ MIMAROPA

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	79.8/29.2
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	40.0/74.0
Poorest/Richest Quintile	130.0/12.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	23.3/31.3
No Education, Primary, %	45.2

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	4,321
Gross Domestic Product Growth Rate, Annual %		1	4
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	15.5
Population Living Below National Poverty Line, %	▲	na	36.8
Share of Income or Consumption by Poorest Quintile		na	2.2
Access to Improved Water Supply, %	▲	81	85
Antenatal Care, At Least One Visit, %		77	94
Deliveries Attended by Skilled Attendants, %	●▲	76	60
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	57.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	59.8
Illiteracy Rate, % of Population 15 and Over, Male		8	4
Illiteracy Rate, % of Population 15 and Over, Female		9	4
Illiteracy Rate, % of Population 15 to 24, Male		3	1
Illiteracy Rate, % of Population 15 to 24, Female		3	1
Ratio of Girls to Boys, Primary Education	▲	0.95	0.96
Ratio of Girls to Boys, Secondary Education	▲	na	1.05
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	113
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	112
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	80
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	88
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		26.0	22.0
Refugees, Number		6,700	108
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	38
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	0.0
Estimated HIV Prevalence, 15-49, Female		na	0.0

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		20.4	20.3
Age-Specific Fertility Rate per 1,000 Women, 15-20		49.0	36.0
Median Age at First Sexual Intercourse, Female, 25-49		na	21.9
Mean Age at Marriage, Male		26.3	26.3
Mean Age at Marriage, Female		23.8	23.8
Married by 18, Percent, Female, 25-49		na	17.4
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	54
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	67.0
HIV Prevalence, 15-24, Total	▲	na	0.0
HIV Prevalence, 15-24, Female	▲	na	0.0
HIV Prevalence, 15-24, Male	▲	na	0.0

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.5
Gender Empowerment Measure, Rank		na	37.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		77.4	84.3
Labor Force Participation Rate, 15-64, Female		40.1	54.8
Seats in Parliament Held by Women, %		9.0	17.2
Female Legislators, Senior Officials and Managers, %		na	58.0
Female Professional and Technical Workers, %		na	62.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	6,759.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	26.0
Unmet Need for Family Planning, Spacing, %	●	na	7.9
Unmet Need for Family Planning, Limiting, %	●	na	9.4
Unmet Need for Family Planning, Total, %	●	na	17.3
Unmet Need for Family Planning, Thousands	●	na	2.1

Highest Level of Education	20.3	
Provincial Low/High, %	21.2/44.2	Western Visayas/MIMAROPA
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	79.0/40.9	
No Education, Primary, %	11.0	
Highest Level of Education, %	85.9	
Provincial Low/High, %	87.9/87.8	National Capital Region/ National Capital Region
Poorest/Richest Quintile, %	21.2/91.9	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	33.9/32.8	
No Education, Primary, %	11.7	
Highest Level of Education, %	34.2	
Provincial Low/High, %	11.6/48.0	ARMM/Cagayan Valley
Poorest/Richest Quintile, %	19.6/29.4	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	16.8/6.4	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	12.5/5.6	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	72.7/96.1	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	66.1/93.0	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	73.1/97.8	

Samoa

Overview

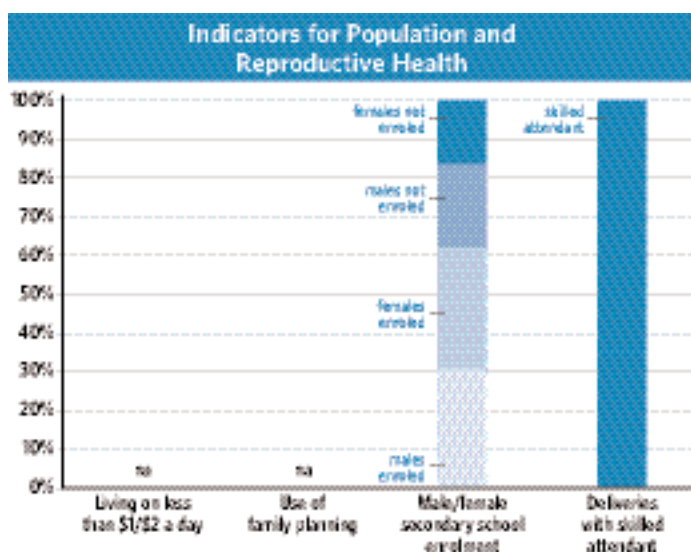
Although considerable economic growth has occurred in recent years, Samoa remains classified as a least developed country (LDC). The 2005 population was estimated at 185,000 with an annual growth rate of .63 per cent. Samoa has the highest rate of natural increase in Polynesia, but this is offset by a high net emigration rate. Emigrants contribute substantially to the economy through remittances, and these help to alleviate poverty—especially in rural areas.

In 2004, Samoa ranked 74th out of 177 countries on the UNDP's Human Development Index. Samoa's development indicators place it among the highest of all Pacific Island countries in social development. In spite of the high emigration rates, the population remains youthful, with over 18 per cent between the ages of 15-24.

Following the International Conference on Population and Development (ICPD) in 1994, more integrated national population and reproductive health policies were developed. A university-based clinic introduced comprehensive adolescent reproductive health counseling and services.

The government gives high priority to education and health in its development strategy. The Ministries of Education and Health, non-governmental organizations, private sector, donors and multilateral lending agencies have coordinated activities to address education and health problems at all levels. An extensive network of women's committees co-manages, with the government, publicly funded rural health services.

The promotion and protection of women's rights, gender equity and women and HIV/AIDS are afforded significant priority by the Samoan government. Women's access to education and achievement in the formal educational system is virtually equal to men's, and women occupy a number of senior positions in the public sector.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	84.7	96.2
Population in Thousands, Female	76.6	88.8
Population Growth Rate, %	na	0.6
Crude Birth Rate per 1,000 Population	34.3	30.6
Crude Death Rate per 1,000 Population	6.8	5.5
Urban Population, %	21.5	22.5
Sex Ratio at Birth, Male Births per Female Births	1.08	1.08
Women 15-49, %	46.8	46.6
Total Fertility Rate per Woman 15-49	4.76	4.34
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 35	130
MMR, Lower Bound	● ▲ na	8
MMR, Upper Bound	● ▲ na	30
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	13.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 39.9	24.0
Under Age 5 Mortality Rate, Total	● ▲ 45	29
Under Age 5 Mortality Rate, Female	● ▲ na	29
Under Age 5 Mortality Rate, Male	● ▲ na	34
Life Expectancy at Birth, Total, Years	● ▲ 64.8	70.7
Life Expectancy at Birth, Female, Years	● ▲ 68.4	74.2
Life Expectancy at Birth, Male, Years	● ▲ 61.8	67.8
Median Age of Total Population	● ▲ 18.5	19.4
Population 60 Years and Over, %	● ▲ 6.0	6.5
Dependency Ratio	● ▲ 81	83

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.71	66.79	3.19	160.66

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	5,741
Gross Domestic Product Growth Rate, Annual %	na	3
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 82	88
Antenatal Care, At Least One Visit, %	52	52
Deliveries Attended by Skilled Attendants, %	●▲ 52	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	1	1
Illiteracy Rate, % of Population 15 and Over, Female	3	1
Illiteracy Rate, % of Population 15 to 24, Male	1	1
Illiteracy Rate, % of Population 15 to 24, Female	1	0
Ratio of Girls to Boys, Primary Education	▲ 0.98	0.91
Ratio of Girls to Boys, Secondary Education	▲ na	0.98
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	107
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	104
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	73
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	80
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	22.6	18.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	32.5	32.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	28.0	28.0
Mean Age at Marriage, Female	24.6	24.6
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	80.5	80.5
Labor Force Participation Rate, 15-64, Female	43.2	43.2
Seats in Parliament Held by Women, %	na	6.1
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	5.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	11.9
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Singapore

Overview

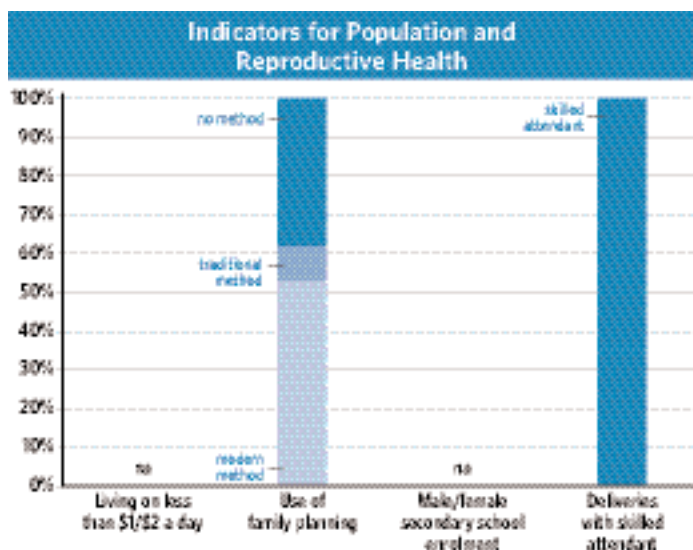
With a total population of about 4.3 million, Singapore is characterized by a highly developed and successful free-market economy, stable prices, and one of the higher per capita gross GDPs in the world. In response to a 2003 United Nations inquiry, the government reported that its annual population growth rate of 1.3 per cent is too low and emigration too high. The government encourages the return of Singaporean nationals. Immigrants make up almost one quarter of the population.

The state of health in Singapore is good by international standards. Rising standards of living, high levels of education, good housing, safe water supply and sanitation and universal access to medical services have all helped to improve the health of Singaporeans.

Singapore has a relatively young population, with 13 per cent between the ages of 15 and 24. On the other hand, 12 per cent of the population is aged 60 and over and projected to increase to 35 per cent by the year 2030. Life expectancy at birth is 81 years for women and 77 for men. Consequently, the ageing of the population, the shrinking size of the working-age population and the threat of HIV/AIDS (especially among youth) are major concerns.

Contraceptive supplies, provided by the Ministry of Health as well as public and private doctors, are readily available to the entire population. The total fertility rate is 1.5 lifetime births per woman with 100 per cent of deliveries attended by skilled personnel. The maternal mortality ratio is 30 deaths per 100,000 live births, while the infant mortality rate is 3 per 1,000 live births, a 50 per cent reduction since 1990.

The government embarked on a family planning programme immediately after independence in 1965. Besides the comprehensive provision of clinical services, the programme includes a wide range of social and fiscal incentives to achieve replacement level fertility. After a decade of below replacement fertility, the government replaced the policy in 1987 with one that is selectively pronatalist.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,517.8	2,177.2
Population in Thousands, Female	1,498.6	2,148.4
Population Growth Rate, %	na	1.3
Crude Birth Rate per 1,000 Population	17.4	13.9
Crude Death Rate per 1,000 Population	5.0	5.2
Urban Population, %	100.0	100.0
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	62.6	53.9
Total Fertility Rate per Woman 15-49	1.74	1.52
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	53.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	62.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 10	30
MMR, Lower Bound	● ▲ na	20
MMR, Upper Bound	● ▲ na	41
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	1.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 6.5	3.0
Under Age 5 Mortality Rate, Total	● ▲ 7	4
Under Age 5 Mortality Rate, Female	● ▲ na	4
Under Age 5 Mortality Rate, Male	● ▲ na	4
Life Expectancy at Birth, Total, Years	● ▲ 74.7	79.0
Life Expectancy at Birth, Female, Years	● ▲ 77.3	80.9
Life Expectancy at Birth, Male, Years	● ▲ 72.5	77.1
Median Age of Total Population	● ▲ 29.3	37.5
Population 60 Years and Over, %	● ▲ 8.4	12.2
Dependency Ratio	● ▲ 37	39

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.30	271.49	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	24,480
Gross Domestic Product Growth Rate, Annual %		7	1
Income Group per World Bank Classification		na	High income: non OECD
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	1.9
Access to Improved Water Supply, %	▲	100	100
Antenatal Care, At Least One Visit, %		95	95
Deliveries Attended by Skilled Attendants, %	●▲	100	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		6	3
Illiteracy Rate, % of Population 15 and Over, Female		17	9
Illiteracy Rate, % of Population 15 to 24, Male		1	0
Illiteracy Rate, % of Population 15 to 24, Female		1	0
Ratio of Girls to Boys, Primary Education	▲	0.90	0.90
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	105	105
Primary School Enrolment, Gross % of School Age Population, Female	●▲	102	102
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	71	71
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	66	66
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		100	1
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	2
Estimated HIV Prevalence, 15-49, Total		na	0.2
Estimated HIV Prevalence, 15-49, Male		na	0.3
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.7	12.7
Age-Specific Fertility Rate per 1,000 Women, 15-20		8.0	5.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		29.8	29.8
Mean Age at Marriage, Female		27.0	27.0
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.2
HIV Prevalence, 15-24, Female	▲	na	0.2
HIV Prevalence, 15-24, Male	▲	na	0.1

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.6
Gender Empowerment Measure, Rank		na	20.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		78.3	82.7
Labor Force Participation Rate, 15-64, Female		48.4	56.3
Seats in Parliament Held by Women, %		5.0	16.0
Female Legislators, Senior Officials and Managers, %		na	26.0
Female Professional and Technical Workers, %		na	43.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-9.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-0.9
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Solomon Islands

Overview

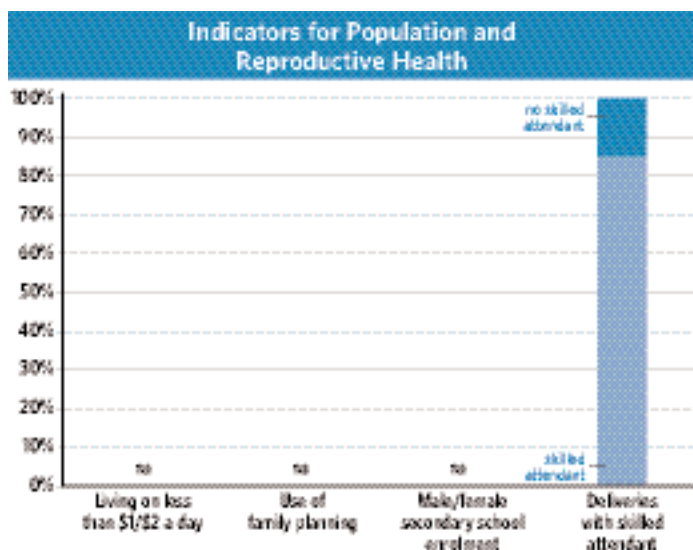
The Solomon Islands had an estimated population of almost 478,000 in 2005 with an annual growth rate of 2.5 per cent. With very little external migration, population growth in the Solomon Islands is entirely a function of natural increase. While fertility has declined in recent years, the total fertility rate in 2005 was 4.7 lifetime births per woman – a level surpassed by only one other Pacific Island country. Social indicators in the Solomon Islands do not compare favourably with other Pacific Island countries. Maternal mortality remains high (130 deaths per 100,000 live births), while the reported contraceptive prevalence rate (CPR) is among the lowest in the region.

A political conflict between migrant and indigenous groups erupted in the capital in 1999, resulting in the total breakdown of law and order. A regional military force led by Australia intervened in 2003 and has re-established stability. The conflict affected all government and public services, including health services.

A National Population Policy was formulated some years ago but implementation has been stalled. A new National Health Plan is being developed. However, most goals of the International Conference on Population and Development remain to be achieved.

The government has formulated a National Economic Recovery, Reform and Development Plan 2003-2006. Restoring basic social services in health and education is a top priority. The plan focuses on reducing maternal and infant mortality, increasing immunization rates and contraceptive use and educating the girl child. School-based bodies, known as Teacher Committees, have been instrumental in advancing the adolescent reproductive health agenda through the school system.

The threat of HIV/AIDS has resulted in the development of new policies and strategies to strengthen and revitalize disease prevention, control and surveillance. Human resource development in health is a government priority. A number of doctors are undertaking postgraduate training in internal medicine, obstetrics and gynaecology. The Ministry of Health has also established a six-month midwifery course.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	164.0	246.6
Population in Thousands, Female	152.8	231.1
Population Growth Rate, %	na	2.5
Crude Birth Rate per 1,000 Population	37.6	36.3
Crude Death Rate per 1,000 Population	8.5	6.9
Urban Population, %	13.7	17.1
Sex Ratio at Birth, Male Births per Female Births	1.09	1.09
Women 15-49, %	45.9	50.6
Total Fertility Rate per Woman 15-49	5.55	4.67
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	6.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	130
MMR, Lower Bound	● ▲ na	33
MMR, Upper Bound	● ▲ na	240
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	12.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 37.7	32.8
Under Age 5 Mortality Rate, Total	● ▲ 63	55
Under Age 5 Mortality Rate, Female	● ▲ na	30
Under Age 5 Mortality Rate, Male	● ▲ na	31
Life Expectancy at Birth, Total, Years	● ▲ 60.9	62.8
Life Expectancy at Birth, Female, Years	● ▲ 61.5	63.6
Life Expectancy at Birth, Male, Years	● ▲ 60.3	62.1
Median Age of Total Population	● ▲ 16.8	19.2
Population 60 Years and Over, %	● ▲ 4.5	4.2
Dependency Ratio	● ▲ 94	76

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.47	27.03	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,639
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	61	70
Antenatal Care, At Least One Visit, %		92	92
Deliveries Attended by Skilled Attendants, %	●▲	85	85
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education	▲	0.80	0.80
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	92	92
Primary School Enrolment, Gross % of School Age Population, Female	●▲	79	79
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	17	17
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	11	11
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		20.6	21.0
Age-Specific Fertility Rate per 1,000 Women, 15-20		80.0	45.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		25.0	25.0
Mean Age at Marriage, Female		21.2	21.2
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	90.2
Labor Force Participation Rate, 15-64, Female		na	83.7
Seats in Parliament Held by Women, %		na	0.0
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	53.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	34.8
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % na/na

No Education, Primary, % na

Highest Level of Education, % na

Provincial Low/High, % na/na

Poorest/Richest Quintile, % na/na

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Malnourished Women:

Poorest/Richest Quintile, % na/na

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % na/na

Sri Lanka



Overview

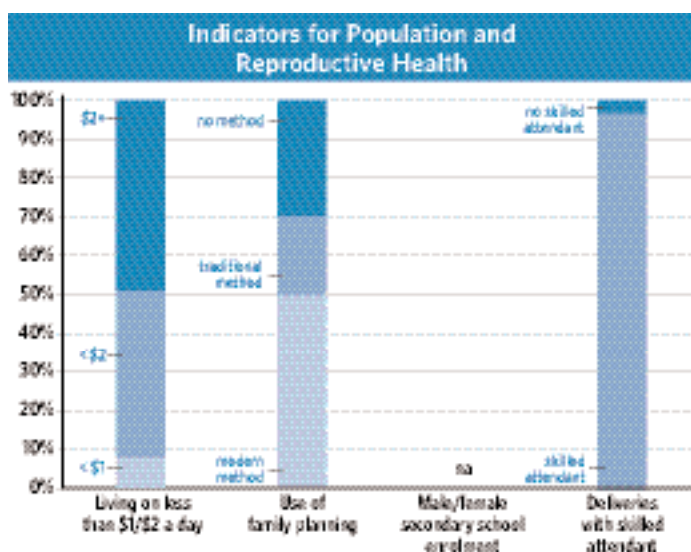
Sri Lanka, with a total fertility rate of 2.2 lifetime births per woman and a population growth rate of 0.83 per cent per annum, has one of the lowest levels of poverty among South Asian countries. The impact of armed conflict in the north and east of the country for nearly two decades is gradually receding. However, levels of poverty tend to vary widely throughout the country.

A major challenge in Sri Lanka is to meet the needs of young people along with those of an ageing population. Currently, 18 per cent of the population of 20.7 million is between the ages of 15 and 24. However, access to youth friendly reproductive health information and services is limited. Sri Lanka is also ageing at a rapid pace and by the year 2025, roughly one person in five will be over 60 years of age. The Well Women's Clinic programme through the national health system, provides reproductive health care to women over the age of 35.

Sri Lanka is a low prevalence country for HIV/AIDS. The government, under the National Strategic Plan for Prevention and Control of HIV/AIDS 2002-06, aims to take early action in view of various risk factors that exist in the country. These factors include high-risk behaviour among young people, workers returning from high prevalence areas abroad and significant male and female commercial sex work.

Developments in the area of gender include the drafting of a Women's Rights Bill and efforts being made to convert the National Committee on Women to a National Commission, vested with more powers to monitor the implementation of the Women's Charter. A bill on domestic violence has been prepared and will be presented to the Parliament.

Sri Lanka was one of the countries worst affected by the tsunami tragedy, which struck on 26 December 2004, killing 30,000. UNFPA support to the tsunami-affected communities includes reconstruction and rehabilitation of health facilities to revitalize reproductive health services, psycho-social support and interventions to address gender issues particularly domestic violence.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	9,113.7	10,541.4
Population in Thousands, Female	8,671.9	10,201.5
Population Growth Rate, %	na	0.8
Crude Birth Rate per 1,000 Population	20.9	17.1
Crude Death Rate per 1,000 Population	5.9	6.1
Urban Population, %	21.3	21.0
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	52.0	55.2
Total Fertility Rate per Woman 15-49	2.58	2.22
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	43.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	66.1
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 140	92
MMR, Lower Bound	● ▲ na	46
MMR, Upper Bound	● ▲ na	180
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	11.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 25.2	15.8
Under Age 5 Mortality Rate, Total	● ▲ 28	18
Under Age 5 Mortality Rate, Female	● ▲ na	16
Under Age 5 Mortality Rate, Male	● ▲ na	30
Life Expectancy at Birth, Total, Years	● ▲ 70.8	74.5
Life Expectancy at Birth, Female, Years	● ▲ 73.6	77.3
Life Expectancy at Birth, Male, Years	● ▲ 68.7	72.0
Median Age of Total Population	● ▲ 24.2	29.6
Population 60 Years and Over, %	● ▲ 8.3	10.7
Dependency Ratio	● ▲ 60	46

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.80	15.57	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.1/2.8
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	2.1/3.2 Metro Colombo/Dry zone, rain fed
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	36.5/29.9
No Education, Primary	52.3
Highest Level of Education	32.0
Provincial Low/High	1.9/21.7 Jaffna/Badulla
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	34.0/31.8
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	4.0/5.1
No Education, Primary, %	78.7

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	3,776
Gross Domestic Product Growth Rate, Annual %		4	6
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	7.6
Population Living Below National Poverty Line, %	▲	20.0	25.0
Share of Income or Consumption by Poorest Quintile		na	3.5
Access to Improved Water Supply, %	▲	60	78
Antenatal Care, At Least One Visit, %		86	98
Deliveries Attended by Skilled Attendants, %	●▲	85	97
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	69.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		7	5
Illiteracy Rate, % of Population 15 and Over, Female		15	9
Illiteracy Rate, % of Population 15 to 24, Male		4	3
Illiteracy Rate, % of Population 15 to 24, Female		6	3
Ratio of Girls to Boys, Primary Education	▲	0.93	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	1.03
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	111
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	110
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	84
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	89
Children Underweight Under 5, Male, %		na	32
Children Underweight Under 5, Female, %		na	33
Stunted Children under 5, Severe, %		na	4
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		29.0	25.0
Refugees, Number		na	30
Internally Displaced Persons, Number		na	386,104
Asylum Seekers, Number		na	6
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	0.1
Estimated HIV Prevalence, 15-49, Female		na	0.0

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.5	17.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		38.0	18.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	27.9
Mean Age at Marriage, Female		na	24.4
Married by 18, Percent, Female, 25-49		na	18.9
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.0
HIV Prevalence, 15-24, Female	▲	na	0.0
HIV Prevalence, 15-24, Male	▲	na	0.0

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.3
Gender Empowerment Measure, Rank		na	74.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		77.9	76.8
Labor Force Participation Rate, 15-64, Female		45.3	35.6
Seats in Parliament Held by Women, %		5.0	4.4
Female Legislators, Senior Officials and Managers, %		na	4.0
Female Professional and Technical Workers, %		na	49.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	403.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	7.0
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	73.8	
Provincial Low/High, %	2.5/8.4	South-W, lowlands/ Dry zone, rain fed
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	95.6/85.8	
No Education, Primary, %	63.9	
Highest Level of Education, %	92.4	
Provincial Low/High, %	76.4/98.1	Dry Zone, rain fed/Metro Colombo
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	41.0/40.5	
No Education, Primary, %	43.7	
Highest Level of Education, %	36.5	
Provincial Low/High, %	34.0/45.3	South-W, lowlands/ Upper S, Central-hill
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	3.5/6.7	
No Education, Primary, %	16.8	
Highest Level of Education, %	3.8	
Provincial Low/High, %	3.5/9.1	South-W, lowlands/ Upper S, Central-hill
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

Thailand



Overview

Thailand, with its current estimated population of over 64 million, has been recognised around the world for its successful family planning programme. In only 25 years, the country moved from a pro-natalist stance to a contraceptive-friendly society. The total fertility rate is at replacement level — 2.1 lifetime births per woman and the contraceptive prevalence rate for modern methods among reproductive-age women is high at 70 per cent.

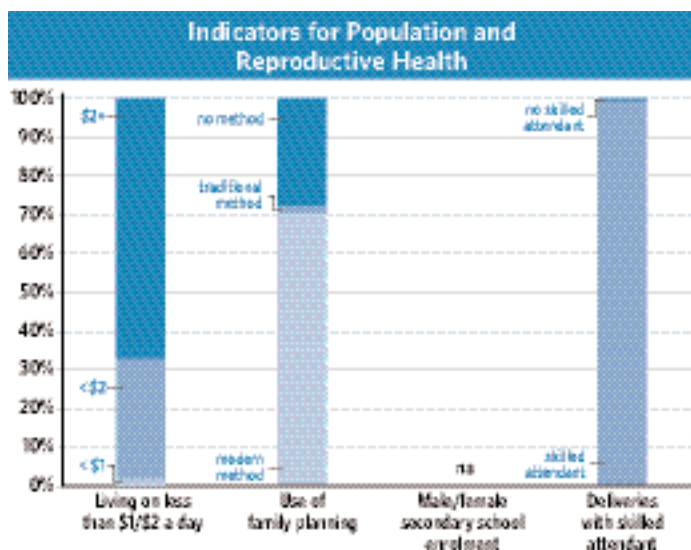
In 1997 the government launched the National Reproductive Health Policy focusing on a wide range of issues including family planning, maternal and child health, HIV/AIDS, reproductive tract infections and cancers, sex education, adolescent reproductive health, infertility, and elderly health. The integration of family planning into the national public health service system proved to be a successful implementation strategy.

The National Economic and Social Development Plan (2002-2006) outlines current priorities: maintaining the fertility rate at replacement level; ensuring that 80 per cent of all population age groups have good reproductive health according to established standards; and reducing rural to urban migration.

In October 2001, the government initiated a low cost Universal Health Care Policy nationwide, focusing on the 20 per cent of the population uninsured by any scheme. Low-income earners are able to pay a nominal fee per visit at government hospitals. As of January 2004, 45 million people were covered by this scheme.

There remains a considerable unmet need for family planning and other reproductive health services among single women, men, adolescents and youth, hill tribes and migrant workers, since such services have been directed at married women.

Although Thailand has demonstrated strong political commitment and promotes a multi-sectoral approach, the country faces socioeconomic and epidemiological consequences as large numbers of people are living with HIV/AIDS. Up to one million people are infected with HIV, and AIDS is a leading cause of death. Challenges for the country include reviving intensive HIV prevention efforts, providing care and support to people living with AIDS and maintaining political commitment.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	27,188.0	31,543.2
Population in Thousands, Female	27,450.9	32,689.6
Population Growth Rate, %	na	0.8
Crude Birth Rate per 1,000 Population	20.7	18.2
Crude Death Rate per 1,000 Population	6.0	7.2
Urban Population, %	29.4	32.5
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	54.8	55.3
Total Fertility Rate per Woman 15-49	2.26	2.06
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	69.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	72.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 200	44
MMR, Lower Bound	● ▲ na	22
MMR, Upper Bound	● ▲ na	88
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	13.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 33.1	18.4
Under Age 5 Mortality Rate, Total	● ▲ 37	23
Under Age 5 Mortality Rate, Female	● ▲ na	19
Under Age 5 Mortality Rate, Male	● ▲ na	31
Life Expectancy at Birth, Total, Years	● ▲ 68.0	70.7
Life Expectancy at Birth, Female, Years	● ▲ 70.8	74.3
Life Expectancy at Birth, Male, Years	● ▲ 65.4	67.3
Median Age of Total Population	● ▲ 23.4	30.5
Population 60 Years and Over, %	● ▲ 6.3	10.5
Dependency Ratio	● ▲ 56	45

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.10	63.41	2.59	333.51

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.7/2.4
No Education, Primary	3.5
Highest Level of Education	1.4
Provincial Low/High	1.7/3.1 Bangkok/South
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	27.0/41.0
No Education, Primary	54.0
Highest Level of Education	19.0
Provincial Low/High	20.0/44.0 Bangkok/Northeast
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	24.8/61.1
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	4.1/12.2
No Education, Primary, %	29.1

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	7,580
Gross Domestic Product Growth Rate, Annual %	8	6
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ 18.0	18.0
Share of Income or Consumption by Poorest Quintile	na	2.5
Access to Improved Water Supply, %	▲ 72	85
Antenatal Care, At Least One Visit, %	53	86
Deliveries Attended by Skilled Attendants, %	●▲ 71	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	75.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	5	2
Illiteracy Rate, % of Population 15 and Over, Female	11	5
Illiteracy Rate, % of Population 15 to 24, Male	1	0
Illiteracy Rate, % of Population 15 to 24, Female	2	1
Ratio of Girls to Boys, Primary Education	▲ 0.94	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	0.94
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	99
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	95
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	77
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	77
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	28.0	19.0
Refugees, Number	63,600	119,053
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	2,657
Estimated HIV Prevalence, 15-49, Total	na	1.5
Estimated HIV Prevalence, 15-49, Male	na	2.1
Estimated HIV Prevalence, 15-49, Female	na	1.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	21.5	17.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	58.0	47.5
Median Age at First Sexual Intercourse, Female, 25-49	na	20.5
Mean Age at Marriage, Male	26.0	26.0
Mean Age at Marriage, Female	23.5	23.5
Married by 18, Percent, Female, 25-49	na	25.1
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	1.4
HIV Prevalence, 15-24, Female	▲ na	1.7
HIV Prevalence, 15-24, Male	▲ na	1.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	57.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	87.7	81.1
Labor Force Participation Rate, 15-64, Female	76.3	65.0
Seats in Parliament Held by Women, %	4.0	10.6
Female Legislators, Senior Officials and Managers, %	na	27.0
Female Professional and Technical Workers, %	na	55.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	524.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	2.9
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	2.7	
Provincial Low/High, %	3.9/17.2	Bangkok/South
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	97.1/63.0	
No Education, Primary, %	45.3	
Highest Level of Education, %	94.9	
Provincial Low/High, %	54.4/98.2	Northeast/Bangkok
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	64.7/63.4	
No Education, Primary, %	54.9	
Highest Level of Education, %	59.4	
Provincial Low/High, %	43.8/70.2	South/North
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.6/4.8	
No Education, Primary, %	10.7	
Highest Level of Education, %	1.7	
Provincial Low/High, %	0.4/4.9	Bangkok/North and North East
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

Timor-Leste, Democratic Republic of

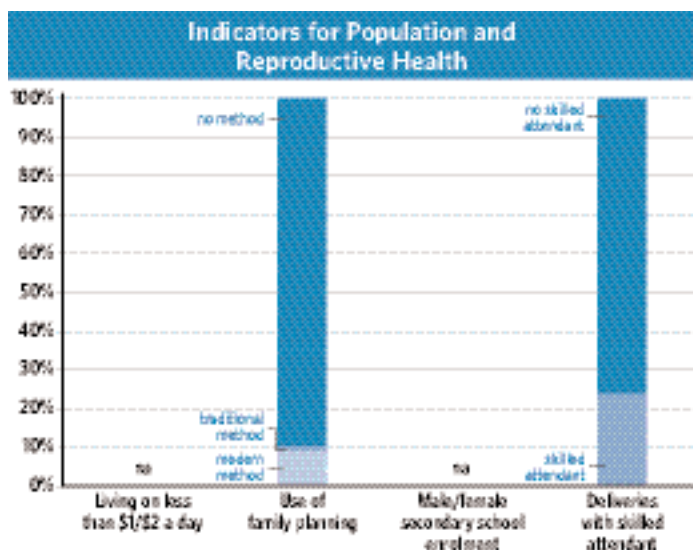
Overview

As the world's newest nation, 2003 was the first full year of independence for The Democratic Republic of Timor-Leste. National institutions were still in the process of formation. Recent history, particularly the transition to independence, was extremely costly in human and economic terms. About 70 per cent of the country's infrastructure was destroyed and almost 75 per cent of the country's population of 947,000 was displaced. Timor-Leste is the poorest country in Asia and has been designated one of the least developed countries by the United Nations.

Timor-Leste can still be classified as a post-conflict country. Violence continues to manifest itself in a number of ways, including high rates of domestic violence and sexual assault. New legislation on domestic violence has been approved by the Council of Ministers and is awaiting adoption by the National Assembly.

There is a dearth of reliable, up-to-date data on all aspects of national life, but these gaps are gradually being corrected. The first National Population and Housing Census was conducted in 2004 and a Multiple Indicator Cluster Survey (MICS) was recently carried out by UNICEF. The total fertility rate is estimated at 6.1 lifetime births per woman, one of the world's highest. The population remains young, with 41 per cent under age 15 and only 5 per cent age 60 and over. A National Family Planning Policy has been approved by the Minister of Health and is awaiting approval by the Council of Ministers.

The maternal mortality ratio (MMR) is estimated to be about 660 deaths per 100,000 live births. The government's national development plan considers the reduction of the MMR to be a national priority. The 2002 Health Policy Framework addresses safe motherhood in terms of service delivery standards and human resource policy for basic services to reduce maternal deaths. The highly publicized "Motorbikes for Midwives" campaign provides greater mobility for professional midwives in this mountainous country with many remote settlements and a limited number of health facilities.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	383.0	491.7
Population in Thousands, Female	357.2	455.3
Population Growth Rate, %	na	5.4
Crude Birth Rate per 1,000 Population	40.0	28.1
Crude Death Rate per 1,000 Population	18.0	12.1
Urban Population, %	7.8	7.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	50.4	47.0
Total Fertility Rate per Woman 15-49	4.98	6.08
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	660
MMR, Lower Bound	● ▲ na	170
MMR, Upper Bound	● ▲ na	1,200
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	40.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 149.6	87.4
Under Age 5 Mortality Rate, Total	● ▲ 197	124
Under Age 5 Mortality Rate, Female	● ▲ na	179
Under Age 5 Mortality Rate, Male	● ▲ na	186
Life Expectancy at Birth, Total, Years	● ▲ 45.2	56.4
Life Expectancy at Birth, Female, Years	● ▲ 46.6	57.6
Life Expectancy at Birth, Male, Years	● ▲ 44.9	55.4
Median Age of Total Population	● ▲ 19.3	18.4
Population 60 Years and Over, %	● ▲ 3.6	5.0
Dependency Ratio	● ▲ 77	78

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
6.20	30.03	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	-2
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲	na
Population Living Below National Poverty Line, %	▲	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲	52
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲	na
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲	na
Ratio of Girls to Boys, Secondary Education	▲	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	3
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	12
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.2	23.6
Age-Specific Fertility Rate per 1,000 Women, 15-20	49.0	175.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲	na
HIV Prevalence, 15-24, Female	▲	na
HIV Prevalence, 15-24, Male	▲	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	90.3
Labor Force Participation Rate, 15-64, Female	na	77.6
Seats in Parliament Held by Women, %	na	26.1
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	168.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	54.9
Unmet Need for Family Planning, Spacing, %	●	na
Unmet Need for Family Planning, Limiting, %	●	na
Unmet Need for Family Planning, Total, %	●	na
Unmet Need for Family Planning, Thousands	●	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Tonga

Overview

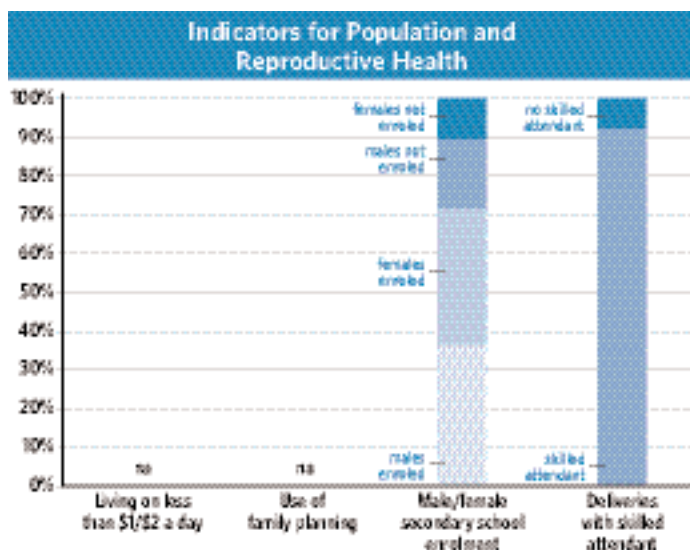
The estimated population of Tonga in 2004 was 102,300 with an annual growth rate of 0.3 per cent. As in other Polynesian countries, the low rate of population growth in Tonga is due to on-going emigration, largely to New Zealand, Australia and the U.S. The total fertility rate is currently reported at 3.9 births per woman, with a natural population increase of 2.3 per cent per year. The population remains youthful: 21 per cent are between the ages of 15 and 24.

Since the International Conference on Population and Development, Tonga has made efforts to integrate population concerns into development strategies. A National Population Policy has been under discussion for some years but has yet to be formalized. Emigration is a significant factor in the economy due to the large in-flow of remittances.

The government provides health services free of charge and access to care is generally good. As a result, the vast majority of pregnant women attend antenatal clinics, 91 per cent deliver in a health facility and 92 per cent of all deliveries are attended by trained staff.

School-based bodies, known as Health Science Committees, have been instrumental in advancing adolescent reproductive health through the school system. The introduction of adolescent reproductive health counseling and services in school-based clinics is being piloted in three secondary schools.

HIV prevalence in Tonga is low, with only 13 known cases over the last 10 years and only two people reportedly living with HIV today. HIV surveillance is good and more than 3,000 HIV tests were carried out in 2002 as part of a screening programme for blood donors, government employees, visa applicants and pregnant women. HIV counseling and testing for patients diagnosed with sexually transmitted infections are limited.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	47.7	52.2
Population in Thousands, Female	46.7	50.1
Population Growth Rate, %	na	0.3
Crude Birth Rate per 1,000 Population	30.2	24.6
Crude Death Rate per 1,000 Population	6.1	6.0
Urban Population, %	na	na
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.5	48.3
Total Fertility Rate per Woman 15-49	4.66	3.91
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	10.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 26.5	20.1
Under Age 5 Mortality Rate, Total	● ▲ 31	24
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ 69.6	72.5
Life Expectancy at Birth, Female, Years	● ▲ 71.1	73.9
Life Expectancy at Birth, Male, Years	● ▲ 68.5	71.3
Median Age of Total Population	● ▲ 19.7	21.8
Population 60 Years and Over, %	● ▲ 7.0	8.8
Dependency Ratio	● ▲ 78	72

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.07	66.89	3.81	192.20

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,975
Gross Domestic Product Growth Rate, Annual %		na	3
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	100
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	●▲	na	92
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	1
Illiteracy Rate, % of Population 15 and Over, Female		na	1
Illiteracy Rate, % of Population 15 to 24, Male		na	1
Illiteracy Rate, % of Population 15 to 24, Female		na	1
Ratio of Girls to Boys, Primary Education	▲	0.92	0.87
Ratio of Girls to Boys, Secondary Education	▲	na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	114
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	111
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	96
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	111
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		22.7	20.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		20.5	11.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		27.1	27.1
Mean Age at Marriage, Female		24.8	24.8
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		77.5	77.5
Labor Force Participation Rate, 15-64, Female		37.8	43.5
Seats in Parliament Held by Women, %		na	0.0
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	1.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	7.3
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Tuvalu

Overview

Tuvalu consists of nine widely scattered atolls with an estimated total population of 10,000 in 2005. A steady rate of emigration has resulted in little population growth over the past decade, and population projections suggest that by 2015 the population will be only slightly higher than it is today. The population is growing by under .5 per cent per year and the total fertility rate is 3.8 births per woman.

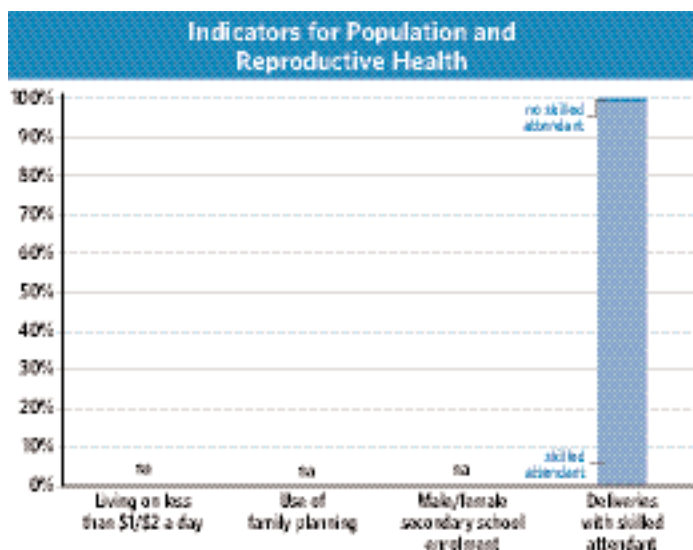
The total land area of the country is only 26 sq km, and the Capital of Funafuti has only 2.8 sq km of land. The low-lying atolls of Tuvalu are highly vulnerable to sea level surges caused by storms, spring tides, and tropical cyclones. The dire consequences of a rise in the sea level caused by "global climate change" are of great concern.

The country's low per capita income and its extreme vulnerability to both climatic and economic forces mean that it is classified as a least developed country and a priority for UNFPA assistance.

Access to basic health services and formal education in Tuvalu is virtually universal and life expectancy at birth is 64 years. The slow population growth rate and declining dependency ratio have facilitated improvements in the quality of services. However, the capacity of public services is extremely limited and the health service struggles to meet the demands.

The government's National Population Policy aims to: reduce the population growth rate; achieve sustainable population distribution between rural and urban areas; and improve the health and welfare of the population, with an emphasis on reproductive and sexual health and family planning.

New multipurpose youth centres were established with UNFPA funding. Population and reproductive health challenges include relatively high fertility and poor maternal health, sexually transmitted diseases and reproductive tract cancers (especially cervical cancer) and the threat of HIV/AIDS.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	na	na
Population in Thousands, Female	na	na
Population Growth Rate, %	na	na
Crude Birth Rate per 1,000 Population	na	27.1
Crude Death Rate per 1,000 Population	na	9.9
Urban Population, %	na	na
Sex Ratio at Birth, Male Births per Female Births	na	na
Women 15-49, %	na	na
Total Fertility Rate per Woman 15-49	na	3.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	22.0
Infant Mortality Rate per 1,000 Live Births	● ▲ na	34.0
Under Age 5 Mortality Rate, Total	● ▲ na	na
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ na	63.6
Life Expectancy at Birth, Female, Years	● ▲ na	64.7
Life Expectancy at Birth, Male, Years	● ▲ na	62.4
Median Age of Total Population	● ▲ na	na
Population 60 Years and Over, %	● ▲ na	na
Dependency Ratio	● ▲ na	72

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
na	na	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	na
Gross Domestic Product Growth Rate, Annual %		na	na
Income Group per World Bank Classification		na	na
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	93
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	●▲	na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education	▲	0.91	0.85
Ratio of Girls to Boys, Secondary Education	▲	na	0.81
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	96
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	109
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	87
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	81
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		na	na
Age-Specific Fertility Rate per 1,000 Women, 15-20		na	na
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	na
Labor Force Participation Rate, 15-64, Female		na	na
Seats in Parliament Held by Women, %		na	na
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	na
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	na
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Vanuatu

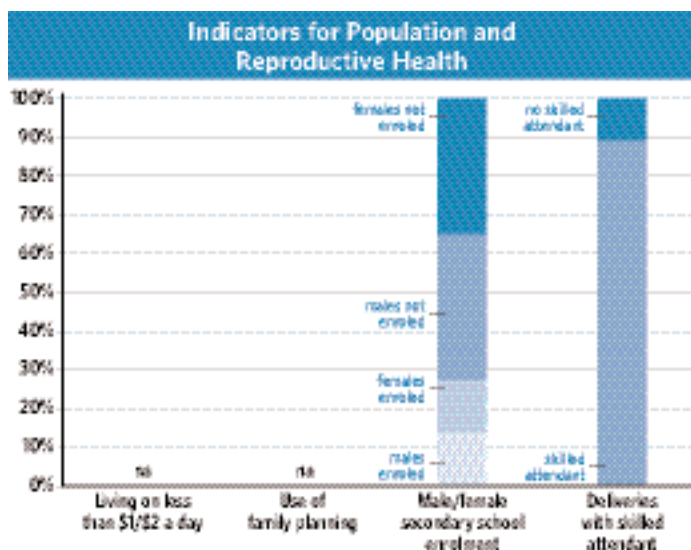
Overview

The population of Vanuatu was estimated at 211,400 in 2005, with an annual growth rate of 1.9 per cent. One-fifth of the population is between 15 and 24 years old and the total fertility rate is 4.3 births per woman.

Due to its low per capita income and poor development indicators, Vanuatu is classified as a least developed country. Rural-urban disparities in services, together with limited economic opportunities in the rural areas, have encouraged migration to urban centres. However, the country remains predominantly rural with 80 per cent of the population residing in rural areas.

Since the International Conference on Population and Development, efforts have been made to integrate population concerns into development strategies. Vanuatu developed a National Population Policy with the main objectives of addressing population growth and ensuring people-centred sustainable development. National development strategies, as outlined in the Comprehensive Reform Programme, emphasize the importance of improving access to education, health care and employment, especially for women.

A UNFPA-funded regional adolescent reproductive health programme has helped schools strengthen existing school-based clinics, improving services and incorporating counseling. Support was also provided to an out-of-school programme to strengthen the operations and functions of existing youth clinics.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	77.0	107.7
Population in Thousands, Female	72.5	103.6
Population Growth Rate, %	na	1.9
Crude Birth Rate per 1,000 Population	36.8	33.7
Crude Death Rate per 1,000 Population	7.4	5.3
Urban Population, %	18.5	23.7
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	47.6	50.3
Total Fertility Rate per Woman 15-49	4.94	4.31
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 280	130
MMR, Lower Bound	● ▲ na	16
MMR, Upper Bound	● ▲ na	65
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	19.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 47.6	31.3
Under Age 5 Mortality Rate, Total	● ▲ 47	38
Under Age 5 Mortality Rate, Female	● ▲ na	39
Under Age 5 Mortality Rate, Male	● ▲ na	32
Life Expectancy at Birth, Total, Years	● ▲ 63.5	69.2
Life Expectancy at Birth, Female, Years	● ▲ 64.8	71.2
Life Expectancy at Birth, Male, Years	● ▲ 61.8	67.5
Median Age of Total Population	● ▲ 18.1	19.6
Population 60 Years and Over, %	● ▲ 5.3	5.1
Dependency Ratio	● ▲ 91	76

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.80	32.38	9.41	1233.86

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.8/5.1
No Education, Primary	3.8
Highest Level of Education	na
Provincial Low/High	4.0/5.9 Shefa/Torba
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	17.0/29.0
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	21.0/39.0 Shefa/Torba
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,924
Gross Domestic Product Growth Rate, Annual %	na	2
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 71	60
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ 67	89
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ 0.89	0.99
Ratio of Girls to Boys, Secondary Education	▲ na	0.77
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	113
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	113
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	27
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	29
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.5	20.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	66.5	47.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.3	25.3
Mean Age at Marriage, Female	22.6	22.6
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	89.7	89.7
Labor Force Participation Rate, 15-64, Female	80.2	80.2
Seats in Parliament Held by Women, %	4.0	1.9
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	20.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	30.6
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Viet Nam



Overview

Viet Nam's population is estimated at 84.2 million. The country's Comprehensive Poverty Reduction and Growth Strategy (CPRGS) was approved in 2002. It translates the government's long-term socio-economic development strategies into concrete measures for implementation. The CPRGS emphasizes human resource development and poverty reduction, giving priority to health and education, environmental protection, prevention of HIV/AIDS, gender equality and improvement of the life of ethnic minorities.

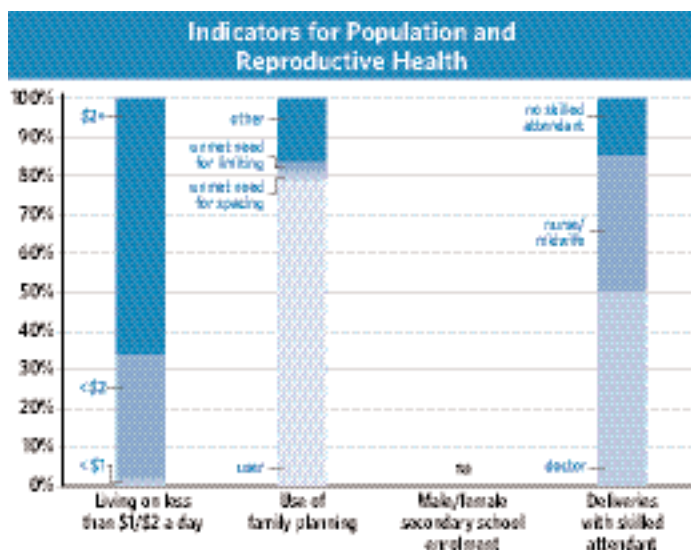
Progress has been made in the health sector. The total fertility rate fell from 3.7 lifetime births per woman in 1990 to 2.9 in 2005. The contraceptive prevalence rate in 2002 was high, at 78.5 per cent for all methods and 56.7 per cent for modern methods. The abortion rate, however, is still among the highest in the world.

Problems remain. The maternal mortality ratio (MMR) for 2000 was estimated to be 130 deaths per 100,000 live births. However, a national study for the same period revealed a MMR of 165 per 100,000 live births with a much higher figure reported in mountainous and remote areas. In response, the Ministry of Health approved the national Safe Motherhood Master Plan for 2003-2010, and, with UNFPA's assistance, endorsed national guidelines and standards for reproductive health services.

In 2003, the government endorsed a new Population Ordinance, which focuses more on informed choice and quality of services. Though couples are encouraged to have 'small families', they are not limited to two children.

In April 2004, the government approved the 'National Strategy for HIV/AIDS Prevention and Control up to 2010 with a vision to 2020'. While HIV/AIDS prevalence is low, at 0.4 per cent of adults, the pandemic is spreading to the general population and is no longer confined to groups with high-risk behaviour. Some 24 per cent of reported HIV cases are among 15-24 year olds.

Though disparities in education exist, especially between rural and urban areas, sexual and reproductive health issues are now being incorporated into secondary school curricula.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	32,991.3	42,067.6
Population in Thousands, Female	33,215.0	42,170.7
Population Growth Rate, %	na	1.3
Crude Birth Rate per 1,000 Population	30.3	21.5
Crude Death Rate per 1,000 Population	8.2	5.9
Urban Population, %	20.3	26.7
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	48.2	56.5
Total Fertility Rate per Woman 15-49	3.66	2.90
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	35.3	56.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	53.2	78.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 160	130
MMR, Lower Bound	● ▲ na	32
MMR, Upper Bound	● ▲ na	240
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	15.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 48.0	27.7
Under Age 5 Mortality Rate, Total	● ▲ 60	35
Under Age 5 Mortality Rate, Female	● ▲ na	37
Under Age 5 Mortality Rate, Male	● ▲ na	52
Life Expectancy at Birth, Total, Years	● ▲ 64.7	71.1
Life Expectancy at Birth, Female, Years	● ▲ 66.8	73.1
Life Expectancy at Birth, Male, Years	● ▲ 63.0	69.1
Median Age of Total Population	● ▲ 20.2	24.9
Population 60 Years and Over, %	● ▲ 7.3	7.5
Dependency Ratio	● ▲ 78	54

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.50	6.63	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.4/2.0
No Education, Primary	2.8
Highest Level of Education	1.4
Provincial Low/High	1.5/2.9 Southeast/Central Highlands
Poorest/Richest Quintile	3.1/1.6

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	12.1/26.9
No Education, Primary	58.6
Highest Level of Education	13.2
Provincial Low/High	11.3/40.9 Southeast/Northern Uplands
Poorest/Richest Quintile, %	39.3/13.8

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	52.9/15.8
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	10.0/28.0
Poorest/Richest Quintile	51.0/11.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	1.6/3.7
No Education, Primary, %	7.5

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,490
Gross Domestic Product Growth Rate, Annual %	5	7
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	50.9
Share of Income or Consumption by Poorest Quintile	na	3.6
Access to Improved Water Supply, %	▲ 50	73
Antenatal Care, At Least One Visit, %	73	68
Deliveries Attended by Skilled Attendants, %	●▲ 90	85
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	76.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	70.0
Illiteracy Rate, % of Population 15 and Over, Male	6	5
Illiteracy Rate, % of Population 15 and Over, Female	13	8
Illiteracy Rate, % of Population 15 to 24, Male	6	4
Illiteracy Rate, % of Population 15 to 24, Female	6	4
Ratio of Girls to Boys, Primary Education	▲ na	0.91
Ratio of Girls to Boys, Secondary Education	▲ na	0.89
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	105
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	97
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	75
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	70
Children Underweight Under 5, Male, %	na	31
Children Underweight Under 5, Female, %	na	35
Stunted Children under 5, Severe, %	na	12
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	27.0	19.0
Refugees, Number	16,300	15,360
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	0.4
Estimated HIV Prevalence, 15-49, Male	na	0.6
Estimated HIV Prevalence, 15-49, Female	na	0.3

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	20.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	46.5	19.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	24.4	24.4
Mean Age at Marriage, Female	23.1	23.1
Married by 18, Percent, Female, 25-49	na	13.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	60
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	63.0
HIV Prevalence, 15-24, Total	▲ na	0.2
HIV Prevalence, 15-24, Female	▲ na	0.2
HIV Prevalence, 15-24, Male	▲ na	0.3

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	86.0
Labor Force Participation Rate, 15-64, Female	na	79.4
Seats in Parliament Held by Women, %	18.0	27.3
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	5,409.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	20.3
Unmet Need for Family Planning, Spacing, %	● na	2.0
Unmet Need for Family Planning, Limiting, %	● na	2.8
Unmet Need for Family Planning, Total, %	● na	4.8
Unmet Need for Family Planning, Thousands	● na	0.9

Highest Level of Education	0.5
Provincial Low/High, %	1.8/4.8 Central Highlands/Central Coast
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	99.0/82.2
No Education, Primary, %	41.6
Highest Level of Education, %	96.8
Provincial Low/High, %	55.9/100.0 Northern Uplands/Red River Delta
Poorest/Richest Quintile, %	58.1/99.7
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	54.9/57.1
No Education, Primary, %	53.9
Highest Level of Education, %	54.1
Provincial Low/High, %	41.6/59.4 Central Highlands/Red River Delta
Poorest/Richest Quintile, %	57.9/51.6
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	5.5/3.0
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	6.2/1.9

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	90.6/98.1
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	93.0/98.2
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	67.7/99.5

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

3:

The Arab States region is home to some 320 million people living in 22 countries that stretch from Morocco and Algeria in the west to Yemen and Oman in the east. Diverse cultural, social, economic, ethnic and political dynamics co-exist within the region, and development progress has been uneven both between and within countries.

Some countries are advancing well toward meeting the eight Millennium Development Goals (MDGs). The least developed countries, which represent 22 per cent of the population of the region, and rural areas have generally fared poorly. Many countries lack relevant or reliable data. Better, and more standardized, statistics are needed to document progress, mobilize political will and design evidence-based reforms. A number of regional initiatives are underway or being planned to provide reliable and comparable data, including the World Health Survey and the Pan Arab Project for Family Health, which aims to make available a comprehensive and dynamic database on family health in the region.

Over the last few decades, literacy rates and life expectancy increased throughout much of the region. Infrastructure improvements brought safe water to more than 80 per cent of the population, and sanitation to most of those living in urban areas. However, progress slowed in the 1990s and in some countries has reversed. Since 1990 the percentage of people living below \$1 per day has not improved, and the percentage living below \$2 per day has increased from 21 to 23 per cent of the population. About one out of five people in the region lives on less than \$2 a day, according to World Bank estimates.

Recent political upheavals, military conflicts and escalation of political instability have complicated development and poverty reduction. The Iraq war, the Palestinian-Israeli conflicts, the Sudan civil war and terrorist acts in many countries have resulted in considerable loss of life and property, generated psychological and economic insecurity, and increased the numbers of displaced persons. In many places, the conflict has undermined progress in civil liberties, reproductive health and the status of women. Violence against women has accelerated in areas of armed conflict.

The region once had the highest population growth rates in the world. Fertility declined significantly in the 1990s, but the growth rate is still high — about 2 per cent compared to 1.4 per cent for the less-developed world as a whole. Use of modern contraception has become more widespread. Nevertheless, because of its huge youth population, the region faces enormous growth in the coming years. The UN projects that the region will be home to some 372 million people by 2020 (compared to about 269 million in 2003, and 150 million in 1980). Concerted efforts will be needed if human progress is to keep pace.

Young people represent the fastest growing segment of Arab populations. Some 34 per cent of the region's population is below the age of 15 and the median age is 22 years. The high rates of unemployment, especially among these young people, is a key area of concern. Unemployment is generally high (at least 15 per cent of the workforce) throughout the region, according to the World Bank, and jobless rates among youth are twice the regional average in some countries. Issues related to their special needs are beginning to receive higher levels of attention and agencies (including UNFPA), governmental institutions, and civil society organizations have initiated various programmes to empower youth groups and build their capacities to influence development and population policies. Many of the Arab governments are working to expand and sustain employment opportunities by building up human capital. Many have increased spending on education, vocational training, expansion of markets and credits for small businesses.

The region as a whole has made progress on closing the gender gap in early education, one of the MDG targets. However, illiteracy and inequity persist. Some 10 million children, mostly girls, do not attend primary school. And although women's access to education has tripled since 1970, over half of adult women are illiterate. Women's participation in economic and political life is increasing, but slowly. Fewer than

The Arab States

20 per cent of women are employed in the non-agricultural sector, and women occupy only a small percentage (about 5 per cent) of legislative seats in the region. There is a growing acknowledgement of gender equality in constitutions, legislation and policies. Nevertheless, cultural, social and economic factors, as well as lack of political will, undermine their full implementation.

Tracking progress in some reproductive health areas, such as maternal mortality and HIV prevention, is difficult because of a lack of good data. Although these key issues are receiving more attention, the majority of Arab countries have not fully integrated reproductive health services within their basic health care systems. Because HIV prevalence appears to be fairly low, this is an opportune time for public awareness campaigns to keep the infection from gaining a foothold, and some countries are addressing HIV prevention among young people through training, educational materials, and establishment of youth networks.

Maternal deaths seem to diverge widely, from relative low rates in the more developed countries to more than 800 deaths per 100,000 live births in a few of the least developed Arab States. The continuing trend for women to marry and begin childbearing early may be a contributing factor to high maternal mortality. Female genital mutilation/cutting remains a common practice in a few countries of the region, although governments, religious leaders, national women's and youth groups, health professional organizations and the media are making steady progress in publicizing the health risks of and taking measures to end this harmful traditional practice.

Scarcity of water and arable land are two major resource concerns. Most of the countries below the World Bank's 'water poverty' line are in the Arab States. The amount of cultivated land per capita is declining as well, both because of population increase and desertification.

All of the Arab States still could meet the MDGs, according to UNDP, but that will demand immediate action, accelerated progress and clear development priorities. Arab governments and growing segments of civil society and the general population increasingly recognize that curbing rapid population growth, investing in girls' education and reducing high maternal mortality ratios contribute to socio-economic development and stronger families. Governments, regional organizations, the United Nations Economic and Social Commission for Western Asia (ESCWA) and the Arab League are establishing population commissions and other entities to conduct research and studies responsive to specific population and cultural dynamics and economic conditions. Another promising sign is increased activity from civil society organizations, which are spearheading numerous service delivery and reform initiatives and interacting more closely with governments and ESCWA.

Algeria



Overview

Algeria's economic performance has improved in recent years — increased prices for oil, better fiscal and monetary policies, and reduced national debt have created a positive economic outlook. The country's economic success is tempered by a labor participation rate of just 28 per cent among those of working age. Nearly a quarter (23 per cent) of Algerians live below the national poverty line. Furthermore, rural to urban migration is straining Algeria's housing and health infrastructure.

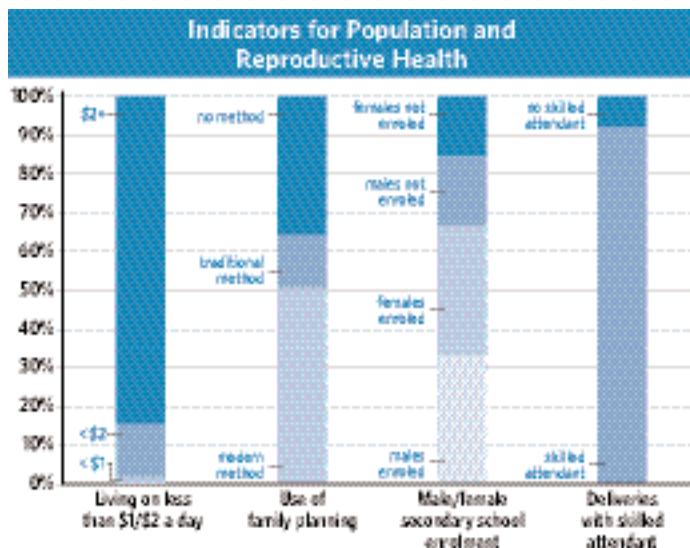
Algeria, with a population of 32.8 million, is one of 23 countries showing significant progress toward achieving the goals and targets set by the ICPD Programme of Action and MDGs.

Reproductive health indicators are improving. Infant mortality dropped from 59 per 1,000 live births in 1990 to 34 in 2005 while childhood mortality fell from 61 deaths per 1,000 in 1995 to 37 in 2005. Among women, fertility rates declined from 4.7 births per woman in 1990 to 3.6 in 2005 and the use of modern contraceptives rose from 43 per cent in 1992 to 50 per cent in 2000. Currently, trained medical practitioners attend 92 per cent of all births. Additionally, HIV/AIDS prevalence remains less than 1 per cent of the population.

Algeria is increasing primary school enrolment, but has not closed the gender gap in education — the ratio of girls-to-boys enrolment was 0.88 in 2000. More girls than boys are enrolled in secondary schools (ratio of 1.03 in 2000). But there are twice as many illiterate women (37 per cent) as men (19 per cent). And only 13 per cent of women are in the paid labor force, compared to 82 per cent of men.

A new health promotion law recognizes reproductive health as an essential component of basic health care, and domestic violence as a public health problem. UNFPA is the main provider of IUDs and condoms, and supports the training of health care providers.

In 2004, important amendments related to age at first marriage, divorce and polygamy were made to the Algerian Family Code. These more progressive amendments were endorsed by Parliament in March 2005.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	12,738.6	16,576.7
Population in Thousands, Female	12,552.1	16,277.1
Population Growth Rate, %	na	1.5
Crude Birth Rate per 1,000 Population	31.8	24.1
Crude Death Rate per 1,000 Population	6.7	5.0
Urban Population, %	51.4	60.0
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.1	57.2
Total Fertility Rate per Woman 15-49	4.71	3.55
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	42.9	50.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	46.7	64.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 160	140
MMR, Lower Bound	● ▲ na	35
MMR, Upper Bound	● ▲ na	260
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	20.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 58.9	34.2
Under Age 5 Mortality Rate, Total	● ▲ 61	37
Under Age 5 Mortality Rate, Female	● ▲ na	45
Under Age 5 Mortality Rate, Male	● ▲ na	52
Life Expectancy at Birth, Total, Years	● ▲ 66.9	71.7
Life Expectancy at Birth, Female, Years	● ▲ 68.3	73.0
Life Expectancy at Birth, Male, Years	● ▲ 65.7	70.3
Median Age of Total Population	● ▲ 18.2	24.0
Population 60 Years and Over, %	● ▲ 5.5	6.5
Dependency Ratio	● ▲ 87	52

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.20	57.30	3.55	261.14

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.1/2.7
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	29.9/33.5
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	30.0/51.0 Central/West
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,248
Gross Domestic Product Growth Rate, Annual %	3	6
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ 12.2	22.6
Share of Income or Consumption by Poorest Quintile	na	2.8
Access to Improved Water Supply, %	▲ 69	87
Antenatal Care, At Least One Visit, %	58	58
Deliveries Attended by Skilled Attendants, %	●▲ na	92
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	64.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	54.5
Illiteracy Rate, % of Population 15 and Over, Male	36	19
Illiteracy Rate, % of Population 15 and Over, Female	59	37
Illiteracy Rate, % of Population 15 to 24, Male	14	5
Illiteracy Rate, % of Population 15 to 24, Female	32	11
Ratio of Girls to Boys, Primary Education	▲ 0.81	0.88
Ratio of Girls to Boys, Secondary Education	▲ na	1.03
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	113
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	105
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	77
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	83
Children Underweight Under 5, Male, %	na	6
Children Underweight Under 5, Female, %	na	7
Stunted Children under 5, Severe, %	na	5
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	5.0	6.0
Refugees, Number	219,300	169,033
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	2
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.1
Estimated HIV Prevalence, 15-49, Female	na	0.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	22.6
Age-Specific Fertility Rate per 1,000 Women, 15-20	28.5	8.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	27.7	27.7
Mean Age at Marriage, Female	23.7	23.7
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	81.7
Labor Force Participation Rate, 15-64, Female	na	12.6
Seats in Parliament Held by Women, %	2.0	6.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	2,476.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	23.2
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	52.9/50.3
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	51.5/66.4 South/Central
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.0/1.7
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	0.7/3.2 West/South
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Bahrain



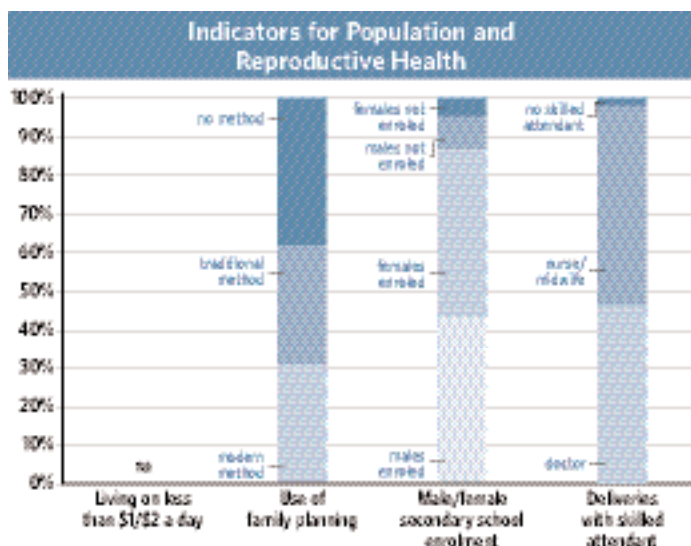
Overview

Bahrain has a strong, increasingly diversified economy, a high standard of living, and virtually no one lives in extreme poverty. Immigrants make up nearly 40 per cent of the country's 727,000 people, and account for 60 per cent of the labor force. Unemployment is about 10 per cent and is highest among the young and higher educated. Nearly three-quarters of unemployed persons with secondary education are women.

Bahrain ranks highest among all Arab States on the UNDP Human Development Index (HDI). It is making significant progress toward achieving the goals of the ICPD Programme of Action and the Millennium Development Goals. Free access to education has led to nearly 100 per cent enrolment in primary schools. Ratio of girls-to-boys primary school enrolment was .96 in 2002, and more women than men are enrolled in secondary schools. Illiteracy is low and falling, but rates for women 15 and older are nearly double that for men (14 per cent, compared to 7 per cent). Women also represent only 24 per cent of the labor force, despite being highly educated. In order to improve the workforce, the government developed job training and placement centres, revised the national syllabus, and promoted greater use of participatory teaching methods.

Reproductive health is part of the primary health care system. Nearly all births — 98 per cent — are attended by trained practitioners, modern contraceptive prevalence is about 31 per cent, and the total fertility rate is 3 lifetime births per woman. Low and falling maternal, infant and childhood mortality, and increasing life expectancy (73 years for men and 76 for women) also contribute to Bahrain's high HDI ranking.

While HIV/AIDS prevalence is only 0.2 per cent for all adults, the number of 15-49 year old women living with HIV/AIDS nearly doubled between 2001 and 2003. With a highly mobile and young population, the government is implementing public awareness and education campaigns, and in June 2004 hosted a multi-sector workshop on early responses to HIV/AIDS.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	286.2	413.9
Population in Thousands, Female	206.7	312.8
Population Growth Rate, %	na	1.6
Crude Birth Rate per 1,000 Population	28.8	23.0
Crude Death Rate per 1,000 Population	3.8	3.3
Urban Population, %	88.2	90.2
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	54.8	57.9
Total Fertility Rate per Woman 15-49	3.72	2.99
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	30.3	30.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	53.4	61.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 60	28
MMR, Lower Bound	● ▲ na	19
MMR, Upper Bound	● ▲ na	38
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	11.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 20.3	13.0
Under Age 5 Mortality Rate, Total	● ▲ 26	16
Under Age 5 Mortality Rate, Female	● ▲ na	16
Under Age 5 Mortality Rate, Male	● ▲ na	20
Life Expectancy at Birth, Total, Years	● ▲ 71.0	74.6
Life Expectancy at Birth, Female, Years	● ▲ 73.5	76.2
Life Expectancy at Birth, Male, Years	● ▲ 69.3	73.4
Median Age of Total Population	● ▲ 25.9	29.8
Population 60 Years and Over, %	● ▲ 3.7	4.5
Dependency Ratio	● ▲ 51	43

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.17	372.24	3.83	2203.69

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	4.7
Highest Level of Education	3.0
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	17,170
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	High income: non OECD
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	100	100
Antenatal Care, At Least One Visit, %		99	97
Deliveries Attended by Skilled Attendants, %	●▲	99	98
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		13	7
Illiteracy Rate, % of Population 15 and Over, Female		25	14
Illiteracy Rate, % of Population 15 to 24, Male		4	1
Illiteracy Rate, % of Population 15 to 24, Female		5	1
Ratio of Girls to Boys, Primary Education	▲	0.95	0.96
Ratio of Girls to Boys, Secondary Education	▲	na	1.01
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	97
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	97
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	93
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	99
Children Underweight Under 5, Male, %		na	7
Children Underweight Under 5, Female, %		na	11
Stunted Children under 5, Severe, %		na	3
Wasted Children under 5, Severe, %		na	0
Undernourished People, %		na	na
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	1
Estimated HIV Prevalence, 15-49, Total		na	0.2
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		16.2	15.1
Age-Specific Fertility Rate per 1,000 Women, 15-20		26.5	17.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		28.4	28.4
Mean Age at Marriage, Female		25.6	25.6
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.4
Gender Empowerment Measure, Rank		na	66.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	64.6
Labor Force Participation Rate, 15-64, Female		na	24.1
Seats in Parliament Held by Women, %		na	7.5
Female Legislators, Senior Officials and Managers, %		na	10.0
Female Professional and Technical Workers, %		na	19.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	43.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	20.9
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	93.8
Highest Level of Education, %	99.7
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	26.6
Highest Level of Education, %	36.5
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Djibouti



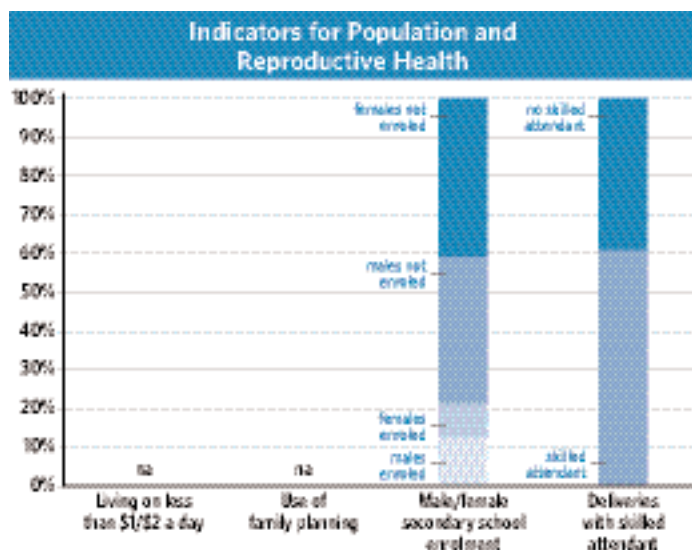
Overview

Although Djibouti is strategically located at the mouth of the Red Sea and has a large natural harbor, it has few natural resources and is dependent on foreign aid, particularly for development. Poverty is widespread with 45 per cent of the country's nearly 800,000 people living below the national poverty line and life expectancy at birth is among the lowest in the world (averaging 53 years).

Some progress is being made toward achieving the targets of the ICPD Programme of Action and the Millennium Development Goals. Since 1990, infant mortality rates dropped slightly from 115 to 88 deaths per 1,000 live births. The country is off track in terms of net primary school enrolment; fewer girls than boys are enrolled and more women than men are illiterate, even among 15-24 year olds.

An extremely youthful population (with a median age of just 19), high mobility, and flows of refugees contribute to a high prevalence of HIV/AIDS. HIV prevalence among 15-24 year olds is high at 11 per cent. Poor obstetric care, high fertility and continued practice of excision and fibulation contribute to unacceptably high maternal mortality ratios (730 deaths per 100,000 live births).

Guided by an Interim Poverty Reduction Strategy Paper, development partners, including UNFPA, the World Bank and USAID, are investing in strategies to: reduce maternal, infant and childhood mortality; contain the spread of HIV/AIDS and improve enrolment in primary schools. Projects aim to improve quality of care by training health care practitioners, strengthening referral systems, increasing access to essential medicines, including contraceptives, expanding voluntary testing and enhancing care and treatment for persons living with HIV/AIDS.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	278.2	396.5
Population in Thousands, Female	279.8	396.6
Population Growth Rate, %	na	1.8
Crude Birth Rate per 1,000 Population	42.5	42.3
Crude Death Rate per 1,000 Population	14.5	12.3
Urban Population, %	75.3	84.6
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	46.9	48.2
Total Fertility Rate per Woman 15-49	6.25	5.37
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 570	730
MMR, Lower Bound	● ▲ na	190
MMR, Upper Bound	● ▲ na	1,400
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	38.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 115.7	88.4
Under Age 5 Mortality Rate, Total	● ▲ 168	133
Under Age 5 Mortality Rate, Female	● ▲ na	168
Under Age 5 Mortality Rate, Male	● ▲ na	185
Life Expectancy at Birth, Total, Years	● ▲ 50.6	53.3
Life Expectancy at Birth, Female, Years	● ▲ 52.2	54.4
Life Expectancy at Birth, Male, Years	● ▲ 49.1	52.1
Median Age of Total Population	● ▲ 17.8	18.9
Population 60 Years and Over, %	● ▲ 4.0	4.7
Dependency Ratio	● ▲ 87	80

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.33	28.57	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.1/4.9
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	104.8/85.3
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	2,144
Gross Domestic Product Growth Rate, Annual %		na	4
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	45.1
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	43	80
Antenatal Care, At Least One Visit, %		76	76
Deliveries Attended by Skilled Attendants, %	●▲	79	61
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		33	20
Illiteracy Rate, % of Population 15 and Over, Female		60	39
Illiteracy Rate, % of Population 15 to 24, Male		18	9
Illiteracy Rate, % of Population 15 to 24, Female		36	15
Ratio of Girls to Boys, Primary Education	▲	0.71	0.75
Ratio of Girls to Boys, Secondary Education	▲	na	1.28
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	48
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	37
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	29
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	20
Children Underweight Under 5, Male, %		na	20
Children Underweight Under 5, Female, %		na	17
Stunted Children under 5, Severe, %		na	13
Wasted Children under 5, Severe, %		na	3
Undernourished People, %		na	na
Refugees, Number		28,000	27,034
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	1,660
Estimated HIV Prevalence, 15-49, Total		na	2.9
Estimated HIV Prevalence, 15-49, Male		na	2.0
Estimated HIV Prevalence, 15-49, Female		na	2.6

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		20.0	20.2
Age-Specific Fertility Rate per 1,000 Women, 15-20		70.5	53.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		27.1	27.1
Mean Age at Marriage, Female		19.3	19.3
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	11.4
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		67.2	67.2
Labor Force Participation Rate, 15-64, Female		30.2	30.2
Seats in Parliament Held by Women, %		na	10.8
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	67.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	28.6
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	8.0/0.3
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Egypt



Overview

Egypt has a population of 74 million inhabitants living on 6 per cent of its land area. It is ranked 119 on the Human Development Index and is classified as a middle-income country. Yet in 2002, 3 per cent of Egypt's population was subsisting on a dollar a day or less, struggling to meet basic needs for food, shelter and education.

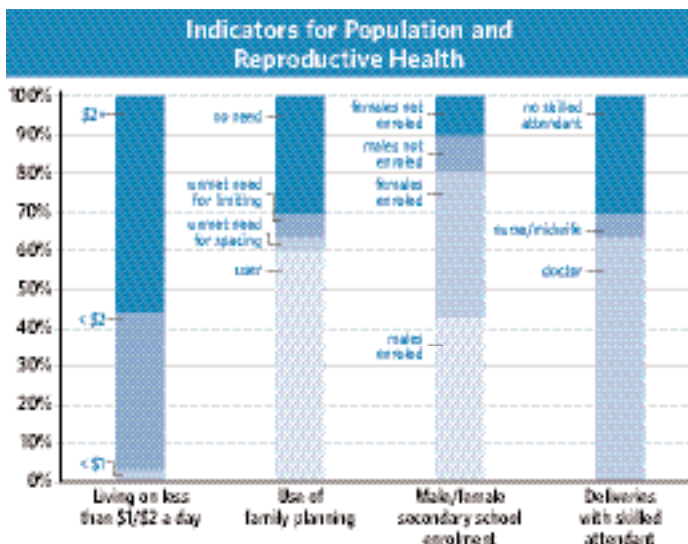
The total fertility rate is 3.7 lifetime births per woman. Fertility rates have dropped mainly because of a successful national family planning programme. Among women of reproductive age, 54 per cent are using a modern method of contraception.

About 49 per cent of mothers receive antenatal care. Almost 70 per cent of births are assisted by a skilled attendant and 60 per cent of them take place in a health care facility. The infant mortality rate has dropped to 33 per 1,000 live births.

The maternal mortality ratio has dropped significantly over the past decade, from 170 deaths per 100,000 live births in 1990 to 84 in 2000. The HIV/AIDS pandemic is classified as "low level" with just 8,100 HIV positive cases. However, female circumcision is virtually universal among women of reproductive age: eight out of ten mothers have a circumcised daughter.

Egypt is making progress towards reaching the MDG and ICPD Programme of Action goals. Gross enrolment ratios in primary schools, for instance, have improved: 95 per cent of all girls attend primary school, compared to 100 of boys.

Nevertheless, the country lags behind in empowering women and providing more equitable access to quality education. To address these inequities the government established the National Council for Women (NCW), which aims to repeal discriminatory laws and improve women's access to education and jobs. Concern about adolescent fertility motivated NGOs, development agencies and government institutions to initiate reproductive and child health education and establish adolescent reproductive health clinics. A newly formed Council for Human Rights will work to ensure that Egypt's National Development Plan adopts a human rights-based approach.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	28,020.8	37,120.0
Population in Thousands, Female	27,652.7	36,912.9
Population Growth Rate, %	na	1.9
Crude Birth Rate per 1,000 Population	31.8	27.0
Crude Death Rate per 1,000 Population	8.7	5.8
Urban Population, %	43.4	42.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.4	51.7
Total Fertility Rate per Woman 15-49	4.35	3.67
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	44.8	53.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	46.2	56.1
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 170	84
MMR, Lower Bound	● ▲ na	42
MMR, Upper Bound	● ▲ na	170
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	21.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 73.2	33.4
Under Age 5 Mortality Rate, Total	● ▲ 82	39
Under Age 5 Mortality Rate, Female	● ▲ na	44
Under Age 5 Mortality Rate, Male	● ▲ na	52
Life Expectancy at Birth, Total, Years	● ▲ 62.5	70.4
Life Expectancy at Birth, Female, Years	● ▲ 63.9	72.7
Life Expectancy at Birth, Male, Years	● ▲ 61.1	68.2
Median Age of Total Population	● ▲ 19.4	22.8
Population 60 Years and Over, %	● ▲ 6.2	7.1
Dependency Ratio	● ▲ 82	62

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.80	21.67	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.6/3.6
No Education, Primary	4.1
Highest Level of Education	3.2
Provincial Low/High	2.2/3.8 Urban Governorates/Upper Egypt
Poorest/Richest Quintile	4.4/2.7

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	34.0/51.4
No Education, Primary	57.3
Highest Level of Education	28.6
Provincial Low/High	26.3/54.8 Urban Governorates/Upper Egypt
Poorest/Richest Quintile, %	75.6/29.6

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	97.9/33.7
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	31.0/58.0
Poorest/Richest Quintile	93.0/25.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	4.7/10.5
No Education, Primary, %	19.8

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	3,950
Gross Domestic Product Growth Rate, Annual %	5	4
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	3.1
Population Living Below National Poverty Line, %	▲ na	16.7
Share of Income or Consumption by Poorest Quintile	na	3.7
Access to Improved Water Supply, %	▲ 86	98
Antenatal Care, At Least One Visit, %	55	49
Deliveries Attended by Skilled Attendants, %	●▲ 24	69
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	57.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	62.1
Illiteracy Rate, % of Population 15 and Over, Male	40	31
Illiteracy Rate, % of Population 15 and Over, Female	66	51
Illiteracy Rate, % of Population 15 to 24, Male	29	21
Illiteracy Rate, % of Population 15 to 24, Female	49	32
Ratio of Girls to Boys, Primary Education	▲ 0.80	0.89
Ratio of Girls to Boys, Secondary Education	▲ na	0.90
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	100
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	95
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	88
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	82
Children Underweight Under 5, Male, %	na	12
Children Underweight Under 5, Female, %	na	11
Stunted Children under 5, Severe, %	na	10
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	5.0	3.0
Refugees, Number	5,500	88,749
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	5,409
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	0.1
Estimated HIV Prevalence, 15-49, Female	na	0.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.4	20.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	74.5	42.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	26.4	26.4
Mean Age at Marriage, Female	21.6	21.6
Married by 18, Percent, Female, 25-49	39.1	33.4
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.3
Gender Empowerment Measure, Rank	na	75.0
Malnourished Women, %	na	0.6
Labor Force Participation Rate, 15-64, Male	75.6	72.3
Labor Force Participation Rate, 15-64, Female	27.4	21.0
Seats in Parliament Held by Women, %	2.0	3.6
Female Legislators, Senior Officials and Managers, %	na	9.0
Female Professional and Technical Workers, %	na	30.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	5,666.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	25.1
Unmet Need for Family Planning, Spacing, %	● 6.8	3.5
Unmet Need for Family Planning, Limiting, %	● 13.3	6.0
Unmet Need for Family Planning, Total, %	● 20.1	9.5
Unmet Need for Family Planning, Thousands	● na	1.2

Highest Level of Education	9.7
Provincial Low/High, %	3.3/10.0 Urban Governorates/Upper Egypt
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	86.7/59.0
No Education, Primary, %	47.8
Highest Level of Education, %	88.6
Provincial Low/High, %	55.3/90.2 Upper Egypt/Urban Governorates
Poorest/Richest Quintile, %	31.4/94.2
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	61.5/53.0
No Education, Primary, %	54.2
Highest Level of Education, %	59.1
Provincial Low/High, %	45.7/64.5 Upper Egypt/Urban Governorates
Poorest/Richest Quintile, %	42.6/60.8
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	11.3/4.8
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	4.4/1.7

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.2/1.3
No Education, Primary, %	1.4
Highest Level of Education, %	1.0
Provincial Low/High, %	0.8/1.5 Lower Egypt/Urban Governorates
Poorest/Richest Quintile, %	1.2/0.1
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	66.4/94.8
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	81.4/93.8
Malnourished Women:	
Poorest/Richest Quintile, %	1.4/0.1
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	31.1/84.4

Iraq



Overview

In 1980, Iraq had nearly US\$35 billion in foreign exchange reserves and one of the best medical care systems among the Arab States. Long periods of war and internal conflicts have destroyed much of its social and economic structures. As a consequence, many of Iraq's development partners, including UNFPA and other United Nations agencies, severely curtailed their humanitarian relief, recovery and reconstruction efforts.

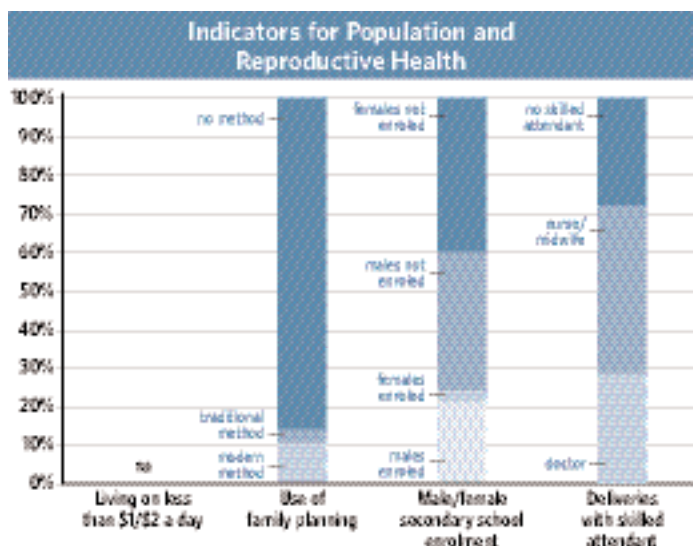
Due to a lack of reliable data, it is difficult to know the current status of Iraqi citizens' standard of living. Prior to 2003, Iraq had a largely young population (40 per cent were under 15 years of age), and it ranked 73 out of 95 countries in the Human Poverty Index.

Maternal mortality stands at 250 deaths per 100,000 live births in 2000. Between 1990 and 2005 skilled attendance at delivery dropped; infant mortality increased from 61 deaths per 1,000 live births to 88 per 1,000 live births; life expectancy fell from 62 years to 60; and under-five mortality increased from 101 deaths per 1,000 live births to 116 deaths per 1,000 live births, the only Arab State to register an increase.

Between 1998 and 2000, primary school enrolment rates rose for both girls (80.1 to 99.8) and boys (95.6 to 120.1). Secondary rates increased for both, though rates for girls lagged behind boys (35.3 and 49.8, respectively).

Provision of funds needed for recovery and long-term development is delayed due to on-going instability. UNFPA, in collaboration with international and national NGOs, supplied reproductive health equipment and commodities in 2003, and continued its support to the Ministry of Health throughout 2004.

In October 2004, the US government announced the provision of US\$10 million to Iraqi NGOs to prepare women for full participation in 2005 elections, and the UN launched a US\$60 million emergency operation to reach the most vulnerable groups.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	9,377.9	14,586.6
Population in Thousands, Female	9,137.0	14,220.6
Population Growth Rate, %	na	2.6
Crude Birth Rate per 1,000 Population	39.3	37.3
Crude Death Rate per 1,000 Population	8.3	9.0
Urban Population, %	69.7	66.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	45.8	49.5
Total Fertility Rate per Woman 15-49	5.93	5.08
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	10.4	10.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	13.7	13.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 310	250
MMR, Lower Bound	● ▲ na	62
MMR, Upper Bound	● ▲ na	460
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	63.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 60.5	87.9
Under Age 5 Mortality Rate, Total	● ▲ 101	115
Under Age 5 Mortality Rate, Female	● ▲ na	103
Under Age 5 Mortality Rate, Male	● ▲ na	112
Life Expectancy at Birth, Total, Years	● ▲ 62.3	59.9
Life Expectancy at Birth, Female, Years	● ▲ 63.9	61.5
Life Expectancy at Birth, Male, Years	● ▲ 60.8	58.4
Median Age of Total Population	● ▲ 17.4	19.1
Population 60 Years and Over, %	● ▲ 4.8	4.5
Dependency Ratio	● ▲ 91	78

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
0.30	2.20	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	-7	-7
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 93	81
Antenatal Care, At Least One Visit, %	65	76
Deliveries Attended by Skilled Attendants, %	●▲ 74	72
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	49	43
Illiteracy Rate, % of Population 15 and Over, Female	80	75
Illiteracy Rate, % of Population 15 to 24, Male	44	39
Illiteracy Rate, % of Population 15 to 24, Female	75	69
Ratio of Girls to Boys, Primary Education	▲ 0.80	0.79
Ratio of Girls to Boys, Secondary Education	▲ na	0.59
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	120
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	100
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	50
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	35
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	95,000	134,190
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	437
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.7	20.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	50.5	39.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	26.3	26.3
Mean Age at Marriage, Female	22.3	22.3
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	76.4
Labor Force Participation Rate, 15-64, Female	na	17.3
Seats in Parliament Held by Women, %	11.0	31.6
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	3,407.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	36.4
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	79.0/60.2
No Education, Primary, %	60.9
Highest Level of Education, %	84.7
Provincial Low/High, %	45.4/91.6 Ta'amem/Najaf
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	29.8/15.0
No Education, Primary, %	20.6
Highest Level of Education, %	32.0
Provincial Low/High, %	8.7/35.5 Dohouk/Baghdad
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.8/2.5
No Education, Primary, %	2.3
Highest Level of Education, %	1.4
Provincial Low/High, %	0.9/3.8 Suleimaniya/Thi-Qar
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Jordan



Overview

Jordan has experienced strong and steady economic growth in recent years. According to the latest official figures, economic growth in 2004 reached 7.5 per cent, the highest since 1993.

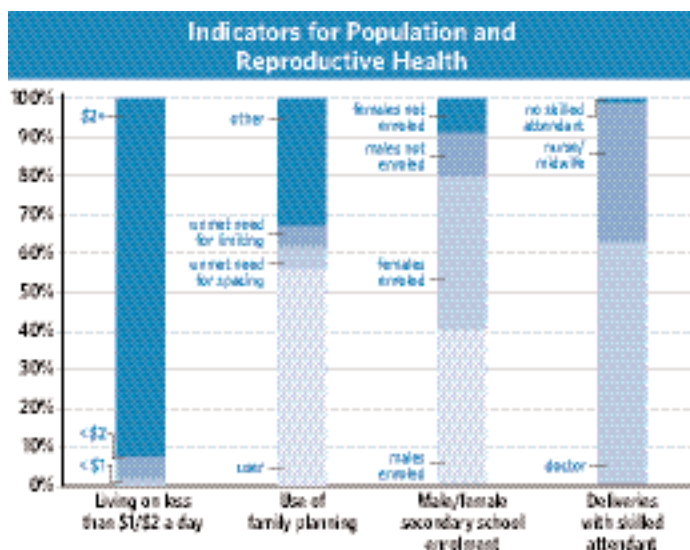
This growth is contributing to better education, health and other social welfare indicators. In the 2005 Human Development Report, Jordan ranked 90th of 177 countries in the Human Development Index. Primary school enrolment was universal for girls and boys, and secondary school enrolment rates were 87 per cent for girls and 85 per cent for boys. Despite being highly educated, women's labor force participation is only 12.3 per cent, compared to 66.4 per cent for men. The country also has a young population — 20 per cent are between the ages of 15 and 24 years. With high unemployment rates, Jordan expects to bring its education and training systems more in line with labor market needs.

According to Jordan's 2005 Millennium Development Goals Report, progress has been made toward achieving the goals and targets of the International Conference on Population and Development (ICPD) and MDGs, particularly in education, life expectancy (72 years in 2005) and attended births (100 per cent in 2002).

Despite declines, the government is concerned about population growth, which is 2.4 per cent per year. Other indicators, though falling, remain high: the total fertility rate in 2005 was 4.3 lifetime births per woman; maternal mortality was 41 deaths per 100,000 live births and childhood mortality was 24 deaths per 1,000 live births. Despite the high percentage of attended births and increased contraceptive prevalence (from 27 per cent in 1990 to 41 per cent in 2002 for modern methods), poor postnatal care contributes to maternal mortality.

The government is allocating resources to improve quality and access to reproductive health services, upgrade postnatal care through education and information campaigns, and extend health insurance coverage to poor and marginalized groups.

Though HIV/AIDS prevalence is less than 0.1 per cent of the population, the government's National AIDS Programme focuses on youth.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,695.5	2,963.8
Population in Thousands, Female	1,558.5	2,738.9
Population Growth Rate, %	na	2.4
Crude Birth Rate per 1,000 Population	36.6	30.9
Crude Death Rate per 1,000 Population	6.4	4.1
Urban Population, %	72.2	79.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	43.1	52.2
Total Fertility Rate per Woman 15-49	5.51	4.32
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	26.9	41.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	35.0	55.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 150	41
MMR, Lower Bound	● ▲ na	21
MMR, Upper Bound	● ▲ na	82
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	17.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 37.5	21.5
Under Age 5 Mortality Rate, Total	● ▲ 38	24
Under Age 5 Mortality Rate, Female	● ▲ na	26
Under Age 5 Mortality Rate, Male	● ▲ na	28
Life Expectancy at Birth, Total, Years	● ▲ 67.2	71.8
Life Expectancy at Birth, Female, Years	● ▲ 68.7	73.5
Life Expectancy at Birth, Male, Years	● ▲ 65.9	70.4
Median Age of Total Population	● ▲ 16.3	21.3
Population 60 Years and Over, %	● ▲ 4.8	5.1
Dependency Ratio	● ▲ 100	68

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.30	76.29	4.32	301.72

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.5/4.2
No Education, Primary	3.6
Highest Level of Education	3.1
Provincial Low/High	3.5/4.0 Central/South
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	23.0/30.0
No Education, Primary	34.0
Highest Level of Education	21.0
Provincial Low/High	22.0/29.0 Central/North
Poorest/Richest Quintile, %	35.4/23.4

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	42.1/25.2
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	30.0/20.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	4.8/2.2
No Education, Primary, %	14.0

Indicators

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	4,319
Gross Domestic Product Growth Rate, Annual %		3	5
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	15.0	11.7
Share of Income or Consumption by Poorest Quintile		na	3.3
Access to Improved Water Supply, %	▲	99	91
Antenatal Care, At Least One Visit, %		83	96
Deliveries Attended by Skilled Attendants, %	●▲	86	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	47.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	63.5
Illiteracy Rate, % of Population 15 and Over, Male		10	4
Illiteracy Rate, % of Population 15 and Over, Female		28	12
Illiteracy Rate, % of Population 15 to 24, Male		2	1
Illiteracy Rate, % of Population 15 to 24, Female		5	0
Ratio of Girls to Boys, Primary Education	▲	0.94	0.95
Ratio of Girls to Boys, Secondary Education	▲	na	0.98
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	99
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	100
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	85
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	87
Children Underweight Under 5, Male, %		na	5
Children Underweight Under 5, Female, %		na	6
Stunted Children under 5, Severe, %		na	2
Wasted Children under 5, Severe, %		na	0
Undernourished People, %		4.0	6.0
Refugees, Number		300	1,196
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	6,734
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

Highest Level of Education	1.0	
Provincial Low/High, %	4.2/4.4	Central, South/North
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	99.9/98.3	
No Education, Primary, %	94.4	
Highest Level of Education, %	99.8	
Provincial Low/High, %	98.9/99.9	South/Central
Poorest/Richest Quintile, %	91.2/99.3	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	42.6/35.8	
No Education, Primary, %	33.0	
Highest Level of Education, %	41.0	
Provincial Low/High, %	33.3/43.3	South/Central
Poorest/Richest Quintile, %	27.5/46.8	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	10.3/5.7	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	10.7/4.6	

▲ MDG Indicators

● ICPD Goals

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		21.8	20.0
Age-Specific Fertility Rate per 1,000 Women, 15-20		50.0	26.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		27.8	27.8
Mean Age at Marriage, Female		24.7	24.7
Married by 18, Percent, Female, 25-49		35.1	20.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	97.0
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	2.3
Labor Force Participation Rate, 15-64, Male		na	66.4
Labor Force Participation Rate, 15-64, Female		na	12.3
Seats in Parliament Held by Women, %		na	7.9
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	663.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	35.6
Unmet Need for Family Planning, Spacing, %	●	7.8	5.6
Unmet Need for Family Planning, Limiting, %	●	14.6	5.5
Unmet Need for Family Planning, Total, %	●	22.4	11.0
Unmet Need for Family Planning, Thousands	●	na	0.1

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % 0.3/0.8

No Education, Primary, % 3.0

Highest Level of Education, % 0.1

Provincial Low/High, % 0.3/1.2

Poorest/Richest Quintile, % 1.4/0.1

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % 85.8/90.4

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % 84.4/89.5

Malnourished Women:

Poorest/Richest Quintile, % 3.3/2.2

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % 92.5/97.3



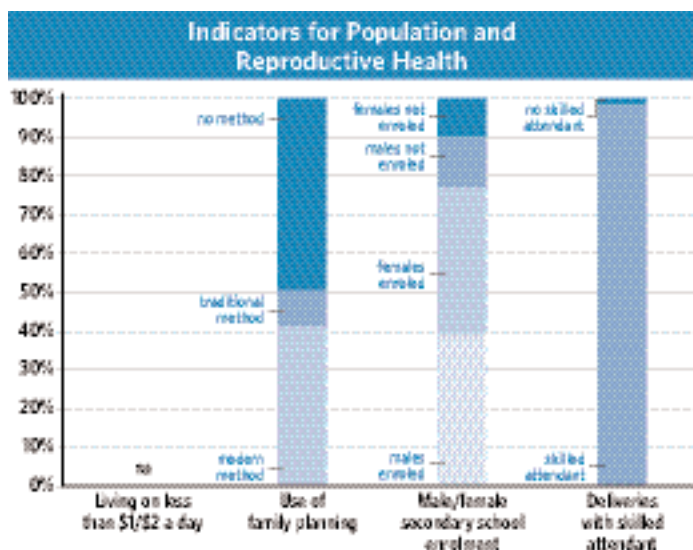
Overview

Kuwait, with a population estimated at 2.7 million, is a high income, non-OECD country that has experienced strong economic growth since the Iraqi invasion in 1990. The economy is heavily dependent on foreign nationals who comprise a majority of the population, an issue of great concern to the government. Oil revenues support free access to education, health care, and guaranteed employment in state-owned enterprises for Kuwaiti citizens, as reflected in Kuwait's high ranking (44th of 177 countries) on the Human Development Index.

Recognizing the need to diversify its economy and reduce expenses, the government is considering privatizing government jobs, establishing a formal medical insurance programme, and encouraging private enterprise development. With 39.7 per cent of the population under the age of 24, job creation for Kuwait's youth is a government priority.

The country is making some progress toward achieving the targets of the ICPD Programme of Action and the Millennium Development Goals. The gross primary school enrolment rate is 93 per cent for boys and 94 per cent for girls, while secondary school rates are 87 per cent and 92 per cent, respectively. Nearly all births (98 per cent in 1995) are attended by skilled personnel. Maternal mortality dropped from 29 deaths per 100,000 live births in 1990 to 5 in 2000, and the infant mortality rate fell from 15 deaths per 1,000 live births in 1990 to 10 in 2005. Life expectancy rose from 74.6 years in 1990 to 77.2 in 2005.

Despite these gains, gender disparities exist. In May 2004, the Council of Ministers approved a bill allowing women the right to vote and stand for election. This was sent to Parliament and approved in May 2005. Although women have equal access to education and health services, and comprise 45 per cent of the labor force, they hold few managerial positions.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male		1,217.7	1,612.2
Population in Thousands, Female		925.3	1,074.7
Population Growth Rate, %		na	3.1
Crude Birth Rate per 1,000 Population		24.4	22.8
Crude Death Rate per 1,000 Population		2.2	1.9
Urban Population, %		94.9	96.4
Sex Ratio at Birth, Male Births per Female Births		1.03	1.03
Women 15-49, %		52.8	62.1
Total Fertility Rate per Woman 15-49		3.57	2.92
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	40.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	50.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲	29	5
MMR, Lower Bound	● ▲	na	3
MMR, Upper Bound	● ▲	na	6
Neonatal Mortality Rate per 1,000 Live Births	● ▲	na	6.0
Infant Mortality Rate per 1,000 Live Births	● ▲	15.0	10.0
Under Age 5 Mortality Rate, Total	● ▲	16	12
Under Age 5 Mortality Rate, Female	● ▲	na	13
Under Age 5 Mortality Rate, Male	● ▲	na	13
Life Expectancy at Birth, Total, Years	● ▲	74.6	77.2
Life Expectancy at Birth, Female, Years	● ▲	76.8	79.8
Life Expectancy at Birth, Male, Years	● ▲	73.0	75.5
Median Age of Total Population	● ▲	22.8	29.5
Population 60 Years and Over, %	● ▲	2.1	3.1
Dependency Ratio	● ▲	61	35

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.90	417.45	3.11	2740.69

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	16,240
Gross Domestic Product Growth Rate, Annual %	1	-1
Income Group per World Bank Classification	na	High income: non OECD
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 100	100
Antenatal Care, At Least One Visit, %	99	95
Deliveries Attended by Skilled Attendants, %	●▲ 99	98
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	21	14
Illiteracy Rate, % of Population 15 and Over, Female	27	17
Illiteracy Rate, % of Population 15 to 24, Male	12	7
Illiteracy Rate, % of Population 15 to 24, Female	13	5
Ratio of Girls to Boys, Primary Education	▲ 0.92	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	0.98
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	93
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	94
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	87
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	92
Children Underweight Under 5, Male, %	na	10
Children Underweight Under 5, Female, %	na	9
Stunted Children under 5, Severe, %	na	12
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	22.0	4.0
Refugees, Number	124,900	1,518
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	189
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	17.3	15.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	47.0	23.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	26.3	26.3
Mean Age at Marriage, Female	23.0	23.0
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	84.7
Labor Force Participation Rate, 15-64, Female	na	44.5
Seats in Parliament Held by Women, %	na	0.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	303.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	36.5
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Lebanon



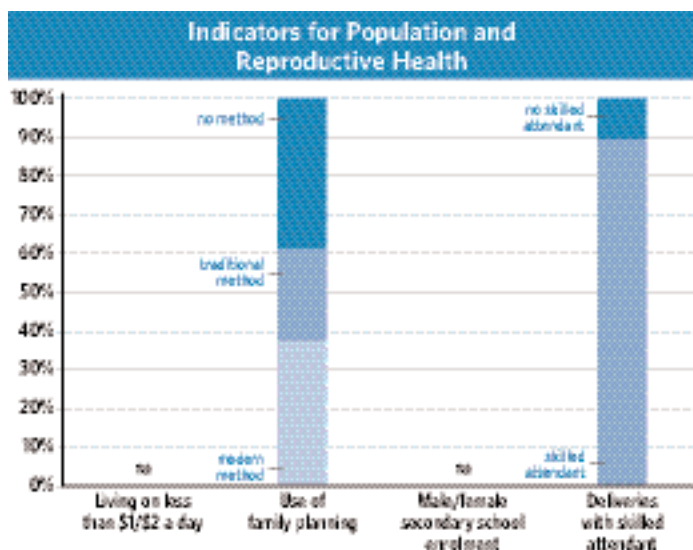
Overview

Lebanon has an estimated population of 3.6 million. Despite progress in rebuilding economic infrastructure following a decade of armed conflict, austerity measures to reduce debt and the lack of comprehensive social development planning limit social sector improvements. In 2005, Lebanon ranked 81st out of 177 countries on the Human Development Index. Despite having the largest proportion of skilled labor among Arab States, a significant proportion live below the national poverty line and just under 47 per cent of the working age population is participating in the formal labor force, with women's participation far less than men's (20 per cent compared to 70 per cent).

Lebanon is making moderate progress toward achieving the targets of the ICPD Programme of Action and the Millennium Development Goals. Between 1990 and 2000 maternal mortality was halved from 300 deaths per 100,000 live births to 150, infant mortality dropped from 34 deaths per 1,000 live births to 21 and childhood mortality declined from 38 deaths per 1,000 live births to 24. Life expectancy increased from 69 years in 1990 to 73 currently. Eighty-eight per cent of all births are attended and the contraceptive prevalence rate for any method is 61 per cent (37 per cent for modern methods). HIV/AIDS prevalence is low at 0.1 per cent of the population ages 15-49.

Although there was a decline in primary and secondary school enrolment rates between 1998 and 2001, they were generally high. Nearly all boys and girls are in school.

UNFPA, working with the government, partner UN agencies, the Lebanon Family Planning Association and other NGOs, the media, the banking sector, restaurants and others, developed a highly popular film and related Information, Education and Communication (IEC) materials to raise awareness and knowledge of reproductive health and rights and prevention of HIV/AIDS and STIs among youth, opinion leaders and the general public.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,322.2	1,753.0
Population in Thousands, Female	1,419.2	1,823.8
Population Growth Rate, %	na	1.0
Crude Birth Rate per 1,000 Population	25.9	20.4
Crude Death Rate per 1,000 Population	7.5	6.7
Urban Population, %	83.2	88.0
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	50.2	53.4
Total Fertility Rate per Woman 15-49	3.16	2.68
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	37.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	61.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 300	150
MMR, Lower Bound	● ▲ na	38
MMR, Upper Bound	● ▲ na	290
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	20.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 34.0	20.7
Under Age 5 Mortality Rate, Total	● ▲ 38	24
Under Age 5 Mortality Rate, Female	● ▲ na	17
Under Age 5 Mortality Rate, Male	● ▲ na	22
Life Expectancy at Birth, Total, Years	● ▲ 68.6	72.5
Life Expectancy at Birth, Female, Years	● ▲ 71.1	74.7
Life Expectancy at Birth, Male, Years	● ▲ 66.4	70.3
Median Age of Total Population	● ▲ 22.3	26.8
Population 60 Years and Over, %	● ▲ 8.6	10.3
Dependency Ratio	● ▲ 70	56

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.50	172.87	1.30	224.89

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	3.9
Highest Level of Education	1.7
Provincial Low/High	1.9/3.5 Beirut/North
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	51.1
Highest Level of Education	14.8
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	5,073
Gross Domestic Product Growth Rate, Annual %		na	3
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	98	100
Antenatal Care, At Least One Visit, %		85	87
Deliveries Attended by Skilled Attendants, %	●▲	na	88
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	60.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		12	6
Illiteracy Rate, % of Population 15 and Over, Female		27	17
Illiteracy Rate, % of Population 15 to 24, Male		5	2
Illiteracy Rate, % of Population 15 to 24, Female		11	5
Ratio of Girls to Boys, Primary Education	▲	na	0.93
Ratio of Girls to Boys, Secondary Education	▲	na	1.07
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	105
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	102
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	76
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	83
Children Underweight Under 5, Male, %		na	3
Children Underweight Under 5, Female, %		na	3
Stunted Children under 5, Severe, %		na	3
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		3.0	3.0
Refugees, Number		6,000	2,522
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	531
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.6	18.4
Age-Specific Fertility Rate per 1,000 Women, 15-20		35.5	26.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	70.4
Labor Force Participation Rate, 15-64, Female		na	20.3
Seats in Parliament Held by Women, %		na	2.3
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	154.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	14.4
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	94.1/84.3
No Education, Primary, %	88.9
Highest Level of Education, %	98.6
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	31.6
Highest Level of Education, %	40.1
Provincial Low/High, %	36.1/48.1
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

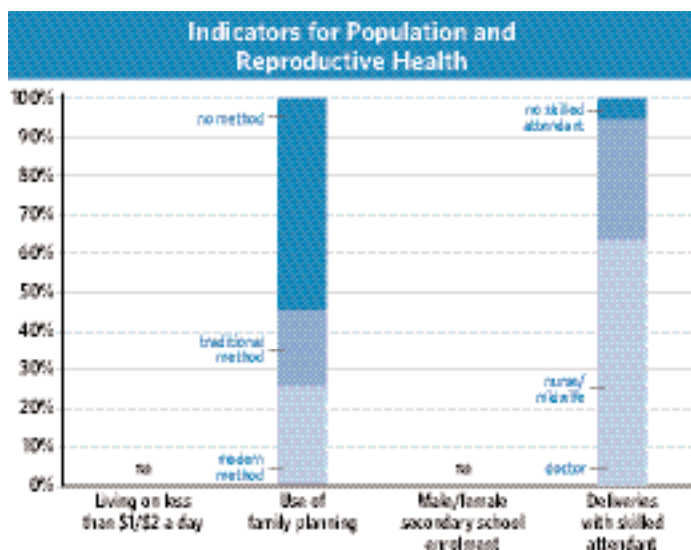
Libyan Arab Jamahiriya

Overview

With increases in oil prices beginning in 1999 and a small population (5.9 million), Libya enjoys one of the higher standards of living in Africa. This coexists with an unemployment rate of 30 per cent, due in part to an economy that is not able to generate enough new jobs for its youthful population — nearly one quarter are between the ages of 15 and 24 years. Labor force participation is about 54 per cent among 15-64 year olds, but women lag far behind men, comprising only 24 per cent of the formal labor force. Living standards are threatened by the high cost of food (a large proportion is imported), but good health and education indicators contribute to Libya's ranking of 58th out of 177 countries on the Human Development Index.

Libya is on track for meeting many of the targets set by the ICPD Programme of Action and the Millennium Development Goals. Although the government views maternal and childhood mortality as unacceptably high, progress is being made in reducing them. The decline in under-five mortality — from 34 deaths in 1990 to 20 in 2005, is the third best among all Arab States. Maternal mortality fell from 220 deaths per 100,000 live births in 1990 to a projected 97 in 2000, and nearly all deliveries (94 per cent) are attended by skilled personnel. Between 1990 and 2005, infant mortality dropped from 34 deaths per 1,000 live births to 18, while life expectancy rose from 68 years to 74 years. Libya leads the Arab States in achieving gender equity in primary school enrolment — nearly all boys and girls are in school.

With an HIV/AIDS prevalence rate of 0.3 per cent among 15-49 year olds, the government established a National AIDS Programme in 2002 and sponsored a National AIDS Week. Through public awareness campaigns, there is increasing dialogue about HIV/AIDS, and widespread involvement of youth organizations, religious leaders, NGOs, police and the judiciary, and development agencies such as UNFPA.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,268.3	3,019.7
Population in Thousands, Female	2,065.6	2,833.7
Population Growth Rate, %	na	1.9
Crude Birth Rate per 1,000 Population	28.4	23.2
Crude Death Rate per 1,000 Population	5.0	4.0
Urban Population, %	80.0	86.9
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.3	57.0
Total Fertility Rate per Woman 15-49	4.88	3.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	25.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	39.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 220	97
MMR, Lower Bound	● ▲ na	24
MMR, Upper Bound	● ▲ na	180
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	11.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 33.7	17.9
Under Age 5 Mortality Rate, Total	● ▲ 34	20
Under Age 5 Mortality Rate, Female	● ▲ na	23
Under Age 5 Mortality Rate, Male	● ▲ na	23
Life Expectancy at Birth, Total, Years	● ▲ 67.7	74.0
Life Expectancy at Birth, Female, Years	● ▲ 70.4	76.6
Life Expectancy at Birth, Male, Years	● ▲ 66.1	72.0
Median Age of Total Population	● ▲ 17.9	23.9
Population 60 Years and Over, %	● ▲ 4.2	6.5
Dependency Ratio	● ▲ 86	52

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.60	58.67	0.85	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.8/4.9
No Education, Primary	5.2
Highest Level of Education	3.3
Provincial Low/High	3.6/5.2 Benghazi/Sabha
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	27.7/38.3
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	22.1/41.6 Sabha/Aljabel Algarby
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	-7	-7
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 97	72
Antenatal Care, At Least One Visit, %	76	81
Deliveries Attended by Skilled Attendants, %	● ▲ na	94
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	17	7
Illiteracy Rate, % of Population 15 and Over, Female	49	26
Illiteracy Rate, % of Population 15 to 24, Male	1	0
Illiteracy Rate, % of Population 15 to 24, Female	17	4
Ratio of Girls to Boys, Primary Education	▲ 0.91	0.97
Ratio of Girls to Boys, Secondary Education	▲ na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	● ▲ na	114
Primary School Enrolment, Gross % of School Age Population, Female	● ▲ na	114
Secondary School Enrolment, Gross % of School Age Population, Male	● ▲ na	102
Secondary School Enrolment, Gross % of School Age Population, Female	● ▲ na	108
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	4
Stunted Children under 5, Severe, %	na	5
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	na	na
Refugees, Number	na	11,897
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	58
Estimated HIV Prevalence, 15-49, Total	na	0.3
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	97.2/90.1
No Education, Primary, %	90.0
Highest Level of Education, %	98.8
Provincial Low/High, %	75.3/99.0 Sabha/Elzaioia
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	28.0/18.9
No Education, Primary, %	21.5
Highest Level of Education, %	30.6
Provincial Low/High, %	15.3/34.5 Aljabel Algarby/Tripoli
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.0	22.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	8.5	7.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	24.6
Mean Age at Marriage, Female	na	18.7
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	80.3
Labor Force Participation Rate, 15-64, Female	na	23.8
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	475.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	25.1
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % 0.5/0.8

No Education, Primary, % 0.9

Highest Level of Education, % 0.7

Provincial Low/High, % 0.4/0.8 Tripoli/Aljabel Alakhdar, Sert & Sabha

Poorest/Richest Quintile, % na/na

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % na/na

Malnourished Women:

Poorest/Richest Quintile, % na/na

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % na/na

Morocco



Overview

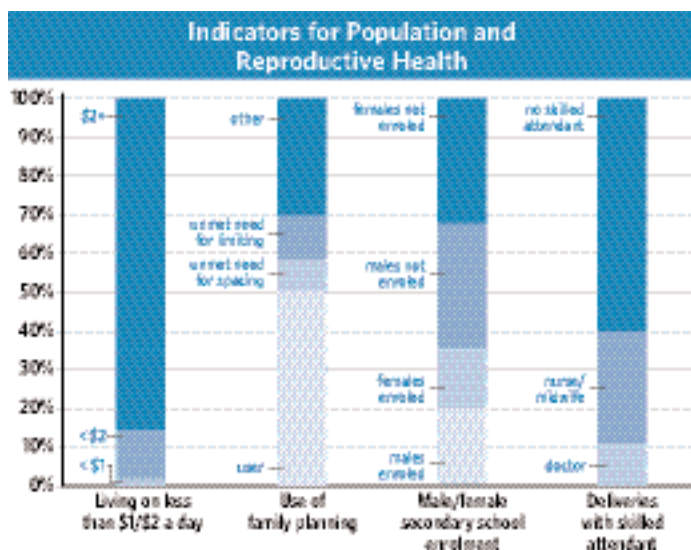
In 2005, Morocco had a population of about 31.5 million. The annual rate of population growth is now 1.5 per cent per year, which mirrors a declining total fertility rate of 3.3 births per woman. There has been an increase in modern contraceptive prevalence from 36 per cent (1992) to 42 per cent in 1995. Currently, 80 per cent of users rely on oral contraceptives, highlighting a need to make a wider choice of methods available.

Despite substantial progress in meeting people's reproductive health needs, there remain significant rural/urban gaps. While policy changes have been substantial, significant gender gaps remain. For example, in 2005, 58 per cent of women over the age of 15 were illiterate, compared to only 34 per cent of men. This gap is likely to narrow, since the gender gap in primary school enrolment is slowly closing.

Morocco is a leader among Arab States in incorporating reproductive and maternal health into primary health care. The maternal mortality ratio has fallen from an estimated 610 maternal deaths per 100,000 live births in 1990 to 220 maternal deaths per 100,000 live births in 2000.

In 2001, the government adopted a five-year plan for economic and social development, including initiatives to decentralize decision-making, improve the status of women, improve the coverage and quality of reproductive health services and reduce maternal and neonatal mortality and morbidity. In 2003, the plan was operationalized with the passage of a new Family Code that addresses women's inequality while protecting the rights of children.

The country is also a leader in South-South cooperation. Morocco is included in the Partners in Population and Development Programme, funded by UNFPA, The Rockefeller Foundation and the World Bank, which recognizes 10 countries for their effective population programmes.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	12,327.5	15,645.5
Population in Thousands, Female	12,368.3	15,833.0
Population Growth Rate, %	na	1.5
Crude Birth Rate per 1,000 Population	29.4	24.4
Crude Death Rate per 1,000 Population	7.9	5.7
Urban Population, %	48.4	58.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	48.7	55.0
Total Fertility Rate per Woman 15-49	4.05	3.32
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	35.5	42.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	41.5	50.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 610	220
MMR, Lower Bound	● ▲ na	120
MMR, Upper Bound	● ▲ na	310
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	21.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 65.4	34.7
Under Age 5 Mortality Rate, Total	● ▲ 76	42
Under Age 5 Mortality Rate, Female	● ▲ na	46
Under Age 5 Mortality Rate, Male	● ▲ na	58
Life Expectancy at Birth, Total, Years	● ▲ 64.0	70.3
Life Expectancy at Birth, Female, Years	● ▲ 65.8	72.5
Life Expectancy at Birth, Male, Years	● ▲ 62.4	68.1
Median Age of Total Population	● ▲ 19.7	24.2
Population 60 Years and Over, %	● ▲ 6.2	6.8
Dependency Ratio	● ▲ 77	56

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.50	17.93	5.40	486.72

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.1/3.0
No Education, Primary	4.0
Highest Level of Education	1.9
Provincial Low/High	2.5/4.2 Centre-Sud/Centre-Nord
Poorest/Richest Quintile	6.7/2.3

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	41.4/78.6
No Education, Primary	75.5
Highest Level of Education	21.7
Provincial Low/High	46.0/104.9 Centre-Sud/Centre-Nord
Poorest/Richest Quintile, %	79.7/35.1

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	111.6/39.2
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	24.0/43.0
Poorest/Richest Quintile	52.0/21.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	3.3/9.1
No Education, Primary, %	8.6

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	4,012
Gross Domestic Product Growth Rate, Annual %	4	3
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ 13.1	19.0
Share of Income or Consumption by Poorest Quintile	na	2.6
Access to Improved Water Supply, %	▲ 73	80
Antenatal Care, At Least One Visit, %	35	68
Deliveries Attended by Skilled Attendants, %	●▲ 31	40
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	57.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	65.5
Illiteracy Rate, % of Population 15 and Over, Male	47	34
Illiteracy Rate, % of Population 15 and Over, Female	75	58
Illiteracy Rate, % of Population 15 to 24, Male	32	21
Illiteracy Rate, % of Population 15 to 24, Female	58	34
Ratio of Girls to Boys, Primary Education	▲ 0.66	0.84
Ratio of Girls to Boys, Secondary Education	▲ na	0.78
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	115
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	104
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	49
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	41
Children Underweight Under 5, Male, %	10	10
Children Underweight Under 5, Female, %	8	8
Stunted Children under 5, Severe, %	8	8
Wasted Children under 5, Severe, %	0	0
Undernourished People, %	6.0	7.0
Refugees, Number	300	2,121
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	177
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.5	20.6
Age-Specific Fertility Rate per 1,000 Women, 15-20	43.0	24.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	27.2
Mean Age at Marriage, Female	na	22.3
Married by 18, Percent, Female, 25-49	34.5	34.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	3.9	3.9
Labor Force Participation Rate, 15-64, Male	48.6	77.4
Labor Force Participation Rate, 15-64, Female	16.8	27.3
Seats in Parliament Held by Women, %	na	6.1
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,837.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	18.8
Unmet Need for Family Planning, Spacing, %	● 7.9	7.9
Unmet Need for Family Planning, Limiting, %	● 11.4	11.4
Unmet Need for Family Planning, Total, %	● 19.3	19.3
Unmet Need for Family Planning, Thousands	● 0.8	0.8

Highest Level of Education	2.5
Provincial Low/High, %	2.7/10.1 Centre-Nord/Nord-Ouest
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	85.3/39.5
No Education, Primary, %	48.7
Highest Level of Education, %	94.4
Provincial Low/High, %	24.1/53.1 Tensift/Centre-Sud
Poorest/Richest Quintile, %	5.1/77.9
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	56.0/53.2
No Education, Primary, %	53.7
Highest Level of Education, %	56.4
Provincial Low/High, %	31.4/52.7 Sud/Centre-Sud
Poorest/Richest Quintile, %	17.9/48.3
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	18.6/5.5
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	14.6/4.7

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.6/2.4
No Education, Primary, %	2.2
Highest Level of Education, %	0.3
Provincial Low/High, %	0.3/3.2 Oriental/Sud
Poorest/Richest Quintile, %	4.1/0.4
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	7.6/76.5
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	26.6/78.9
Malnourished Women:	
Poorest/Richest Quintile, %	6.2/1.8
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	9.6/76.7

Occupied Palestinian Territory

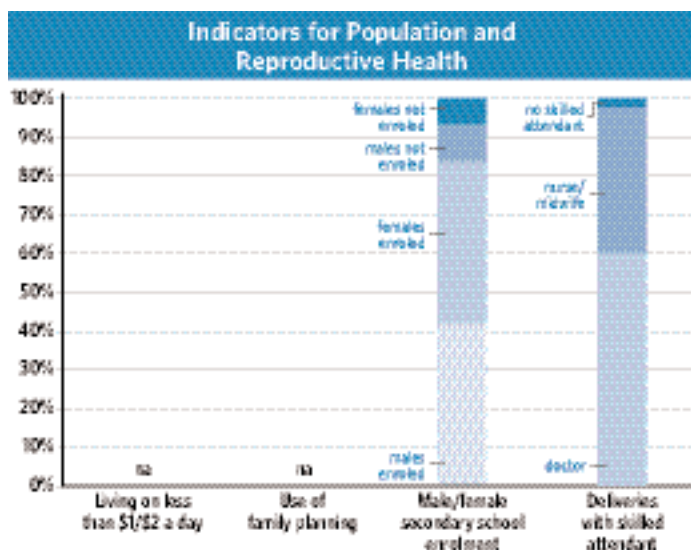
Overview

In 2005, 3.70 million people lived in the Occupied Palestinian Territory (OPT). These people face an uncertain future of ongoing violence and increasing poverty. Nearly 20 per cent are under the age of 15. Such a young age structure combined with a high total fertility rate (5.7 births per woman) will fuel rapid population growth for decades to come. OPT is currently growing at about 3.2 per cent per year, enough to double its population in one generation, placing enormous stress on finite resources, especially fresh water.

The Territory has no official population policy. However, the National Strategic Health Plan (1999-2003) adopted clear goals to reduce maternal and infant mortality and morbidity, and increase the contraceptive prevalence rate. To safeguard reproductive rights of women, the Palestinian Authority has authorized maternity leave and mandated that maternal and child health services be covered by national health insurance.

The health of the Palestinian population has remained somewhat stable. This is due to: the relatively good health indicators prior to the Intifada; the extension of health insurance coverage to vulnerable groups; the decentralization of health services to allow greater access; and strong support from the international community. Despite these policies, only 40 per cent of the villages affected by the Separation Wall in the northern West Bank have a local primary health care facility. Due to restrictions on travel, the proportion of women reporting to clinics for antenatal care fell, while home deliveries increased from 8 per cent to 14 per cent over the same period.

The crisis has seriously affected gender roles and responsibilities. At the end of 2000, women were heading about 10 per cent of all households. This has caused growing psychological stress on women and their families and led to increased cases of domestic and gender-based violence.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,104.2	1,883.3
Population in Thousands, Female	1,050.2	1,818.9
Population Growth Rate, %	na	3.2
Crude Birth Rate per 1,000 Population	45.4	41.8
Crude Death Rate per 1,000 Population	6.6	4.0
Urban Population, %	66.0	71.9
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	42.8	45.2
Total Fertility Rate per Woman 15-49	6.45	5.72
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	100
MMR, Lower Bound	● ▲ na	25
MMR, Upper Bound	● ▲ na	190
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	na
Infant Mortality Rate per 1,000 Live Births	● ▲ 31.3	19.2
Under Age 5 Mortality Rate, Total	● ▲ 32	22
Under Age 5 Mortality Rate, Female	● ▲ na	21
Under Age 5 Mortality Rate, Male	● ▲ na	27
Life Expectancy at Birth, Total, Years	● ▲ 68.4	72.9
Life Expectancy at Birth, Female, Years	● ▲ 70.1	74.4
Life Expectancy at Birth, Male, Years	● ▲ 66.7	71.3
Median Age of Total Population	● ▲ 16.4	17.1
Population 60 Years and Over, %	● ▲ 5.1	4.5
Dependency Ratio	● ▲ 100	94

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
na	na	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	5.9/6.1
No Education, Primary	6.7
Highest Level of Education	4.1
Provincial Low/High	5.5/6.8 West Bank/Gaza Strip
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	28.9
Highest Level of Education	21.2
Provincial Low/High	na/25.5 na/West Bank
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	-2
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	94
Antenatal Care, At Least One Visit, %	na	96
Deliveries Attended by Skilled Attendants, %	●▲ na	97
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	59.4
Illiteracy Rate, % of Population 15 and Over, Male	na	4
Illiteracy Rate, % of Population 15 and Over, Female	na	13
Illiteracy Rate, % of Population 15 to 24, Male	na	1
Illiteracy Rate, % of Population 15 to 24, Female	na	1
Ratio of Girls to Boys, Primary Education	▲ na	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	1.02
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	99
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	99
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	85
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	91
Children Underweight Under 5, Male, %	na	4
Children Underweight Under 5, Female, %	na	5
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	19.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	114.0	85.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	38
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	49.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	68.1
Labor Force Participation Rate, 15-64, Female	na	11.0
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	10.0
Female Professional and Technical Workers, %	na	33.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	498.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	42.3
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	87.1
Highest Level of Education, %	98.3
Provincial Low/High, %	94.1/98.4 West Bank/Gaza Strip
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	0.2/0.2 Gaza Strip/West Bank
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Oman



Overview

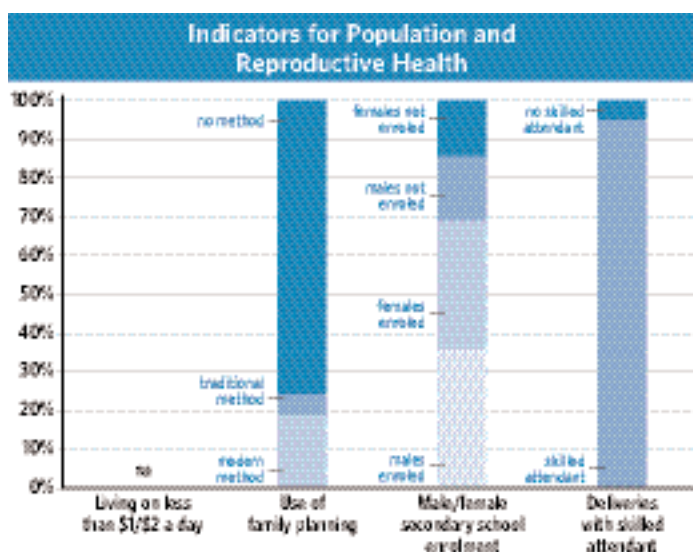
The population of Oman is estimated at 2.6 million, with a population growth rate of 1.6 per cent per year. Young people below the age of 15 comprise 34 per cent of the population, while those 60 years and above account for 4 per cent. Responding to a recent United Nations inquiry, the government views its population growth rate as satisfactory.

The Arab States have adopted health-sector reform and a number of countries, including Oman, have included reproductive health in the package. The main emphasis has been on the provision of maternal and child health services. Priority issues in the Ministry of Health's 6th Five-Year Health Plan (2001-2005) include the high population growth rate, the prevention of sexually transmitted infections (STIs) and the prevalence of anemia among pregnant women and adolescents.

Oman's total fertility rate of 4.9 lifetime births per woman remains high. This is due mainly to a general preference for large families. Fear of side effects from family planning methods is also an obstacle to their use. Significant progress has been made in the direction and pace of change in sexual and reproductive health and rights indicators since the ICPD Programme of Action. As a means of establishing reproductive rights, Oman has specifically recognized the right to choose an appropriate method of contraception. The contraceptive prevalence rate for modern methods is 18 per cent.

The use of health services by women showed a substantial increase during the last two decades, including attendance at antenatal care clinics. Ninety-six per cent of pregnant women had at least one visit and skilled staff attended 95 per cent of deliveries. In addition, Oman has strengthened its referral services for emergency obstetric care.

In the prevention and control of HIV/AIDS and STIs, the government is committed to combating stigma associated with HIV infection, early detection and treatment of STIs and reducing the rate of incidence among high-risk groups.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,025.9	1,442.9
Population in Thousands, Female	817.1	1,124.1
Population Growth Rate, %	na	1.6
Crude Birth Rate per 1,000 Population	37.9	31.3
Crude Death Rate per 1,000 Population	4.3	2.8
Urban Population, %	62.1	78.6
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	42.9	52.6
Total Fertility Rate per Woman 15-49	6.55	4.88
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	7.5	18.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	8.6	23.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 190	87
MMR, Lower Bound	● ▲ na	22
MMR, Upper Bound	● ▲ na	160
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	6.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 30.5	14.5
Under Age 5 Mortality Rate, Total	● ▲ 28	17
Under Age 5 Mortality Rate, Female	● ▲ na	20
Under Age 5 Mortality Rate, Male	● ▲ na	26
Life Expectancy at Birth, Total, Years	● ▲ 69.5	74.5
Life Expectancy at Birth, Female, Years	● ▲ 71.2	76.2
Life Expectancy at Birth, Male, Years	● ▲ 68.1	73.2
Median Age of Total Population	● ▲ 18.3	22.3
Population 60 Years and Over, %	● ▲ 3.1	4.2
Dependency Ratio	● ▲ 85	59

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.80	202.59	3.86	1577.30

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	6.6/8.0
No Education, Primary	8.6
Highest Level of Education	3.8
Provincial Low/High	5.1/7.7 Muscat/Al-Batinah
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	26.2/23.6
No Education, Primary	22.7
Highest Level of Education	16.3
Provincial Low/High	12.0/20.5 Muscat/Dhofar
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	75.0/107.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	10.4/12.7
No Education, Primary, %	26.7

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	13,337
Gross Domestic Product Growth Rate, Annual %	8	0
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 57	79
Antenatal Care, At Least One Visit, %	98	96
Deliveries Attended by Skilled Attendants, %	●▲ 90	95
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	53.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	33	15
Illiteracy Rate, % of Population 15 and Over, Female	62	29
Illiteracy Rate, % of Population 15 to 24, Male	5	0
Illiteracy Rate, % of Population 15 to 24, Female	25	1
Ratio of Girls to Boys, Primary Education	▲ 0.89	0.93
Ratio of Girls to Boys, Secondary Education	▲ na	0.96
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	81
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	80
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	82
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	79
Children Underweight Under 5, Male, %	na	23
Children Underweight Under 5, Female, %	na	24
Stunted Children under 5, Severe, %	na	8
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	24
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.9	21.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	101.0	45.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.6	25.6
Mean Age at Marriage, Female	19.2	19.2
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	81.4
Labor Force Participation Rate, 15-64, Female	na	16.6
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	284.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	36.1
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	6.3
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	93.3/87.6
No Education, Primary, %	89.1
Highest Level of Education, %	97.6
Provincial Low/High, %	81.8/97.5
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	21.6/12.0
No Education, Primary, %	16.3
Highest Level of Education, %	28.9
Provincial Low/High, %	6.7/19.5
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	3.5/4.7
No Education, Primary, %	4.6
Highest Level of Education, %	2.1
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na



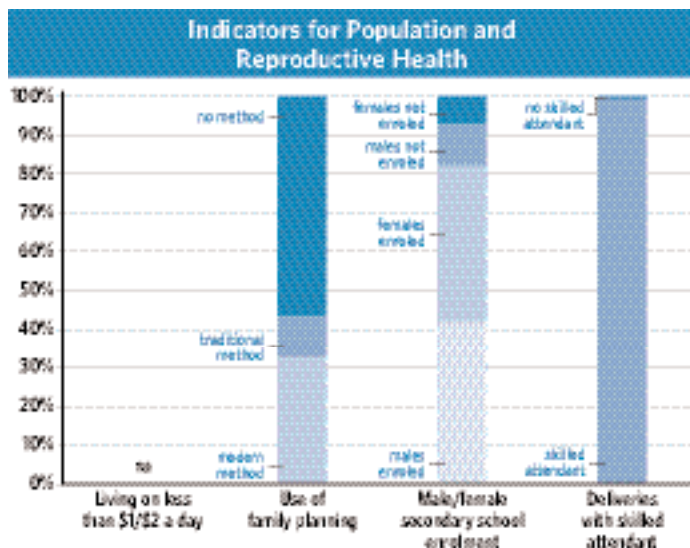
Overview

Qatar's population, now estimated at 813,000, increased more than fourfold between 1975 and 2005. However, the annual population growth rate has decreased dramatically, almost 75 per cent, through that period and is now 3.9 per cent per year. The population remains very young: the proportion younger than age 15 now accounts for six times the share of the population ages 60 and above. Because of changing fertility and mortality levels, it is estimated that by the year 2025, the population above age 60 will exceed the population younger than 15.

In its response to a recent United Nations inquiry, the government reported that the population growth rate is satisfactory. The government also indicated that it seeks to increase the native Qatari population; currently, foreign laborers comprise the majority of the total population. The percentage of women participating in the workforce has tripled in the last two decades, and is now approaching 40 per cent.

Qatar has experienced major improvements in rates of infant, maternal, and under-five mortality. It has also established public health clinics and programmes to provide services to mothers and children. Access to and availability of care for pregnant women reached 100 per cent in the year 2000, and the government provides a range of contraceptive supplies. The infant mortality rate was cut in half between 1980 and 2000. Contributing to the relatively low maternal mortality ratio (under 10 deaths per 100,000 live births) is the fact that 99 per cent of all deliveries are with skilled attendants.

The total fertility rate declined from a high of 6.97 lifetime births per woman in the 1950s though early 1970s to the current rate of 3.6. The contraceptive prevalence rate for any method was estimated at over 43 per cent, compared to over 32 per cent for modern methods. Life expectancy at birth for both men and women has reached levels comparable to several other developed countries.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	313.2	547.5
Population in Thousands, Female	154.3	265.4
Population Growth Rate, %	na	3.9
Crude Birth Rate per 1,000 Population	23.4	22.0
Crude Death Rate per 1,000 Population	3.5	3.1
Urban Population, %	89.3	92.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	52.9	60.2
Total Fertility Rate per Woman 15-49	4.40	3.59
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	32.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	43.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	7
MMR, Lower Bound	● ▲ na	3
MMR, Upper Bound	● ▲ na	14
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	5.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 19.0	10.9
Under Age 5 Mortality Rate, Total	● ▲ 20	13
Under Age 5 Mortality Rate, Female	● ▲ na	13
Under Age 5 Mortality Rate, Male	● ▲ na	17
Life Expectancy at Birth, Total, Years	● ▲ 69.2	73.2
Life Expectancy at Birth, Female, Years	● ▲ 72.1	76.5
Life Expectancy at Birth, Male, Years	● ▲ 67.6	71.6
Median Age of Total Population	● ▲ 29.6	30.9
Population 60 Years and Over, %	● ▲ 2.1	2.6
Dependency Ratio	● ▲ 40	30

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.42	731.17	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	na
Income Group per World Bank Classification	na	High income: non OECD
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 91	100
Antenatal Care, At Least One Visit, %	100	100
Deliveries Attended by Skilled Attendants, %	●▲ 100	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	23	18
Illiteracy Rate, % of Population 15 and Over, Female	24	14
Illiteracy Rate, % of Population 15 to 24, Male	12	6
Illiteracy Rate, % of Population 15 to 24, Female	7	2
Ratio of Girls to Boys, Primary Education	▲ 0.91	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	107
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	104
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	92
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	96
Children Underweight Under 5, Male, %	na	7
Children Underweight Under 5, Female, %	na	5
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	46
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	50
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	12.5	13.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	26.5	18.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	26.6	26.6
Mean Age at Marriage, Female	22.7	22.7
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	92.3
Labor Force Participation Rate, 15-64, Female	na	36.3
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	73.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	36.8
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Saudi Arabia

Overview

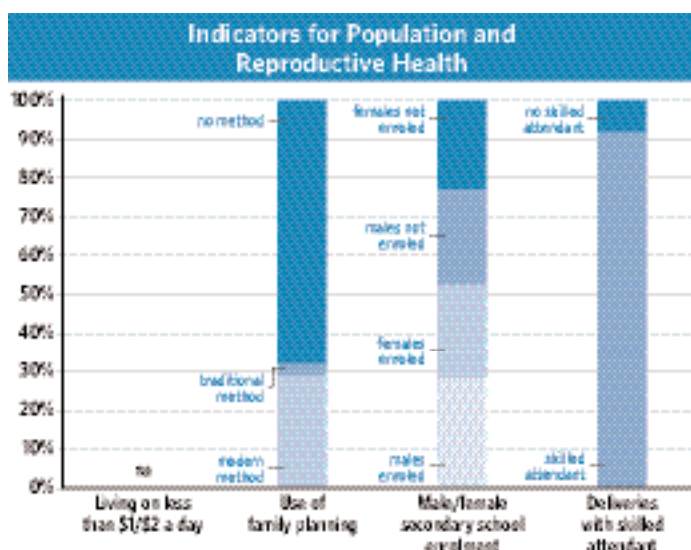
Saudi Arabia's population is estimated at 24.6 million, with 89 per cent living in urban areas. The annual population growth rate declined from 5 per cent in 1975 to 2.5 per cent in 2005, and is expected to drop to under 2 per cent by the year 2025. The total fertility rate has fallen from 7.3 lifetime births per woman in 1975 to 4.8 in 2005. Young people between the ages of 15 and 24 comprise 19 per cent of the population.

Although the population growth rate and the TFR remain high, the government's policies are pronatalist, reflecting concerns about the population's proportion of native-born citizens. In its response to a 2003 United Nations inquiry, the government indicated that the size of the country's working-age population is of major concern and it considers the level of immigration to be too high. The return of Saudi nationals is being encouraged. Adolescent fertility and HIV/AIDS are also of major concern. National programmes provide HIV counseling and testing for injecting drug users, for whom drug rehabilitation treatment is provided free of charge.

The government provides indirect support for modern contraceptives. Just under 33 per cent of married women use a modern method of contraception.

Saudi Arabia has experienced marked decreases in both infant and child mortality since the mid-1980s, attributed in part to a marked increase in the number of hospitals and health facilities. Major improvements were also registered in the maternal mortality ratio, currently estimated at 23 deaths per 100,000 live births. Ninety-one per cent of deliveries take place with skilled attendants.

The gender gap in education has been bridged in a relatively short period. Adult education and literacy drives have made substantial contributions to female education — nearly three quarters of all Saudi women can read and write. Efforts are also being made by the government to develop policies promoting women in the labor force with an aim of creating more employment options for Saudi women.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	9,127.3	13,259.3
Population in Thousands, Female	7,251.9	11,313.8
Population Growth Rate, %	na	2.5
Crude Birth Rate per 1,000 Population	36.4	32.9
Crude Death Rate per 1,000 Population	5.2	3.7
Urban Population, %	78.2	88.5
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.6	51.4
Total Fertility Rate per Woman 15-49	5.95	4.77
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	28.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	31.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 130	23
MMR, Lower Bound	● ▲ na	12
MMR, Upper Bound	● ▲ na	46
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	12.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 37.3	20.5
Under Age 5 Mortality Rate, Total	● ▲ 39	24
Under Age 5 Mortality Rate, Female	● ▲ na	23
Under Age 5 Mortality Rate, Male	● ▲ na	26
Life Expectancy at Birth, Total, Years	● ▲ 67.5	72.2
Life Expectancy at Birth, Female, Years	● ▲ 69.5	74.4
Life Expectancy at Birth, Male, Years	● ▲ 66.2	70.5
Median Age of Total Population	● ▲ 19.5	21.6
Population 60 Years and Over, %	● ▲ 3.5	4.6
Dependency Ratio	● ▲ 78	67

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.30	264.77	na	2920.34

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	12,845
Gross Domestic Product Growth Rate, Annual %		-1	1
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	95	95
Antenatal Care, At Least One Visit, %		70	90
Deliveries Attended by Skilled Attendants, %	●▲	82	91
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		24	14
Illiteracy Rate, % of Population 15 and Over, Female		50	27
Illiteracy Rate, % of Population 15 to 24, Male		9	4
Illiteracy Rate, % of Population 15 to 24, Female		21	6
Ratio of Girls to Boys, Primary Education	▲	0.84	0.92
Ratio of Girls to Boys, Secondary Education	▲	na	0.86
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	68
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	65
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	70
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	63
Children Underweight Under 5, Male, %		na	17
Children Underweight Under 5, Female, %		na	12
Stunted Children under 5, Severe, %		na	6.8`
Wasted Children under 5, Severe, %		na	2
Undernourished People, %		4.0	3.0
Refugees, Number		28,700	240,835
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	93
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.5	18.5
Age-Specific Fertility Rate per 1,000 Women, 15-20		51.5	32.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		25.6	25.6
Mean Age at Marriage, Female		21.7	21.7
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.2
Gender Empowerment Measure, Rank		na	77.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	83.7
Labor Force Participation Rate, 15-64, Female		na	18.6
Seats in Parliament Held by Women, %		na	0.0
Female Legislators, Senior Officials and Managers, %		na	1.0
Female Professional and Technical Workers, %		na	31.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	3,061.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	38.9
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Somalia



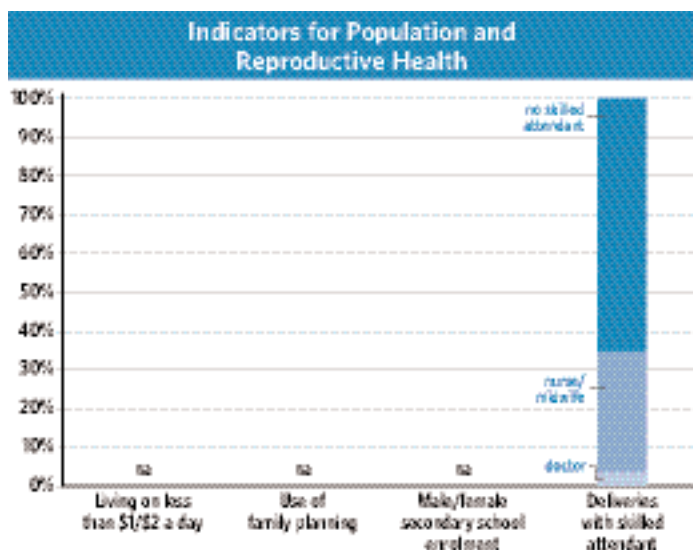
Overview

Since 1991, Somalia has experienced prolonged internal strife and violence. The country, which continues to be divided among various local and regional authorities, has no central government with the power and authority to regulate and control the entire country. Humanitarian relief organizations have just begun to return to Somalia to support the provision of basic and essential services. However, security continues to be a fundamental concern.

Although the population is currently estimated to be about 8.2 million, this number is not considered reliable. There has not been a census since 1987, and the years of conflict with resulting low levels of infrastructure and high numbers of displaced persons, make health and population data difficult to obtain. Nonetheless, estimates on a range of indicators highlight the difficult lives of Somalis. The maternal mortality ratio is estimated to be as high as 1,100 deaths per 100,000 live births; infant and under-five mortality rates are as high as 120 and 199 deaths per 1,000 live births, respectively; and life expectancy at birth is around 47 years. Somali women average about 6 lifetime births each over the course of their reproductive lives.

Female genital cutting (FGC) is nearly universal in the country. Up to 99 per cent of all girls and women have undergone FGC by the age of 12. On a positive note, data suggest there is a growing trend away from the radical "Pharaonic" form of circumcision to the less radical "Sunna" form.

During the last ten years, considerable resources have been invested by the international community in rehabilitating the water and sanitation systems damaged during the civil war. A large number of water systems were rehabilitated in major towns and districts. Overall, more Somalis have access to clean water now than six years ago. Nonetheless, extensive contamination of surface supplies remains a problem and no more than 29 per cent the population has access to clean drinking water.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	3,301.3	4,081.1
Population in Thousands, Female	3,372.8	4,146.8
Population Growth Rate, %	na	3.1
Crude Birth Rate per 1,000 Population	46.1	52.4
Crude Death Rate per 1,000 Population	21.6	17.1
Urban Population, %	29.4	35.9
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	45.4	46.9
Total Fertility Rate per Woman 15-49	6.80	6.42
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,600	1,100
MMR, Lower Bound	● ▲ na	270
MMR, Upper Bound	● ▲ na	2,000
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	49.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 148.7	119.6
Under Age 5 Mortality Rate, Total	● ▲ 270	199
Under Age 5 Mortality Rate, Female	● ▲ na	187
Under Age 5 Mortality Rate, Male	● ▲ na	203
Life Expectancy at Birth, Total, Years	● ▲ 42.1	47.5
Life Expectancy at Birth, Female, Years	● ▲ 43.8	48.7
Life Expectancy at Birth, Male, Years	● ▲ 40.5	46.3
Median Age of Total Population	● ▲ 17.1	17.9
Population 60 Years and Over, %	● ▲ 4.5	4.2
Dependency Ratio	● ▲ 93	88

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.20	2.77	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	129.0/144.0
No Education, Primary	135.0
Highest Level of Education	136.0
Provincial Low/High	113.0/137.0 North, West/Central, South
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	2	2
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 56	29
Antenatal Care, At Least One Visit, %	na	32
Deliveries Attended by Skilled Attendants, %	● ▲ na	34
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ na	na
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	● ▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	● ▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	● ▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	● ▲ na	na
Children Underweight Under 5, Male, %	na	26
Children Underweight Under 5, Female, %	na	25
Stunted Children under 5, Severe, %	na	12
Wasted Children under 5, Severe, %	na	4
Undernourished People, %	na	na
Refugees, Number	500	368
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	196
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.7	18.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	76.5	68.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	26.5
Mean Age at Marriage, Female	na	20.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	2
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	13.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	87.8
Labor Force Participation Rate, 15-64, Female	na	65.2
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	933.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	35.8
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	27.3/12.1
No Education, Primary, %	13.9
Highest Level of Education, %	47.6
Provincial Low/High, %	14.9/24.4 North, West/North, East
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	7.5/18.3
No Education, Primary, %	10.5
Highest Level of Education, %	22.2
Provincial Low/High, %	2.8/34.2 Central, South/North, East
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	4.2/8.4
No Education, Primary, %	7.8
Highest Level of Education, %	3.2
Provincial Low/High, %	2.8/9.5 North, West/Central, South
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Sudan



Overview

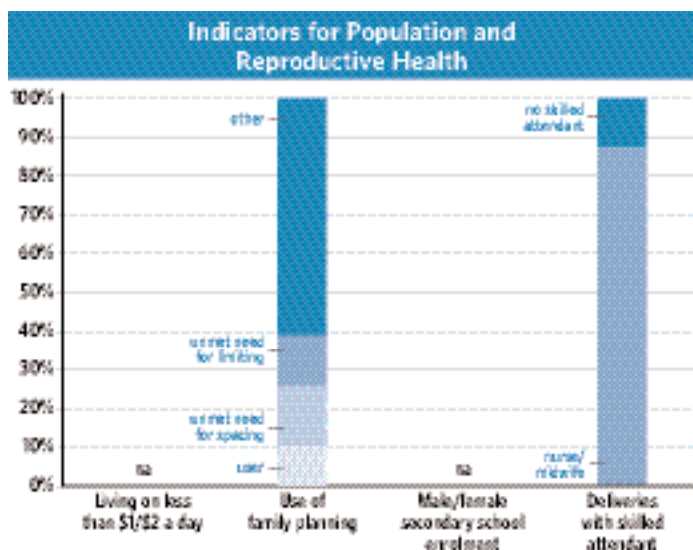
In 2004, the Sudan was in the midst of a political and humanitarian crisis. Severe drought and the genocide in Darfur essentially brought development efforts to a halt. The international community is working with the government to bring the tragic events to a peaceful resolution and to begin to address the grinding poverty that undermines the country's quality of life. According to some estimates, over 90 per cent of the Sudanese population of 36.2 million, survive on less than \$1 per day.

The country's population and health data are generally weak. Although there have been four population censuses since independence in 1956, the last one, in 1993, did not cover the whole country, particularly the southern part. Plans for the fifth census have been delayed due to the protracted civil war.

Women in the Sudan face very high maternal health risks. A Sudanese woman's lifetime risk of dying from pregnancy-related causes is estimated at 1 in 30. The maternal mortality ratio is estimated at 590 deaths per 100,000 live births.

The total fertility rate is 4.8 lifetime births per woman, and knowledge of family planning is far from universal. Only 71 per cent of currently married women are aware of at least one method of family planning. The contraceptive prevalence rate is only 8 per cent with less than 7 per cent using a modern method. Unmet need for family planning is calculated at 29 per cent.

Female genital cutting is observed throughout Sudan, although at varying degrees of prevalence in different regions. The data collected in the 2003 Safe Motherhood Survey found that 90 per cent of women ages 15-49 were circumcised in northern Sudan, and 49 per cent in West Darfur.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	13,093.7	18,235.4
Population in Thousands, Female	12,972.4	17,997.6
Population Growth Rate, %	na	2.0
Crude Birth Rate per 1,000 Population	38.8	36.0
Crude Death Rate per 1,000 Population	13.6	11.0
Urban Population, %	26.6	40.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.5	49.3
Total Fertility Rate per Woman 15-49	5.60	4.77
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	5.6	6.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	8.7	8.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 660	590
MMR, Lower Bound	● ▲ na	150
MMR, Upper Bound	● ▲ na	1,100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	29.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 94.5	68.6
Under Age 5 Mortality Rate, Total	● ▲ 151	113
Under Age 5 Mortality Rate, Female	● ▲ na	123
Under Age 5 Mortality Rate, Male	● ▲ na	131
Life Expectancy at Birth, Total, Years	● ▲ 52.5	56.6
Life Expectancy at Birth, Female, Years	● ▲ 54.1	58.0
Life Expectancy at Birth, Male, Years	● ▲ 51.1	55.2
Median Age of Total Population	● ▲ 18.1	20.1
Population 60 Years and Over, %	● ▲ 4.9	5.6
Dependency Ratio	● ▲ 87	75

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.00	3.88	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.6/5.0
No Education, Primary	5.2
Highest Level of Education	3.0
Provincial Low/High	3.2/5.2 Northern/Darfur
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	75.2/78.0
No Education, Primary	85.8
Highest Level of Education	41.5
Provincial Low/High	64.2/95.7 Kordofan/Darfur
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	30.0/66.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	7.2/13.5
No Education, Primary, %	21.3

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	2,046
Gross Domestic Product Growth Rate, Annual %		2	6
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	69
Antenatal Care, At Least One Visit, %		40	75
Deliveries Attended by Skilled Attendants, %	●▲	60	87
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	35.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	42.9
Illiteracy Rate, % of Population 15 and Over, Male		40	27
Illiteracy Rate, % of Population 15 and Over, Female		68	47
Illiteracy Rate, % of Population 15 to 24, Male		24	14
Illiteracy Rate, % of Population 15 to 24, Female		46	22
Ratio of Girls to Boys, Primary Education	▲	0.75	0.82
Ratio of Girls to Boys, Secondary Education	▲	na	1.61
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	64
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	56
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	39
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	32
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		31.0	25.0
Refugees, Number		725,600	138,163
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	484
Estimated HIV Prevalence, 15-49, Total		na	2.3
Estimated HIV Prevalence, 15-49, Male		na	1.9
Estimated HIV Prevalence, 15-49, Female		na	2.6

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.7	20.1
Age-Specific Fertility Rate per 1,000 Women, 15-20		76.5	51.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		24.1	24.1
Married by 18, Percent, Female, 25-49		36.9	36.9
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	12
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	18.0
HIV Prevalence, 15-24, Total	▲	na	2.1
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		76.0	74.9
Labor Force Participation Rate, 15-64, Female		24.0	30.0
Seats in Parliament Held by Women, %		na	9.7
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	3,266.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	29.2
Unmet Need for Family Planning, Spacing, %	●	15.5	15.5
Unmet Need for Family Planning, Limiting, %	●	13.4	13.4
Unmet Need for Family Planning, Total, %	●	28.9	28.9
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	3.7	
Provincial Low/High, %	4.3/18.3	Northern/Eastern
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	96.5/80.9	
No Education, Primary, %	76.5	
Highest Level of Education, %	98.0	
Provincial Low/High, %	61.8/99.2	Darfur/Northern
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	13.2/3.2	
No Education, Primary, %	3.1	
Highest Level of Education, %	19.4	
Provincial Low/High, %	1.1/18.1	Darfur/Khartoum
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	5.6/13.3	
No Education, Primary, %	13.8	
Highest Level of Education, %	3.7	
Provincial Low/High, %	5.2/16.2	Khartoum/Kordofan
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

Syrian Arab Republic

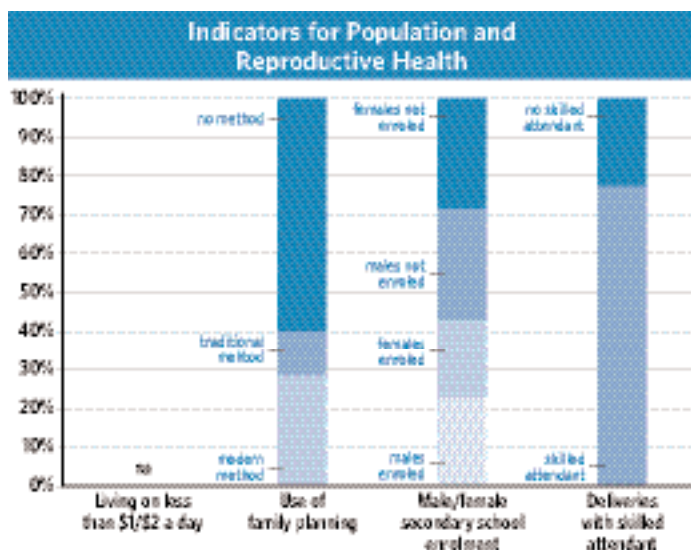
Overview

Since 1990, the total fertility rate in Syria has fallen from 5.4 to 4.2 lifetime births per woman. Thirty-six per cent of reproductive-age women are using some form of contraception. Yet because of past high fertility, the country's population of 19 million is still growing at 2.4 per cent per year, and is expected to nearly double by 2050 to 35.9 million.

Syria has made progress in maternal and child health. The maternal mortality ratio has declined from 180 maternal deaths per 100,000 live births in 1990 to 160 in 2000, and the infant mortality rate decreased from 36 deaths per 1,000 live births in 1990 to 17 in 2005. The country's Safe Motherhood Strategy seeks to reduce maternal mortality to 32 deaths per 100,000 live births, and the infant mortality rate to 12 deaths per 1,000 births.

The government has increased its focus on population issues. In 2003, a State Minister for Population Affairs was appointed for the first time. In addition, efforts are being made by the Ministry of Health to secure supplies of contraceptives. The Ministry of Health increased its contribution to the 6th UNFPA County Programme by US\$1.5 million to support the purchase of contraceptives for 2005-2006. This is a significant policy step because laws against prescribing and selling contraceptives are still punishable under the Syrian Penal Code.

Women's issues have received considerable attention during the past three years. Changes to the Wages Increment Act in May 2002 granted women a 120-day paid maternity leave for the first infant, 90 for the second and 75 for the third. The Convention on Eliminating all Forms of Discrimination against Women (CEDAW) was signed into law in September 2002. In 2004, 30 women were elected to Parliament (12 per cent of the total) and the Syrian Commission for Family Affairs (SCFA) was established.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	6,445.7	9,584.7
Population in Thousands, Female	6,397.3	9,458.6
Population Growth Rate, %	na	2.4
Crude Birth Rate per 1,000 Population	36.6	29.6
Crude Death Rate per 1,000 Population	5.2	3.4
Urban Population, %	48.9	50.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	43.7	53.4
Total Fertility Rate per Woman 15-49	5.38	4.23
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	28.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	36.1
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 180	160
MMR, Lower Bound	● ▲ na	41
MMR, Upper Bound	● ▲ na	310
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 35.5	16.9
Under Age 5 Mortality Rate, Total	● ▲ 37	19
Under Age 5 Mortality Rate, Female	● ▲ na	25
Under Age 5 Mortality Rate, Male	● ▲ na	28
Life Expectancy at Birth, Total, Years	● ▲ 68.2	73.8
Life Expectancy at Birth, Female, Years	● ▲ 70.0	75.6
Life Expectancy at Birth, Male, Years	● ▲ 66.6	71.9
Median Age of Total Population	● ▲ 15.9	20.6
Population 60 Years and Over, %	● ▲ 4.2	4.7
Dependency Ratio	● ▲ 103	67

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.30	26.16	4.17	239.28

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.4/3.4
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	19.2/16.9
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	3,575
Gross Domestic Product Growth Rate, Annual %	2	4
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 79	79
Antenatal Care, At Least One Visit, %	40	51
Deliveries Attended by Skilled Attendants, %	●▲ 80	77
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	66.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	18	9
Illiteracy Rate, % of Population 15 and Over, Female	52	34
Illiteracy Rate, % of Population 15 to 24, Male	8	4
Illiteracy Rate, % of Population 15 to 24, Female	33	17
Ratio of Girls to Boys, Primary Education	▲ 0.87	0.89
Ratio of Girls to Boys, Secondary Education	▲ na	0.87
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	118
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	112
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	50
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	46
Children Underweight Under 5, Male, %	na	14
Children Underweight Under 5, Female, %	na	12
Stunted Children under 5, Severe, %	na	10
Wasted Children under 5, Severe, %	na	3
Undernourished People, %	5.0	4.0
Refugees, Number	5,700	3,681
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	943
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.0	22.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	75.0	33.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	25.7
Mean Age at Marriage, Female	na	21.5
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	84.3
Labor Force Participation Rate, 15-64, Female	na	24.5
Seats in Parliament Held by Women, %	8.0	12.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	2,146.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	33.5
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	41.7/27.5
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Tunisia



Overview

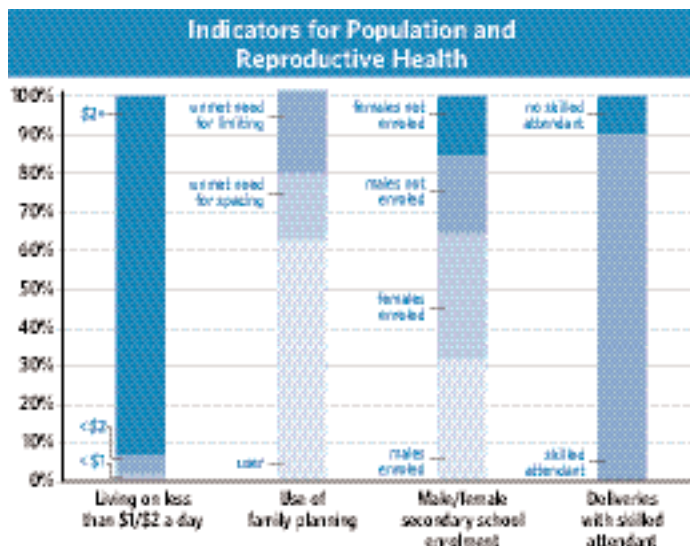
Tunisia, with a population of 10.1 million, accords high priority to education and health, allocating half the 2004 government budget to social sectors. Two current priorities are to eliminate substandard housing and enhance employment opportunities for recent high school and college graduates, particularly girls, who represent half of university enrolment as of 2003/2004.

Tunisia is in the last phase of its demographic transition. It has a life expectancy at birth of roughly 74 years, and 21 per cent of its population is ages 15-24. This will have a bearing on the level and nature of the demand for reproductive health services — including ones related to post-menopausal issues, cancer screening and the prevention of sexually transmitted infections and unwanted pregnancies.

Building on a long history of investments in family planning and reproductive health, Tunisia endorsed the recommendations of the International Conference on Population and Development (ICPD) and the ICPD+5. As indicated in the ICPD+10 national report, the country has achieved most of the ICPD thresholds: 90 per cent of all births take place with skilled attendants; contraceptive prevalence rate is 60 per cent; and primary school enrolment is 113 gross per cent for boys and 109 gross per cent for girls. Tunisia has a good record in providing institutional support for gender equity and has ratified the Convention on the Elimination of All Forms of Discrimination against Women.

The country is primarily urban, with nearly two-thirds (64 per cent) of the population living in cities. Health status and access to services is weaker in rural and suburban areas in the southern and central-western regions. In 1995, for example, there was a 30 per cent gap in skilled attendance at birth between rural and urban areas. The country's 10th Plan for Economic and Social Development includes strategies to address these gaps, as well as improve access to reproductive health services for young people and adolescents.

Tunisia continues to be a leader in South-South cooperation, providing technical expertise to other developing countries.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,155.0	5,089.7
Population in Thousands, Female	4,064.2	5,012.8
Population Growth Rate, %	na	1.1
Crude Birth Rate per 1,000 Population	27.2	18.7
Crude Death Rate per 1,000 Population	6.5	5.4
Urban Population, %	57.9	64.4
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	48.9	57.7
Total Fertility Rate per Woman 15-49	3.63	2.75
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	40.4	51.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	49.8	60.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 170	120
MMR, Lower Bound	● ▲ na	49
MMR, Upper Bound	● ▲ na	190
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	14.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 41.6	20.6
Under Age 5 Mortality Rate, Total	● ▲ 40	23
Under Age 5 Mortality Rate, Female	● ▲ na	24
Under Age 5 Mortality Rate, Male	● ▲ na	29
Life Expectancy at Birth, Total, Years	● ▲ 68.4	73.6
Life Expectancy at Birth, Female, Years	● ▲ 70.5	75.8
Life Expectancy at Birth, Male, Years	● ▲ 66.8	71.6
Median Age of Total Population	● ▲ 20.8	26.8
Population 60 Years and Over, %	● ▲ 7.1	8.6
Dependency Ratio	● ▲ 74	47

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.90	63.00	4.92	427.86

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.5/1.9
No Education, Primary	4.2
Highest Level of Education	1.6
Provincial Low/High	3.1/6.0 Tunis/Centre Ouest
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	22.3/50.4
No Education, Primary	63.5
Highest Level of Education	35.1
Provincial Low/High	39.6/75.4 Tunis/Sud
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	17.5/38.2
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	1.6/4.6
No Education, Primary, %	5.8

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	7,083
Gross Domestic Product Growth Rate, Annual %	3	5
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ 7.4	7.6
Share of Income or Consumption by Poorest Quintile	na	2.3
Access to Improved Water Supply, %	▲ 65	82
Antenatal Care, At Least One Visit, %	60	79
Deliveries Attended by Skilled Attendants, %	●▲ 60	90
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	71.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	28	14
Illiteracy Rate, % of Population 15 and Over, Female	53	33
Illiteracy Rate, % of Population 15 to 24, Male	7	1
Illiteracy Rate, % of Population 15 to 24, Female	25	7
Ratio of Girls to Boys, Primary Education	▲ 0.85	0.91
Ratio of Girls to Boys, Secondary Education	▲ na	1.01
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	113
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	109
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	75
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	81
Children Underweight Under 5, Male, %	na	4
Children Underweight Under 5, Female, %	na	4
Stunted Children under 5, Severe, %	na	3
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	na	na
Refugees, Number	100	99
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	7
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.1	20.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	21.5	7.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	27.1
Mean Age at Marriage, Female	na	22.6
Married by 18, Percent, Female, 25-49	21.4	21.4
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	51.8
Labor Force Participation Rate, 15-64, Female	na	18.1
Seats in Parliament Held by Women, %	4.0	11.5
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	503.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	16.1
Unmet Need for Family Planning, Spacing, %	● 17.3	17.3
Unmet Need for Family Planning, Limiting, %	● 21.3	21.3
Unmet Need for Family Planning, Total, %	● 38.6	38.6
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	0.7
Provincial Low/High, %	1.3/6.5 Tunis/Centre Ouest
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	93.4/65.5
No Education, Primary, %	55.5
Highest Level of Education, %	97.1
Provincial Low/High, %	64.2/95.2 Central West/Great Tunis
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	52.7/53.7
No Education, Primary, %	37.4
Highest Level of Education, %	44.5
Provincial Low/High, %	46.0/70.0 Centre Ouest/Great Tunis
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.8/2.8
No Education, Primary, %	2.4
Highest Level of Education, %	0.5
Provincial Low/High, %	0.0/2.6 Tunis/Centre Est
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

United Arab Emirates

Overview

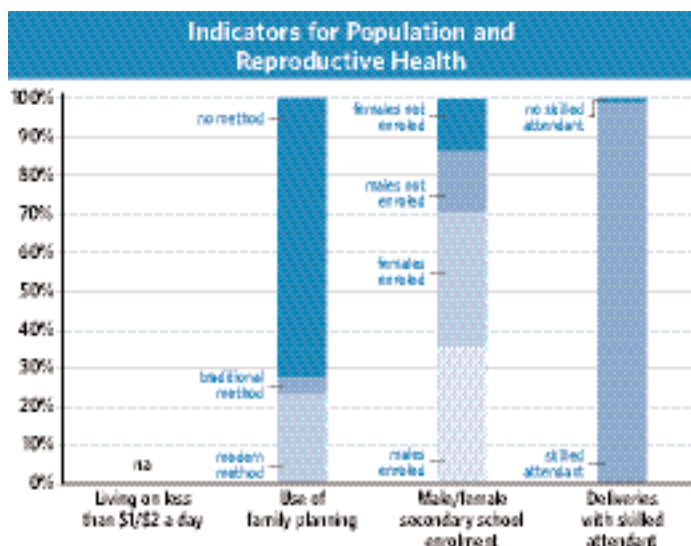
The population of the United Arab Emirates (UAE) is 4.5 million with a current annual growth rate of 4.4 per cent. In contrast, vast national development projects over the last 30 years led to sharp increases in the population growth rate, as high as 14 per cent at times, due to the immigration of foreign laborers.

Like other Gulf Countries, UAE has added many years to life expectancy through declines in mortality levels. The life expectancy is 81 years for females and 77 for males. Sustaining these gains will require control of such emerging health threats as heart and other degenerative diseases, as well as HIV/AIDS.

Responding to a recent United Nations inquiry, the government views its population growth rate as satisfactory and level of immigration as too high. The total fertility rate stands at 3.4 lifetime births per woman. The government provides indirect support for contraceptive methods. The estimated contraceptive prevalence rate for any method is 27.5 per cent, with 23.6 per cent of women using modern methods.

Maternal and child health (MCH) is given priority in all health strategies. MCH programs include care of mothers and women of childbearing age. Antenatal care is offered to all pregnant women and as a result, nearly 100 per cent of deliveries occur in hospitals. In addition, a screening programme for breast cancer has been initiated and another for cervical cancer is being established.

The General Women's Union, an umbrella organization for women's societies, champions issues of concern for women, children and the family and has been instrumental in introducing health education and literacy programmes throughout the country. Literacy among women is higher than among men and the country has been credited for its progress with regard to social participation. Education in the UAE is free at all levels and universal primary school enrolment has been achieved.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,222.3	3,063.0
Population in Thousands, Female	646.0	1,432.9
Population Growth Rate, %	na	4.4
Crude Birth Rate per 1,000 Population	26.6	19.0
Crude Death Rate per 1,000 Population	2.8	1.3
Urban Population, %	82.8	85.5
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	52.0	61.3
Total Fertility Rate per Woman 15-49	4.35	3.36
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	23.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	27.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 26	54
MMR, Lower Bound	● ▲ na	14
MMR, Upper Bound	● ▲ na	100
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	5.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 19.5	8.3
Under Age 5 Mortality Rate, Total	● ▲ 18	9
Under Age 5 Mortality Rate, Female	● ▲ na	14
Under Age 5 Mortality Rate, Male	● ▲ na	17
Life Expectancy at Birth, Total, Years	● ▲ 72.5	78.5
Life Expectancy at Birth, Female, Years	● ▲ 75.0	81.4
Life Expectancy at Birth, Male, Years	● ▲ 70.9	76.8
Median Age of Total Population	● ▲ 27.3	29.0
Population 60 Years and Over, %	● ▲ 2.0	1.6
Dependency Ratio	● ▲ 45	30

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.30	595.03	1.39	1524.47

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.2/6.6
No Education, Primary	7.3
Highest Level of Education	3.3
Provincial Low/High	3.6/8.1 Dubai/Fujaira
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	11.3/14.5
No Education, Primary	14.8
Highest Level of Education	7.0
Provincial Low/High	9.0/15.4 Abu Dhabi/Ali-Ain
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	38.0/48.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	5.8/6.1
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	-2	2
Income Group per World Bank Classification	na	High income: non OECD
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 100	100
Antenatal Care, At Least One Visit, %	76	97
Deliveries Attended by Skilled Attendants, %	●▲ 97	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	29	23
Illiteracy Rate, % of Population 15 and Over, Female	29	17
Illiteracy Rate, % of Population 15 to 24, Male	18	11
Illiteracy Rate, % of Population 15 to 24, Female	11	4
Ratio of Girls to Boys, Primary Education	▲ 0.93	0.92
Ratio of Girls to Boys, Secondary Education	▲ na	0.98
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	98
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	95
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	78
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	80
Children Underweight Under 5, Male, %	na	16
Children Underweight Under 5, Female, %	na	13
Stunted Children under 5, Severe, %	na	7
Wasted Children under 5, Severe, %	na	4
Undernourished People, %	4.0	4.0
Refugees, Number	na	160
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	63
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	14.9	17.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	74.0	20.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.6	25.6
Mean Age at Marriage, Female	23.1	23.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.3
Gender Empowerment Measure, Rank	na	65.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	90.9
Labor Force Participation Rate, 15-64, Female	na	32.2
Seats in Parliament Held by Women, %	na	0.0
Female Legislators, Senior Officials and Managers, %	na	8.0
Female Professional and Technical Workers, %	na	25.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	578.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	48.6
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	99.5/98.7
No Education, Primary, %	na
Highest Level of Education, %	99.8
Provincial Low/High, %	97.3/100.0 Ras Al-Khaima/Fujaira
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	25.4/19.7
No Education, Primary, %	19.6
Highest Level of Education, %	25.9
Provincial Low/High, %	12.1/27.9 Fujaira/Sharjah
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	2.9/3.8
No Education, Primary, %	4.4
Highest Level of Education, %	1.4
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Yemen



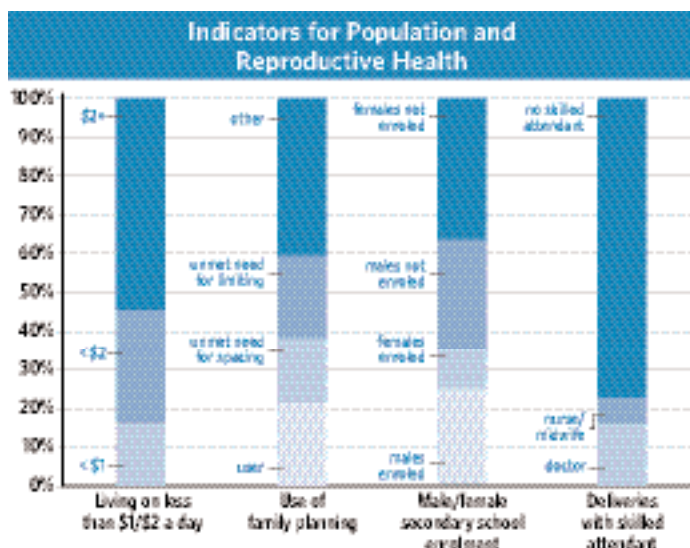
Overview

Yemen is classified as one of the world's 49 least developed countries, and nearly 42 per cent of Yemen's population of 21 million lives below the national poverty line. The government has developed a Poverty Reduction Strategy Paper (2003-2005), which addresses economic growth, job creation, provision of basic social services, safety nets for the poor, and gender equity. The strategy's objectives are in line with the Millennium Development Goals. The government is streamlining its political system. During the last general election held in April 2003, 88 per cent of registered voters participated (half of them women).

The country's demographic structure compounds its developmental challenges. Nearly half of Yemenis are younger than 15 years, a reflection of the high population growth rate of 3.12 per cent per year. The total fertility rate stands at 6.8 lifetime births per woman, among the highest in the world.

In response to a recent United Nations inquiry, the government indicated that its population growth rate is too high. There is also evidence that Yemeni women are ready to control their fertility. Unmet need for family planning is 39 per cent. In October 2002, at the 3rd National Population Conference, government and donor representatives reviewed the progress and challenges in implementing the National Population Policy (2001-2025) and identified the human, technical, and financial resources needed to implement it. The Cabinet endorsed the conference's conclusions, thus making them mandatory for the government and other relevant institutions.

Women's rights are advancing slowly. In March 2003, the government convened the 2nd National Women's Conference to endorse the National Gender Strategy. Nevertheless, the status of Yemeni women is extremely low: only 58 per cent of girls ages 15 to 24 are literate; for every 4 boys in primary schools there are only 3 girls; the maternal mortality ratio is 570 deaths per 100,000 live births; 22.6 per cent of Yemeni girls and women have experienced female genital cutting; and fewer than 1 per cent of Parliamentary seats are held by women.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	6,102.2	10,634.7
Population in Thousands, Female	5,983.4	10,339.9
Population Growth Rate, %	na	3.1
Crude Birth Rate per 1,000 Population	50.8	46.0
Crude Death Rate per 1,000 Population	12.8	8.0
Urban Population, %	21.3	26.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	41.8	45.6
Total Fertility Rate per Woman 15-49	7.95	6.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	6.1	9.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	7.2	20.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,400	570
MMR, Lower Bound	● ▲ na	330
MMR, Upper Bound	● ▲ na	810
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	37.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 98.3	63.8
Under Age 5 Mortality Rate, Total	● ▲ 130	87
Under Age 5 Mortality Rate, Female	● ▲ na	95
Under Age 5 Mortality Rate, Male	● ▲ na	100
Life Expectancy at Birth, Total, Years	● ▲ 54.3	61.5
Life Expectancy at Birth, Female, Years	● ▲ 55.0	62.9
Life Expectancy at Birth, Male, Years	● ▲ 53.6	60.2
Median Age of Total Population	● ▲ 14.3	16.5
Population 60 Years and Over, %	● ▲ 3.1	3.6
Dependency Ratio	● ▲ 116	95

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.00	6.22	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	4.5/6.7
No Education, Primary	6.9
Highest Level of Education	3.1
Provincial Low/High	5.8/6.8 Coastal/Mountainous
Poorest/Richest Quintile	8.3/6.4

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	67.7/76.7
No Education, Primary	92.7
Highest Level of Education	52.1
Provincial Low/High	87.9/94.9 Mountainous/Coastal
Poorest/Richest Quintile, %	108.5/60.0

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	163.1/73.0
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	85.0/113.0
Poorest/Richest Quintile	121.0/82.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	14.0/17.3
No Education, Primary, %	20.4

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	889
Gross Domestic Product Growth Rate, Annual %		na	4
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	15.7
Population Living Below National Poverty Line, %	▲	na	41.8
Share of Income or Consumption by Poorest Quintile		na	3.0
Access to Improved Water Supply, %	▲	na	69
Antenatal Care, At Least One Visit, %		27	35
Deliveries Attended by Skilled Attendants, %	●▲	na	22
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	37.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	47.8
Illiteracy Rate, % of Population 15 and Over, Male		45	28
Illiteracy Rate, % of Population 15 and Over, Female		87	67
Illiteracy Rate, % of Population 15 to 24, Male		26	14
Illiteracy Rate, % of Population 15 to 24, Female		75	42
Ratio of Girls to Boys, Primary Education	▲	na	0.60
Ratio of Girls to Boys, Secondary Education	▲	na	0.35
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	98
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	68
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	65
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	29
Children Underweight Under 5, Male, %		na	47
Children Underweight Under 5, Female, %		na	45
Stunted Children under 5, Severe, %		na	27
Wasted Children under 5, Severe, %		na	3
Undernourished People, %		35.0	33.0
Refugees, Number		59,700	61,881
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	596
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.0	21.4
Age-Specific Fertility Rate per 1,000 Women, 15-20		130.5	92.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		22.9	22.9
Mean Age at Marriage, Female		19.1	19.1
Married by 18, Percent, Female, 25-49		69.2	71.4
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.1
Gender Empowerment Measure, Rank		na	78.0
Malnourished Women, %		na	25.2
Labor Force Participation Rate, 15-64, Male		na	83.6
Labor Force Participation Rate, 15-64, Female		na	30.4
Seats in Parliament Held by Women, %		3.0	0.3
Female Legislators, Senior Officials and Managers, %		na	4.0
Female Professional and Technical Workers, %		na	15.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	2,812.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	42.0
Unmet Need for Family Planning, Spacing, %	●	na	17.2
Unmet Need for Family Planning, Limiting, %	●	na	21.4
Unmet Need for Family Planning, Total, %	●	na	38.6
Unmet Need for Family Planning, Thousands	●	na	1.1

Highest Level of Education	12.2	
Provincial Low/High, %	12.4/18.0	Coastal/Plateau and Desert
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	46.9/14.3	
No Education, Primary, %	16.9	
Highest Level of Education, %	78.1	
Provincial Low/High, %	10.1/28.8	Mountainous/Coastal
Poorest/Richest Quintile, %	6.8/49.7	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	27.0/9.2	
No Education, Primary, %	8.0	
Highest Level of Education, %	31.4	
Provincial Low/High, %	5.1/12.9	Mountainous/Plateau and Desert
Poorest/Richest Quintile, %	1.4/24.1	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	22.6/16.5	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	17.3/14.8	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	9.1/16.4	
No Education, Primary, %	15.5	
Highest Level of Education, %	3.1	
Provincial Low/High, %	12.2/17.6	Plateau and Desert/Mountainous
Poorest/Richest Quintile, %	19.8/6.3	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	12.5/77.6	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	47.5/83.5	
Malnourished Women:		
Poorest/Richest Quintile, %	39.0/13.1	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	17.2/67.8	

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

4:

Poverty and inequity continue to be key issues in Latin America and the Caribbean. The region faces the greatest socio-economic inequalities in the world, and changes in the distribution of income during the period between 1990 and 2002 have been minimal. This partly explains why many countries are lagging behind in their efforts to meet the poverty reduction targets laid out in the Millennium Development Goals (MDGs) for 2015. The region is also lagging behind in progress toward meeting the MDGs in the areas of HIV prevention and maternal mortality.

Some 222 million people (42.9 per cent) in the region are poor, with 96 million (18.1 per cent) living in extreme poverty. The determinants of poverty are manifold, and poverty reduction strategies need to intervene on several fronts simultaneously. However, a situational analysis of the region shows that the unmet need for reproductive health services is key. When women are capable of exercising control over their fertility, households are able to realize their desired family size and have the number of children they can comfortably support and nurture. Among poor women in the region, the gap between actual fertility and desired fertility is widest. In rural areas of Peru, for example, contraceptive prevalence of modern methods is only 33 per cent, and the gap between desired and observed fertility is 1.4 children. This pattern repeats itself in many countries of the region, especially among indigenous groups, people of African descent and rural women.

Equal access to quality reproductive health services can make a substantial contribution to reducing poverty and providing social services more equitably and efficiently. More equitable access — paid for, for instance, through targeted insurance schemes based on tax earnings — could eliminate the barrier of out-of-pocket expenses that keeps many poor households from receiving treatment for obstetric complications and sexually transmitted infections, including HIV. Equally important, investments in prevention of reproductive health problems could result in public savings, decrease case loads, and release millions from the burden of poor reproductive health.

Since the 1980s, the region has witnessed 'the construction of citizenship' — the progressive incorporation of social groups into a socio-political setting in which their human rights become actual entitlements. Progress has been most significant in the area of civic and political rights. During the 1980s and 1990s, relatively dynamic political competition emerged among different actors, including the growing civil society. However, progress in the arena of economic, social and cultural rights has been less impressive, as evidenced by the rigidity in income distribution and the limited progress on poverty-reduction targets. Social statistic indicators often mask wide

Latin America and the Caribbean

disparities among groups. For instance, even though literacy rates region-wide show considerable improvement, 38 per cent of indigenous women in Bolivia are illiterate, as are 59 per cent of indigenous women of Guatemala.

Despite evidence that socio-economic inequality has achieved greater priority in national and international decision-making, the specific issue of reproductive rights does not always garner comparable attention in social policies and programmes. Within certain politically powerful groups, there is a reluctance to deal with these issues as if they were rights — or even as public health issues. Much of the legislation on reproductive health and rights that has been debated in the region has been strongly contested. Some equate access for young people to reproductive health services — or to sexuality education — with promoting early and irresponsible sexual activity. However, with adolescent fertility rates still high and HIV prevalence rising among young people in many of the countries of the region, the need to address these issues is clear and demands sincere and open dialogue with young people about sexuality, reproductive health and gender.

The cultural and ideological factors that influence the policy environment and determine whether reproductive rights can be securely anchored in the social policy arena are compounded by debates regarding social investment priorities. Some poverty reduction programmes overlook reproductive health care. Likewise, basic insurance schemes — as in the case of Bolivia — often cover child and maternal health, but rarely do they integrate these services into a holistic package that includes family planning, voluntary testing and counselling or adolescent reproductive health services.

The region as a whole is moving into a phase of its demographic transition that could be used to overcome poverty — if appropriate investments and policies in place. By the year 2025, the region will have the possibility of realizing a demographic 'bonus' as the number of people in their most productive years (between 15 and 65) will outnumber older and younger dependents. It is a time in which the population structure favours savings and investments. The realization of reproductive rights will enable these people to control their fertility, giving them more options in life, including greater economic productivity and the possibility to save and invest. Other political, social and economic variables will come into play as well, including education, governance and employment, among others. Nevertheless, ensuring reproductive rights is a prerequisite for taking advantage of this potential demographic bonus.

Argentina



Overview

After a long period of growth and stability, economic reforms implemented in Argentina in the 1990's triggered a profound economic and social crisis in 2001. While the country's economy is growing again, Argentina's population, currently estimated at almost 39 million, continues to face economic uncertainty. As of 2003, only 43 per cent of women and 47 per cent of men were participating in the paid labor force. The quality of life of the working and middle classes has declined significantly and poverty remains a problem throughout the country. This situation has been aggravated by the government's economic policy, which includes cuts in social programmes such as health, education, social assistance and housing.

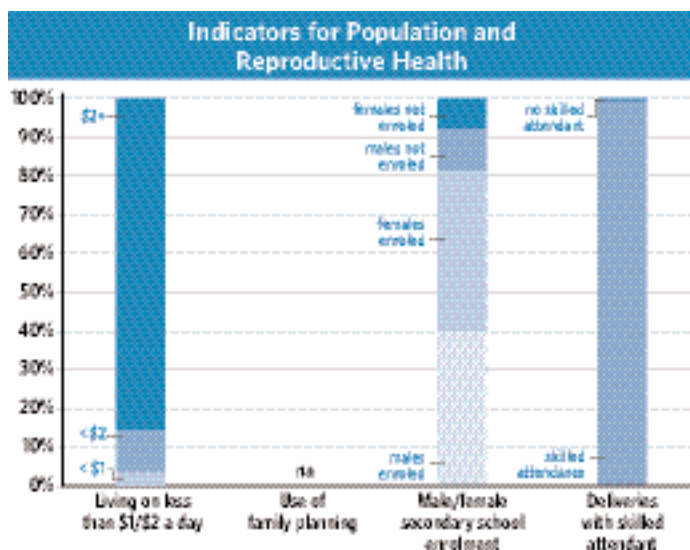
The government views current growth and fertility rates as satisfactory, although adolescent fertility and the spread of HIV/AIDS is cause for concern. The government also views under-five and maternal mortality as unacceptably high.

HIV prevalence among adults 15-49 is currently 0.7 per cent. Despite economic problems, the country spent \$US 75 million in 2002 in the fight against HIV/AIDS and is actively involved in negotiations for price reductions for anti-retrovirals.

A 1986 law made the state responsible for providing family planning services, although no real action has been taken to implement it. Lack of resources and ideological backlash at decision-making levels are to blame.

The Maternal and Child Health Programme provides coverage for women and children at highest risk, emphasizing antenatal care, skilled attendance at childbirth and monitoring of child health and development. Argentina has also reorganized health services to provide essential obstetric care.

The country has ratified the International Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Nevertheless, women are still predominantly employed in low-paid service-orientated work.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	15,996.7	18,948.5
Population in Thousands, Female	16,584.2	19,798.6
Population Growth Rate, %	na	1.0
Crude Birth Rate per 1,000 Population	21.7	19.9
Crude Death Rate per 1,000 Population	8.3	7.7
Urban Population, %	87.0	90.6
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	46.8	49.1
Total Fertility Rate per Woman 15-49	2.98	2.62
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 100	82
MMR, Lower Bound	● ▲ na	54
MMR, Upper Bound	● ▲ na	110
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	10.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 25.7	14.2
Under Age 5 Mortality Rate, Total	● ▲ 28	16
Under Age 5 Mortality Rate, Female	● ▲ na	21
Under Age 5 Mortality Rate, Male	● ▲ na	26
Life Expectancy at Birth, Total, Years	● ▲ 71.3	74.8
Life Expectancy at Birth, Female, Years	● ▲ 75.2	78.6
Life Expectancy at Birth, Male, Years	● ▲ 68.1	71.1
Median Age of Total Population	● ▲ 27.2	28.9
Population 60 Years and Over, %	● ▲ 12.9	13.9
Dependency Ratio	● ▲ 66	58

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.50	120.34	3.00	878.85

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	11,586
Gross Domestic Product Growth Rate, Annual %	-1	7
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	3.3
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	1.0
Access to Improved Water Supply, %	▲ na	79
Antenatal Care, At Least One Visit, %	na	95
Deliveries Attended by Skilled Attendants, %	●▲ 92	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	30.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	4	3
Illiteracy Rate, % of Population 15 and Over, Female	4	3
Illiteracy Rate, % of Population 15 to 24, Male	2	1
Illiteracy Rate, % of Population 15 to 24, Female	2	1
Ratio of Girls to Boys, Primary Education	▲ na	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	1.04
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	120
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	119
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	97
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	103
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	11,500	2,642
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	1,211
Estimated HIV Prevalence, 15-49, Total	na	0.7
Estimated HIV Prevalence, 15-49, Male	na	1.0
Estimated HIV Prevalence, 15-49, Female	na	0.3

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.2	17.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	73.0	59.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.8	25.8
Mean Age at Marriage, Female	23.3	23.3
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.6
HIV Prevalence, 15-24, Female	▲ na	0.3
HIV Prevalence, 15-24, Male	▲ na	0.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	21.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	85.7	46.6
Labor Force Participation Rate, 15-64, Female	33.6	43.0
Seats in Parliament Held by Women, %	5.0	31.3
Female Legislators, Senior Officials and Managers, %	na	26.0
Female Professional and Technical Workers, %	na	53.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,657.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	15.3
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Bahamas

Overview

The Commonwealth of the Bahamas has a population of 323,000 inhabitants, with 18 per cent between the ages of 15 and 24. Approximately 90 per cent of the population lives in urban areas, up from 84 per cent in 1990. The country ranks 50th out of 177 in the 2005 Human Development Index. Total fertility is 2.4 lifetime births per woman and the population growth rate is 1.3 per cent.

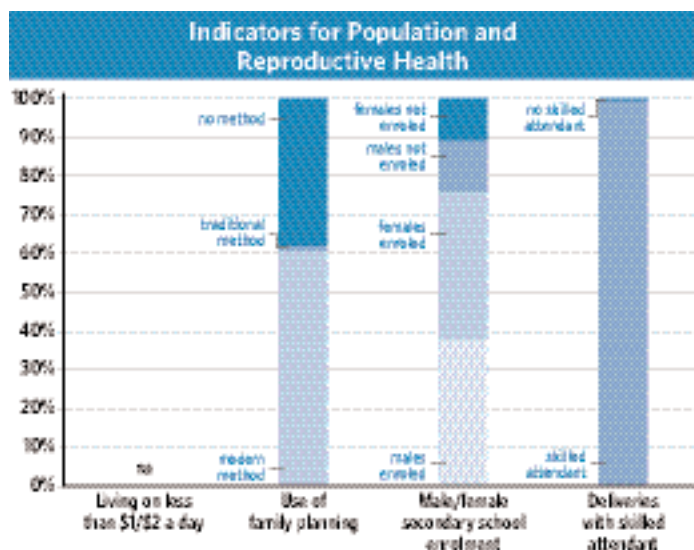
The Bahamas has no explicit population policy. The government is satisfied with the current rate of growth. However, it is concerned about general and adolescent fertility rates, the size of the working age population, life expectancy and under-five mortality.

There is universal access to health services, including family planning, education and housing. Private health insurance is offered and all workers are required by law to participate in the National Insurance Scheme.

To improve the health and well-being of the population, a Strategic Plan (2000-2004) was developed. It outlines five strategic directions: healthy people, healthy environment, maximized resources, quality service and health care planning. Priority areas include maternal and child health, adolescent health, family planning, the health of tourists and HIV/AIDS prevention. As a result of the plan, investments have been made in health infrastructure and human resources.

The Bahamas has been hard-hit by the AIDS pandemic. National prevalence rates are around 3 per cent for adult men and women and 2.8 per cent for those ages 15 to 24 years. However, the country has made significant efforts to combat the pandemic by making HIV/AIDS a top priority, conducting mass media educational campaigns, and passing anti-discrimination policies, like the Employment Act of 2002, which prohibits discrimination against HIV-infected persons in the workplace.

The country has also made strides in gender equity. Currently, 27 per cent of parliamentarians are women, up from just four per cent in 1991. The Bahamas has also adopted laws on paternity leave.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	126.2	157.3
Population in Thousands, Female	128.6	165.8
Population Growth Rate, %	na	1.3
Crude Birth Rate per 1,000 Population	23.7	21.1
Crude Death Rate per 1,000 Population	6.6	6.9
Urban Population, %	83.6	90.0
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	54.3	54.4
Total Fertility Rate per Woman 15-49	2.61	2.40
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	60.1	60.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	61.7	61.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 100	60
MMR, Lower Bound	● ▲ na	25
MMR, Upper Bound	● ▲ na	98
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	10.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 21.5	12.6
Under Age 5 Mortality Rate, Total	● ▲ 26	15
Under Age 5 Mortality Rate, Female	● ▲ na	21
Under Age 5 Mortality Rate, Male	● ▲ na	27
Life Expectancy at Birth, Total, Years	● ▲ 68.2	70.8
Life Expectancy at Birth, Female, Years	● ▲ 73.0	74.0
Life Expectancy at Birth, Male, Years	● ▲ 64.2	67.6
Median Age of Total Population	● ▲ 23.2	27.6
Population 60 Years and Over, %	● ▲ 6.7	9.3
Dependency Ratio	● ▲ 59	53

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.35	1192.96	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	16,847
Gross Domestic Product Growth Rate, Annual %		na	1
Income Group per World Bank Classification		na	High income: non OECD
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	97
Antenatal Care, At Least One Visit, %		100	100
Deliveries Attended by Skilled Attendants, %	●▲	99	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		6	5
Illiteracy Rate, % of Population 15 and Over, Female		5	3
Illiteracy Rate, % of Population 15 to 24, Male		5	3
Illiteracy Rate, % of Population 15 to 24, Female		2	1
Ratio of Girls to Boys, Primary Education	▲	na	0.93
Ratio of Girls to Boys, Secondary Education	▲	na	0.95
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	92
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	93
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	90
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	93
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		400	400
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	3.0
Estimated HIV Prevalence, 15-49, Male		na	3.2
Estimated HIV Prevalence, 15-49, Female		na	2.8

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		21.2	17.6
Age-Specific Fertility Rate per 1,000 Women, 15-20		69.0	59.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		29.1	29.1
Mean Age at Marriage, Female		27.2	27.2
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	2.8
HIV Prevalence, 15-24, Female	▲	na	3.0
HIV Prevalence, 15-24, Male	▲	na	2.6

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.7
Gender Empowerment Measure, Rank		na	17.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		81.9	76.7
Labor Force Participation Rate, 15-64, Female		68.8	70.5
Seats in Parliament Held by Women, %		4.0	26.8
Female Legislators, Senior Officials and Managers, %		na	31.0
Female Professional and Technical Workers, %		na	58.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	13.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	13.8
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	66.7
Highest Level of Education, %	71.0
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na



Overview

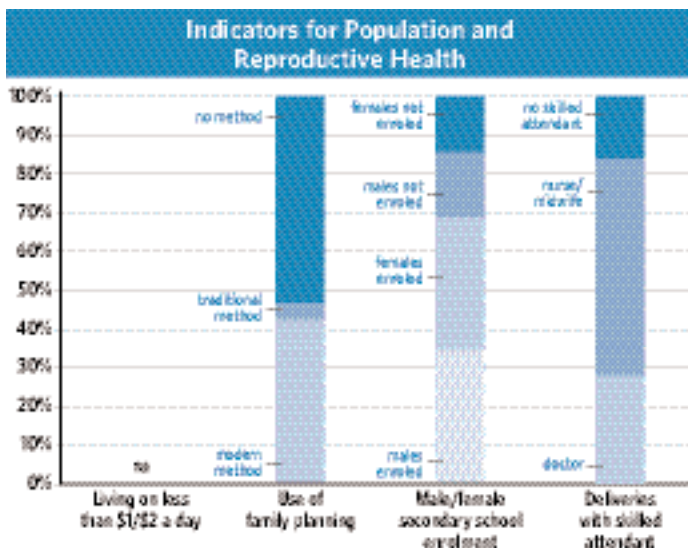
Belize, with a population estimated at 270,000, is the only English-speaking country in Central America. It has a high percentage of young people: some 21 per cent of the population is between 15 and 24 years of age. The elderly (60 years and older) account for just 6 per cent of the total population.

The government views its total fertility rate (3.7 lifetime births per woman) as too high and is concerned about growing rates of adolescent pregnancies. In addition, Belize is closely monitoring maternal and under-five mortality and HIV/AIDS prevalence.

From 1997-2000, Belize developed strategies to achieve health sector reform. In 1998, the government declared the Health Sector Reform Project as a main strategy to improve the health status of the population by improving the efficiency, equity, and quality of health care services and promoting healthier lifestyles. A multisectoral Food and Nutrition Security Policy was also approved by the Cabinet in October 2000.

Since the first diagnosed case of HIV in 1986, there has been a steady and dramatic increase in the rate of infection among Belizeans. Approximately 2.4 per cent of the population is thought to be infected, ranking Belize 5th in the Caribbean and 1st in Central America. National prevalence rates among pregnant women are estimated to be about one per cent. To combat the epidemic, a National Strategic Plan for the HIV/AIDS Epidemic in Belize (1999-2003) was developed. To coordinate AIDS prevention efforts at the national level, the National AIDS Commission under the Ministry of Human Development was founded. The Commission is dedicated to developing programmes and services to control the spread of HIV/AIDS.

In order to protect the rights of girls and women, Belize has instituted Information, Education and Communication (IEC) initiatives and advocacy programmes to promote gender equality.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	94.4	136.2
Population in Thousands, Female	91.3	133.6
Population Growth Rate, %	na	2.0
Crude Birth Rate per 1,000 Population	34.9	29.8
Crude Death Rate per 1,000 Population	5.1	5.2
Urban Population, %	48.1	48.6
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	45.1	52.2
Total Fertility Rate per Woman 15-49	4.53	3.67
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	41.8	41.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	46.7	46.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	140
MMR, Lower Bound	● ▲ na	70
MMR, Upper Bound	● ▲ na	280
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	18.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 35.1	29.6
Under Age 5 Mortality Rate, Total	● ▲ 45	40
Under Age 5 Mortality Rate, Female	● ▲ na	42
Under Age 5 Mortality Rate, Male	● ▲ na	43
Life Expectancy at Birth, Total, Years	● ▲ 72.3	71.8
Life Expectancy at Birth, Female, Years	● ▲ 73.7	74.3
Life Expectancy at Birth, Male, Years	● ▲ 71.1	69.5
Median Age of Total Population	● ▲ 17.6	21.2
Population 60 Years and Over, %	● ▲ 6.1	5.9
Dependency Ratio	● ▲ 94	70

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.46	83.25	4.02	446.22

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.1/4.2
No Education, Primary	6.0
Highest Level of Education	2.7
Provincial Low/High	3.0/5.6 Belize/Toledo
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	117.0/174.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,538
Gross Domestic Product Growth Rate, Annual %		na	9
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	na	91
Antenatal Care, At Least One Visit, %		92	96
Deliveries Attended by Skilled Attendants, %	●▲	87	84
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		10	5
Illiteracy Rate, % of Population 15 and Over, Female		12	5
Illiteracy Rate, % of Population 15 to 24, Male		5	2
Illiteracy Rate, % of Population 15 to 24, Female		3	1
Ratio of Girls to Boys, Primary Education	▲	0.94	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	1.05
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	123
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	121
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	76
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	80
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		20,400	861
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	8
Estimated HIV Prevalence, 15-49, Total		na	2.4
Estimated HIV Prevalence, 15-49, Male		na	3.3
Estimated HIV Prevalence, 15-49, Female		na	2.0

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		20.2	20.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		127.0	81.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	26.2
Mean Age at Marriage, Female		na	23.9
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	1.6
HIV Prevalence, 15-24, Female	▲	na	2.0
HIV Prevalence, 15-24, Male	▲	na	1.1

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.5
Gender Empowerment Measure, Rank		na	59.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	81.7
Labor Force Participation Rate, 15-64, Female		na	36.2
Seats in Parliament Held by Women, %		na	9.3
Female Legislators, Senior Officials and Managers, %		na	31.0
Female Professional and Technical Workers, %		na	52.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	27.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	31.3
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	16.9	16.9
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	92.6/59.1
No Education, Primary, %	68.7
Highest Level of Education, %	95.1
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	49.3/29.7
No Education, Primary, %	32.0
Highest Level of Education, %	51.9
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Bermuda



Overview

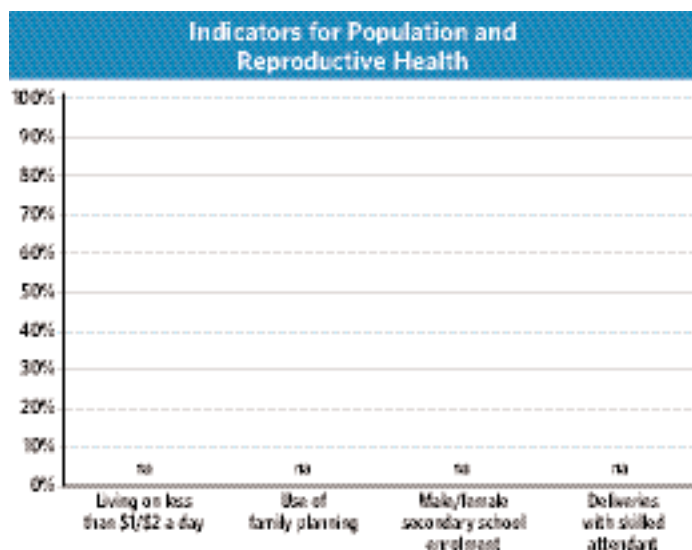
The island of Bermuda is a British colony and was the very first colony of the British Empire. The total population is nearly 63,000 inhabitants, with a population growth rate of 0.33 per cent. Very densely populated, there are 3,315 people per square mile and one hundred per cent of the population lives in urban areas.

There are virtually no natural resources on the island and it must import almost all of its consumer goods. The economy is based largely on the tourist trade and international business.

A high-income, non-OECD country, Bermuda's overall health and demographic indicators are favorable. The total fertility rate is 1.9 lifetime births per woman. Life expectancy at birth is 76.5 years. Infant mortality is reported at 8.5 deaths per 1,000 live births.

The government established the Population Council, but has not formulated a population policy. Bermuda began providing family planning services in 1937 and continues to maintain most of the country's clinical family planning services. Family planning is widely available through government-run clinics, private doctors and pharmacies.

Health policy emphasizes several areas, including maternal and child health, health of schoolchildren, community nursing for the elderly, dental health, control of communicable diseases, mental health and alcohol and drug abuse. Population groups designated for special attention include: mothers and infants; school-age children; and the elderly.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	na	30,734.0
Population in Thousands, Female	na	32,237.0
Population Growth Rate, %	0.5	0.3
Crude Birth Rate per 1,000 Population	na	13.0
Crude Death Rate per 1,000 Population	na	8.0
Urban Population, %	na	100
Sex Ratio at Birth, Male Births per Female Births	na	na
Women 15-49, %	na	na
Total Fertility Rate per Woman 15-49	na	1.90
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	na
Infant Mortality Rate per 1,000 Live Births	● ▲ na	8.5
Under Age 5 Mortality Rate, Total	● ▲ na	na
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ na	76.5
Life Expectancy at Birth, Female, Years	● ▲ na	na
Life Expectancy at Birth, Male, Years	● ▲ na	na
Median Age of Total Population	● ▲ na	na
Population 60 Years and Over, %	● ▲ 0.6	0.6
Dependency Ratio	● ▲ na	na

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
na	na	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	na
Income Group per World Bank Classification	na	High income: non OECD
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	na
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	na
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ na	0.99
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	na	na
Age-Specific Fertility Rate per 1,000 Women, 15-20	na	na
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	87.2	87.2
Labor Force Participation Rate, 15-64, Female	74.9	74.9
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	na
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	na
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Bolivia



Overview

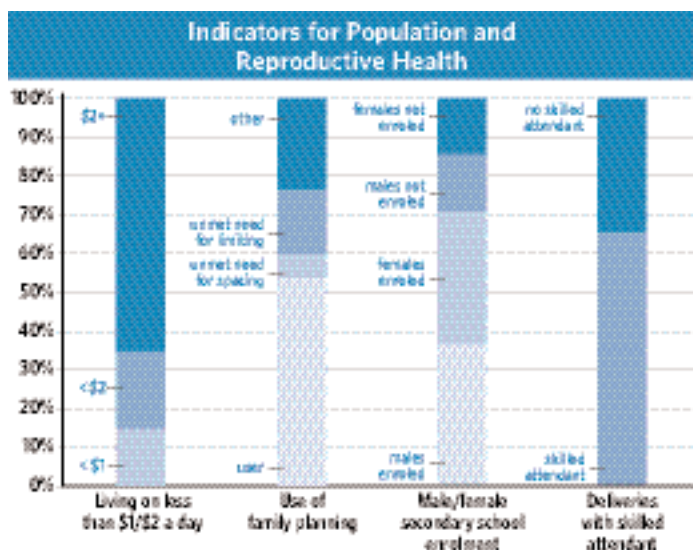
Bolivia was ranked 113 out of 177 countries on UNDP Human Development Index. Rural-urban migration is on the increase as result of extreme poverty in rural areas. In its response to the United Nations 2003 survey of population policies, the government viewed its fertility rate (4.2 births per woman) as satisfactory. However, the maternal mortality ratio — 420 deaths per 100,000 live births — is still one of the highest in Latin America and the Caribbean, while the modern contraceptive prevalence rate is just 27 per cent of married women, one of the lowest in the region. The HIV prevalence rate is 0.1 per cent of the population, but by 2001 8 per cent of registered cases were among youth ages 15-24.

The government, with assistance from non-governmental organizations (NGOs) and international agencies, including UNFPA, continues to make progress in reducing maternal mortality. The Universal Mother-Child Insurance scheme that provides free antenatal and delivery care services has led to an increase in the use of maternity services. Health personnel have received specialized training on emergency obstetric care, and monitoring of maternal deaths has improved.

With financial support from the Swedish and Danish governments, a project is being implemented to address the high rates of adolescent pregnancy and to promote behaviour change in order to reduce the incidence of STIs and HIV/AIDS.

The country has made significant progress in the evolution and pace of change in sexual and reproductive health and rights since the International Conference on Population and Development (ICPD) in 1994. The government has a Poverty Reduction Strategy Paper and is committed to achieving the MDGs. A sexual and reproductive rights bill is under consideration by Parliament, while civil society organizations are building awareness of these issues in local communities and with key government authorities.

Violence against women remains a challenge. A national plan is being developed that includes a policy to prevent sexual violence, but it has not been implemented.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	3,303.7	4,574.8
Population in Thousands, Female	3,365.1	4,607.2
Population Growth Rate, %	na	1.9
Crude Birth Rate per 1,000 Population	36.3	32.6
Crude Death Rate per 1,000 Population	10.7	7.9
Urban Population, %	55.6	64.4
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.6	48.9
Total Fertility Rate per Woman 15-49	4.90	4.20
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	12.2	27.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	30.3	53.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 650	420
MMR, Lower Bound	● ▲ na	110
MMR, Upper Bound	● ▲ na	790
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	27.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 82.6	50.6
Under Age 5 Mortality Rate, Total	● ▲ 100	66
Under Age 5 Mortality Rate, Female	● ▲ na	67
Under Age 5 Mortality Rate, Male	● ▲ na	77
Life Expectancy at Birth, Total, Years	● ▲ 58.6	64.7
Life Expectancy at Birth, Female, Years	● ▲ 60.5	66.8
Life Expectancy at Birth, Male, Years	● ▲ 57.0	62.6
Median Age of Total Population	● ▲ 19.2	20.8
Population 60 Years and Over, %	● ▲ 6.0	6.7
Dependency Ratio	● ▲ 81	74

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.20	37.80	4.24	140.36

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.1/5.5
No Education, Primary	6.8
Highest Level of Education	2.1
Provincial Low/High	3.1/5.1 Tarija/Potosi
Poorest/Richest Quintile	7.4/2.1

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	44.0/67.0
No Education, Primary	72.0
Highest Level of Education	33.0
Provincial Low/High	29.0/88.0 Tarija/Oruro
Poorest/Richest Quintile, %	106.5/25.5

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	146.5/32.0
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	68.0/124.0
Poorest/Richest Quintile	168.0/27.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	12.9/21.9
No Education, Primary, %	25.2

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,546
Gross Domestic Product Growth Rate, Annual %	0	4
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	14.4
Population Living Below National Poverty Line, %	▲ na	62.7
Share of Income or Consumption by Poorest Quintile	na	1.3
Access to Improved Water Supply, %	▲ 46	85
Antenatal Care, At Least One Visit, %	38	79
Deliveries Attended by Skilled Attendants, %	●▲ 29	65
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	49.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	59.6
Illiteracy Rate, % of Population 15 and Over, Male	13	6
Illiteracy Rate, % of Population 15 and Over, Female	30	17
Illiteracy Rate, % of Population 15 to 24, Male	4	1
Illiteracy Rate, % of Population 15 to 24, Female	11	5
Ratio of Girls to Boys, Primary Education	▲ 0.90	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	0.93
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	116
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	115
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	88
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	85
Children Underweight Under 5, Male, %	na	10
Children Underweight Under 5, Female, %	na	9
Stunted Children under 5, Severe, %	na	9
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	26.0	22.0
Refugees, Number	500	527
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	1
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.2
Estimated HIV Prevalence, 15-49, Female	na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.7	19.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	89.0	81.0
Median Age at First Sexual Intercourse, Female, 25-49	18.8	18.9
Mean Age at Marriage, Male	25.1	25.1
Mean Age at Marriage, Female	22.7	22.7
Married by 18, Percent, Female, 25-49	27.5	25.3
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	56
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	64.0
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	▲ na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	41.0
Malnourished Women, %	na	0.9
Labor Force Participation Rate, 15-64, Male	85.4	83.7
Labor Force Participation Rate, 15-64, Female	25.1	61.1
Seats in Parliament Held by Women, %	7.0	17.8
Female Legislators, Senior Officials and Managers, %	na	36.0
Female Professional and Technical Workers, %	na	40.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	782.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	28.0
Unmet Need for Family Planning, Spacing, %	● na	6.1
Unmet Need for Family Planning, Limiting, %	● na	16.6
Unmet Need for Family Planning, Total, %	● na	22.7
Unmet Need for Family Planning, Thousands	● na	0.3

Highest Level of Education	7.4	
Provincial Low/High, %	10.7/30.3	La Paz/Beni, Pando
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	77.7/38.6	
No Education, Primary, %	29.8	
Highest Level of Education, %	97.8	
Provincial Low/High, %	42.5/84.2	Potosi/Santa Cruz
Poorest/Richest Quintile, %	19.8/97.9	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	40.3/25.0	
No Education, Primary, %	17.8	
Highest Level of Education, %	50.4	
Provincial Low/High, %	18.3/50.9	Oruru/Beni, Pando
Poorest/Richest Quintile, %	7.1/45.6	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	7.4/36.4	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	37.5/5.6	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	8.7/3.5	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.6/2.1	
No Education, Primary, %	1.9	
Highest Level of Education, %	0.2	
Provincial Low/High, %	0.4/2.3	Tarija, Oruro/Cochabamba
Poorest/Richest Quintile, %	2.2/0.7	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	87.3/98.8	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	88.8/99.3	
Malnourished Women:		
Poorest/Richest Quintile, %	0.5/2.2	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	43.6/96.1	

Brazil



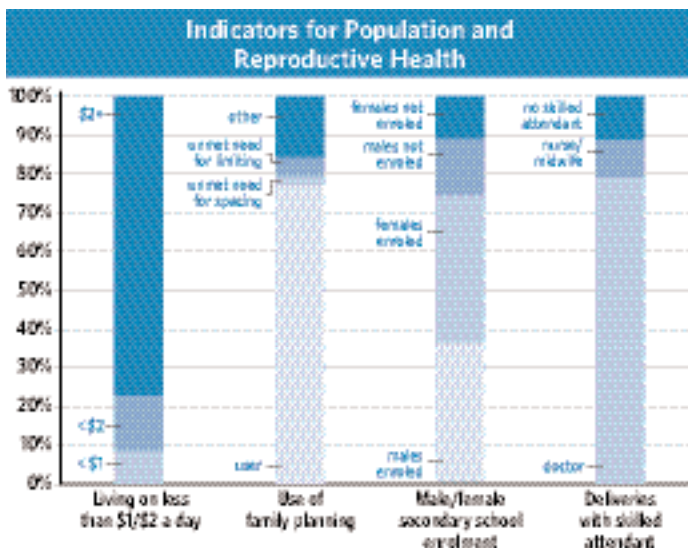
Overview

Brazil is a middle-income country, ranking 63 out of 177 countries on UNDP's Human Development Index. The majority of the population — 84 per cent — lives in urban areas. Although the total fertility rate is just 2.6 births per woman, both the maternal mortality ratio (260 deaths per 100,000 live births) and the adolescent fertility rate (73 per 1,000 births) are above ICPD thresholds. The under-five mortality rate decreased from 56 per cent in 1990 to 33 per cent in 2005. HIV prevalence was estimated at 0.7 per cent in 2003.

Despite improvements in demographic indicators, 17 per cent of the country's population, almost 32 million people — live below the poverty line. Continued poverty, especially in rural areas, remains a challenge for the government's economic and social policies.

The country has one of the most effective HIV/AIDS prevention campaigns in the developing world. The government employs a multi-sectoral approach to combating HIV/AIDS, combining prevention, treatment, research and surveillance. In 2001, UNESCO awarded the Ministry of Health its prestigious "Human Rights, Culture and Peace Award" for making human rights central to its efforts to combat HIV/AIDS. Brazil is one of the few countries that ensures free access to anti-retroviral therapy and treatment, producing eight generic versions of unpatented ARV drugs at low cost.

Brazil is committed to achieving the goals of the ICPD Programme of Action and MDGs. There have been some significant advances in the legal, normative and regulatory frameworks, guaranteeing a rights-based approach to the provision of reproductive health care. Brazil ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the Secretariat for Women's Policies is addressing gender and domestic violence. As part of the National Plan for the Reduction of Maternal Mortality, launched in 2004, Maternal Mortality Commissions are being established at state, regional and municipal levels.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	74,222.7	91,869.5
Population in Thousands, Female	75,171.6	94,535.4
Population Growth Rate, %	na	1.3
Crude Birth Rate per 1,000 Population	24.5	20.7
Crude Death Rate per 1,000 Population	7.2	6.5
Urban Population, %	74.7	84.2
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	51.7	54.8
Total Fertility Rate per Woman 15-49	2.85	2.55
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	99.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	76.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 220	260
MMR, Lower Bound	● ▲ na	160
MMR, Upper Bound	● ▲ na	370
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	15.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 47.5	25.5
Under Age 5 Mortality Rate, Total	● ▲ 56	33
Under Age 5 Mortality Rate, Female	● ▲ na	39
Under Age 5 Mortality Rate, Male	● ▲ na	52
Life Expectancy at Birth, Total, Years	● ▲ 65.8	71.1
Life Expectancy at Birth, Female, Years	● ▲ 69.8	75.1
Life Expectancy at Birth, Male, Years	● ▲ 62.4	67.3
Median Age of Total Population	● ▲ 22.5	26.8
Population 60 Years and Over, %	● ▲ 6.7	8.8
Dependency Ratio	● ▲ 66	51

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.60	93.87	2.96	394.19

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.3/3.5
No Education, Primary	5.0
Highest Level of Education	1.5
Provincial Low/High	2.1/3.1 Rio/Northeast
Poorest/Richest Quintile	4.8/1.7

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	42.0/65.0
No Education, Primary	93.0
Highest Level of Education	9.0
Provincial Low/High	25.0/74.0 South/Northeast
Poorest/Richest Quintile, %	83.2/28.6

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	98.9/33.3
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	78.0/122.0
Poorest/Richest Quintile	176.0/28.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	16.6/24.2
No Education, Primary, %	54.4

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	7,767
Gross Domestic Product Growth Rate, Annual %		3	5
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	8.2
Population Living Below National Poverty Line, %	▲	17.4	17.4
Share of Income or Consumption by Poorest Quintile		na	0.5
Access to Improved Water Supply, %	▲	96	89
Antenatal Care, At Least One Visit, %		75	86
Deliveries Attended by Skilled Attendants, %	●▲	73	88
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	59.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	54.2
Illiteracy Rate, % of Population 15 and Over, Male		17	11
Illiteracy Rate, % of Population 15 and Over, Female		19	11
Illiteracy Rate, % of Population 15 to 24, Male		9	5
Illiteracy Rate, % of Population 15 to 24, Female		7	2
Ratio of Girls to Boys, Primary Education	▲	na	0.93
Ratio of Girls to Boys, Secondary Education	▲	na	1.07
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	151
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	143
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	105
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	115
Children Underweight Under 5, Male, %		na	6
Children Underweight Under 5, Female, %		na	5
Stunted Children under 5, Severe, %		na	3
Wasted Children under 5, Severe, %		na	0
Undernourished People, %		12.0	9.0
Refugees, Number		5,400	3,193
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	566
Estimated HIV Prevalence, 15-49, Total		na	0.7
Estimated HIV Prevalence, 15-49, Male		na	0.8
Estimated HIV Prevalence, 15-49, Female		na	0.5

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.3	19.0
Age-Specific Fertility Rate per 1,000 Women, 15-20		82.0	89.5
Median Age at First Sexual Intercourse, Female, 25-49		19.5	19.5
Mean Age at Marriage, Male		na	25.3
Mean Age at Marriage, Female		na	22.6
Married by 18, Percent, Female, 25-49		29.6	22.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	79.0
HIV Prevalence, 15-24, Total	▲	na	0.6
HIV Prevalence, 15-24, Female	▲	na	0.5
HIV Prevalence, 15-24, Male	▲	na	0.6

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	6.3
Labor Force Participation Rate, 15-64, Male		84.6	81.0
Labor Force Participation Rate, 15-64, Female		44.0	54.1
Seats in Parliament Held by Women, %		6.0	9.1
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	62.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	7,192.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	12.9
Unmet Need for Family Planning, Spacing, %	●	na	2.6
Unmet Need for Family Planning, Limiting, %	●	na	4.7
Unmet Need for Family Planning, Total, %	●	na	7.3
Unmet Need for Family Planning, Thousands	●	na	2.1

Highest Level of Education	6.4	
Provincial Low/High, %	12.7/23.5	Centro-Leste/Norte
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	97.9/94.2	
No Education, Primary, %	92.9	
Highest Level of Education, %	100.0	
Provincial Low/High, %	95.3/98.3	North/Sao Paulo, South
Poorest/Richest Quintile, %	71.6/98.6	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	72.6/61.2	
No Education, Primary, %	56.6	
Highest Level of Education, %	76.3	
Provincial Low/High, %	62.3/81.0	Northeast/Central West
Poorest/Richest Quintile, %	55.8/76.8	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	52.8/77.8	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	11.9/2.0	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	5.9/1.6	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	52.1/77.9	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	43.9/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.5/0.9	
No Education, Primary, %	1.2	
Highest Level of Education, %	0.0	
Provincial Low/High, %	0.0/1.4	Center-East/Rio
Poorest/Richest Quintile, %	1.2/0.3	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	85.9/99.6	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	85.3/99.4	
Malnourished Women:		
Poorest/Richest Quintile, %	8.8/5.4	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	72.2/98.1	

Chile

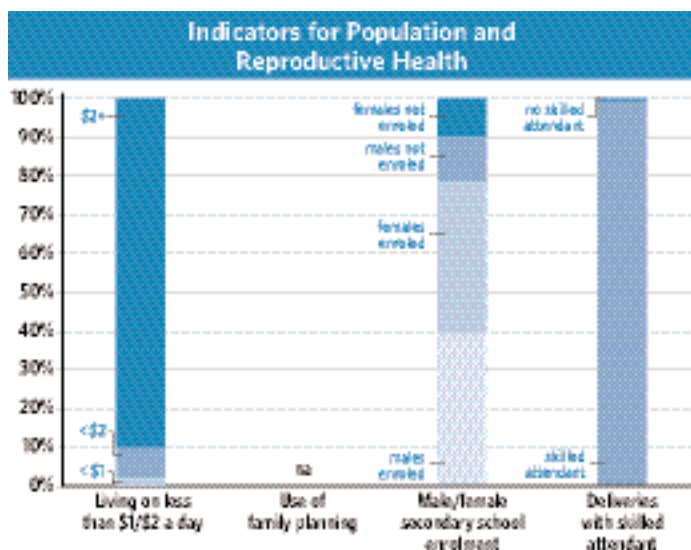
Overview

Chile, with a population of 16 million, has made great progress in alleviating poverty. It has some of the most favourable health indicators in Latin America and the Caribbean region: low maternal mortality ratio (31 maternal deaths per 100,000 live births); low total fertility rate (2.3 lifetime births per woman); and low HIV prevalence (0.24 per cent among 15-24 year olds). In its response to the 2003 United Nations survey of population policies, the government viewed ageing (11.6 per cent are 60 years and over) as a major concern.

With financial support from PAHO and UNFPA, the government has reviewed progress towards meeting the ICPD goals and is taking steps to achieve them. The Ministry of Health collaborated with non-governmental organizations (NGOs) in establishing sexual and reproductive health norms and rights. As part of the country's health reform, the quality of sexual and reproductive health care (including breast and cervical cancer screening programmes) in the public health system has been improved and health providers trained.

The Global Fund has enabled the National AIDS Commission and its NGO partners to undertake several HIV/AIDS prevention programmes. In order to reduce adolescent pregnancies and the incidence of HIV/AIDS among youth, the government has set up numerous youth-friendly multi-purpose centres.

Although there is no national gender policy, UN organizations and NGOs have worked closely with the government to implement best practices for the prevention of domestic violence.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	6,511.7	8,061.2
Population in Thousands, Female	6,667.1	8,233.9
Population Growth Rate, %	na	1.1
Crude Birth Rate per 1,000 Population	22.7	19.9
Crude Death Rate per 1,000 Population	5.7	5.2
Urban Population, %	83.3	87.7
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	53.3	53.1
Total Fertility Rate per Woman 15-49	2.60	2.27
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 65	31
MMR, Lower Bound	● ▲ na	21
MMR, Upper Bound	● ▲ na	42
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	6.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 16.2	7.6
Under Age 5 Mortality Rate, Total	● ▲ 17	9
Under Age 5 Mortality Rate, Female	● ▲ na	12
Under Age 5 Mortality Rate, Male	● ▲ na	15
Life Expectancy at Birth, Total, Years	● ▲ 73.3	78.2
Life Expectancy at Birth, Female, Years	● ▲ 76.6	81.2
Life Expectancy at Birth, Male, Years	● ▲ 70.5	75.1
Median Age of Total Population	● ▲ 25.7	30.6
Population 60 Years and Over, %	● ▲ 9.0	11.6
Dependency Ratio	● ▲ 56	49

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.60	110.28	3.24	797.68

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	10,206
Gross Domestic Product Growth Rate, Annual %	4	6
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	17.0
Share of Income or Consumption by Poorest Quintile	na	1.2
Access to Improved Water Supply, %	▲ 86	95
Antenatal Care, At Least One Visit, %	91	95
Deliveries Attended by Skilled Attendants, %	●▲ 98	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	61.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	6	3
Illiteracy Rate, % of Population 15 and Over, Female	6	4
Illiteracy Rate, % of Population 15 to 24, Male	2	1
Illiteracy Rate, % of Population 15 to 24, Female	2	1
Ratio of Girls to Boys, Primary Education	▲ 0.95	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	0.72
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	99
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	97
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	91
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	92
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	8.0	4.0
Refugees, Number	100	466
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	49
Estimated HIV Prevalence, 15-49, Total	na	0.3
Estimated HIV Prevalence, 15-49, Male	na	0.4
Estimated HIV Prevalence, 15-49, Female	na	0.2

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.8	17.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	66.0	61.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.8	25.8
Mean Age at Marriage, Female	23.4	23.4
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	74
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.2
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	▲ na	0.4

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	58.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	79.9	77.3
Labor Force Participation Rate, 15-64, Female	34.9	40.5
Seats in Parliament Held by Women, %	6.0	10.1
Female Legislators, Senior Officials and Managers, %	na	21.0
Female Professional and Technical Workers, %	na	52.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	473.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	10.3
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Colombia

Overview

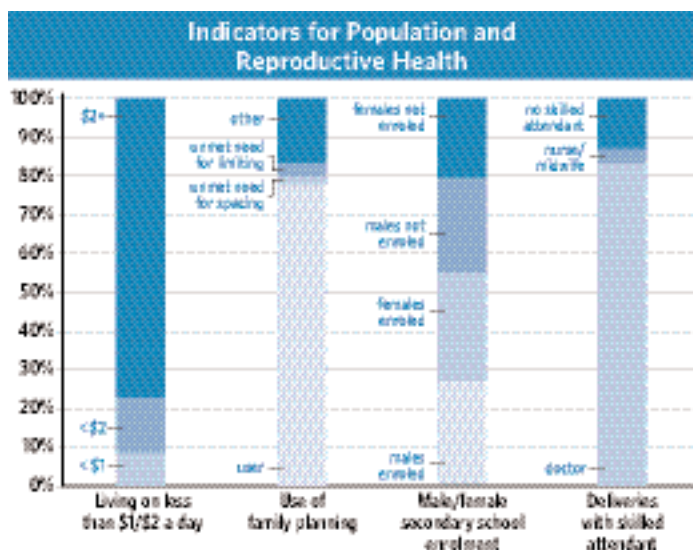
In the past several years, escalating armed conflict coupled with deteriorating economic, social and political conditions, has contributed to the most acute crisis in recent history. In 2002, 8.2 per cent of the population lived on less than a dollar a day. Poverty in rural areas affects 80 per cent of the population, most of them women and young people. During the last 10 years, over a million people have been internally displaced, while significant numbers have emigrated to neighboring countries, USA and Europe.

In responding to the UN 2003 Survey of Population Policies, the government considered adolescent pregnancy as too high, as well as levels of maternal mortality (130 deaths per 100,000 live births).

The total fertility rate (2.8 lifetime births per woman) shows a reduction in the rural-urban fertility gap. Other sexual and reproductive health indicators continue to improve: the contraceptive prevalence rate continues to rise (currently 64 per cent of women use a modern contraceptive method); while the overwhelming majority of births (86 per cent) are attended by skilled personnel.

Despite an increase in health expenditures, access to health insurance schemes has not kept pace with demand — 54 per cent of the population lacks insurance. Health packages include basic provisions for sexual and reproductive services, but fewer resources are available for prevention of unwanted pregnancies, HIV/AIDS and STIs.

Under the Strategic Health Plan, a comprehensive Sexual and Reproductive Health Policy was formulated. The policy recognizes maternal mortality and adolescent pregnancy as priority problems. Steps are being taken to address the reproductive health needs of internally displaced people. Additionally, public institutions are better equipped to prevent gender-based violence. A National Population and Housing Census is planned for 2005.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	17,340.1	22,530.2
Population in Thousands, Female	17,629.6	23,070.0
Population Growth Rate, %	na	1.5
Crude Birth Rate per 1,000 Population	27.4	24.5
Crude Death Rate per 1,000 Population	6.4	5.4
Urban Population, %	68.7	77.4
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	52.5	53.6
Total Fertility Rate per Woman 15-49	3.09	2.78
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	54.7	64.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	66.1	76.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 100	130
MMR, Lower Bound	● ▲ na	83
MMR, Upper Bound	● ▲ na	180
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	14.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 38.3	23.8
Under Age 5 Mortality Rate, Total	● ▲ 47	30
Under Age 5 Mortality Rate, Female	● ▲ na	30
Under Age 5 Mortality Rate, Male	● ▲ na	35
Life Expectancy at Birth, Total, Years	● ▲ 67.9	72.8
Life Expectancy at Birth, Female, Years	● ▲ 72.4	75.8
Life Expectancy at Birth, Male, Years	● ▲ 64.3	69.8
Median Age of Total Population	● ▲ 21.7	25.4
Population 60 Years and Over, %	● ▲ 6.3	7.5
Dependency Ratio	● ▲ 68	57

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
6.70	124.90	3.43	336.42

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.3/3.8
No Education, Primary	4.0
Highest Level of Education	1.5
Provincial Low/High	2.4/2.8 Bogota/Oriental
Poorest/Richest Quintile	5.2/1.7

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	21.0/31.0
No Education, Primary	42.0
Highest Level of Education	14.0
Provincial Low/High	17.0/29.0 Bogota/Atlantica and Pacifica
Poorest/Richest Quintile, %	32.0/17.6

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	39.1/20.2
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	71.0/134.0
Poorest/Richest Quintile	180.0/24.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	16.9/26.2
No Education, Primary, %	29.9

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,784
Gross Domestic Product Growth Rate, Annual %	4	4
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	8.2
Population Living Below National Poverty Line, %	▲ 16.9	64.0
Share of Income or Consumption by Poorest Quintile	na	0.8
Access to Improved Water Supply, %	▲ 92	92
Antenatal Care, At Least One Visit, %	83	90
Deliveries Attended by Skilled Attendants, %	●▲ 51	86
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	64.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	11	7
Illiteracy Rate, % of Population 15 and Over, Female	12	7
Illiteracy Rate, % of Population 15 to 24, Male	6	3
Illiteracy Rate, % of Population 15 to 24, Female	4	2
Ratio of Girls to Boys, Primary Education	▲ 1.11	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	1.06
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	111
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	110
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	67
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	74
Children Underweight Under 5, Male, %	na	7
Children Underweight Under 5, Female, %	na	7
Stunted Children under 5, Severe, %	na	3
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	17.0	13.0
Refugees, Number	500	186
Internally Displaced Persons, Number	na	1,244,072
Asylum Seekers, Number	na	13
Estimated HIV Prevalence, 15-49, Total	na	0.7
Estimated HIV Prevalence, 15-49, Male	na	1.0
Estimated HIV Prevalence, 15-49, Female	na	0.5

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.8	18.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	91.0	76.5
Median Age at First Sexual Intercourse, Female, 25-49	19.9	19.2
Mean Age at Marriage, Male	25.9	25.9
Mean Age at Marriage, Female	22.6	22.6
Married by 18, Percent, Female, 25-49	24.5	22.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	67
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	82.0
HIV Prevalence, 15-24, Total	▲ na	0.5
HIV Prevalence, 15-24, Female	▲ na	0.2
HIV Prevalence, 15-24, Male	▲ na	0.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	48.0
Malnourished Women, %	na	3.2
Labor Force Participation Rate, 15-64, Male	81.6	76.1
Labor Force Participation Rate, 15-64, Female	47.2	51.2
Seats in Parliament Held by Women, %	na	10.8
Female Legislators, Senior Officials and Managers, %	na	38.0
Female Professional and Technical Workers, %	na	50.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	2,336.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	16.9
Unmet Need for Family Planning, Spacing, %	● 3.6	2.7
Unmet Need for Family Planning, Limiting, %	● 11.7	3.5
Unmet Need for Family Planning, Total, %	● 15.4	6.2
Unmet Need for Family Planning, Thousands	● na	0.4

Highest Level of Education	3.1	
Provincial Low/High, %	16.7/23.0	Bogota/Pacific
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	94.0/69.8	
No Education, Primary, %	63.0	
Highest Level of Education, %	99.8	
Provincial Low/High, %	78.0/97.7	Pacific/Bogota
Poorest/Richest Quintile, %	64.3/98.6	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	66.2/58.4	
No Education, Primary, %	55.5	
Highest Level of Education, %	63.5	
Provincial Low/High, %	59.3/69.0	Atlantica/Bogota
Poorest/Richest Quintile, %	53.8/66.4	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	6.2/2.6	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	4.0/1.6	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.6/1.1	
No Education, Primary, %	3.4	
Highest Level of Education, %	0.0	
Provincial Low/High, %	0.5/0.9	Pacific/Bogota
Poorest/Richest Quintile, %	1.5/0.2	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	88.0/97.7	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	85.3/95.8	
Malnourished Women:		
Poorest/Richest Quintile, %	3.2/3.0	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	80.1/96.5	

Costa Rica

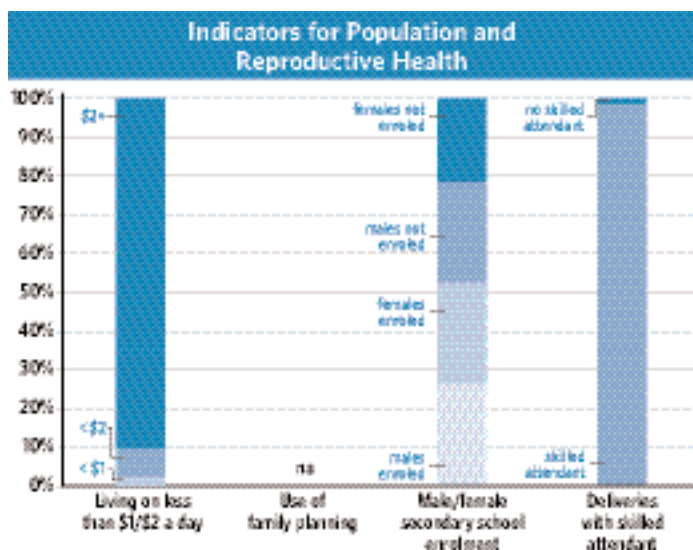
Overview

Costa Rica, with an estimated population of 4.3 million, has a stable democracy and ranks 47 out of 177 countries on the UNDP Human Development Index. In its response to the United Nations 2003 survey of population policies, the government viewed its fertility rate (2.6 lifetime births per woman) as satisfactory, maternal mortality (43 maternal deaths per 100,000 live births) as acceptable, but ageing of the population (8.3 per cent are 60 years and over) as a major concern. Its life expectancy of 79 years is one of the highest in Latin America and the Caribbean Region. The prevalence of HIV among 15-49 year olds is 0.6 per cent.

The government, in partnership with non-governmental organizations (NGOs), has developed a number of policies regarding the ICPD Programme of Action. The UNFPA, along with NGOs, assisted with the development of a National Youth Policy, which incorporates human rights and gender issues. A recently enacted Health Act also takes into account sexual and reproductive health and rights. The Ministry of Public Education has introduced population and family life education into the curricula of schools. The government approved a Comprehensive Law for the Elderly in 1999 and launched an Action Plan for 2002-2006.

Although there is no national policy on HIV/AIDS, a National HIV/AIDS Commission coordinates prevention and treatment activities and has received generous funding from the Global Fund. The country is implementing the national component of the jointly funded UNFPA-Organization of Petroleum Exporting Countries (OPEC) project: "HIV/AIDS Prevention in Central America and the Caribbean."

The Ministry of Health has approved a maternal mortality reduction plan, which includes training of health providers on emergency obstetric care and strengthening hospital committees dealing with maternal mortality.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,565.0	2,199.8
Population in Thousands, Female	1,510.7	2,127.4
Population Growth Rate, %	na	1.7
Crude Birth Rate per 1,000 Population	26.8	21.4
Crude Death Rate per 1,000 Population	4.3	4.0
Urban Population, %	53.6	61.7
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	51.2	55.1
Total Fertility Rate per Woman 15-49	3.16	2.63
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	64.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	75.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 55	43
MMR, Lower Bound	● ▲ na	28
MMR, Upper Bound	● ▲ na	57
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	7.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.9	10.2
Under Age 5 Mortality Rate, Total	● ▲ 17	12
Under Age 5 Mortality Rate, Female	● ▲ na	11
Under Age 5 Mortality Rate, Male	● ▲ na	14
Life Expectancy at Birth, Total, Years	● ▲ 75.2	78.5
Life Expectancy at Birth, Female, Years	● ▲ 78.1	80.9
Life Expectancy at Birth, Male, Years	● ▲ 73.4	76.1
Median Age of Total Population	● ▲ 22.5	26.1
Population 60 Years and Over, %	● ▲ 7.1	8.3
Dependency Ratio	● ▲ 69	52

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
6.10	251.22	3.77	866.37

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	0.4/0.4
No Education, Primary	0.3
Highest Level of Education	0.3
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	9,490
Gross Domestic Product Growth Rate, Annual %		3	4
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	2.0
Population Living Below National Poverty Line, %	▲	22.0	22.0
Share of Income or Consumption by Poorest Quintile		na	1.4
Access to Improved Water Supply, %	▲	94	97
Antenatal Care, At Least One Visit, %		91	70
Deliveries Attended by Skilled Attendants, %	●▲	97	98
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	32.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		6	4
Illiteracy Rate, % of Population 15 and Over, Female		6	4
Illiteracy Rate, % of Population 15 to 24, Male		3	2
Illiteracy Rate, % of Population 15 to 24, Female		2	1
Ratio of Girls to Boys, Primary Education	▲	0.94	0.93
Ratio of Girls to Boys, Secondary Education	▲	na	1.03
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	109
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	107
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	64
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	69
Children Underweight Under 5, Male, %		na	6
Children Underweight Under 5, Female, %		na	4
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		7.0	6.0
Refugees, Number		114,400	13,508
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	77
Estimated HIV Prevalence, 15-49, Total		na	0.6
Estimated HIV Prevalence, 15-49, Male		na	0.7
Estimated HIV Prevalence, 15-49, Female		na	0.4

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.0	19.8
Age-Specific Fertility Rate per 1,000 Women, 15-20		97.0	74.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	25.1
Mean Age at Marriage, Female		na	22.2
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.4
HIV Prevalence, 15-24, Female	▲	na	0.3
HIV Prevalence, 15-24, Male	▲	na	0.6

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.7
Gender Empowerment Measure, Rank		na	19.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		85.4	84.1
Labor Force Participation Rate, 15-64, Female		34.2	45.1
Seats in Parliament Held by Women, %		12.0	35.1
Female Legislators, Senior Officials and Managers, %		na	53.0
Female Professional and Technical Workers, %		na	28.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	281.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	21.3
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	98.1/95.2
No Education, Primary, %	93.9
Highest Level of Education, %	96.9
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	83.0/75.0
No Education, Primary, %	71.0
Highest Level of Education, %	82.0
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Cuba

Overview

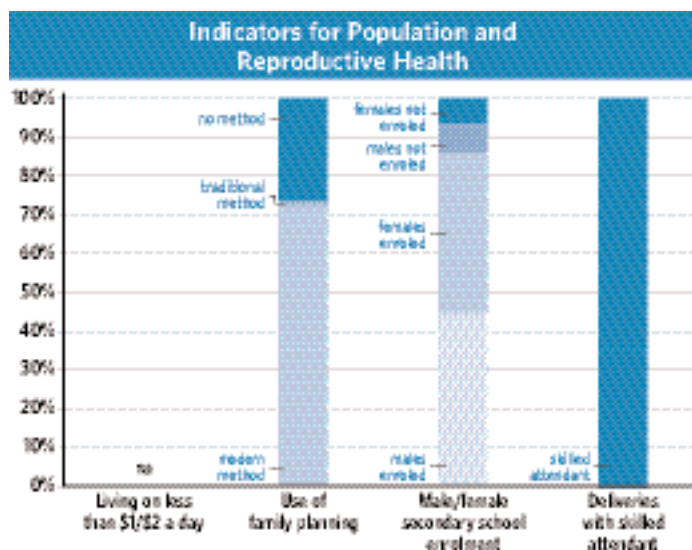
Cuba, which was ranked 52 out of 177 countries on the UNDP Human Development Index, has demographic and health indicators similar to those of developed countries. The total fertility rate at 1.7 lifetime births per woman is below replacement level and is among the lowest in the Latin America and Caribbean region. In its response to the United Nations 2003 survey of population policies, the government viewed ageing of the population (15 per cent are 60 years and over) as a major concern.

The use of modern contraceptives among married women is high (72 per cent), while the maternal mortality ratio is low (33 maternal deaths per 100,000 live births). Cuba has one of the lowest HIV prevalence rates in the region (0.07 per cent among 15-24 year olds in 2001). The early establishment of HIV/AIDS prevention programmes (the first was established in 1986) accounts for the relative low prevalence. Recently, the government received financial support from the Global Fund to carry out additional HIV/AIDS prevention and control activities.

The government is highly committed to achieving the goals of the ICPD Programme of Action and the Millennium Development Goals (MDGs) and in 2004 prepared a report on progress towards reaching the MDGs. Several laws protect the rights of women, including reproductive health rights. In addition, a law governing paternity leave has been adopted.

Cuba provides free access to basic health care and social services. As part of its Infant-Maternal Programme, emergency obstetric services are accessible to all women through the national public health system. In addition, Cuba has improved its infant and maternal mortality monitoring system. Population and family life education has been incorporated into the curricula of all secondary schools.

One of the main challenges facing the population and development programme is the lack of adequate funding as a result of the international trade embargo.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	5,298.0	5,639.4
Population in Thousands, Female	5,238.5	5,630.0
Population Growth Rate, %	na	0.2
Crude Birth Rate per 1,000 Population	16.3	13.1
Crude Death Rate per 1,000 Population	6.9	7.0
Urban Population, %	73.6	76.0
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	57.2	54.0
Total Fertility Rate per Woman 15-49	1.72	1.67
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	72.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	73.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 95	33
MMR, Lower Bound	● ▲ na	16
MMR, Upper Bound	● ▲ na	66
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	4.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.6	5.5
Under Age 5 Mortality Rate, Total	● ▲ 19	7
Under Age 5 Mortality Rate, Female	● ▲ na	8
Under Age 5 Mortality Rate, Male	● ▲ na	12
Life Expectancy at Birth, Total, Years	● ▲ 74.3	77.9
Life Expectancy at Birth, Female, Years	● ▲ 76.7	79.7
Life Expectancy at Birth, Male, Years	● ▲ 72.9	76.1
Median Age of Total Population	● ▲ 27.7	35.6
Population 60 Years and Over, %	● ▲ 11.6	15.3
Dependency Ratio	● ▲ 46	43

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
6.50	170.73	6.05	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	1
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	91
Antenatal Care, At Least One Visit, %	100	100
Deliveries Attended by Skilled Attendants, %	●▲ 100	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	5	3
Illiteracy Rate, % of Population 15 and Over, Female	5	3
Illiteracy Rate, % of Population 15 to 24, Male	1	0
Illiteracy Rate, % of Population 15 to 24, Female	1	0
Ratio of Girls to Boys, Primary Education	▲ 0.93	0.91
Ratio of Girls to Boys, Secondary Education	▲ na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	100
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	96
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	94
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	92
Children Underweight Under 5, Male, %	na	4
Children Underweight Under 5, Female, %	na	4
Stunted Children under 5, Severe, %	na	1
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	8.0	11.0
Refugees, Number	5,100	836
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	6
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.1
Estimated HIV Prevalence, 15-49, Female	na	0.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	21.4	14.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	76.0	50.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	23.5
Mean Age at Marriage, Female	na	19.9
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	89
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	91.0
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	85.3
Labor Force Participation Rate, 15-64, Female	na	52.9
Seats in Parliament Held by Women, %	34.0	36.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-240.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-8.6
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	71.5/73.9
No Education, Primary, %	68.8
Highest Level of Education, %	72.8
Provincial Low/High, %	71.0/72.6 Ciudad Habana/Oriente
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.5/0.2
No Education, Primary, %	0.0
Highest Level of Education, %	1.0
Provincial Low/High, %	0.0/1.2 Ciudad Habana Centro/Occidente
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Dominican Republic

Overview

The Dominican Republic ranks 95 out of 177 countries on the UNDP Human Development Index. In response to the United Nations 2003 survey of population policies, the government viewed international immigration (especially from neighboring Haiti), fertility levels (3 lifetime births per woman) and maternal mortality (150 maternal deaths per 100,000 live births) as unacceptably high. Except for Haiti, it has the highest HIV prevalence in Latin America and the Caribbean region (2.4 per cent among 15-24 year olds).

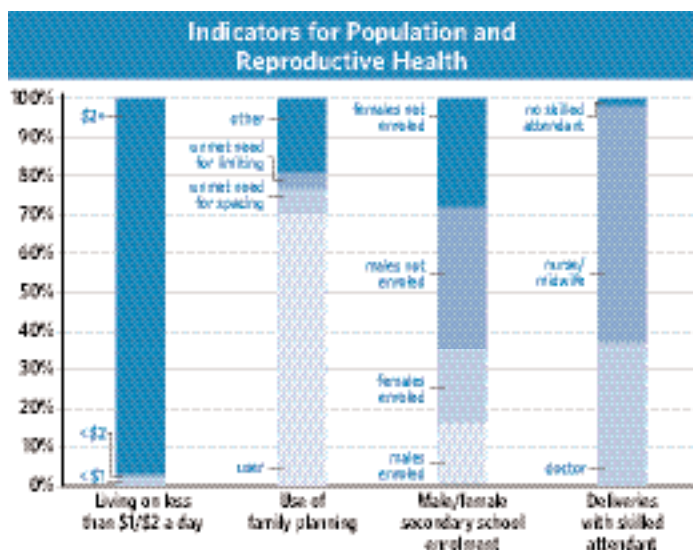
However, some health indicators are encouraging: life expectancy at birth averages 68 years; and 63 per cent of women ages 15 to 49 use a modern method of contraception.

The adolescent fertility rate remains high. The Margaret Sanger Center International (MSCI), PROFAMILIA and other NGOs are addressing the sexual and reproductive health needs of adolescents through projects that promote the establishment of youth-friendly services.

The government is collaborating with UN organizations, Family Care International and other local NGOs in the promotion and implementation of the ICPD Programme of Action, the Beijing Programme of Action and the Millennium Development Goals (MDGs). However, the country still lacks an appropriate information system that would allow an accurate monitoring of the progress made in meeting the goals of these three inter-related initiatives.

A law to prevent human trafficking, especially the exploitation of women and children, has been approved. Although there is a law prohibiting gender-based violence, it remains a major issue.

The government recently assigned a National Commission to draft and implement a Plan for Maternal Mortality Reduction by the year 2008. In addition, the Ministry of Health has formed a partnership with NGOs to control the spread of HIV. The UNFPA, UNAIDS and the International Red Cross Federation are working with the government to implement the national component of the Caribbean Regional Strategic Plan on HIV/AIDS.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	3,595.2	4,489.6
Population in Thousands, Female	3,494.7	4,405.3
Population Growth Rate, %	na	1.4
Crude Birth Rate per 1,000 Population	29.9	24.6
Crude Death Rate per 1,000 Population	6.8	6.4
Urban Population, %	55.2	60.1
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	51.1	54.7
Total Fertility Rate per Woman 15-49	3.39	2.97
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	51.7	62.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	56.4	64.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 110	150
MMR, Lower Bound	● ▲ na	37
MMR, Upper Bound	● ▲ na	280
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	19.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 50.4	32.1
Under Age 5 Mortality Rate, Total	● ▲ 67	47
Under Age 5 Mortality Rate, Female	● ▲ na	48
Under Age 5 Mortality Rate, Male	● ▲ na	58
Life Expectancy at Birth, Total, Years	● ▲ 65.2	67.9
Life Expectancy at Birth, Female, Years	● ▲ 67.6	71.6
Life Expectancy at Birth, Male, Years	● ▲ 63.3	64.6
Median Age of Total Population	● ▲ 20.0	23.3
Population 60 Years and Over, %	● ▲ 4.9	6.2
Dependency Ratio	● ▲ 72	58

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.20	55.54	1.70	129.74

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.8/3.3
No Education, Primary	4.7
Highest Level of Education	2.2
Provincial Low/High	2.6/4.3 Region II/Region VI
Poorest/Richest Quintile	5.1/2.1

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	33.0/37.0
No Education, Primary	53.0
Highest Level of Education	27.0
Provincial Low/High	25.0/50.0 Region VII/Region VI
Poorest/Richest Quintile, %	66.7/23.4

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	89.9/26.6
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	104.0/145.0
Poorest/Richest Quintile	234.0/30.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	21.0/28.1
No Education, Primary, %	64.3

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,703
Gross Domestic Product Growth Rate, Annual %	3	-1
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ 24.5	28.6
Share of Income or Consumption by Poorest Quintile	na	2.1
Access to Improved Water Supply, %	▲ 62	93
Antenatal Care, At Least One Visit, %	97	100
Deliveries Attended by Skilled Attendants, %	●▲ 44	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	50.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	50.4
Illiteracy Rate, % of Population 15 and Over, Male	20	15
Illiteracy Rate, % of Population 15 and Over, Female	21	14
Illiteracy Rate, % of Population 15 to 24, Male	13	8
Illiteracy Rate, % of Population 15 to 24, Female	12	7
Ratio of Girls to Boys, Primary Education	▲ na	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	1.21
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	123
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	126
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	53
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	65
Children Underweight Under 5, Male, %	na	4
Children Underweight Under 5, Female, %	na	5
Stunted Children under 5, Severe, %	na	2
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	27.0	25.0
Refugees, Number	500	500
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	1.7
Estimated HIV Prevalence, 15-49, Male	na	2.6
Estimated HIV Prevalence, 15-49, Female	na	1.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	21.4	20.6
Age-Specific Fertility Rate per 1,000 Women, 15-20	106.5	91.0
Median Age at First Sexual Intercourse, Female, 25-49	18.9	18.4
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	20.5
Married by 18, Percent, Female, 25-49	41.4	40.3
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	73
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	92.0
HIV Prevalence, 15-24, Total	▲ na	2.4
HIV Prevalence, 15-24, Female	▲ na	2.8
HIV Prevalence, 15-24, Male	▲ na	2.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	40.0
Malnourished Women, %	na	7.5
Labor Force Participation Rate, 15-64, Male	na	87.3
Labor Force Participation Rate, 15-64, Female	na	43.0
Seats in Parliament Held by Women, %	na	15.4
Female Legislators, Senior Officials and Managers, %	na	31.0
Female Professional and Technical Workers, %	na	49.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	519.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	19.2
Unmet Need for Family Planning, Spacing, %	● 8.0	6.7
Unmet Need for Family Planning, Limiting, %	● 9.2	4.2
Unmet Need for Family Planning, Total, %	● 17.2	10.9
Unmet Need for Family Planning, Thousands	● na	0.1

Highest Level of Education	10.6
Provincial Low/High, %	19.2/34.7 Region 0/Region IV
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	99.0/95.7
No Education, Primary, %	89.6
Highest Level of Education, %	99.7
Provincial Low/High, %	91.6/99.1 Region IV/Region 0
Poorest/Richest Quintile, %	88.9/97.8
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	65.5/66.3
No Education, Primary, %	61.3
Highest Level of Education, %	63.6
Provincial Low/High, %	61.0/70.4 Region IV/Region VII
Poorest/Richest Quintile, %	51.2/63.7
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	51.0/63.2
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	8.7/4.1
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	11.3/4.5

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.4/0.9
No Education, Primary, %	1.4
Highest Level of Education, %	0.1
Provincial Low/High, %	0.1/1.2 Region VI/Region IV
Poorest/Richest Quintile, %	2.0/0.0
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	83.1/97.5
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	80.7/97.8
Malnourished Women:	
Poorest/Richest Quintile, %	10.4/6.1
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	96.4/100.0

Eastern Caribbean

Overview

The Eastern Caribbean countries covered in the UNFPA programme — Anguilla, Antigua and Barbuda, Aruba, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, Netherlands Antilles, Saint Kitts and Nevis and Saint Vincent and Grenadines — have nearly completed their demographic transition with a combined total fertility rate of 2.1 lifetime births per woman, close to replacement level. The combined infant mortality rate is low at 16 deaths per 1,000 live births while the maternal mortality ratio is moderate at 58 deaths per 100,000 live births. The combined life expectancy is 75 years and ageing is a source of concern to most of the countries (12 per cent of the population are 60 years and over).

With a prevalence rate of over 2 per cent of the adult population, the HIV/AIDS pandemic is a significant problem in the Eastern Caribbean. It is now the leading cause of death among those ages 15-44 years.

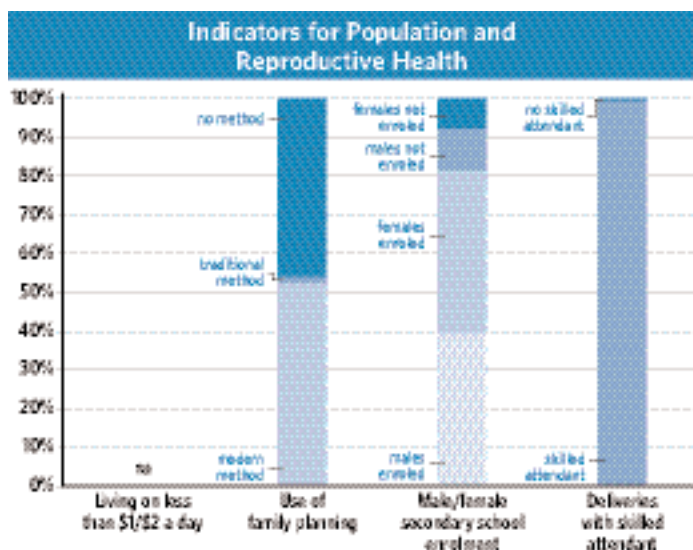
The governments of the Eastern Caribbean region have incorporated population and development issues in their poverty reduction strategies and are making progress towards achieving the ICPD Programme of Action and the Millennium Development Goals. Almost all the countries have national gender and youth policies in place.

UNFPA and CARICOM have worked with member states to make sexual and reproductive health services youth-friendly. These programmes rely on peer educators and trained counsellors to reach adolescents and young people. The mass media has also been used to raise awareness of sexual and reproductive health and rights issues. In addition, most governments in the region have set up national guidelines for the prevention and control of the HIV/AIDS pandemic.

Emergency obstetric services have been improved to further reduce maternal mortality.

Maternal deaths are reported within 24 hours so that audits may be undertaken.

The continued exodus of well-qualified personnel to the United States and Europe remains a challenge. Another major concern of many governments in the region is addressing the needs of an increasingly elderly population.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	89.6	92.0
Population in Thousands, Female	96.0	98.6
Population Growth Rate, %	na	0.9
Crude Birth Rate per 1,000 Population	20.0	20.0
Crude Death Rate per 1,000 Population	7.6	7.3
Urban Population, %	47.1	53.2
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	51.7	53.4
Total Fertility Rate per Woman 15-49	2.33	2.11
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	53.2	50.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	55.0	51.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 43	58
MMR, Lower Bound	● ▲ na	64
MMR, Upper Bound	● ▲ na	130
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.8
Infant Mortality Rate per 1,000 Live Births	● ▲ 21.3	15.7
Under Age 5 Mortality Rate, Total	● ▲ 24	18
Under Age 5 Mortality Rate, Female	● ▲ na	11
Under Age 5 Mortality Rate, Male	● ▲ na	15
Life Expectancy at Birth, Total, Years	● ▲ 72.7	74.5
Life Expectancy at Birth, Female, Years	● ▲ 75.5	77.5
Life Expectancy at Birth, Male, Years	● ▲ 69.9	71.4
Median Age of Total Population	● ▲ 26.0	31.8
Population 60 Years and Over, %	● ▲ 11.2	12.0
Dependency Ratio	● ▲ 62	48

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.98	256.07	3.51	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	9,711
Gross Domestic Product Growth Rate, Annual %	na	2
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 99	96
Antenatal Care, At Least One Visit, %	98	89
Deliveries Attended by Skilled Attendants, %	●▲ 98	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	2	2
Illiteracy Rate, % of Population 15 and Over, Female	2	2
Illiteracy Rate, % of Population 15 to 24, Male	3	1
Illiteracy Rate, % of Population 15 to 24, Female	2	1
Ratio of Girls to Boys, Primary Education	▲ 0.91	1.02
Ratio of Girls to Boys, Secondary Education	▲ na	1.04
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	105
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	109
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	89
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	99
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	2.2
Estimated HIV Prevalence, 15-49, Female	na	1.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.4	17.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	64.5	44.3
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	32.3	32.3
Mean Age at Marriage, Female	29.4	29.4
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.7
Gender Empowerment Measure, Rank	na	24.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	84.7	84.7
Labor Force Participation Rate, 15-64, Female	71.4	71.4
Seats in Parliament Held by Women, %	4.0	18.2
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-2.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-2.3
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Ecuador



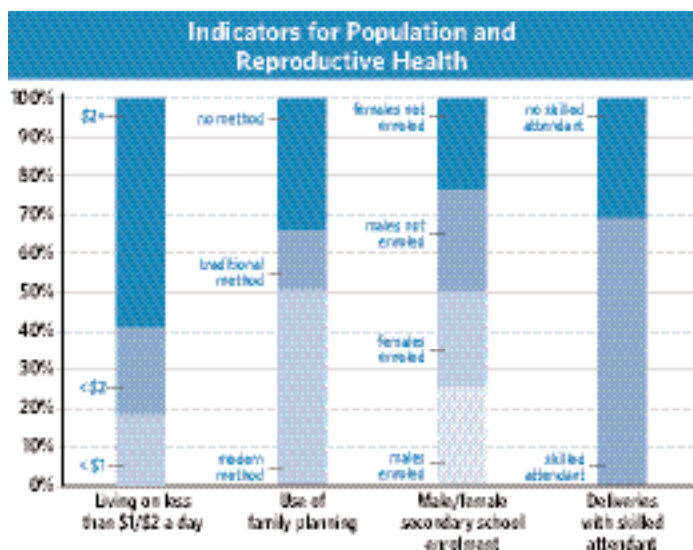
Overview

The country's population in 2005 was estimated at 13.2 million. Severe droughts have worsened the economy and exacerbated poverty in Ecuador. The recent high turnover of ministers in several key ministries has also severely affected the country's governance capacity. In its response to the United Nations 2003 survey of population policies, the government viewed its fertility rate (3.1 lifetime births per woman) as too high, maternal mortality (130 deaths per 100,000 live births) as unacceptably high and ageing of the population (8.3 per cent are 60 years and over) as a major concern. The HIV prevalence rate among 15-24 year olds is 0.22 per cent.

The country has made significant progress in the direction and pace of change in sexual and reproductive health and rights indicators since the International Conference on Population and Development (ICPD) in 1994. Ecuador has also made considerable progress in enacting several laws to promote human rights and gender equity, including the sexual and reproductive health and rights of women and children. A domestic violence law also provides protection for women and children against sexual violence. A network of NGOs including women lawyers assist in the monitoring of these rights.

Population and family life education has been incorporated into the curricula of schools as part of the National Sex Education Plan. The Ministry of Education, with UNFPA assistance through a grant from the United Nations Foundation, has launched a comprehensive sexual and reproductive health education programme in secondary schools in several provinces. With adolescent pregnancies an increasing cause for concern, the government considers sexual and family life education to be an important part of its campaign to reduce teenage pregnancies and keep girls in school longer.

With support from UNFPA and financial assistance from the Global Fund, the government has stepped up HIV prevention efforts. Health providers have received further training to improve the quality of reproductive health services especially in the poorest municipalities.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	5,164.6	6,633.4
Population in Thousands, Female	5,107.2	6,595.0
Population Growth Rate, %	na	1.4
Crude Birth Rate per 1,000 Population	29.2	25.4
Crude Death Rate per 1,000 Population	6.3	5.0
Urban Population, %	55.1	62.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	49.3	52.1
Total Fertility Rate per Woman 15-49	3.70	3.14
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	41.5	50.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	52.9	65.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 150	130
MMR, Lower Bound	● ▲ na	53
MMR, Upper Bound	● ▲ na	200
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	16.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 49.9	23.0
Under Age 5 Mortality Rate, Total	● ▲ 57	28
Under Age 5 Mortality Rate, Female	● ▲ na	49
Under Age 5 Mortality Rate, Male	● ▲ na	60
Life Expectancy at Birth, Total, Years	● ▲ 68.4	74.6
Life Expectancy at Birth, Female, Years	● ▲ 71.3	77.6
Life Expectancy at Birth, Male, Years	● ▲ 66.4	71.7
Median Age of Total Population	● ▲ 20.1	24.0
Population 60 Years and Over, %	● ▲ 6.2	8.3
Dependency Ratio	● ▲ 76	62

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.70	32.23	0.95	52.16

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.9/3.9
No Education, Primary	5.7
Highest Level of Education	2.0
Provincial Low/High	2.7/4.2
Poorest/Richest Quintile	na/na
Insular/Amazonia	

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	28.0/32.0
No Education, Primary	48.0
Highest Level of Education	16.0
Provincial Low/High	26.0/34.0
Poorest/Richest Quintile, %	na/na
Costa/Sierra	

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	87.0/119.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	3,684
Gross Domestic Product Growth Rate, Annual %	2	6
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	17.7
Population Living Below National Poverty Line, %	▲ na	35.0
Share of Income or Consumption by Poorest Quintile	na	0.9
Access to Improved Water Supply, %	▲ 58	86
Antenatal Care, At Least One Visit, %	47	84
Deliveries Attended by Skilled Attendants, %	●▲ 26	69
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	46.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	62.3
Illiteracy Rate, % of Population 15 and Over, Male	10	6
Illiteracy Rate, % of Population 15 and Over, Female	15	8
Illiteracy Rate, % of Population 15 to 24, Male	4	2
Illiteracy Rate, % of Population 15 to 24, Female	5	2
Ratio of Girls to Boys, Primary Education	▲ na	0.97
Ratio of Girls to Boys, Secondary Education	▲ na	0.99
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	117
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	117
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	59
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	60
Children Underweight Under 5, Male, %	na	16
Children Underweight Under 5, Female, %	na	14
Stunted Children under 5, Severe, %	na	8
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	8.0	4.0
Refugees, Number	200	6,381
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	2,565
Estimated HIV Prevalence, 15-49, Total	na	0.3
Estimated HIV Prevalence, 15-49, Male	na	0.4
Estimated HIV Prevalence, 15-49, Female	na	0.2

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	19.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	86.0	84.0
Median Age at First Sexual Intercourse, Female, 25-49	na	18.7
Mean Age at Marriage, Male	25.2	25.2
Mean Age at Marriage, Female	22.0	22.0
Married by 18, Percent, Female, 25-49	na	31.6
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	58.0
HIV Prevalence, 15-24, Total	▲ na	0.2
HIV Prevalence, 15-24, Female	▲ na	0.2
HIV Prevalence, 15-24, Male	▲ na	0.3

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	50.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	79.3	83.3
Labor Force Participation Rate, 15-64, Female	33.7	57.4
Seats in Parliament Held by Women, %	6.0	16.0
Female Legislators, Senior Officials and Managers, %	na	25.0
Female Professional and Technical Workers, %	na	44.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	790.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	19.9
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	89.4/57.3
No Education, Primary, %	36.7
Highest Level of Education, %	95.6
Provincial Low/High, %	61.2/95.9 Amazonia/Insular
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	62.4/50.9
No Education, Primary, %	37.2
Highest Level of Education, %	65.3
Provincial Low/High, %	44.0/71.1 Amazonia/Insular
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

El Salvador



Overview

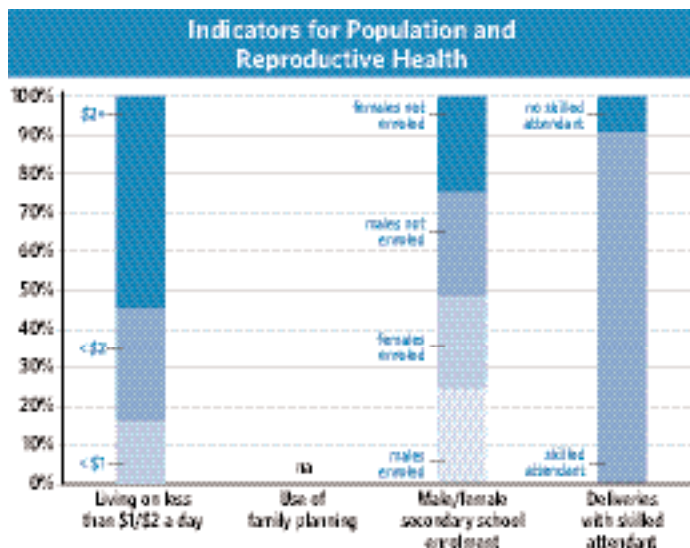
With a population estimated at 6.9 million squeezed onto 8,000 square miles, El Salvador is the most densely populated country in the Americas. Reduced coffee harvests, attributable to the collapse of international coffee prices, has worsened the economic situation in some rural areas leading to a marked increase in rural-urban migration.

In its response to the United Nations 2003 survey of population policies, the government viewed its fertility rate (3.2 lifetime births per woman) as too high and maternal mortality (150 deaths per 100,000 live births) as unacceptably high. The HIV prevalence rate is 0.6 per cent among 15-24 year olds while the percentage of reproductive-age women who use modern contraceptives is 54 per cent. A recent Ministry of Public Health report indicates adolescents ages 15-19 years account for a third of all deliveries at public maternity wards.

The government collaborated with international donors and local NGOs to set priorities in implementing the ICPD Programme of Action and the Millennium Development Goals. The Ministry of Public Health incorporated reproductive health and rights into the national health reform agenda. Educational sector reform has resulted in increased enrolment of girls in schools. Mid-career personnel at the Ministry of Public Health, Ministry of Education and selected NGOs have successfully completed two-year masters level training on quality sexual reproductive health services and IEC advocacy at the University of El Salvador under the sponsorship of UNFPA.

The government with support from UNFPA has launched multi-media HIV prevention campaigns targeting youth, and has made reproductive health services more accessible to adolescents and young people. In addition, with financial support from international donors, the quality of reproductive health services has improved particularly in the rural areas.

The government has put in a proposal to the Global Fund for additional support to control the spread of HIV/AIDS. Religious groups continue to oppose women's rights and gender equity.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,501.8	3,382.1
Population in Thousands, Female	2,608.3	3,498.9
Population Growth Rate, %	na	1.7
Crude Birth Rate per 1,000 Population	30.1	27.7
Crude Death Rate per 1,000 Population	7.4	5.8
Urban Population, %	49.2	60.1
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.8	52.3
Total Fertility Rate per Woman 15-49	3.71	3.20
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	54.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	59.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 300	150
MMR, Lower Bound	● ▲ na	37
MMR, Upper Bound	● ▲ na	270
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	16.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 47.1	24.0
Under Age 5 Mortality Rate, Total	● ▲ 51	32
Under Age 5 Mortality Rate, Female	● ▲ na	31
Under Age 5 Mortality Rate, Male	● ▲ na	38
Life Expectancy at Birth, Total, Years	● ▲ 65.0	71.3
Life Expectancy at Birth, Female, Years	● ▲ 69.5	74.3
Life Expectancy at Birth, Male, Years	● ▲ 61.2	68.2
Median Age of Total Population	● ▲ 18.9	23.3
Population 60 Years and Over, %	● ▲ 6.5	7.6
Dependency Ratio	● ▲ 82	65

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.60	80.10	2.21	203.69

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.4/3.8
No Education, Primary	4.5
Highest Level of Education	2.0
Provincial Low/High	2.4/4.2 San Salvador/Cabañas
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	24.0/24.0
No Education, Primary	36.0
Highest Level of Education	23.0
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	88.0/124.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	4,994
Gross Domestic Product Growth Rate, Annual %	0	2
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	31.1
Population Living Below National Poverty Line, %	▲ 48.3	48.3
Share of Income or Consumption by Poorest Quintile	na	0.9
Access to Improved Water Supply, %	▲ 41	82
Antenatal Care, At Least One Visit, %	69	86
Deliveries Attended by Skilled Attendants, %	●▲ 66	51
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	46.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	64.2
Illiteracy Rate, % of Population 15 and Over, Male	24	16
Illiteracy Rate, % of Population 15 and Over, Female	31	21
Illiteracy Rate, % of Population 15 to 24, Male	15	9
Illiteracy Rate, % of Population 15 to 24, Female	17	11
Ratio of Girls to Boys, Primary Education	▲ na	0.93
Ratio of Girls to Boys, Secondary Education	▲ na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	116
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	109
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	59
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	59
Children Underweight Under 5, Male, %	na	12
Children Underweight Under 5, Female, %	na	12
Stunted Children under 5, Severe, %	na	6
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	12.0	14.0
Refugees, Number	19,900	246
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	3
Estimated HIV Prevalence, 15-49, Total	na	0.7
Estimated HIV Prevalence, 15-49, Male	na	1.1
Estimated HIV Prevalence, 15-49, Female	na	0.6

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.8	19.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	115.0	84.0
Median Age at First Sexual Intercourse, Female, 25-49	na	18.4
Mean Age at Marriage, Male	25.3	25.3
Mean Age at Marriage, Female	22.3	22.3
Married by 18, Percent, Female, 25-49	na	37.9
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	68.0
HIV Prevalence, 15-24, Total	▲ na	0.6
HIV Prevalence, 15-24, Female	▲ na	0.4
HIV Prevalence, 15-24, Male	▲ na	0.8

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	60.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	82.9	82.2
Labor Force Participation Rate, 15-64, Female	53.8	49.2
Seats in Parliament Held by Women, %	8.0	10.7
Female Legislators, Senior Officials and Managers, %	na	26.0
Female Professional and Technical Workers, %	na	46.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	532.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	24.4
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● 18.3	18.3
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	87.3/54.1
No Education, Primary, %	41.4
Highest Level of Education, %	93.7
Provincial Low/High, %	49.6/91.4 Morazan/San Salvador
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	65.5/55.6
No Education, Primary, %	55.5
Highest Level of Education, %	59.8
Provincial Low/High, %	41.7/68.4 Morazán/Santa Ana
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.2/0.9
No Education, Primary, %	1.3
Highest Level of Education, %	0.5
Provincial Low/High, %	0.0/1.8 San Miguel, Morazán/Santa Ana
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Guadeloupe

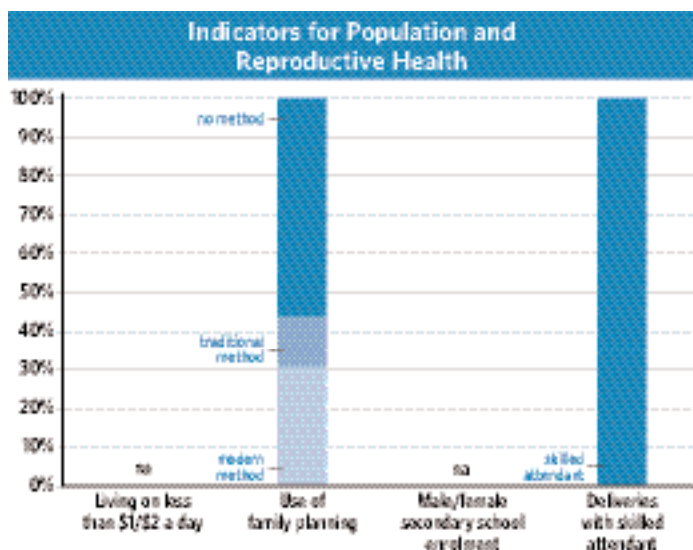
Overview

Guadeloupe, a chain of eight small islands in the Caribbean, is a possession of France. The total population is 448,500 inhabitants, with 13 per cent of the population between the ages of 15 and 24. The population is projected to increase by 19 per cent by the year 2050. Approximately one hundred per cent of the inhabitants of Guadeloupe live in urban areas. The total fertility rate is 2.1 lifetime births per woman (replacement level fertility).

Overall, reproductive health indicators are positive, with moderately high levels of contraceptive prevalence, low levels of maternal mortality and high levels of skilled attendance at delivery. Although no survey has been completed since the mid-1970s, contraceptive use is estimated at about 44 per cent among reproductive-age women. Maternal mortality is low at 5 deaths per 100,000 live births. Almost one hundred per cent of women received skilled attendance at delivery.

A five-year perinatal plan began in 1996, with 13 measures to improve the monitoring of pregnancy and birth conditions, including media campaigns, dissemination of good clinical practice cards to professionals and restructuring of maternity wards.

Guadeloupe supports family planning, sex education and women's development. Sex education is included in the secondary school curricula and the government has established a Women's Desk in Guadeloupe. Access to family planning for everyone, including minors, is fully guaranteed by law, as is gender equality. The government offers family planning services in its maternal and child health centres and hospitals.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	191.0	216.4
Population in Thousands, Female	199.7	232.1
Population Growth Rate, %	na	0.7
Crude Birth Rate per 1,000 Population	18.6	17.6
Crude Death Rate per 1,000 Population	6.2	6.2
Urban Population, %	98.5	99.8
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	54.0	50.6
Total Fertility Rate per Woman 15-49	2.27	2.13
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	30.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	43.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	5
MMR, Lower Bound	● ▲ na	3
MMR, Upper Bound	● ▲ na	10
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	na
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.6	7.0
Under Age 5 Mortality Rate, Total	● ▲ 12	9
Under Age 5 Mortality Rate, Female	● ▲ na	8
Under Age 5 Mortality Rate, Male	● ▲ na	11
Life Expectancy at Birth, Total, Years	● ▲ 74.7	78.8
Life Expectancy at Birth, Female, Years	● ▲ 78.6	82.1
Life Expectancy at Birth, Male, Years	● ▲ 71.3	75.4
Median Age of Total Population	● ▲ 26.9	34.1
Population 60 Years and Over, %	● ▲ 11.3	13.8
Dependency Ratio	● ▲ 53	54

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
na	na	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	na
Income Group per World Bank Classification	na	na
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	94
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ na	na
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.9	13.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	20.5	18.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	32.3	32.3
Mean Age at Marriage, Female	29.5	29.5
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	79.4
Labor Force Participation Rate, 15-64, Female	na	62.2
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	1.1
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Guatemala



Overview

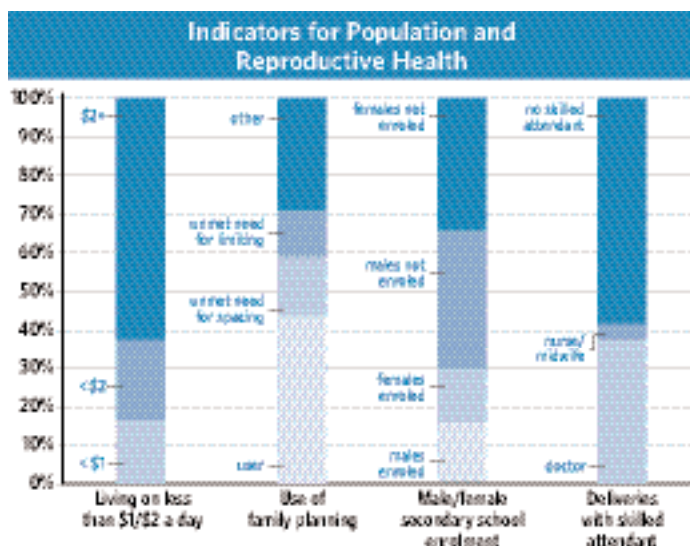
Although Guatemala boasts the largest economy in Central America, the country is characterized by striking inequalities in economic resources, land distribution and access to quality health services and education. It is ranked 117th in UNDP's 2005 Human Development Index, among the lowest in the region. With a population of 12.6 million, the government now acknowledges poverty alleviation as an integral component of development.

Guatemala's population growth remains high at 2.4 per cent per year (in 2005). The total fertility rate is 4.9 lifetime births per woman. In its response to a 2003 United Nations inquiry, the government indicated that it viewed the levels of population growth and fertility as too high. Although it has policies and programmes designed to lower them, including subsidized access to modern contraceptive methods, contraceptive prevalence remains low. Only 38 per cent of reproductive-age women use some form of contraception and 31 per cent use modern methods.

The government approved the Law on Social Development in 2001, which covered issues such as reproductive health, family planning, sexual education and population and development. Significantly, approval was achieved with the broad-based support from important civil society groups, including both Catholic and Protestant churches.

UNFPA launched a project to disseminate messages on reproductive health and family planning through the Evangelical Churches of Guatemala, which represent more than 40 per cent of the total population, and through community radio stations. The Intersectoral Commission on Population and Education, founded jointly by the Ministry of Education and civil society organizations, has also succeeded in incorporating population issues into the curricula of pre-primary and primary schools. However, the extension of health and education services continues to be severely constrained by shortages in government funding.

Guatemala faces an acceleration of the HIV/AIDS pandemic, which is concentrated among commercial sex workers and men who have sex with men. Legislation on the prevention of HIV/AIDS has been enacted, and a National Programme of Prevention has been established.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,483.0	6,138.8
Population in Thousands, Female	4,410.6	6,460.3
Population Growth Rate, %	na	2.4
Crude Birth Rate per 1,000 Population	39.3	36.6
Crude Death Rate per 1,000 Population	9.0	6.4
Urban Population, %	41.1	47.2
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	44.3	46.6
Total Fertility Rate per Woman 15-49	5.58	4.86
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	30.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	38.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 200	240
MMR, Lower Bound	● ▲ na	140
MMR, Upper Bound	● ▲ na	350
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	19.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 61.0	34.7
Under Age 5 Mortality Rate, Total	● ▲ 79	47
Under Age 5 Mortality Rate, Female	● ▲ na	51
Under Age 5 Mortality Rate, Male	● ▲ na	58
Life Expectancy at Birth, Total, Years	● ▲ 61.4	67.8
Life Expectancy at Birth, Female, Years	● ▲ 64.7	71.5
Life Expectancy at Birth, Male, Years	● ▲ 58.6	64.1
Median Age of Total Population	● ▲ 17.1	18.1
Population 60 Years and Over, %	● ▲ 5.3	6.1
Dependency Ratio	● ▲ 95	91

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.30	44.56	1.27	73.05

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.4/5.2
No Education, Primary	6.8
Highest Level of Education	2.9
Provincial Low/High	3.2/6.5
Poorest/Richest Quintile	8.0/2.4

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	35.0/48.0
No Education, Primary	57.0
Highest Level of Education	17.0
Provincial Low/High	21.0/66.0
Poorest/Richest Quintile, %	58.0/39.2

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	77.6/39.3
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	85.0/133.0
Poorest/Richest Quintile	203.0/54.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	33.5/42.4
No Education, Primary, %	62.6

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	4,122
Gross Domestic Product Growth Rate, Annual %	1	2
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	16.0
Population Living Below National Poverty Line, %	▲ 57.9	56.2
Share of Income or Consumption by Poorest Quintile	na	0.9
Access to Improved Water Supply, %	▲ 60	95
Antenatal Care, At Least One Visit, %	34	86
Deliveries Attended by Skilled Attendants, %	●▲ 23	41
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	37.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	45.3
Illiteracy Rate, % of Population 15 and Over, Male	31	21
Illiteracy Rate, % of Population 15 and Over, Female	47	35
Illiteracy Rate, % of Population 15 to 24, Male	20	13
Illiteracy Rate, % of Population 15 to 24, Female	34	24
Ratio of Girls to Boys, Primary Education	▲ na	0.88
Ratio of Girls to Boys, Secondary Education	▲ na	0.88
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	110
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	102
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	44
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	41
Children Underweight Under 5, Male, %	na	26
Children Underweight Under 5, Female, %	na	23
Stunted Children under 5, Severe, %	na	21
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	16.0	25.0
Refugees, Number	222,900	715
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	2
Estimated HIV Prevalence, 15-49, Total	na	1.1
Estimated HIV Prevalence, 15-49, Male	na	1.7
Estimated HIV Prevalence, 15-49, Female	na	1.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.5	20.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	129.5	111.0
Median Age at First Sexual Intercourse, Female, 25-49	na	18.4
Mean Age at Marriage, Male	23.8	23.8
Mean Age at Marriage, Female	21.3	21.3
Married by 18, Percent, Female, 25-49	na	34.3
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.9
HIV Prevalence, 15-24, Female	▲ na	0.8
HIV Prevalence, 15-24, Male	▲ na	0.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	2.0
Labor Force Participation Rate, 15-64, Male	na	89.7
Labor Force Participation Rate, 15-64, Female	na	47.2
Seats in Parliament Held by Women, %	na	8.2
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,416.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	35.1
Unmet Need for Family Planning, Spacing, %	● na	15.1
Unmet Need for Family Planning, Limiting, %	● na	12.5
Unmet Need for Family Planning, Total, %	● na	27.6
Unmet Need for Family Planning, Thousands	● na	0.4

Highest Level of Education	23.1	
Provincial Low/High, %	28.3/50.6	Metropolitana/Peten
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	65.6/29.5	
No Education, Primary, %	20.6	
Highest Level of Education, %	89.0	
Provincial Low/High, %	19.3/70.7	Norte/Metropolitana
Poorest/Richest Quintile, %	8.8/91.9	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	56.7/34.7	
No Education, Primary, %	24.7	
Highest Level of Education, %	67.6	
Provincial Low/High, %	27.3/60.0	Nor-Occidente/Metropolitana
Poorest/Richest Quintile, %	5.4/59.7	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	17.9/3.9	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	14.5/3.7	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	1.5/4.7	
No Education, Primary, %	5.7	
Highest Level of Education, %	0.6	
Provincial Low/High, %	1.1/6.6	Metropolitana/Nor-Oriente
Poorest/Richest Quintile, %	8.5/0.0	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	55.4/87.4	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	65.3/84.4	
Malnourished Women:		
Poorest/Richest Quintile, %	3.7/0.5	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	36.8/97.0	

Guyana



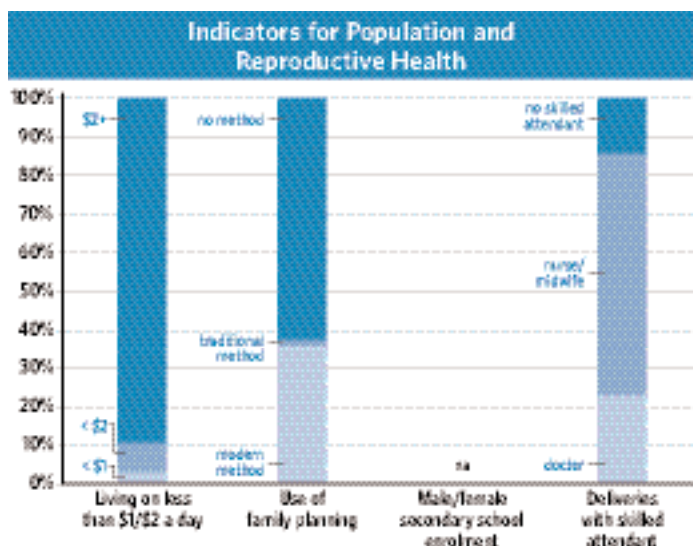
Overview

Guyana, with a total population of 751,200 inhabitants, is one of the least densely populated countries in the world, with poverty affecting 35 per cent of the population, including disproportionately high numbers of women and rural residents. In its major efforts toward reducing poverty, the government prepared a Poverty Reduction Strategy Paper in 2002.

Guyana has a relatively low life expectancy at birth of 61 years for men and 67 years for women in 2005. Maternal, infant, and under-age 5 mortality also remain high. In its response to a UN inquiry in 2003, the government indicated that it viewed the current mortality levels to be unacceptably high and the life expectancy to be unacceptably low. Reforms are needed to reduce morbidity and mortality and to provide equitable access to social services that would protect, promote and maintain health.

To date the country has not adopted a formal population policy. The Guyana Responsible Parenthood Association is one of the lead agencies in the area of population and reproductive health. The association has promoted the implementation of family life education in schools since 1995. It currently conducts adolescent outreach, markets and distributes contraceptives and carries out media advocacy efforts. Contraceptive prevalence, however, remains low in Guyana. Only a little over a third of the married women use modern contraceptive methods.

Guyana has very high incidence rates of communicable diseases such as malaria, dengue, tuberculosis, hepatitis and sexually transmitted infections (STIs). The HIV prevalence rate in Guyana is second highest in the region. It is part of the Center for Disease Control's Global AIDS Program, which is helping the government develop surveillance and infrastructure systems. The government's Poverty Reduction Strategy Plan includes the development of a national database for the management of STIs, including HIV/AIDS. An initiative supported by USAID is promoting capacity-building efforts with eight indigenous non-governmental organizations to expand HIV prevention among youth by involving religious organizations, parents and peers.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	354.7	364.4
Population in Thousands, Female	374.4	386.8
Population Growth Rate, %	na	0.1
Crude Birth Rate per 1,000 Population	24.9	23.8
Crude Death Rate per 1,000 Population	9.5	8.7
Urban Population, %	33.2	38.5
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	52.5	56.1
Total Fertility Rate per Woman 15-49	2.63	2.37
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	36.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	37.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	170
MMR, Lower Bound	● ▲ na	110
MMR, Upper Bound	● ▲ na	240
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	25.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 64.6	46.1
Under Age 5 Mortality Rate, Total	● ▲ 89	64
Under Age 5 Mortality Rate, Female	● ▲ na	60
Under Age 5 Mortality Rate, Male	● ▲ na	81
Life Expectancy at Birth, Total, Years	● ▲ 60.3	64.1
Life Expectancy at Birth, Female, Years	● ▲ 63.8	67.1
Life Expectancy at Birth, Male, Years	● ▲ 57.1	61.0
Median Age of Total Population	● ▲ 20.8	25.7
Population 60 Years and Over, %	● ▲ 6.7	7.4
Dependency Ratio	● ▲ 70	53

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.27	40.44	5.60	218.03

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	54.0/54.0
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	4,194
Gross Domestic Product Growth Rate, Annual %		na	-1
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	35.0
Share of Income or Consumption by Poorest Quintile		na	1.3
Access to Improved Water Supply, %	▲	81	83
Antenatal Care, At Least One Visit, %		95	81
Deliveries Attended by Skilled Attendants, %	●▲	93	86
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	46.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		2	1
Illiteracy Rate, % of Population 15 and Over, Female		4	1
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	0.97	0.95
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	126
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	123
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	87
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	89
Children Underweight Under 5, Male, %		na	12
Children Underweight Under 5, Female, %		na	11
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		21.0	14.0
Refugees, Number		na	na
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	2.5
Estimated HIV Prevalence, 15-49, Male		na	2.4
Estimated HIV Prevalence, 15-49, Female		na	2.8

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		22.0	19.3
Age-Specific Fertility Rate per 1,000 Women, 15-20		91.5	62.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	26.0
Mean Age at Marriage, Female		na	23.7
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	69
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	84.0
HIV Prevalence, 15-24, Total	▲	na	3.6
HIV Prevalence, 15-24, Female	▲	na	4.0
HIV Prevalence, 15-24, Male	▲	na	3.3

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	88.0
Labor Force Participation Rate, 15-64, Female		na	41.9
Seats in Parliament Held by Women, %		37.0	20.0
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-9.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-4.6
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	100.0/80.4
No Education, Primary, %	58.1
Highest Level of Education, %	89.1
Provincial Low/High, %	21.7/100.0 Region 9/Region 10
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	35.7/36.1
No Education, Primary, %	30.1
Highest Level of Education, %	36.9
Provincial Low/High, %	17.6/39.5 Region 8/Region 2
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.7/3.4
No Education, Primary, %	3.8
Highest Level of Education, %	2.7
Provincial Low/High, %	0.6/10.7 Region 9/Region 3
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Haiti



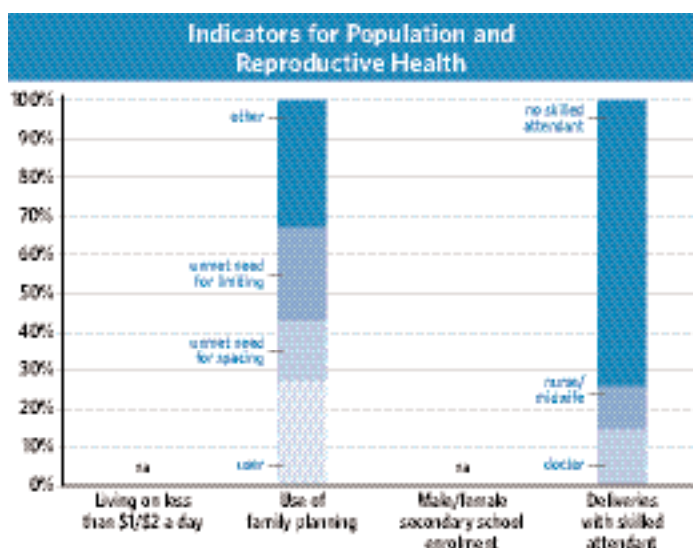
Overview

Haiti is the poorest and the only least-developed country in Latin America. Its health and demographic indicators are dismal: Haiti has the highest prevalence of HIV in the region (currently estimated at 5.6 per cent of the adult population); the maternal mortality ratio is 680 deaths per 100,000 live births, the worst in the Western Hemisphere; the total fertility rate is 4.5 lifetime births per woman; and the population growth rate is 1.4 per cent per year.

Successive governments have struggled for over two decades to lower these rates by increasing access to modern contraceptive methods, integrating sexual health education into schools and carrying out related initiatives using non-formal education and mass media communication channels. Nevertheless, results have been unsatisfactory. For instance, the contraceptive prevalence rate remains low: just 21 per cent of women between the ages of 15-49 use a modern method.

The government recognizes the need to include population issues in its efforts to reduce poverty and create suitable conditions for fostering sustainable socio-economic development. It reinstated the Population Secretariat in 1997 and adopted a National Population Policy in 2000. Strategic priorities include: reducing maternal mortality, preventing HIV/AIDS, meeting the reproductive health needs of adolescents and expanding and improving the country's population and development database.

On a positive note, several projects have led to increased availability and quality of comprehensive reproductive health services under the leadership of the Ministry of Health. A project funded by UNFPA and the European Union, and executed in partnership with NGOs, is being implemented to provide integrated services covering reproductive health, prevention of STIs and HIV/AIDS and access to contraceptives. Another UNFPA programme funded by the Japanese Trust Fund for Human Security, and subsequently by Canada (CIDA), supports family planning and emergency obstetric care in departmental hospitals. Care for victims of sexual violence is promoted through partnerships with NGOs. The availability of new population data has improved the government's capacity to plan for future health, education and social needs.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	3,369.2	4,202.0
Population in Thousands, Female	3,498.2	4,325.8
Population Growth Rate, %	na	1.4
Crude Birth Rate per 1,000 Population	37.5	31.6
Crude Death Rate per 1,000 Population	15.9	13.1
Urban Population, %	29.5	38.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	45.0	51.1
Total Fertility Rate per Woman 15-49	5.36	4.48
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	9.8	21.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	10.2	27.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 1,000	680
MMR, Lower Bound	● ▲ na	400
MMR, Upper Bound	● ▲ na	970
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	34.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 89.1	59.1
Under Age 5 Mortality Rate, Total	● ▲ 134	105
Under Age 5 Mortality Rate, Female	● ▲ na	104
Under Age 5 Mortality Rate, Male	● ▲ na	119
Life Expectancy at Birth, Total, Years	● ▲ 49.1	52.5
Life Expectancy at Birth, Female, Years	● ▲ 51.3	53.1
Life Expectancy at Birth, Male, Years	● ▲ 47.0	51.7
Median Age of Total Population	● ▲ 17.8	20.0
Population 60 Years and Over, %	● ▲ 5.8	6.0
Dependency Ratio	● ▲ 93	71

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.00	11.45	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:	
Urban/Rural	3.3/5.8
No Education, Primary	6.4
Highest Level of Education	2.5
Provincial Low/High	3.2/7.6 Aire Metropolitaine/Centre
Poorest/Richest Quintile	7.0/2.3
Infant Mortality Rate per 1,000 Live Births:	
Urban/Rural	87.0/90.5
No Education, Primary	94.1
Highest Level of Education	55.9
Provincial Low/High	67.2/107.7 Grande-Anse/Ouest
Poorest/Richest Quintile, %	99.5/97.2
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	163.9/108.7
Age-Specific Fertility Rate, 15-19 Years:	
Urban/Rural	61.0/100.0
Poorest/Richest Quintile	105.0/25.0
Adolescent Women 15-19 Begun Childbearing:	
Urban/Rural, %	13.3/22.8
No Education, Primary, %	44.9

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,635
Gross Domestic Product Growth Rate, Annual %	0	0
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	65.0
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 42	71
Antenatal Care, At Least One Visit, %	43	79
Deliveries Attended by Skilled Attendants, %	●▲ 40	24
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	51.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	44.4
Illiteracy Rate, % of Population 15 and Over, Male	57	43
Illiteracy Rate, % of Population 15 and Over, Female	63	47
Illiteracy Rate, % of Population 15 to 24, Male	44	32
Illiteracy Rate, % of Population 15 to 24, Female	46	31
Ratio of Girls to Boys, Primary Education	▲ 0.93	0.93
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ 49	150
Primary School Enrolment, Gross % of School Age Population, Female	●▲ 46	153
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ 21	21
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ 20	20
Children Underweight Under 5, Male, %	na	27
Children Underweight Under 5, Female, %	na	28
Stunted Children under 5, Severe, %	na	15
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	65.0	49.0
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	5.6
Estimated HIV Prevalence, 15-49, Male	na	5.4
Estimated HIV Prevalence, 15-49, Female	na	7.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.6	23.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	83.5	61.0
Median Age at First Sexual Intercourse, Female, 25-49	na	18.2
Mean Age at Marriage, Male	27.3	27.3
Mean Age at Marriage, Female	23.8	23.8
Married by 18, Percent, Female, 25-49	na	27.9
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	46
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	72
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	68.0
HIV Prevalence, 15-24, Total	▲ na	4.5
HIV Prevalence, 15-24, Female	▲ na	5.0
HIV Prevalence, 15-24, Male	▲ na	4.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	11.5
Labor Force Participation Rate, 15-64, Male	80.8	82.9
Labor Force Participation Rate, 15-64, Female	49.8	58.8
Seats in Parliament Held by Women, %	na	9.1
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	613.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	23.8
Unmet Need for Family Planning, Spacing, %	● na	16.0
Unmet Need for Family Planning, Limiting, %	● na	23.8
Unmet Need for Family Planning, Total, %	● 27.2	39.8
Unmet Need for Family Planning, Thousands	● na	0.5

Highest Level of Education	10.7	
Provincial Low/High, %	13.6/40.3	Nord/Centre
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	52.2/11.1	
No Education, Primary, %	10.4	
Highest Level of Education, %	62.0	
Provincial Low/High, %	9.5/56.7	Sud-Est/Aire Metropolitaine
Poorest/Richest Quintile, %	4.1/70.0	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	22.3/22.3	
No Education, Primary, %	17.5	
Highest Level of Education, %	29.0	
Provincial Low/High, %	14.1/28.7	Sud-Est/Grand-Anse
Poorest/Richest Quintile, %	17.4/24.2	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	22.0/20.8	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	27.6/21.7	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	16.7/13.2	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	34.1/55.4	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	27.8/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	2.8/4.1	
No Education, Primary, %	5.1	
Highest Level of Education, %	1.5	
Provincial Low/High, %	2.5/6.3	Centre/Sud
Poorest/Richest Quintile, %	5.9/1.3	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	66.5/77.5	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	63.3/85.5	
Malnourished Women:		
Poorest/Richest Quintile, %	17.3/8.1	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	65.4/90.7	

Honduras



Overview

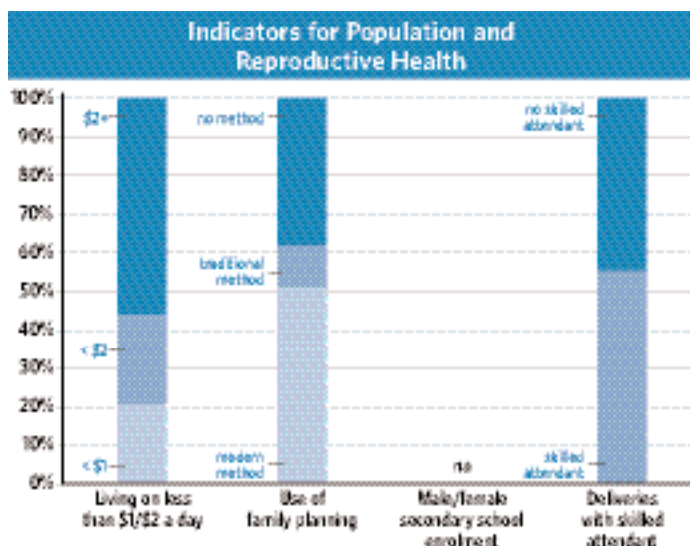
Poverty remains the major social and economic problem in Honduras. During the past four years there has been a plateau in economic growth, and Honduras remains one of the poorest countries in Latin America. As articulated in its Poverty Reduction Strategy Paper and National Plan for Reconstruction and Transformation, Honduras is focusing on integrating population dynamics with sustainable development, strengthening reproductive health and family planning, and promoting gender equality and equity.

Honduras, with a population of 7.2 million, faces many reproductive health challenges. While there has been a decrease in the infant mortality rate (now at 30 deaths per 1,000 live births), there are significant disparities across urban and rural areas and educational levels. There are high numbers of adolescent pregnancies and significant urban-rural gaps in the prevalence of contraceptive use, with female sterilization being the most common method.

Honduras has a very young population — 50 per cent are under the age of 19. The lack of opportunities for young people remains a serious problem. Every year nearly 17,000 Hondurans leave the country, mainly for the USA. Migration has an impact on family composition and behaviour, human rights and income level through remittances.

Despite halving the maternal mortality ratio over the course of a decade, from 220 deaths per 100,000 live births in 1990 to 110 in 2000, it remains unacceptably high. To address this, the Ministry of Health launched an Initiative for Zero Avoidable Maternal Mortality in 2003, which emphasizes access to emergency obstetric care.

The number of HIV/AIDS cases is the highest in Central America and the incidence of infection in women and adolescents is increasing rapidly. In March 2003, the government approved the Regulations for the Implementation of the Special Law on HIV/AIDS. In addition, in 2003 Honduras began receiving part of the \$42 million in funds approved from the Global Fund for AIDS, Tuberculosis and Malaria to address the HIV/AIDS crisis.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,449.6	3,631.3
Population in Thousands, Female	2,417.1	3,573.4
Population Growth Rate, %	na	2.2
Crude Birth Rate per 1,000 Population	38.3	33.5
Crude Death Rate per 1,000 Population	7.0	6.0
Urban Population, %	40.3	46.4
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	45.6	50.0
Total Fertility Rate per Woman 15-49	5.14	4.23
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	34.7	50.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	46.7	61.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 220	110
MMR, Lower Bound	● ▲ na	54
MMR, Upper Bound	● ▲ na	220
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	18.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 48.3	30.1
Under Age 5 Mortality Rate, Total	● ▲ 64	46
Under Age 5 Mortality Rate, Female	● ▲ na	43
Under Age 5 Mortality Rate, Male	● ▲ na	53
Life Expectancy at Birth, Total, Years	● ▲ 65.0	68.4
Life Expectancy at Birth, Female, Years	● ▲ 67.6	70.5
Life Expectancy at Birth, Male, Years	● ▲ 62.9	66.4
Median Age of Total Population	● ▲ 17.2	19.8
Population 60 Years and Over, %	● ▲ 4.5	5.6
Dependency Ratio	● ▲ 93	76

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.20	30.97	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	3.3/5.6
No Education, Primary	6.5
Highest Level of Education	2.7
Provincial Low/High	3.2/5.9
Poorest/Richest Quintile	na/na
Metropolitana/Region 7	

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	29.0/38.0
No Education, Primary	63.0
Highest Level of Education	18.0
Provincial Low/High	24.0/52.0
Poorest/Richest Quintile, %	na/na
Region 3/Region 7	

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	114.0/162.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,658
Gross Domestic Product Growth Rate, Annual %	3	3
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	20.7
Population Living Below National Poverty Line, %	▲ 50.0	53.0
Share of Income or Consumption by Poorest Quintile	na	0.9
Access to Improved Water Supply, %	▲ 52	90
Antenatal Care, At Least One Visit, %	78	84
Deliveries Attended by Skilled Attendants, %	●▲ 63	56
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	44.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	72.7
Illiteracy Rate, % of Population 15 and Over, Male	31	22
Illiteracy Rate, % of Population 15 and Over, Female	33	22
Illiteracy Rate, % of Population 15 to 24, Male	22	14
Illiteracy Rate, % of Population 15 to 24, Female	19	11
Ratio of Girls to Boys, Primary Education	▲ 0.99	0.98
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	105
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	107
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	14
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	23.0	20.0
Refugees, Number	100,100	23
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	5
Estimated HIV Prevalence, 15-49, Total	na	1.8
Estimated HIV Prevalence, 15-49, Male	na	1.5
Estimated HIV Prevalence, 15-49, Female	na	2.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.3	21.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	130.5	98.0
Median Age at First Sexual Intercourse, Female, 25-49	na	18.2
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	36.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	35
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	81.0
HIV Prevalence, 15-24, Total	▲ na	1.4
HIV Prevalence, 15-24, Female	▲ na	1.5
HIV Prevalence, 15-24, Male	▲ na	1.2

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	70.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	86.7
Labor Force Participation Rate, 15-64, Female	na	44.7
Seats in Parliament Held by Women, %	12.0	5.5
Female Legislators, Senior Officials and Managers, %	na	22.0
Female Professional and Technical Workers, %	na	36.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	758.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	33.0
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	82.9/38.2
No Education, Primary, %	26.8
Highest Level of Education, %	98.6
Provincial Low/High, %	35.4/89.6 Region 5/Metropolitana
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	59.4/43.6
No Education, Primary, %	38.5
Highest Level of Education, %	59.2
Provincial Low/High, %	31.1/64.3 Region 5/Metropolitana
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Jamaica

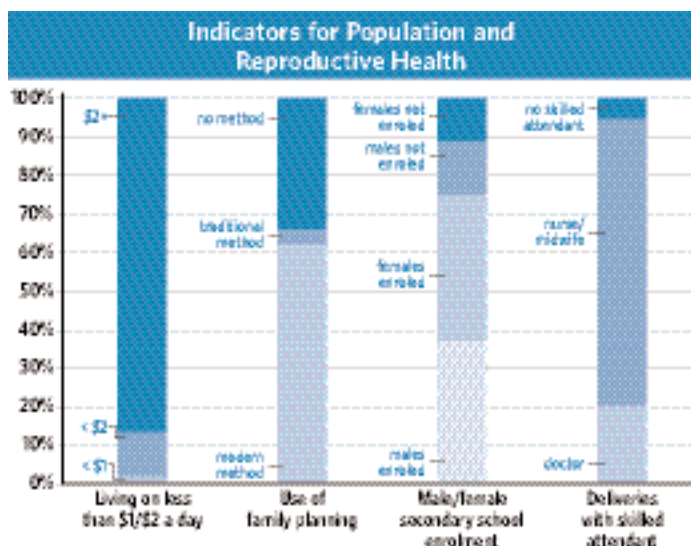
Overview

Jamaica's population is estimated at 2.7 million and the country has a comprehensive National Population Policy. The current population growth rate (0.4 per cent) is below the Policy's target of 0.8 per cent. The total fertility rate is 2.6 lifetime births per woman. In its response to a United Nations inquiry in 2003, the government indicated it viewed both the population growth and fertility rates as too high. There has been steady improvement in the maternal mortality ratio (87 deaths per 100,000 live births) and infant and under-five mortality rates (15 deaths per 1,000 live births and 20 deaths per 1,000, respectively), yet they remain high.

The government has promoted increased acquisition of contraceptives from private sources with the objective of achieving a private-to-public ratio of 40:60, a ratio achieved for pills and condoms since 1997. About 66 per cent of reproductive-age women use some type of contraceptive method and most use modern methods.

The National Family Planning Board of Jamaica places special emphasis on adolescent reproductive and sexual health. The Adolescent Policy Working Group has been set up within the government to better address the high prevalence of adolescent pregnancies and abortions. The National Advisory Committee on adolescent development has also been established, facilitating more cooperation among partners.

Another area of major policy concern is the growing HIV/AIDS pandemic. Young women ages 15-19 years have one of the highest HIV prevalence rates, according to surveillance reports among antenatal clinic attendees. This reflects high-risk sexual behaviour and a lack of awareness of the risk of HIV/AIDS and sexually transmitted infections among adolescents. In 2002 the World Bank approved a \$15 million loan to Jamaica for an HIV/AIDS Prevention and Control Project. The UN Theme Group on HIV/AIDS, expanded to include national institutions and partners as well as other international agencies, has been active in working for a national, coordinated response to the pandemic.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,161.1	1,309.6
Population in Thousands, Female	1,207.8	1,341.1
Population Growth Rate, %	na	0.4
Crude Birth Rate per 1,000 Population	25.2	21.9
Crude Death Rate per 1,000 Population	6.8	7.7
Urban Population, %	51.5	52.2
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	49.4	52.5
Total Fertility Rate per Woman 15-49	2.97	2.64
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	62.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	65.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 120	87
MMR, Lower Bound	● ▲ na	44
MMR, Upper Bound	● ▲ na	170
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	10.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 21.9	14.5
Under Age 5 Mortality Rate, Total	● ▲ 23	20
Under Age 5 Mortality Rate, Female	● ▲ na	21
Under Age 5 Mortality Rate, Male	● ▲ na	28
Life Expectancy at Birth, Total, Years	● ▲ 71.7	70.9
Life Expectancy at Birth, Female, Years	● ▲ 73.3	72.6
Life Expectancy at Birth, Male, Years	● ▲ 69.7	69.2
Median Age of Total Population	● ▲ 22.1	24.9
Population 60 Years and Over, %	● ▲ 10.0	10.2
Dependency Ratio	● ▲ 74	63

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.40	102.00	3.81	607.50

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.6/3.3
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	114.0/133.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	4,184
Gross Domestic Product Growth Rate, Annual %	2	3
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	18.7
Share of Income or Consumption by Poorest Quintile	na	2.7
Access to Improved Water Supply, %	▲ 72	93
Antenatal Care, At Least One Visit, %	67	99
Deliveries Attended by Skilled Attendants, %	●▲ 88	95
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	62.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	68.9
Illiteracy Rate, % of Population 15 and Over, Male	22	15
Illiteracy Rate, % of Population 15 and Over, Female	14	8
Illiteracy Rate, % of Population 15 to 24, Male	13	8
Illiteracy Rate, % of Population 15 to 24, Female	5	2
Ratio of Girls to Boys, Primary Education	▲ 0.99	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	1.02
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	100
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	100
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	83
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	85
Children Underweight Under 5, Male, %	na	4
Children Underweight Under 5, Female, %	na	3
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	14.0	9.0
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	1.2
Estimated HIV Prevalence, 15-49, Male	na	1.7
Estimated HIV Prevalence, 15-49, Female	na	1.5

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	19.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	108.0	78.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	30.8
Mean Age at Marriage, Female	na	29.7
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.8
HIV Prevalence, 15-24, Female	▲ na	0.9
HIV Prevalence, 15-24, Male	▲ na	0.8

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	79.5	74.6
Labor Force Participation Rate, 15-64, Female	67.4	57.9
Seats in Parliament Held by Women, %	5.0	13.6
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	49.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	6.9
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● 16.0	16.0
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	94.5/93.9
No Education, Primary, %	88.3
Highest Level of Education, %	99.3
Provincial Low/High, %	93.3/96.3 Region 4/Region 2
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	64.7/61.7
No Education, Primary, %	60.2
Highest Level of Education, %	64.8
Provincial Low/High, %	61.9/63.1 Region 4/Region 1
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Martinique

Overview

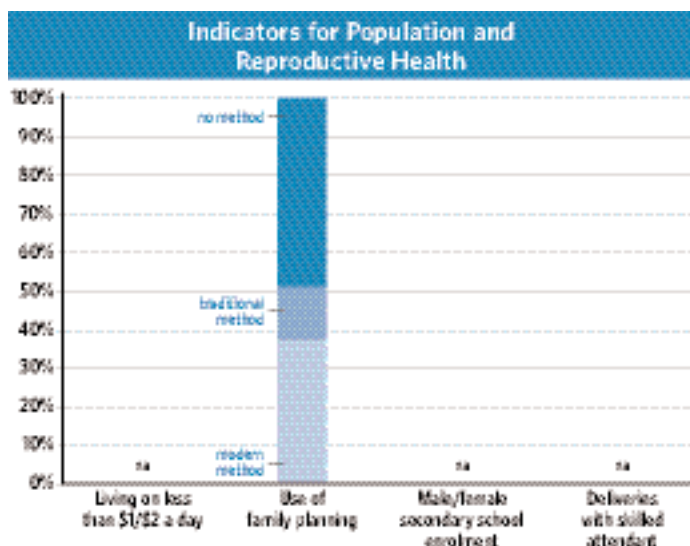
Martinique is an island situated in the central arc of the Antilles with an estimated population of about 396,000 inhabitants. As a part of the French Overseas Departments (FODs), Martinique's political and administrative organization coincides with the rest of France. Martinique has a growing, yet still weak economy that depends mostly on foreign aid and tourism.

The total fertility rate has held steady at replacement for over a decade (2 lifetime births per woman in 2005). Net migration is negative, and the annual population growth rate, which has declined steadily, is currently 0.39 per cent. Adults ages 60 and over make up 17 per cent of the total population. The country has achieved high levels of life expectancy at birth (76 years for men and 82 years for women).

Almost all pregnant women attend at least one antenatal check-up, and the maternal mortality ratio is low (4 deaths per 100,000 live births). Infant and under-five mortality rates are also low, at 7 deaths per 1,000 live births and 9 deaths per 1,000 live births, respectively. The prevalence of HIV/AIDS infections is increasing and is now a priority public health issue. The use of the triple drug regimen since 1996 has reduced the number of new cases as well as the number of deaths from AIDS. The main mode of infection is through unprotected sex.

The health policies of Martinique are fashioned along the lines of the National Policy of the Ministry of Labor and Social Affairs of France. As ultraperipheral regions of the European Union, the FODs receive programme funds designed to assist developing European regions. Regional health priorities are set during a conference of health professionals, decision-makers and representatives of institutions and users.

Martinique has a universal health insurance plan that forms part of the social security system, funded by compulsory contributions. The plan enables the government to provide care to the poorest sectors of the population.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	174.2	187.6
Population in Thousands, Female	186.1	208.4
Population Growth Rate, %	na	0.4
Crude Birth Rate per 1,000 Population	17.5	15.3
Crude Death Rate per 1,000 Population	6.5	7.4
Urban Population, %	90.5	96.2
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	52.9	50.0
Total Fertility Rate per Woman 15-49	2.05	1.98
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	37.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	51.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	4
MMR, Lower Bound	● ▲ na	2
MMR, Upper Bound	● ▲ na	10
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	na
Infant Mortality Rate per 1,000 Live Births	● ▲ 9.7	6.9
Under Age 5 Mortality Rate, Total	● ▲ 12	9
Under Age 5 Mortality Rate, Female	● ▲ na	8
Under Age 5 Mortality Rate, Male	● ▲ na	9
Life Expectancy at Birth, Total, Years	● ▲ 75.9	79.0
Life Expectancy at Birth, Female, Years	● ▲ 79.3	81.9
Life Expectancy at Birth, Male, Years	● ▲ 72.9	75.9
Median Age of Total Population	● ▲ 28.2	36.4
Population 60 Years and Over, %	● ▲ 13.4	16.8
Dependency Ratio	● ▲ 52	52

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
na	na	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	na
Income Group per World Bank Classification	na	na
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	na
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	na
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	5	2
Illiteracy Rate, % of Population 15 and Over, Female	4	2
Illiteracy Rate, % of Population 15 to 24, Male	1	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ na	na
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.4	14.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	32.0	30.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	33.0	33.0
Mean Age at Marriage, Female	31.0	31.0
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	78.5
Labor Force Participation Rate, 15-64, Female	na	66.0
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-10.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-11.5
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Mexico



Overview

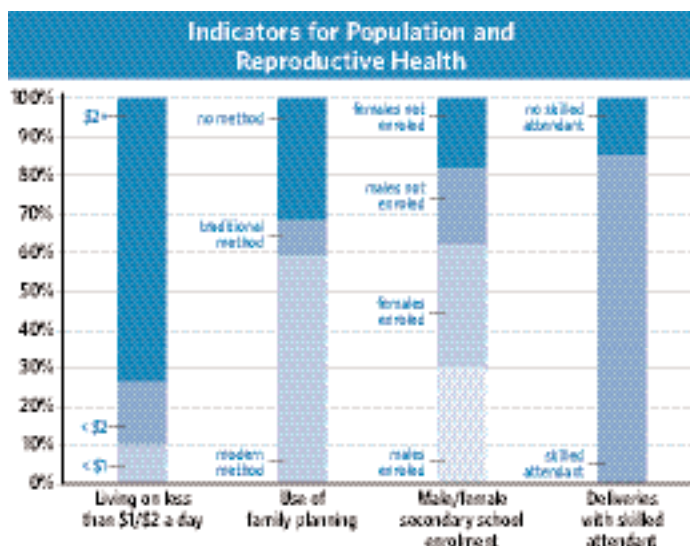
Since the presidential election in 2000, Mexico is more economically stable and democratic. The proportion of people living in extreme poverty (less than \$1 a day) has fallen to 10 per cent of the country's total population of 107 million. The total fertility rate has declined steadily from 3.5 lifetime births per woman in 1990 to 2.8 in 2005. The current National Population Programme seeks to facilitate the process of demographic transition and to address challenges that have emerged as a result of increasing external migration and changes in the population age structure.

There has been an increase in health budgets, and major efforts are being made to expand access to reproductive health care. The recent reform of the General Health Act, approved by Congress, created the Social Protection in Health System. Through the People's Insurance scheme, protection will gradually be provided to 45 million people.

Sexually transmitted infections rank among the top ten causes of morbidity in the country, and the government's response to a 2003 UN inquiry suggests that it regards the rising incidence of HIV/AIDS as a major concern. Though men who have sex with men have the greatest risk of HIV infection, heterosexual infection rates have increased considerably.

There have been some important gains in gender equity, but violence against women remains a serious social problem. Two important achievements in this area are noteworthy: the inclusion of violence against women in the National System of Indicators for the Follow-up of Women's Situation; and the release of results of the National Survey on Family Violence. The National Institute for Women has also strengthened its coordination strategies with NGOs and government institutions to address issues of gender equity.

Developing a strategy on migration and population distribution is also seen as critical. By targeting the most impoverished states and municipalities, the government aims to promote sustainable development by guiding migratory flows in a safe and orderly manner and by providing migrants and their families with an integrated package of services.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	41,566.3	52,307.7
Population in Thousands, Female	42,729.3	54,721.7
Population Growth Rate, %	na	1.2
Crude Birth Rate per 1,000 Population	28.9	24.6
Crude Death Rate per 1,000 Population	5.4	4.4
Urban Population, %	72.5	76.0
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	50.3	54.6
Total Fertility Rate per Woman 15-49	3.45	2.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	59.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	68.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 110	83
MMR, Lower Bound	● ▲ na	56
MMR, Upper Bound	● ▲ na	110
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	15.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 36.3	18.6
Under Age 5 Mortality Rate, Total	● ▲ 40	22
Under Age 5 Mortality Rate, Female	● ▲ na	31
Under Age 5 Mortality Rate, Male	● ▲ na	37
Life Expectancy at Birth, Total, Years	● ▲ 70.6	75.6
Life Expectancy at Birth, Female, Years	● ▲ 73.8	78.0
Life Expectancy at Birth, Male, Years	● ▲ 67.9	73.1
Median Age of Total Population	● ▲ 19.4	25.0
Population 60 Years and Over, %	● ▲ 5.8	7.8
Dependency Ratio	● ▲ 76	57

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.70	167.75	3.60	861.14

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.3/3.5
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	26.0/48.0
No Education, Primary	48.0
Highest Level of Education	20.0
Provincial Low/High	19.8/31.9 Distrito Federal/Chiapas
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	61.7/94.6
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	9,136
Gross Domestic Product Growth Rate, Annual %	1	4
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	9.9
Population Living Below National Poverty Line, %	▲ 10.1	10.1
Share of Income or Consumption by Poorest Quintile	na	1.0
Access to Improved Water Supply, %	▲ 78	91
Antenatal Care, At Least One Visit, %	60	86
Deliveries Attended by Skilled Attendants, %	●▲ 45	86
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	75.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	61.7
Illiteracy Rate, % of Population 15 and Over, Male	9	6
Illiteracy Rate, % of Population 15 and Over, Female	16	9
Illiteracy Rate, % of Population 15 to 24, Male	4	2
Illiteracy Rate, % of Population 15 to 24, Female	6	3
Ratio of Girls to Boys, Primary Education	▲ 0.94	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	1.02
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	111
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	110
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	76
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	83
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	6
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	5.0	5.0
Refugees, Number	361,000	6,075
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	82
Estimated HIV Prevalence, 15-49, Total	na	0.3
Estimated HIV Prevalence, 15-49, Male	na	0.4
Estimated HIV Prevalence, 15-49, Female	na	0.2

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	21.9	19.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	83.0	66.5
Median Age at First Sexual Intercourse, Female, 25-49	na	19.6
Mean Age at Marriage, Male	na	24.1
Mean Age at Marriage, Female	na	20.6
Married by 18, Percent, Female, 25-49	na	33.3
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.2
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	▲ na	0.4

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	34.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	77.6	84.2
Labor Force Participation Rate, 15-64, Female	22.8	40.5
Seats in Parliament Held by Women, %	12.0	21.2
Female Legislators, Senior Officials and Managers, %	na	25.0
Female Professional and Technical Workers, %	na	40.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	6,300.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	18.7
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	71.4/51.7
No Education, Primary, %	45.0
Highest Level of Education, %	74.0
Provincial Low/High, %	56.3/86.4 Baja California/Zacatecas
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Nicaragua

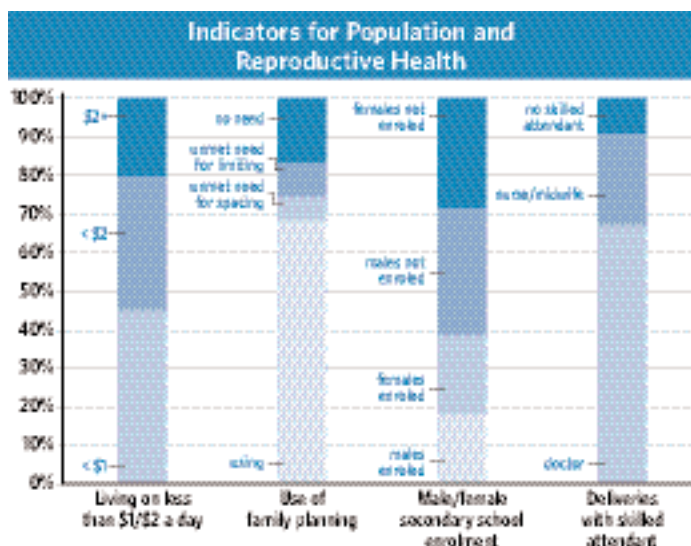
Overview

Nicaragua is the second poorest country in Latin America after Haiti. While the country has made progress toward macroeconomic stability over the past few years, economic growth has been far too low to meet the country's needs. Pervasive poverty exacerbated by rapid population growth, large disparities in income and gender inequality hamper sustainable development efforts. The government adopted a Poverty Reduction Strategy Paper (PRSP) in 2001 and submitted a proposal of a second generation PRSP in 2004, currently under consideration by the World Bank and the International Monetary Fund.

Nicaragua has made progress in reducing infant mortality from 57 deaths per 1,000 live births in 1990 to 28 in 2005. Contraceptive prevalence has also improved significantly — 69 per cent of married women currently use some form of contraception. In 2005, Nicaragua had an estimated total fertility rate of 3.9 lifetime births per woman and a population growth rate of 2 per cent per year, which are still among the highest in the region. The maternal mortality ratio is high at 230 deaths per 100,000 live births.

Other significant challenges include: limited access to maternal health care; low awareness of HIV prevention, especially among youth; high pregnancy rate among adolescents; severe discrimination against women (statutory, customary and religious); and limited male participation in sexual and reproductive health decisions. The Ministry of Health has been planning a sector-wide approach to sexual and reproductive health to address these issues. A Population and Sexuality Education Programme for youth has been implemented by the Youth Secretariat, local government agencies and NGOs.

The HIV/AIDS infection rate in Nicaragua is estimated to be low but growing, although there is a severe lack of data. The government recognizes the need to implement a systematic prevention campaign to address HIV/AIDS, the high incidence of sexual violence against women and risky sexual practices, especially among youth.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,971.5	2,742.0
Population in Thousands, Female	1,988.3	2,744.6
Population Growth Rate, %	na	2.0
Crude Birth Rate per 1,000 Population	37.9	35.3
Crude Death Rate per 1,000 Population	7.4	4.9
Urban Population, %	53.1	58.1
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	44.9	51.3
Total Fertility Rate per Woman 15-49	4.90	3.92
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	44.9	66.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	48.7	68.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 160	230
MMR, Lower Bound	● ▲ na	58
MMR, Upper Bound	● ▲ na	420
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	18.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 56.5	28.1
Under Age 5 Mortality Rate, Total	● ▲ 62	38
Under Age 5 Mortality Rate, Female	● ▲ na	40
Under Age 5 Mortality Rate, Male	● ▲ na	50
Life Expectancy at Birth, Total, Years	● ▲ 64.0	70.3
Life Expectancy at Birth, Female, Years	● ▲ 67.1	72.7
Life Expectancy at Birth, Male, Years	● ▲ 61.3	67.9
Median Age of Total Population	● ▲ 16.5	19.7
Population 60 Years and Over, %	● ▲ 4.3	4.9
Dependency Ratio	● ▲ 98	73

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.90	29.62	1.92	48.58

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.6/4.4
No Education, Primary	5.2
Highest Level of Education	1.7
Provincial Low/High	2.5/5.3 Leon, Managua/Jinotega
Poorest/Richest Quintile	6.6/1.9

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	28.0/43.0
No Education, Primary	54.0
Highest Level of Education	16.0
Provincial Low/High	19.0/50.0 Leon/RAAS
Poorest/Richest Quintile, %	49.6/16.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	64.3/19.2
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	99.0/153.0
Poorest/Richest Quintile	213.0/58.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	21.3/30.2
No Education, Primary, %	46.3

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,523
Gross Domestic Product Growth Rate, Annual %	-2	4
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	45.1
Population Living Below National Poverty Line, %	▲ na	47.9
Share of Income or Consumption by Poorest Quintile	na	1.2
Access to Improved Water Supply, %	▲ 53	81
Antenatal Care, At Least One Visit, %	87	82
Deliveries Attended by Skilled Attendants, %	●▲ 42	67
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	49.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	52.2
Illiteracy Rate, % of Population 15 and Over, Male	37	32
Illiteracy Rate, % of Population 15 and Over, Female	37	32
Illiteracy Rate, % of Population 15 to 24, Male	32	28
Illiteracy Rate, % of Population 15 to 24, Female	31	26
Ratio of Girls to Boys, Primary Education	▲ 1.04	0.98
Ratio of Girls to Boys, Secondary Education	▲ na	1.15
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	109
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	108
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	56
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	66
Children Underweight Under 5, Male, %	na	13
Children Underweight Under 5, Female, %	na	11
Stunted Children under 5, Severe, %	na	9
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	30.0	29.0
Refugees, Number	14,500	300
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	17
Estimated HIV Prevalence, 15-49, Total	na	0.2
Estimated HIV Prevalence, 15-49, Male	na	0.3
Estimated HIV Prevalence, 15-49, Female	na	0.2

Highest Level of Education	5.4
Provincial Low/High, %	17.3/38.4 Boaco/Jinoteca
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	88.8/45.5
No Education, Primary, %	34.2
Highest Level of Education, %	95.8
Provincial Low/High, %	35.0/93.7 Jinoteca/Managua
Poorest/Richest Quintile, %	77.5/99.3
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	70.7/60.0
No Education, Primary, %	50.4
Highest Level of Education, %	68.3
Provincial Low/High, %	43.6/73.0 RAAN/Leon
Poorest/Richest Quintile, %	50.2/71.0
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	45.2/68.5
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	16.4/5.1
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	8.6/4.2

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.2	22.2
Age-Specific Fertility Rate per 1,000 Women, 15-20	163.0	119.0
Median Age at First Sexual Intercourse, Female, 25-49	na	17.8
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	48.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	73.0
HIV Prevalence, 15-24, Total	▲ na	0.2
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	▲ na	0.2

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	3.5
Labor Force Participation Rate, 15-64, Male	88.5	50.8
Labor Force Participation Rate, 15-64, Female	41.7	22.4
Seats in Parliament Held by Women, %	16.0	20.7
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	582.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	32.3
Unmet Need for Family Planning, Spacing, %	● na	5.9
Unmet Need for Family Planning, Limiting, %	● na	8.7
Unmet Need for Family Planning, Total, %	● na	14.6
Unmet Need for Family Planning, Thousands	● na	0.1

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	2.6/8.4
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.8/2.8
No Education, Primary, %	4.3
Highest Level of Education, %	0.0
Provincial Low/High, %	0.0/3.9 Chontales/Boaco
Poorest/Richest Quintile, %	3.2/0.5
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	55.3/95.2
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	49.5/92.3
Malnourished Women:	
Poorest/Richest Quintile, %	3.4/4.0
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	68.8/96.6

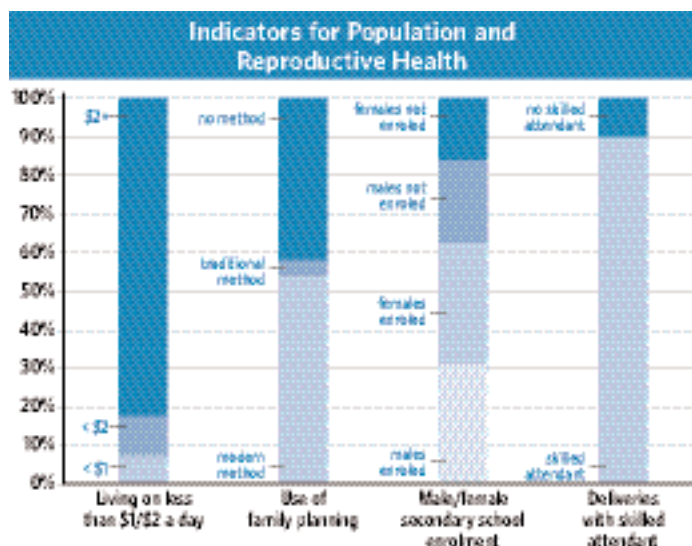
Panama

Overview

Panama, with a population of 3.2 million, ranks 56 out of 177 countries on the UNDP Human Development Index. In its response to the 2003 United Nations survey of population policies, the government viewed its fertility (2.8 lifetime births per woman) as satisfactory, and the levels of under-five mortality (25 deaths per 1,000 live births) and maternal mortality (160 deaths per 100,000 live births) as unacceptably high. Life expectancy at birth is 75 years. Ageing of the population is a major concern. Panama has a concentrated HIV/AIDS pandemic, with low prevalence rates in the general population, but growing infection rates in vulnerable groups, such as sex workers and truck drivers.

The government is making progress towards achieving the targets of the ICPD Programme of Action and the Millennium Development Goals (MDGs). Reproductive health and rights have been incorporated into most programmes. A National Sexuality Education Policy has been developed and family life skills and sexuality education incorporated into the curricula of primary and secondary schools. A National Plan on Intra-family Violence has been developed. Additionally, a multisectoral National Commission on Sexual and Reproductive Health has been established. The existing Strategic National Plan of Children and Adolescents 2003-2015 addresses important sexual and reproductive health issues.

The government collaborated with United Nations agencies and local NGOs in developing a Multisectoral National Plan on STIs/HIV/AIDS 2003-2007. The National HIV/AIDS programme has stepped up HIV prevention activities and anti-retroviral therapy is readily available. The Ombudsman's Office actively promotes the rights of people living with HIV/AIDS and prevents discrimination against them. In 2003, Panama received grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria to implement the HIV prevention programme in the poorest indigenous regions.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,220.5	1,630.1
Population in Thousands, Female	1,190.5	1,601.4
Population Growth Rate, %	na	1.7
Crude Birth Rate per 1,000 Population	26.2	24.1
Crude Death Rate per 1,000 Population	5.3	5.0
Urban Population, %	53.7	57.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	51.9	53.2
Total Fertility Rate per Woman 15-49	3.04	2.80
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	54.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	58.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 55	160
MMR, Lower Bound	● ▲ na	110
MMR, Upper Bound	● ▲ na	220
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	11.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 28.3	19.4
Under Age 5 Mortality Rate, Total	● ▲ 34	25
Under Age 5 Mortality Rate, Female	● ▲ na	23
Under Age 5 Mortality Rate, Male	● ▲ na	31
Life Expectancy at Birth, Total, Years	● ▲ 72.0	75.1
Life Expectancy at Birth, Female, Years	● ▲ 75.1	77.8
Life Expectancy at Birth, Male, Years	● ▲ 69.7	72.6
Median Age of Total Population	● ▲ 21.9	26.1
Population 60 Years and Over, %	● ▲ 7.2	8.8
Dependency Ratio	● ▲ 67	57

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
6.40	255.28	2.73	562.81

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,475
Gross Domestic Product Growth Rate, Annual %	1	5
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	7.2
Population Living Below National Poverty Line, %	▲ na	37.3
Share of Income or Consumption by Poorest Quintile	na	0.7
Access to Improved Water Supply, %	▲ 83	91
Antenatal Care, At Least One Visit, %	83	72
Deliveries Attended by Skilled Attendants, %	●▲ 85	90
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	49.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	75.3
Illiteracy Rate, % of Population 15 and Over, Male	10	6
Illiteracy Rate, % of Population 15 and Over, Female	12	8
Illiteracy Rate, % of Population 15 to 24, Male	4	2
Illiteracy Rate, % of Population 15 to 24, Female	5	3
Ratio of Girls to Boys, Primary Education	▲ 0.92	0.93
Ratio of Girls to Boys, Secondary Education	▲ na	1.02
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	114
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	110
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	68
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	73
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	20.0	26.0
Refugees, Number	1,000	1,445
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	103
Estimated HIV Prevalence, 15-49, Total	na	0.9
Estimated HIV Prevalence, 15-49, Male	na	1.1
Estimated HIV Prevalence, 15-49, Female	na	0.8

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	21.0	17.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	96.0	86.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.4	25.4
Mean Age at Marriage, Female	21.9	21.9
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	1.6
HIV Prevalence, 15-24, Female	▲ na	1.3
HIV Prevalence, 15-24, Male	▲ na	1.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	52.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	77.0	83.9
Labor Force Participation Rate, 15-64, Female	32.2	50.4
Seats in Parliament Held by Women, %	8.0	9.9
Female Legislators, Senior Officials and Managers, %	na	38.0
Female Professional and Technical Workers, %	na	49.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	196.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	20.2
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Paraguay

Overview

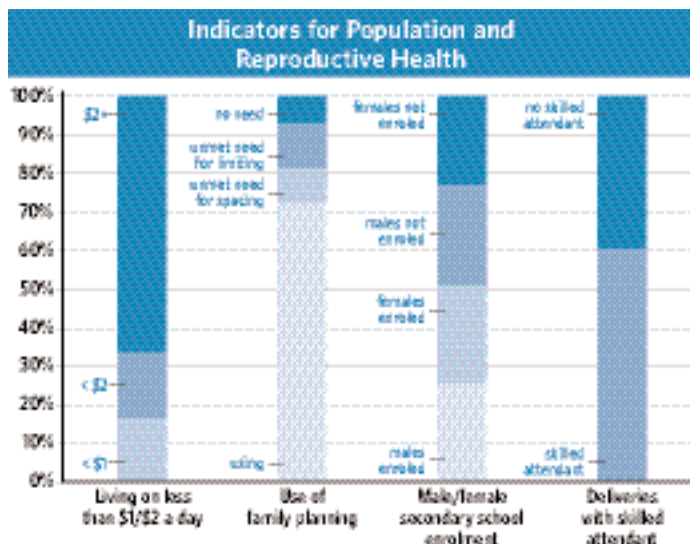
The recent economic downturn has led to widespread poverty with more than a third of the country's total population of 6.2 million living below the national poverty line. In its response to the 2003 United Nations survey of population policies, the government viewed its fertility rate (4.1 lifetime births per woman) as too high, and the levels of under-five mortality (43 deaths per 1,000 live births) and maternal mortality (170 deaths per 100,000 live births) as unacceptably high.

The country has made significant progress in achieving the targets of the ICPD Programme of Action. The government has incorporated the National Sexual and Reproductive Health Plan into its National Poverty Reduction Strategy. The National Population Policy has been revised and laws have been enacted against domestic violence and to protect the sexual and reproductive rights of women.

Internal migration has led to two-thirds of the population inhabiting just 11 per cent of the national territory, mostly crowded into urban areas. As a result, a national migration policy and law has been established to ameliorate the situation.

The establishment of the National AIDS Commission in 1986 has helped to keep the pandemic at just 0.08 per cent among 15-24 year olds. An initiative targeting Paraguay's armed forces and national police (and including both information and clinical services) has been successful in increasing condom use among conscripts and cadets.

Recently the government has focused on building national capacity to collect and analyse socio-demographic data and to increase the accessibility of such data. A maternal death surveillance system has been implemented and the quality of emergency obstetric care has been improved to reduce maternal mortality.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,125.6	3,102.1
Population in Thousands, Female	2,093.2	3,056.1
Population Growth Rate, %	na	2.3
Crude Birth Rate per 1,000 Population	35.3	31.3
Crude Death Rate per 1,000 Population	6.3	4.9
Urban Population, %	48.7	58.5
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.2	50.4
Total Fertility Rate per Woman 15-49	4.73	4.13
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	35.3	47.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	48.4	57.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 160	170
MMR, Lower Bound	● ▲ na	72
MMR, Upper Bound	● ▲ na	270
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	16.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 45.0	35.5
Under Age 5 Mortality Rate, Total	● ▲ 54	43
Under Age 5 Mortality Rate, Female	● ▲ na	39
Under Age 5 Mortality Rate, Male	● ▲ na	51
Life Expectancy at Birth, Total, Years	● ▲ 68.1	71.4
Life Expectancy at Birth, Female, Years	● ▲ 70.4	73.7
Life Expectancy at Birth, Male, Years	● ▲ 65.9	69.1
Median Age of Total Population	● ▲ 19.0	20.8
Population 60 Years and Over, %	● ▲ 5.4	5.6
Dependency Ratio	● ▲ 84	70

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.20	31.24	3.30	185.79

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.5/3.7
No Education, Primary	4.2
Highest Level of Education	2.1
Provincial Low/High	3.0/3.9 Este/Norte
Poorest/Richest Quintile	7.9/2.7

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	32.0/38.2
No Education, Primary	44.8
Highest Level of Education	22.4
Provincial Low/High	28.1/41.6 Gran Asuncion/Norte
Poorest/Richest Quintile, %	42.9/15.7

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	57.2/20.1
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	52.0/91.0
Poorest/Richest Quintile	181.0/34.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	12.8/20.8
No Education, Primary, %	34.0

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	4,724
Gross Domestic Product Growth Rate, Annual %		3	2
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	16.4
Population Living Below National Poverty Line, %	▲	21.8	21.8
Share of Income or Consumption by Poorest Quintile		na	0.6
Access to Improved Water Supply, %	▲	33	83
Antenatal Care, At Least One Visit, %		91	94
Deliveries Attended by Skilled Attendants, %	●▲	30	58
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	56.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	49.2
Illiteracy Rate, % of Population 15 and Over, Male		8	5
Illiteracy Rate, % of Population 15 and Over, Female		12	6
Illiteracy Rate, % of Population 15 to 24, Male		4	2
Illiteracy Rate, % of Population 15 to 24, Female		5	2
Ratio of Girls to Boys, Primary Education	▲	0.93	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	112
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	108
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	64
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	66
Children Underweight Under 5, Male, %		na	6
Children Underweight Under 5, Female, %		na	4
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		18.0	13.0
Refugees, Number		na	28
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	4
Estimated HIV Prevalence, 15-49, Total		na	0.5
Estimated HIV Prevalence, 15-49, Male		na	0.7
Estimated HIV Prevalence, 15-49, Female		na	0.3

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.3	20.4
Age-Specific Fertility Rate per 1,000 Women, 15-20		89.0	64.0
Median Age at First Sexual Intercourse, Female, 25-49		19.3	19.3
Mean Age at Marriage, Male		25.8	25.8
Mean Age at Marriage, Female		21.5	21.5
Married by 18, Percent, Female, 25-49		23.7	23.7
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.1
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.4
Gender Empowerment Measure, Rank		na	63.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		86.4	89.0
Labor Force Participation Rate, 15-64, Female		54.3	37.2
Seats in Parliament Held by Women, %		6.0	8.8
Female Legislators, Senior Officials and Managers, %		na	23.0
Female Professional and Technical Workers, %		na	54.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	592.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	30.5
Unmet Need for Family Planning, Spacing, %	●	8.2	8.2
Unmet Need for Family Planning, Limiting, %	●	11.8	11.8
Unmet Need for Family Planning, Total, %	●	20.0	20.0
Unmet Need for Family Planning, Thousands	●	0.1	0.1

Highest Level of Education	6.2	
Provincial Low/High, %	10.7/23.8	Gran Asuncion/Norte
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	92.8/76.4	
No Education, Primary, %	57.3	
Highest Level of Education, %	98.1	
Provincial Low/High, %	67.1/93.9	Norte/Gran Asuncion
Poorest/Richest Quintile, %	41.2/98.1	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	64.2/55.1	
No Education, Primary, %	47.6	
Highest Level of Education, %	67.4	
Provincial Low/High, %	49.8/63.7	Norte/Centro Sur
Poorest/Richest Quintile, %	20.6/46.1	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	10.4/3.0	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	15.0/4.3	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.4/0.5	
No Education, Primary, %	1.5	
Highest Level of Education, %	0.3	
Provincial Low/High, %	0.2/1.0	Este/Norte
Poorest/Richest Quintile, %	0.7/0.3	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	78.0/88.9	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	73.8/86.6	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	72.5/98.1	

Peru



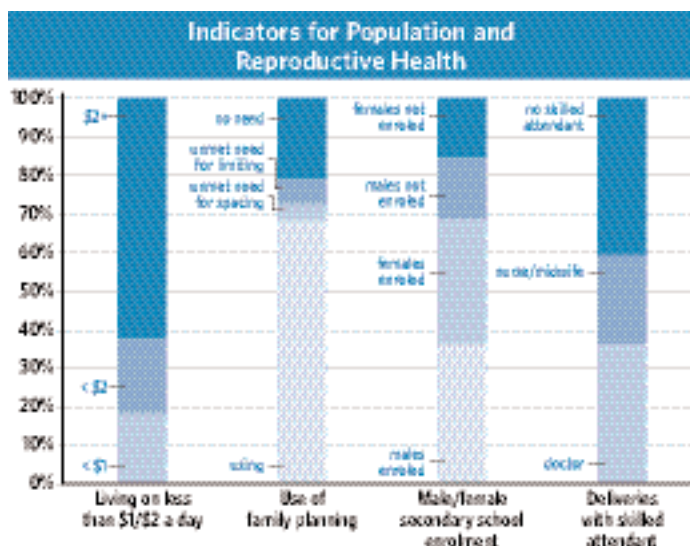
Overview

Ethnically, socially and culturally, Peru's population of nearly 28 million is one of the most heterogeneous in Latin America. In its response to the United Nations 2003 survey of population policies, the government viewed its fertility (3.3 births per woman) as too high, and its under-five mortality (49 deaths per 1,000 live births) as unacceptably high. It has one of the highest maternal mortality ratios (410 maternal deaths per 100,000 live births) in the Latin American and the Caribbean region. The HIV prevalence rate is 0.5 per cent.

Peru has made significant progress in the direction and pace of change in sexual and reproductive health and rights indicators since the International Conference on Population and Development (ICPD). The country was selected to prepare its MDGs report to serve as a model to other countries in the region. Several national plans have been developed and implemented, including a National Programme of Action for Children and Adolescents 2002-2010; National Plan of Action on Violence against Women 2002-2007; National Programme on Equal Opportunities for Women and Men 2003-2010; National Plan for Elderly 2002-2006; and National Plan of Action for Disabled People 2003-2007.

The priorities of the Ministry of Health include: implementation of an integrated health insurance system to make healthcare accessible to the poor; reduction of maternal mortality; and HIV prevention programmes. National Reproductive Health Guidelines have been widely disseminated to promote the sexual and reproductive rights of women and gender equity. Guilds, professional associations, human rights associations, NGOs, grass-roots organizations and universities are gradually incorporating gender, sexual and reproductive health and rights approaches into their agendas.

Despite the substantial gains made, infant mortality and maternal mortality rates remain high in poor areas and among rural and indigenous groups.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	10,944.5	14,059.8
Population in Thousands, Female	10,808.8	13,908.4
Population Growth Rate, %	na	1.5
Crude Birth Rate per 1,000 Population	30.2	26.2
Crude Death Rate per 1,000 Population	7.4	6.0
Urban Population, %	68.9	74.6
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	49.6	52.7
Total Fertility Rate per Woman 15-49	3.90	3.28
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	32.8	50.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	59.0	68.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 280	410
MMR, Lower Bound	● ▲ na	230
MMR, Upper Bound	● ▲ na	590
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	16.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 61.7	31.0
Under Age 5 Mortality Rate, Total	● ▲ 77	49
Under Age 5 Mortality Rate, Female	● ▲ na	47
Under Age 5 Mortality Rate, Male	● ▲ na	57
Life Expectancy at Birth, Total, Years	● ▲ 65.3	70.5
Life Expectancy at Birth, Female, Years	● ▲ 68.0	73.2
Life Expectancy at Birth, Male, Years	● ▲ 63.2	68.0
Median Age of Total Population	● ▲ 20.5	24.2
Population 60 Years and Over, %	● ▲ 6.1	7.8
Dependency Ratio	● ▲ 73	60

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.20	46.50	1.84	163.39

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.2/4.3
No Education, Primary	5.1
Highest Level of Education	1.8
Provincial Low/High	2.0/6.1 Tacna/Huancavelica
Poorest/Richest Quintile	6.6/1.7

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	28.0/60.0
No Education, Primary	73.0
Highest Level of Education	20.0
Provincial Low/High	20.0/82.0 Lima/Cusco
Poorest/Richest Quintile, %	63.5/13.9

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	92.6/17.6
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	45.0/118.0
Poorest/Richest Quintile	169.0/18.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	9.2/21.7
No Education, Primary, %	36.9

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	5,267
Gross Domestic Product Growth Rate, Annual %	0	4
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	18.1
Population Living Below National Poverty Line, %	▲ na	49.0
Share of Income or Consumption by Poorest Quintile	na	0.7
Access to Improved Water Supply, %	▲ 58	81
Antenatal Care, At Least One Visit, %	68	85
Deliveries Attended by Skilled Attendants, %	●▲ 78	59
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	59.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	67.0
Illiteracy Rate, % of Population 15 and Over, Male	8	4
Illiteracy Rate, % of Population 15 and Over, Female	21	12
Illiteracy Rate, % of Population 15 to 24, Male	3	1
Illiteracy Rate, % of Population 15 to 24, Female	8	4
Ratio of Girls to Boys, Primary Education	▲ na	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	0.92
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	119
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	118
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	93
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	87
Children Underweight Under 5, Male, %	na	8
Children Underweight Under 5, Female, %	na	7
Stunted Children under 5, Severe, %	na	8
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	40.0	11.0
Refugees, Number	600	718
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	182
Estimated HIV Prevalence, 15-49, Total	na	0.5
Estimated HIV Prevalence, 15-49, Male	na	0.7
Estimated HIV Prevalence, 15-49, Female	na	0.4

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.3	19.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	71.5	53.0
Median Age at First Sexual Intercourse, Female, 25-49	19.4	19.0
Mean Age at Marriage, Male	na	25.7
Mean Age at Marriage, Female	na	22.7
Married by 18, Percent, Female, 25-49	24.2	23.4
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	34
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	72.0
HIV Prevalence, 15-24, Total	▲ na	0.3
HIV Prevalence, 15-24, Female	▲ na	0.2
HIV Prevalence, 15-24, Male	▲ na	0.4

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	42.0
Malnourished Women, %	na	1.3
Labor Force Participation Rate, 15-64, Male	na	79.0
Labor Force Participation Rate, 15-64, Female	na	58.4
Seats in Parliament Held by Women, %	6.0	18.3
Female Legislators, Senior Officials and Managers, %	na	27.0
Female Professional and Technical Workers, %	na	44.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	1,899.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	22.2
Unmet Need for Family Planning, Spacing, %	● 3.8	3.6
Unmet Need for Family Planning, Limiting, %	● 12.4	6.7
Unmet Need for Family Planning, Total, %	● 16.2	10.2
Unmet Need for Family Planning, Thousands	● na	0.4

Highest Level of Education	4.1
Provincial Low/High, %	7.1/34.4 Moquegua/Loreto
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	85.0/28.7
No Education, Primary, %	17.5
Highest Level of Education, %	96.4
Provincial Low/High, %	21.0/94.2 Huancavelica/Ica
Poorest/Richest Quintile, %	13.0/87.5
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	56.1/40.3
No Education, Primary, %	33.0
Highest Level of Education, %	58.1
Provincial Low/High, %	24.2/69.1 Puno/Tumbes
Poorest/Richest Quintile, %	36.8/58.0
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	22.7/62.0
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	14.1/3.1
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	5.6/2.5

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	40.7/72.5
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.1/1.7
No Education, Primary, %	3.3
Highest Level of Education, %	0.0
Provincial Low/High, %	0.0/3.1 Ica, Lambayeque, Lima, Moquegua & Tacna/Cusco
Poorest/Richest Quintile, %	2.2/0.0
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	88.4/97.5
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	90.3/97.6
Malnourished Women:	
Poorest/Richest Quintile, %	1.2/1.7
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	41.1/74.3

Saint Lucia



Overview

Saint Lucia ranked 76 out of 177 countries on the 2005 UNDP Human Development Index. In its response to the 2003 United Nations survey of population policies, the government viewed its fertility rate (2.8 lifetime births per woman) as too high, and its under-five mortality (19 deaths per 1,000 live births) as unacceptably high. The government is also concerned about the ageing of the population.

The total population of this Caribbean island is around 161,000 inhabitants. The population growth rate is 0.81 per cent. Ninety eight per cent of residents have access to safe water.

One hundred per cent of all pregnant women have at least one antenatal care visit and are attended by skilled personnel during delivery. Total life expectancy averages 73 years.

Primary school enrolment rates are an impressive 100 per cent, with 95 per cent of all children reaching the fifth grade.

Saint Lucia has made progress towards empowering women. Some 21 per cent of members of Parliament are women.

Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	67.7	79.2
Population in Thousands, Female	70.0	81.6
Population Growth Rate, %	na	0.8
Crude Birth Rate per 1,000 Population	26.1	21.1
Crude Death Rate per 1,000 Population	6.6	6.9
Urban Population, %	26.7	31.3
Sex Ratio at Birth, Male Births per Female Births	1.03	1.03
Women 15-49, %	47.1	54.1
Total Fertility Rate per Woman 15-49	3.48	2.83
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	46.1	46.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	47.3	47.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	na
MMR, Lower Bound	● ▲ na	na
MMR, Upper Bound	● ▲ na	na
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	10.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 18.4	14.2
Under Age 5 Mortality Rate, Total	● ▲ 22	19
Under Age 5 Mortality Rate, Female	● ▲ na	na
Under Age 5 Mortality Rate, Male	● ▲ na	na
Life Expectancy at Birth, Total, Years	● ▲ 71.1	72.7
Life Expectancy at Birth, Female, Years	● ▲ 73.6	74.2
Life Expectancy at Birth, Male, Years	● ▲ 68.8	71.2
Median Age of Total Population	● ▲ 21.5	25.6
Population 60 Years and Over, %	● ▲ 9.6	9.7
Dependency Ratio	● ▲ 78	56

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.42	156.64	6.54	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

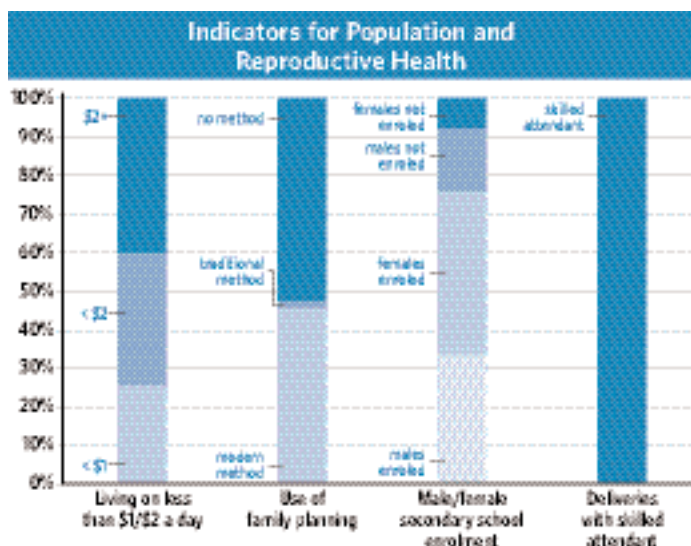
Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na



SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	5,620
Gross Domestic Product Growth Rate, Annual %	na	2
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	2.0
Access to Improved Water Supply, %	▲ na	98
Antenatal Care, At Least One Visit, %	100	100
Deliveries Attended by Skilled Attendants, %	●▲ na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	11
Illiteracy Rate, % of Population 15 and Over, Female	na	9
Illiteracy Rate, % of Population 15 to 24, Male	na	5
Illiteracy Rate, % of Population 15 to 24, Female	na	4
Ratio of Girls to Boys, Primary Education	▲ 0.95	0.90
Ratio of Girls to Boys, Secondary Education	▲ na	1.33
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	112
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	112
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	77
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	97
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.9	20.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	100.0	61.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	34.1
Mean Age at Marriage, Female	na	31.4
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	83.1	83.1
Labor Force Participation Rate, 15-64, Female	53.2	53.2
Seats in Parliament Held by Women, %	na	20.7
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	6.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	13.3
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, %	na/na
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Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, %	na/na
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Children Underweight Under 5, Severe:

Urban/Rural, %	na/na
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No Education, Primary, %	na
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Highest Level of Education, %	na
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Provincial Low/High, %	na/na
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Poorest/Richest Quintile, %	na/na
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Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, %	na/na
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Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, %	na/na
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Malnourished Women:

Poorest/Richest Quintile, %	na/na
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Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, %	na/na
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Suriname



Overview

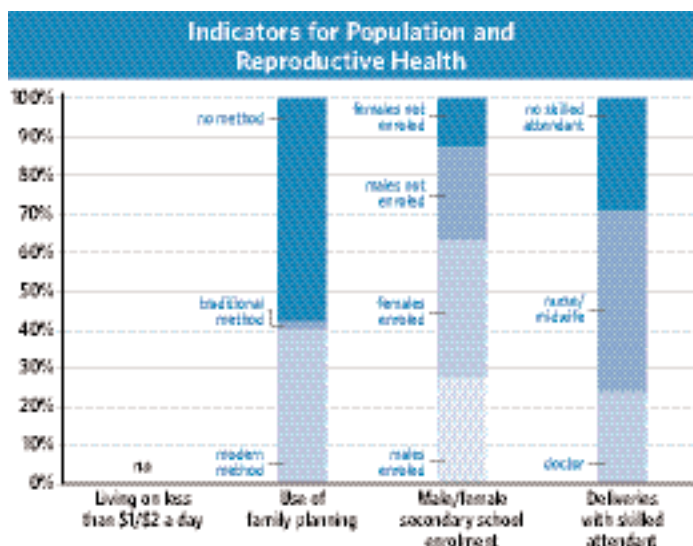
The population of Suriname, now estimated at 449,000, continues to grow at 0.6 per cent per year. Life expectancy is relatively high, at 70 years. Although the government has no formal population policy, it seeks to incorporate population issues in a comprehensive, multisectoral approach to development.

The government considers children, women and the elderly as priority groups for health care. Several NGOs provide reproductive health care services including family planning, fertility counseling, basic infertility testing and cervical cancer screening. The total fertility rate is 2.6 lifetime births per woman and about 42 per cent of married women use some form of contraception, while 41 per cent use a modern method. An NGO initiative promoting breastfeeding has shown results and food aid projects were undertaken in elementary schools in poor areas. A new gerontology unit has been established within Bureau of Public Health.

The implementation of demonstration projects in the area of adolescent sexual and reproductive health has resulted in strengthened political will for integrating these services within the primary health care system. Enhanced recognition of adolescent sexual and reproductive rights, and policy changes to foster their institutionalization, have taken place and have led other agencies to emulate the programme.

Suriname, like the rest of the Caribbean, is experiencing an increase in the number of HIV infections. From the onset of the pandemic, the government has shown commitment to HIV prevention. Under the National Strategic Plan 2002-2006, priority areas include development of a National HIV/AIDS Policy, and programmes for special populations (including youth) and behavior change communication.

In recent years, the government has reached some important objectives in line with the ICPD Programme of Action. These accomplishments include the establishment of a National Gender Bureau and a Women's Parliament Forum. Currently under development is a Youth Parliament and a policy that guarantees basic education for all.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	200.9	224.3
Population in Thousands, Female	201.0	225.0
Population Growth Rate, %	na	0.6
Crude Birth Rate per 1,000 Population	24.5	23.9
Crude Death Rate per 1,000 Population	6.8	7.2
Urban Population, %	65.4	77.2
Sex Ratio at Birth, Male Births per Female Births	1.08	1.08
Women 15-49, %	51.6	53.5
Total Fertility Rate per Woman 15-49	2.80	2.62
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	40.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	42.1
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	110
MMR, Lower Bound	● ▲ na	56
MMR, Upper Bound	● ▲ na	220
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	18.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 34.9	24.0
Under Age 5 Mortality Rate, Total	● ▲ 40	29
Under Age 5 Mortality Rate, Female	● ▲ na	23
Under Age 5 Mortality Rate, Male	● ▲ na	35
Life Expectancy at Birth, Total, Years	● ▲ 67.9	69.6
Life Expectancy at Birth, Female, Years	● ▲ 71.0	72.9
Life Expectancy at Birth, Male, Years	● ▲ 65.1	66.4
Median Age of Total Population	● ▲ 22.0	25.1
Population 60 Years and Over, %	● ▲ 7.0	9.0
Dependency Ratio	● ▲ 66	57

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.18	114.50	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	na
Gross Domestic Product Growth Rate, Annual %		na	3
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	na
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	▲	84	92
Antenatal Care, At Least One Visit, %		100	91
Deliveries Attended by Skilled Attendants, %	●▲	91	85
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	8
Illiteracy Rate, % of Population 15 and Over, Female		na	16
Illiteracy Rate, % of Population 15 to 24, Male		na	5
Illiteracy Rate, % of Population 15 to 24, Female		na	8
Ratio of Girls to Boys, Primary Education	▲	0.96	0.96
Ratio of Girls to Boys, Secondary Education	▲	na	1.13
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	127
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	125
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	63
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	85
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		13.0	11.0
Refugees, Number		100	100
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	1.7
Estimated HIV Prevalence, 15-49, Male		na	2.8
Estimated HIV Prevalence, 15-49, Female		na	1.4

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		21.1	19.7
Age-Specific Fertility Rate per 1,000 Women, 15-20		55.0	42.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	58
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	70.0
HIV Prevalence, 15-24, Total	▲	na	1.4
HIV Prevalence, 15-24, Female	▲	na	1.5
HIV Prevalence, 15-24, Male	▲	na	1.2

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.5
Gender Empowerment Measure, Rank		na	37.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		71.6	80.5
Labor Force Participation Rate, 15-64, Female		47.6	36.8
Seats in Parliament Held by Women, %		na	17.6
Female Legislators, Senior Officials and Managers, %		na	28.0
Female Professional and Technical Workers, %		na	51.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	5.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	4.9
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	92.6/90.0
No Education, Primary, %	64.7
Highest Level of Education, %	90.9
Provincial Low/High, %	42.3/100.0
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	49.8/43.1
No Education, Primary, %	8.9
Highest Level of Education, %	51.0
Provincial Low/High, %	0.0/51.1
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	1.5/1.9
No Education, Primary, %	4.0
Highest Level of Education, %	1.4
Provincial Low/High, %	0.0/6.0
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Trinidad and Tobago

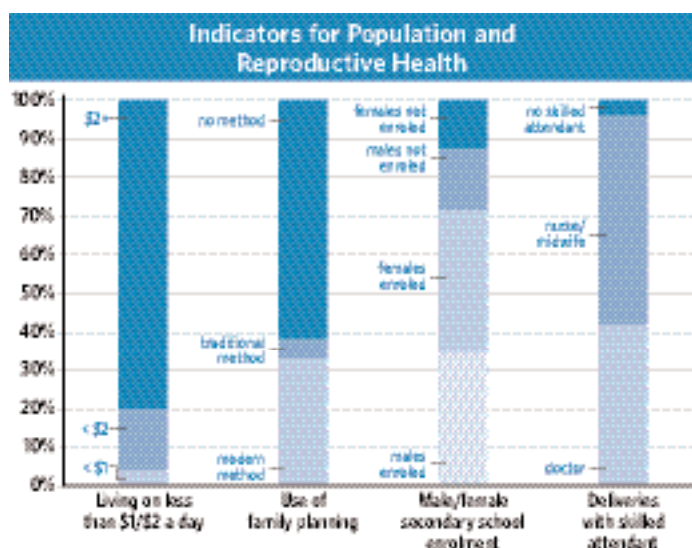
Overview

The population of Trinidad and Tobago is estimated at 1.3 million. With the launch of the country's long-term development plan, Vision 2020, the government specifically stated that achievement of the vision will be measured by its success in achieving the Millennium Development Goals. The government has a National Population Policy, which was revised to incorporate the recommendations of the ICPD Programme of Action.

Access to sexual and reproductive health information and services (particularly family planning, antenatal care, safe delivery and the prevention of STIs) are more tied to income levels than is the case in other regions. Trinidad and Tobago has taken steps in addressing gender violence. The government enacted the Domestic Violence Act and is also collecting and analyzing data on domestic violence, while conducting an extensive public awareness campaign.

The government is implementing a health sector reform package. Initiatives to improve effective coverage and access to health services include the creation of a national health insurance system, upgrading of primary health care facilities, training of staff and development of health promotion and prevention. Reproductive health services for some groups not previously considered — men, young people and infertile couples — are included in the package. Family planning services are contained in the Maternal and Child Health Care Programme and available in approximately 100 government health centres. The Family Planning Association of Trinidad and Tobago implements family life education in schools.

Trinidad and Tobago is experiencing an acceleration of its HIV/AIDS pandemic, particularly among women. Factors promoting this acceleration include a widening poverty gap and lack of opportunities for young people, high levels of risky behaviour, an expanding commercial sex industry and limited access to care and services. Seventy per cent of AIDS cases occur in the 15-44 age group, where it has become the leading cause of death. The government has recognized HIV/AIDS as a national development priority and has made significant increases in the national budget to combat it.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	608.0	643.7
Population in Thousands, Female	607.2	661.5
Population Growth Rate, %	na	0.3
Crude Birth Rate per 1,000 Population	20.5	14.1
Crude Death Rate per 1,000 Population	6.7	8.2
Urban Population, %	69.1	76.2
Sex Ratio at Birth, Male Births per Female Births	1.04	1.04
Women 15-49, %	51.2	57.6
Total Fertility Rate per Woman 15-49	2.45	2.03
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	33.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	38.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 90	160
MMR, Lower Bound	● ▲ na	100
MMR, Upper Bound	● ▲ na	210
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	13.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 18.2	13.1
Under Age 5 Mortality Rate, Total	● ▲ 19	18
Under Age 5 Mortality Rate, Female	● ▲ na	16
Under Age 5 Mortality Rate, Male	● ▲ na	21
Life Expectancy at Birth, Total, Years	● ▲ 71.7	70.0
Life Expectancy at Birth, Female, Years	● ▲ 74.4	72.8
Life Expectancy at Birth, Male, Years	● ▲ 68.7	67.3
Median Age of Total Population	● ▲ 24.1	29.4
Population 60 Years and Over, %	● ▲ 8.7	10.7
Dependency Ratio	● ▲ 66	41

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.40	99.89	1.75	467.39

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	9,975
Gross Domestic Product Growth Rate, Annual %	-3	6
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ 4.0	4.0
Population Living Below National Poverty Line, %	▲ 21.0	21.0
Share of Income or Consumption by Poorest Quintile	2.1	2.1
Access to Improved Water Supply, %	▲ 96	91
Antenatal Care, At Least One Visit, %	95	95
Deliveries Attended by Skilled Attendants, %	●▲ 95	96
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	2	1
Illiteracy Rate, % of Population 15 and Over, Female	4	2
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ 0.97	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	1.05
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	101
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	99
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	79
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	86
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	13.0	12.0
Refugees, Number	na	na
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	3.2
Estimated HIV Prevalence, 15-49, Male	na	3.8
Estimated HIV Prevalence, 15-49, Female	na	3.7

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	18.0	20.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	64.0	35.5
Median Age at First Sexual Intercourse, Female, 25-49	na	19.1
Mean Age at Marriage, Male	na	27.9
Mean Age at Marriage, Female	na	22.3
Married by 18, Percent, Female, 25-49	na	32.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	54
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	95.0
HIV Prevalence, 15-24, Total	▲ na	2.8
HIV Prevalence, 15-24, Female	▲ na	3.2
HIV Prevalence, 15-24, Male	▲ na	2.4

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	22.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	80.6	81.1
Labor Force Participation Rate, 15-64, Female	42.3	51.6
Seats in Parliament Held by Women, %	17.0	25.4
Female Legislators, Senior Officials and Managers, %	na	40.0
Female Professional and Technical Workers, %	na	51.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-13.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-3.8
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	95.3
Highest Level of Education, %	96.5
Provincial Low/High, %	77.8/100.0 Nariva, Mayaro/Port of Spain
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	16.7
Highest Level of Education, %	36.0
Provincial Low/High, %	21.4/48.4 St Anns/Arima Borough
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	1.1
Highest Level of Education, %	0.4
Provincial Low/High, %	0.0/4.0 Port of Spain/Nariva, Mayaro
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Uruguay

Overview

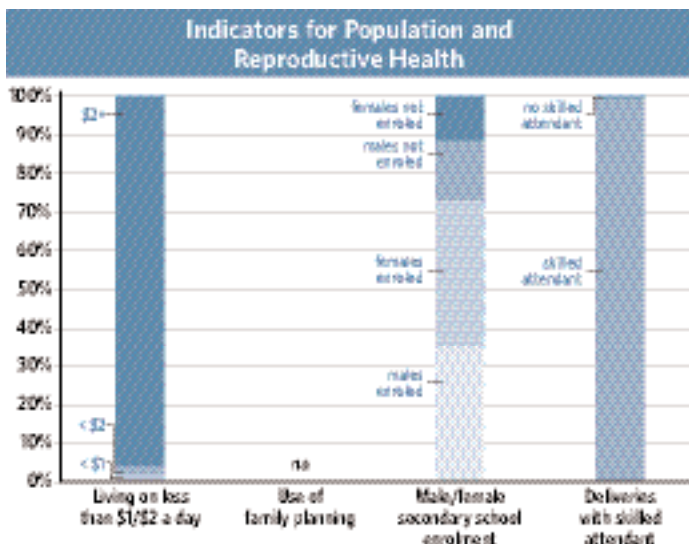
Nearly 93 per cent of Uruguay's population of 3.5 million live in urban centres, with 42 per cent concentrated in the capital city, Montevideo. The process of demographic transition has been completed in step with many industrialized countries. Consequently, Uruguay has a low annual population growth rate of 0.7 per cent, a relatively high life expectancy at birth (76 years) and a significantly ageing population, which presents challenges to the formulation of development policies.

Since the inception of the Human Development Index, Uruguay has been included in the "high human development category." Among its most important social indicators are the high literacy rate, low infant mortality rate (12.5 deaths per 1,000 live births) and high enrolment rates for both boys and girls in primary and secondary education. The impact of the continuous and severe economic recession, among other consequences, has had direct implications in the provision of health services both at the private and public levels, particularly the provision of reproductive health commodities by the public sector.

Although population concerns form an essential component of the socio-economic development process designed to improve the well-being of the population, the government does not have an explicit population policy and population issues are not integrated into development plans.

Some isolated programmes to combat poverty deal with population issues but there is no national strategy. In 2003 the government initiated the Integrated Programme for Childhood, Adolescents and Families in Risk Situations with funding from the Interamerican Development Bank. The programme aims to improve the social and living conditions of vulnerable segments of the population ages 0 to 18.

Although the HIV/AIDS pandemic has a low prevalence among the general population, it is highly concentrated in vulnerable populations. There is strong political commitment for addressing the HIV/AIDS threat and a high level of public awareness, especially in the main urban areas.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,507.4	1,680.3
Population in Thousands, Female	1,598.2	1,782.9
Population Growth Rate, %	na	0.7
Crude Birth Rate per 1,000 Population	18.2	17.6
Crude Death Rate per 1,000 Population	9.9	9.1
Urban Population, %	89.0	93.0
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.5	47.0
Total Fertility Rate per Woman 15-49	2.51	2.36
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 85	27
MMR, Lower Bound	● ▲ na	18
MMR, Upper Bound	● ▲ na	35
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	7.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 21.3	12.5
Under Age 5 Mortality Rate, Total	● ▲ 23	15
Under Age 5 Mortality Rate, Female	● ▲ na	13
Under Age 5 Mortality Rate, Male	● ▲ na	18
Life Expectancy at Birth, Total, Years	● ▲ 72.3	75.8
Life Expectancy at Birth, Female, Years	● ▲ 76.4	79.4
Life Expectancy at Birth, Male, Years	● ▲ 68.9	72.1
Median Age of Total Population	● ▲ 30.7	32.1
Population 60 Years and Over, %	● ▲ 16.4	17.4
Dependency Ratio	● ▲ 60	60

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.90	104.69	1.73	436.27

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.6/3.2
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	74.7/92.1
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	8,280
Gross Domestic Product Growth Rate, Annual %		1	9
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	1.8
Access to Improved Water Supply, %	▲	84	98
Antenatal Care, At Least One Visit, %		56	94
Deliveries Attended by Skilled Attendants, %	●▲	100	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	34.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		4	2
Illiteracy Rate, % of Population 15 and Over, Female		3	2
Illiteracy Rate, % of Population 15 to 24, Male		2	1
Illiteracy Rate, % of Population 15 to 24, Female		1	0
Ratio of Girls to Boys, Primary Education	▲	0.95	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	1.09
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	110
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	108
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	99
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	112
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		6.0	3.0
Refugees, Number		100	91
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	9
Estimated HIV Prevalence, 15-49, Total		na	0.3
Estimated HIV Prevalence, 15-49, Male		na	0.5
Estimated HIV Prevalence, 15-49, Female		na	0.2

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		15.7	14.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		68.5	69.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		25.2	25.2
Mean Age at Marriage, Female		22.9	22.9
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.4
HIV Prevalence, 15-24, Female	▲	na	0.2
HIV Prevalence, 15-24, Male	▲	na	0.5

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.5
Gender Empowerment Measure, Rank		na	46.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		59.3	80.5
Labor Force Participation Rate, 15-64, Female		37.9	61.6
Seats in Parliament Held by Women, %		6.0	11.5
Female Legislators, Senior Officials and Managers, %		na	37.0
Female Professional and Technical Workers, %		na	52.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	71.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	8.1
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Venezuela



Overview

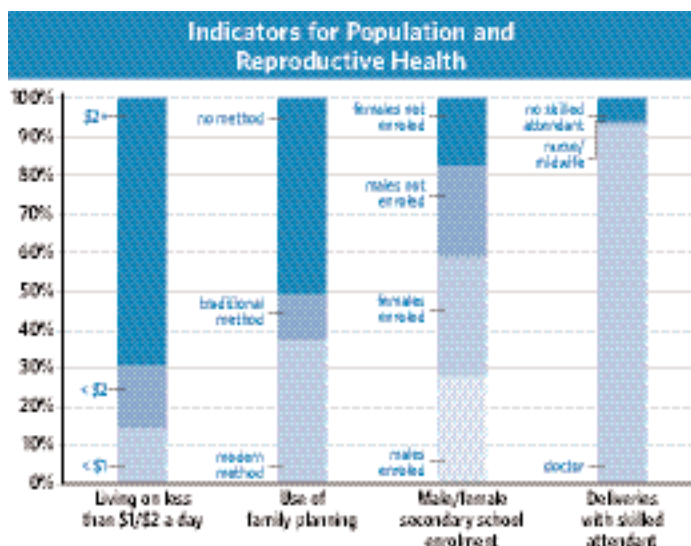
Venezuela, with 26.7 million people, has the sixth largest population in Latin America and the Caribbean. The country has experienced considerable political upheaval since 2002, due to clashes between President Hugo Chavez's supporters and the political opposition. In April 2002, these clashes culminated in the ousting and imprisonment of President Chavez, the appointment of a transition government, the overthrow of this government, and the reinstatement of Chavez. In December 2002, the opposition called a general strike that lasted until February 2003. With mediation by the Organization of American States (OAS) and the Carter Center, the government and opposition groups agreed to a recall referendum, which Chavez won in late 2004.

While Venezuela does not have a formal population policy, its 1999 Constitution guarantees various social rights, especially the right to health. The Constitution also addresses sexual and reproductive rights, gender equity, recognizes the value of women's unpaid work around the house and creates institutions for the defense of human rights. The Law on Equal Opportunities for Women, enacted in 1993, was amended in 1999 to create the National Institute for Women. Proposals for a Law of Equal Opportunities and Responsible Fatherhood are under consideration in the National Assembly.

The maternal mortality ratio for Venezuela is 96 deaths per 100,000 live births. In an effort to reduce this figure, the Ministry of Health and Social Development established a National Committee for the Prevention of Maternal Mortality and Infant Mortality. The government also established a national programme to reduce child mortality.

The government identifies the size of the working age population and the ageing of the population as major causes for concern. Adolescent fertility, under-five mortality, maternal mortality and HIV/AIDS are also areas of concern.

The first UNFPA Country Programme for Venezuela began in January 2003. Initially, the programme is focusing on implementation of the ICPD Programme of Action and achievement of the Millennium Development Goals.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	9,956.7	13,442.1
Population in Thousands, Female	9,778.1	13,307.0
Population Growth Rate, %	na	1.7
Crude Birth Rate per 1,000 Population	28.6	24.9
Crude Death Rate per 1,000 Population	4.9	5.0
Urban Population, %	84.0	88.1
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	50.6	53.3
Total Fertility Rate per Woman 15-49	3.45	3.00
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	37.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	49.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 120	96
MMR, Lower Bound	● ▲ na	64
MMR, Upper Bound	● ▲ na	130
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	12.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 25.0	16.7
Under Age 5 Mortality Rate, Total	● ▲ 30	28
Under Age 5 Mortality Rate, Female	● ▲ na	20
Under Age 5 Mortality Rate, Male	● ▲ na	25
Life Expectancy at Birth, Total, Years	● ▲ 70.7	73.3
Life Expectancy at Birth, Female, Years	● ▲ 74.0	76.3
Life Expectancy at Birth, Male, Years	● ▲ 68.2	70.4
Median Age of Total Population	● ▲ 21.0	24.7
Population 60 Years and Over, %	● ▲ 5.7	7.6
Dependency Ratio	● ▲ 72	57

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.30	86.37	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	2.2/4.0 Aragua/Amazonas
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	17.3/37.4 Distrito capital/Delta Amacuro
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	4,909
Gross Domestic Product Growth Rate, Annual %		1	9
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	14.3
Population Living Below National Poverty Line, %	▲	31.3	31.3
Share of Income or Consumption by Poorest Quintile		na	0.6
Access to Improved Water Supply, %	▲	89	83
Antenatal Care, At Least One Visit, %		74	94
Deliveries Attended by Skilled Attendants, %	●▲	82	94
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	29.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		10	6
Illiteracy Rate, % of Population 15 and Over, Female		12	6
Illiteracy Rate, % of Population 15 to 24, Male		5	2
Illiteracy Rate, % of Population 15 to 24, Female		3	1
Ratio of Girls to Boys, Primary Education	▲	0.99	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	1.15
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	105
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	103
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	65
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	75
Children Underweight Under 5, Male, %		na	5
Children Underweight Under 5, Female, %		na	5
Stunted Children under 5, Severe, %		na	5
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		11.0	18.0
Refugees, Number		2,000	58
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	2,291
Estimated HIV Prevalence, 15-49, Total		na	0.7
Estimated HIV Prevalence, 15-49, Male		na	1.0
Estimated HIV Prevalence, 15-49, Female		na	0.5

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.5	19.4
Age-Specific Fertility Rate per 1,000 Women, 15-20		101.0	91.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	24.8
Mean Age at Marriage, Female		na	21.2
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	28
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	78.0
HIV Prevalence, 15-24, Total	▲	na	0.4
HIV Prevalence, 15-24, Female	▲	na	0.2
HIV Prevalence, 15-24, Male	▲	na	0.5

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.4
Gender Empowerment Measure, Rank		na	61.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		78.2	86.2
Labor Force Participation Rate, 15-64, Female		35.0	57.9
Seats in Parliament Held by Women, %		10.0	9.7
Female Legislators, Senior Officials and Managers, %		na	27.0
Female Professional and Technical Workers, %		na	61.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	1,818.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	22.1
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	100.0
Highest Level of Education, %	93.5
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

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

5:

The Eastern Europe and Central Asia region has enjoyed robust economic growth over the last few years. Eight countries (the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) joined the European Union in 2004. Two more (Bulgaria and Romania) are scheduled to enter the EU in 2007, while Croatia and Turkey are currently in negotiations for eventual entry. The upturn of the economy has not been accompanied by comparable social progress, however, and in many cases has increased disparities between and within countries.

The transition countries in Central Asia, the Caucasus, the Western Balkans and the Commonwealth of Independent States (CIS) that were part of the former Soviet Union are still struggling with social disruptions that accompanied the moving away from centrally planned economies. These countries have continued to be characterized by high poverty rates, income inequality, long-term unemployment and declining access to public services. In many Central Asian and Caucasian countries, illiteracy rates are still increasing while school enrolment rates are declining. The number of refugees in the region has also grown rapidly in the past decade, creating significant social challenges.

In spite of good overall economic growth in the last few years, progress toward the Millennium Development Goals (MDGs) has been mixed, and poverty has increased in many countries. The transition and CIS countries of Central and Eastern Europe tend to receive insufficient attention from international efforts to achieve the MDGs, largely due to the failure to appreciate internal diversity and gaps under decades of communism and the impact of the market transition on the state-sponsored services, according to the UN Millennium Project report, *Investing in Development* (2005). Progress toward the MDGs and the ICPD goals has been hampered in several countries by corruption, weak public institutions, deteriorating service delivery systems and inequitable internal distribution of resources. The report highlights the need to reinforce health service delivery systems as an urgent priority, as well as reversing HIV transmission trends, with a focus on effective prevention strategies.

Although the Russian Federation reported sharp declines in absolute poverty during 2000-2004, few other transitional countries have registered similar progress. Most countries experienced massive deterioration in living standards over the past decade. Poverty has spread from affecting only a small proportion of the population (about 3 per cent in 1987) to about half of the population in several countries.

Demographic trends continue to be causes of deep concern. Populations throughout most of the region are ageing and shrinking, and fertility rates are dropping. In some countries mortality rates are rising (particularly for men), and human trafficking is a major concern.

The current average regional total fertility rate is well below replacement level in the region except in Albania, Turkey and Central Asia. Five countries in the world are expected to lose a substantial proportion of their population by 2050 and all of them are in the EECA region. Migration has exacerbated depopulation. In some countries, the decline in fertility has led to discussion of pronatalist policies that could threaten reproductive rights.

Lower fertility has also resulted in ageing populations. In all of the transition economies, the overhauling of social services has left the elderly as one of the poorest and most vulnerable groups. In many countries, high mortality for men has left a large proportion of widows living alone with limited access to care and social services.

Eastern Europe and Central Asia

Maternal mortality and morbidity remain a great concern throughout the region. In many countries, this is associated with poor quality of institutional maternal health care, and in several countries, with declining levels of hospital deliveries. There also continues to be a high level of unmet need for contraception throughout the region, except in south-east Europe and the Caucasus. In several countries of Central and Eastern Europe, abortion rates declined rapidly over the last decade with the establishment of family planning information and service programmes, wider availability of contraceptive supplies and the advocacy by civil society. Ensuring access to modern contraceptive supplies at affordable prices remains a challenge in many countries.

Gender inequities have risen in the last decade. Women's participation in economic and political life has decreased, income disparities have increased and girls' school enrolment has slowly fallen. Gender-based violence in the region, including the rise in human trafficking, which primarily affects women and girls, constitutes a severe human rights and public health problem. It is estimated that more than a quarter of all women and girls who fall victim to trafficking are from Central and Eastern Europe.

One of the world's fastest-growing epidemics of HIV continues in the region. The number of people living with HIV reached an estimated 1.4 million at the end of 2004, according to the latest UNAIDS estimates. This is an increase of more than nine-fold in less than ten years. Women account for about a third of those with the infection, but they make up an increasing share of newly diagnosed cases. The Baltic States, the Russian Federation and Ukraine are the worst affected countries, but HIV continues to spread, particularly in Belarus, Kazakhstan and Moldova. The driving force behind the epidemic in the region is injecting drug use allied with unsafe sex.

The vast majority of people living with HIV are young adults, which highlights the need for a more vigorous and comprehensive response. If the present trend is not rapidly reversed, the region will become one of the world's AIDS epicentres. Denial, stigma, and the institutional challenges of providing services to marginalized and vulnerable sub-populations jeopardize progress to preventing the further spread of HIV in this region.

UNFPA, as a member of the Subcommittee on Peer Education of the UN Interagency Group on Young People's Health Development and Protection, is addressing HIV prevention in part through support to an innovative programme called the Y-PEER network. Y-PEER coordinates and strengthens the efforts of nearly 200 peer education projects in 27 countries of Eastern Europe and Central Asia using web-based communications to share information, strategies, resources and lessons learned.

Albania



Overview

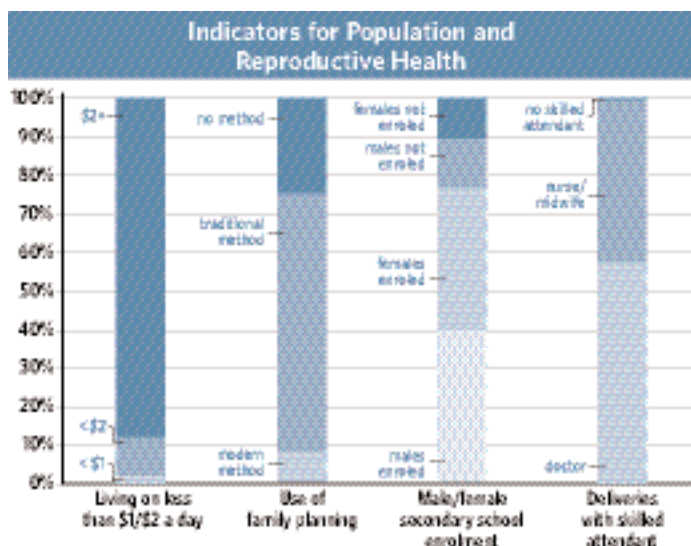
Since 1990, Albania has struggled to introduce democracy, institutional reform and a free market economy. The country experienced an economic crisis in 1997 followed by the Kosovo crisis in 1999, which caused a severe economic recession. Despite ranking 72nd in UNDP's 2005 Human Development Index, one fourth of the 3 million Albanians live below the poverty line. An estimated 20 to 22 per cent of the population has emigrated for economic reasons.

Though the rates of maternal and under-five mortality are falling, they are still considered too high. Between 1990 and 2000 the maternal mortality ratio declined from 65 deaths per 100,000 live births to 55 deaths, while the under-five mortality rate declined from 47 deaths per 1,000 live births in 1990 to 32 in 2005. HIV prevalence remains relatively high, while sexual and domestic violence against women and trafficking of women continue to be serious problems.

With nearly 30 per cent of the population under 15 years of age, the government recognizes the urgency of focusing on young people's reproductive and sexual health. In 2003 the National Youth Strategy was launched with the support of UNFPA.

Demand for health and social services continue to increase, while the level of funding remains inadequate, despite a \$20 million Poverty Reduction Support Credit in 2002 from the World Bank. In 2002 the Ministry of Health adopted the 10-Year Development Strategy of the Albanian Health System to improve access to health care facilities. In 2003 the Public Health and Health Promotion Strategy was launched, which includes promotion of reproductive health issues.

The contraceptive prevalence rate for modern methods remains low at 15.3 per cent of married women. The Ministry of Health adopted the Albania Contraceptive Security Plan 2003-2007, which aims to reach contraceptive independence for the public sector by 2010. The final report from the Reproductive Health Survey of Albanian Women and Men funded by UNFPA, USAID/CDC, and UNICEF will provide the first accurate estimate of contraceptive prevalence rates, while quantifying the unmet need for contraception.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,687.0	1,551.7
Population in Thousands, Female	1,602.4	1,578.0
Population Growth Rate, %	na	0.5
Crude Birth Rate per 1,000 Population	24.2	19.9
Crude Death Rate per 1,000 Population	5.9	6.5
Urban Population, %	36.1	45.0
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	51.8	52.3
Total Fertility Rate per Woman 15-49	2.93	2.55
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	15.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	57.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 65	55
MMR, Lower Bound	● ▲ na	23
MMR, Upper Bound	● ▲ na	92
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	12.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 35.2	23.7
Under Age 5 Mortality Rate, Total	● ▲ 47	32
Under Age 5 Mortality Rate, Female	● ▲ na	31
Under Age 5 Mortality Rate, Male	● ▲ na	37
Life Expectancy at Birth, Total, Years	● ▲ 71.9	74.1
Life Expectancy at Birth, Female, Years	● ▲ 74.9	77.0
Life Expectancy at Birth, Male, Years	● ▲ 69.1	71.3
Median Age of Total Population	● ▲ 23.8	28.3
Population 60 Years and Over, %	● ▲ 7.8	12.0
Dependency Ratio	● ▲ 62	54

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.40	36.71	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.6/2.6
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	29.0/25.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	4,571
Gross Domestic Product Growth Rate, Annual %		2	6
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	25.4
Share of Income or Consumption by Poorest Quintile		na	3.8
Access to Improved Water Supply, %	▲	na	97
Antenatal Care, At Least One Visit, %		na	95
Deliveries Attended by Skilled Attendants, %	●▲	na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		13	6
Illiteracy Rate, % of Population 15 and Over, Female		33	19
Illiteracy Rate, % of Population 15 to 24, Male		3	0
Illiteracy Rate, % of Population 15 to 24, Female		8	2
Ratio of Girls to Boys, Primary Education	▲	0.93	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	0.95
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	105
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	102
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	81
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	81
Children Underweight Under 5, Male, %		na	15
Children Underweight Under 5, Female, %		na	13
Stunted Children under 5, Severe, %		na	17
Wasted Children under 5, Severe, %		na	4
Undernourished People, %		na	4.0
Refugees, Number		3,000	26
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	93
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	100.0/98.6
No Education, Primary, %	98.2
Highest Level of Education, %	100.0
Provincial Low/High, %	97.4/100.0 Central/North
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	20.9/11.6
No Education, Primary, %	11.5
Highest Level of Education, %	25.4
Provincial Low/High, %	14.3/18.3 Central/North
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.5	18.6
Age-Specific Fertility Rate per 1,000 Women, 15-20		17.0	16.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	42
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	40.0
HIV Prevalence, 15-24, Total	▲	na	na
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	82.9
Labor Force Participation Rate, 15-64, Female		na	55.8
Seats in Parliament Held by Women, %		na	5.7
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	62.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	7.3
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	42.8
Unmet Need for Family Planning, Thousands	●	na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, %	na/na
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Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, %	na/na
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Children Underweight Under 5, Severe:

Urban/Rural, %	4.9/4.0
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No Education, Primary, %	4.6
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Highest Level of Education, %	3.0
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Provincial Low/High, %	3.2/5.2 Central/South
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Poorest/Richest Quintile, %	na/na
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Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, %	na/na
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Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, %	na/na
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Malnourished Women:

Poorest/Richest Quintile, %	na/na
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Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, %	na/na
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Armenia



Overview

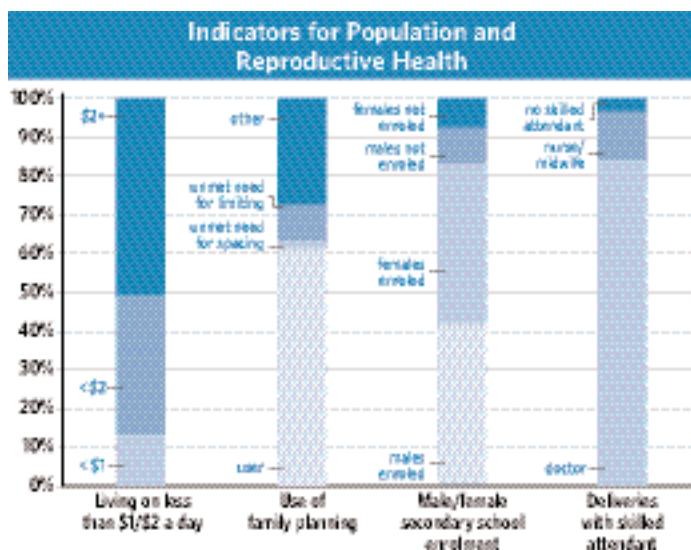
Armenia has maintained relative political and economic stability even through the convulsive political situation in early 2003. Despite a high GDP growth rate, reaching 10 per cent in 2003, just over half the population of 3 million lives below the national poverty line. In 2003, the government adopted a Poverty Reduction Strategy Paper (PRSP), closely linked to the MDGs, as its major programme for the next 12 years. The PRSP emphasizes the need to expand budget allocations for education and health, within the framework of ongoing reforms.

Armenia continues to face challenges associated with depopulation and ageing. Negative population growth, resulting from declines in fertility rates and migration abroad, continues, but at a slower pace. The population growth rate increased from -1.3 per cent in 2000 to -0.3 per cent in 2005. However, the proportion of the population ages 60 and over increased from 10 per cent in 1990 to 15 per cent in 2005. In 2003 the Ministry of Social Security began developing a national policy on ageing.

After a sharp deterioration in the mid-1990s, reproductive health indicators are gradually improving. Although knowledge of modern contraceptive methods among women is almost universal, and their use has increased over the last five years, the prevalence of contraceptive use is still low (22.3 per cent of women used a modern method in 2000). Awareness of sexual and reproductive health among youth is limited and services are rudimentary, reaching only 20 per cent of them.

HIV/AIDS remains a major health challenge. It is being addressed through the National Strategic Programme on Fighting HIV/AIDS, which received \$7.3 million from the Global Fund.

The Law on Reproductive Health and Rights adopted in 2002 is an important framework for addressing reproductive health issues. It is based on ICPD principles, which ensure reproductive rights and access to reproductive health information and services for the population, including young people. Currently, the government plans to implement the ICPD Programme of Action more fully by adopting relevant laws and procedures.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,719.4	1,405.9
Population in Thousands, Female	1,825.3	1,610.4
Population Growth Rate, %	na	-0.3
Crude Birth Rate per 1,000 Population	20.9	11.2
Crude Death Rate per 1,000 Population	7.5	9.2
Urban Population, %	66.9	64.1
Sex Ratio at Birth, Male Births per Female Births	1.07	1.15
Women 15-49, %	49.3	55.0
Total Fertility Rate per Woman 15-49	2.48	1.92
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	22.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	60.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 50	55
MMR, Lower Bound	● ▲ na	23
MMR, Upper Bound	● ▲ na	91
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	17.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 44.5	29.5
Under Age 5 Mortality Rate, Total	● ▲ 49	34
Under Age 5 Mortality Rate, Female	● ▲ na	17
Under Age 5 Mortality Rate, Male	● ▲ na	22
Life Expectancy at Birth, Total, Years	● ▲ 68.5	71.7
Life Expectancy at Birth, Female, Years	● ▲ 71.4	74.9
Life Expectancy at Birth, Male, Years	● ▲ 65.6	68.2
Median Age of Total Population	● ▲ 27.0	31.7
Population 60 Years and Over, %	● ▲ 10.0	14.5
Dependency Ratio	● ▲ 56	49

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.30	9.93	1.80	78.20

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.5/2.1
No Education, Primary	2.2
Highest Level of Education	1.4
Provincial Low/High	1.3/2.5 Kotayk/Gegharkunik
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	35.9/52.7
No Education, Primary	82.6
Highest Level of Education	21.3
Provincial Low/High	na/na
Poorest/Richest Quintile, %	52.3/27.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	60.9/29.6
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	33.0/75.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	4.0/8.9
No Education, Primary, %	7.9

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	3,607
Gross Domestic Product Growth Rate, Annual %		na	10
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	7.8
Population Living Below National Poverty Line, %	▲	na	53.7
Share of Income or Consumption by Poorest Quintile		na	2.6
Access to Improved Water Supply, %	▲	na	92
Antenatal Care, At Least One Visit, %		na	89
Deliveries Attended by Skilled Attendants, %	●▲	na	97
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	1
Illiteracy Rate, % of Population 15 and Over, Female		4	2
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		1	0
Ratio of Girls to Boys, Primary Education	▲	na	0.95
Ratio of Girls to Boys, Secondary Education	▲	na	1.02
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	100
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	97
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	86
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	88
Children Underweight Under 5, Male, %		na	2
Children Underweight Under 5, Female, %		na	3
Stunted Children under 5, Severe, %		na	3
Wasted Children under 5, Severe, %		na	0
Undernourished People, %		na	51.0
Refugees, Number		300,000	239,289
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	36
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	0.2
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		15.8	19.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		79.0	30.0
Median Age at First Sexual Intercourse, Female, 25-49		na	20.5
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	15.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	42
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	56
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	53.0
HIV Prevalence, 15-24, Total	▲	na	0.1
HIV Prevalence, 15-24, Female	▲	na	0.1
HIV Prevalence, 15-24, Male	▲	na	0.2

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	3.5
Labor Force Participation Rate, 15-64, Male		na	79.0
Labor Force Participation Rate, 15-64, Female		na	69.8
Seats in Parliament Held by Women, %		na	4.6
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-62.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-7.9
Unmet Need for Family Planning, Spacing, %	●	na	2.6
Unmet Need for Family Planning, Limiting, %	●	na	9.3
Unmet Need for Family Planning, Total, %	●	na	11.8
Unmet Need for Family Planning, Thousands	●	na	0.1

Highest Level of Education	2.0	
Provincial Low/High, %	2.3/15.8	Kotayk/Gegharkunik
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	99.1/94.5	
No Education, Primary, %	89.9	
Highest Level of Education, %	98.8	
Provincial Low/High, %	84.8/99.5	Gegharkunik/Ararat
Poorest/Richest Quintile, %	93.3/100.0	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	24.5/19.2	
No Education, Primary, %	13.2	
Highest Level of Education, %	35.3	
Provincial Low/High, %	12.7/28.1	Syunik/Yerevan
Poorest/Richest Quintile, %	15.5/29.2	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	9.4/8.8	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	2.5/2.8	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	32.6/51.8	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.2/0.3	
No Education, Primary, %	0.0	
Highest Level of Education, %	0.0	
Provincial Low/High, %	0.0/1.2	Yerevan, Ararat, Gegharkunik, Lori, Shirak, Syunik, Tavush/Kotayk
Poorest/Richest Quintile, %	0.5/0.4	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	82.7/87.0	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	82.6/81.8	
Malnourished Women:		
Poorest/Richest Quintile, %	2.5/3.9	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	84.6/96.8	

Azerbaijan



Overview

Since Azerbaijan gained independence, significant political and socio-economic changes have happened, aggravated by the burden of over 800,000 refugees as a result of the armed conflict in Nagorno-Karabakh. Beginning in 1994, economic growth has been stimulated by macroeconomic stabilization programmes. The GDP per capita increased to US\$3,606 in 2003. Despite this growth, roughly half the population of 8.4 million still lives in poverty.

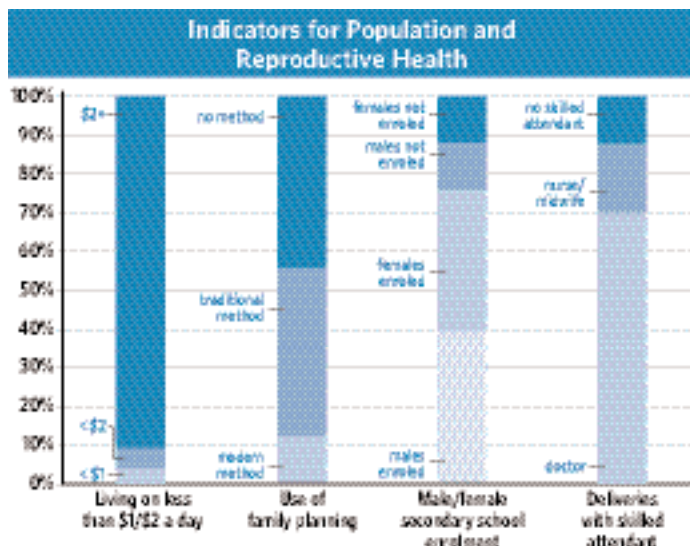
Azerbaijan has a low population growth rate (0.7 per cent per year in 2005), down from 1.5 per cent in 1990. The fertility rate also declined from 2.9 lifetime births per woman in 1990 to 2.4 in 2005. As a result, the percentage of the population ages 60 and over increased to 9 per cent in 2005.

There is a declining trend in rates of infant mortality (73.8 deaths per 1,000 live births in 2005) and under-five mortality (88 deaths per 1,000 live births), but they still remain high. Skilled personnel attend 84 per cent of all deliveries. The overall contraceptive prevalence rate is 55 per cent, however use of modern methods only accounts for about 12 per cent.

Rising rates of HIV/AIDS and STIs are caused by a lack of public awareness about basic preventive measures. HIV prevention measures are addressed through the National Programme of Combating HIV.

The State Programme on Poverty Reduction and Economic Development (SPPRED), adopted in 2003, calls for increased opportunities for income generation, the development of infrastructure and improvements in social programmes, including access to high-quality health care and education.

A number of laws protecting the rights of women are in effect, but gender disparities exist. In recent years, violence against women was recognized as a significant problem. Nearly 30 per cent of women in Azerbaijan are forced to have sexual intercourse at least once in their lives and 37 per cent experience some type of violence at least once.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	3,528.5	4,082.6
Population in Thousands, Female	3,683.2	4,328.2
Population Growth Rate, %	1.5	0.7
Crude Birth Rate per 1,000 Population	26.3	19.7
Crude Death Rate per 1,000 Population	7.0	7.2
Urban Population, %	53.7	49.9
Sex Ratio at Birth, Male Births per Female Births	1.07	1.10
Women 15-49, %	50.1	58.2
Total Fertility Rate per Woman 15-49	2.93	2.39
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	11.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	55.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 22	94
MMR, Lower Bound	● ▲ na	40
MMR, Upper Bound	● ▲ na	150
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	36.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 82.9	73.9
Under Age 5 Mortality Rate, Total	● ▲ 98	88
Under Age 5 Mortality Rate, Female	● ▲ na	38
Under Age 5 Mortality Rate, Male	● ▲ na	41
Life Expectancy at Birth, Total, Years	● ▲ 65.9	67.2
Life Expectancy at Birth, Female, Years	● ▲ 69.6	70.8
Life Expectancy at Birth, Male, Years	● ▲ 62.2	63.5
Median Age of Total Population	● ▲ 23.2	27.5
Population 60 Years and Over, %	● ▲ 7.4	9.2
Dependency Ratio	● ▲ 63	49

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
0.80	5.84	2.26	73.46

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	63.0/92.0
No Education, Primary	92.0
Highest Level of Education	42.0
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	3,606
Gross Domestic Product Growth Rate, Annual %	na	10
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	49.6
Share of Income or Consumption by Poorest Quintile	na	3.1
Access to Improved Water Supply, %	▲ na	77
Antenatal Care, At Least One Visit, %	na	69
Deliveries Attended by Skilled Attendants, %	●▲ na	84
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	1
Illiteracy Rate, % of Population 15 and Over, Female	na	2
Illiteracy Rate, % of Population 15 to 24, Male	na	0
Illiteracy Rate, % of Population 15 to 24, Female	na	0
Ratio of Girls to Boys, Primary Education	▲ 0.94	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	0.96
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	94
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	91
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	84
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	81
Children Underweight Under 5, Male, %	na	15
Children Underweight Under 5, Female, %	na	18
Stunted Children under 5, Severe, %	na	7
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	na	21.0
Refugees, Number	246,000	326
Internally Displaced Persons, Number	na	575,609
Asylum Seekers, Number	na	8,805
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.2	20.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	54.5	31.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	11
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	35.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	48.9
Labor Force Participation Rate, 15-64, Female	na	43.2
Seats in Parliament Held by Women, %	na	10.5
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	256.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	10.0
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	94.8/81.9
No Education, Primary, %	83.3
Highest Level of Education, %	100.0
Provincial Low/High, %	80.6/93.8 Nakhcivan/Baku area
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	19.3/11.6
No Education, Primary, %	10.3
Highest Level of Education, %	24.4
Provincial Low/High, %	13.5/19.7 Center, North/Baku area
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	3.9/4.6
No Education, Primary, %	6.4
Highest Level of Education, %	2.3
Provincial Low/High, %	2.3/8.0 South/West, Southwest
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Belarus



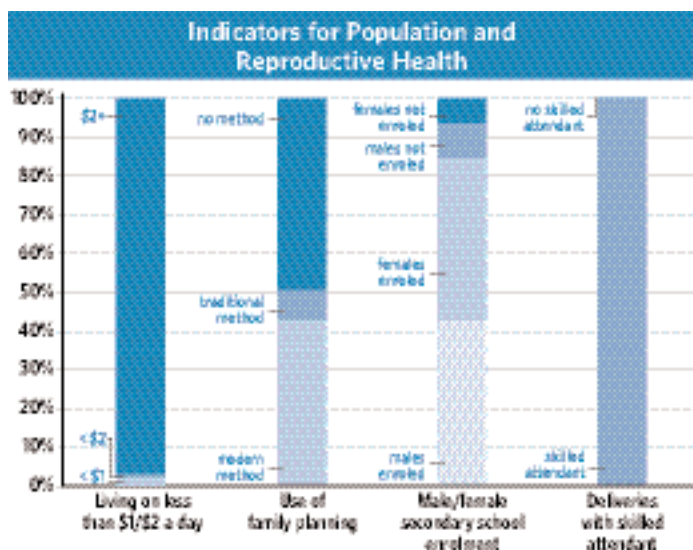
Overview

The Republic of Belarus is a lower-middle-income country ranked 67th in UNDP's 2005 Human Development Index, with a GDP per capita of \$6,012. Yet it continues to face a difficult socio-economic transition. Forty-two per cent of the population of 9.8 million lives below the national poverty line and life expectancy at birth is 68 years. Belarus remains relatively stable and the government continues to provide basic services to the population.

Depopulation is a major issue in Belarus. The population growth rate declined from 0.53 to -0.6 per cent between 1990 and 2005. Reduction in population size is due largely to two factors: 1) a low total fertility rate, averaging just 1.5 lifetime births per woman in 2005; and 2) high mortality rates, especially among men. Population ageing is also a serious concern. Older adults make up a large proportion of the total population (19 per cent in 2005), exceeding the proportion of those under 15.

There have been some recent improvements in reproductive health indicators. About half of all married women use contraceptives (42 per cent use a modern method). The number of abortions has declined substantially, but remains rather high (90 per 1,000 live births). However, the level of STIs remains high and there has been an increase in HIV infections. Young people ages 15-24 are disproportionately affected.

In November 2003, the Cabinet of Ministers adopted a National Programme on Demographic Security for 2006-2010 to address reproductive health and rights, among other issues. It is still in the pilot stage. There are many gender-related problems in Belarus, including higher unemployment rates and lower salaries for women, domestic violence and trafficking of women. The National Action Plan to Ensure Gender Equality for the period 2001-2005 remains a useful framework for coordinating activities among governmental and non-governmental organizations working to empower women.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,810.2	4,558.6
Population in Thousands, Female	5,455.8	5,196.5
Population Growth Rate, %	na	-0.6
Crude Birth Rate per 1,000 Population	13.8	9.0
Crude Death Rate per 1,000 Population	11.3	14.8
Urban Population, %	66.1	71.6
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	45.0	51.2
Total Fertility Rate per Woman 15-49	1.85	1.54
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	42.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	50.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 37	35
MMR, Lower Bound	● ▲ na	23
MMR, Upper Bound	● ▲ na	46
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	5.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 14.8	14.6
Under Age 5 Mortality Rate, Total	● ▲ 17	17
Under Age 5 Mortality Rate, Female	● ▲ na	12
Under Age 5 Mortality Rate, Male	● ▲ na	17
Life Expectancy at Birth, Total, Years	● ▲ 70.4	68.4
Life Expectancy at Birth, Female, Years	● ▲ 75.2	74.3
Life Expectancy at Birth, Male, Years	● ▲ 65.4	62.8
Median Age of Total Population	● ▲ 33.2	37.8
Population 60 Years and Over, %	● ▲ 16.9	18.6
Dependency Ratio	● ▲ 51	43

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.70	68.30	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,012
Gross Domestic Product Growth Rate, Annual %		na	7
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	41.9
Share of Income or Consumption by Poorest Quintile		na	3.5
Access to Improved Water Supply, %	▲	na	100
Antenatal Care, At Least One Visit, %		na	100
Deliveries Attended by Skilled Attendants, %	●▲	na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		1	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	na	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	103
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	101
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	90
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	92
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	3.0
Refugees, Number		na	638
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	327
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		13.2	16.8
Age-Specific Fertility Rate per 1,000 Women, 15-20		49.0	26.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		24.5	24.5
Mean Age at Marriage, Female		21.9	21.9
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.4
HIV Prevalence, 15-24, Female	▲	na	0.2
HIV Prevalence, 15-24, Male	▲	na	0.6

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	45.2
Labor Force Participation Rate, 15-64, Female		na	45.7
Seats in Parliament Held by Women, %		na	18.4
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-358.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-15.5
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Bosnia and Herzegovina

Overview

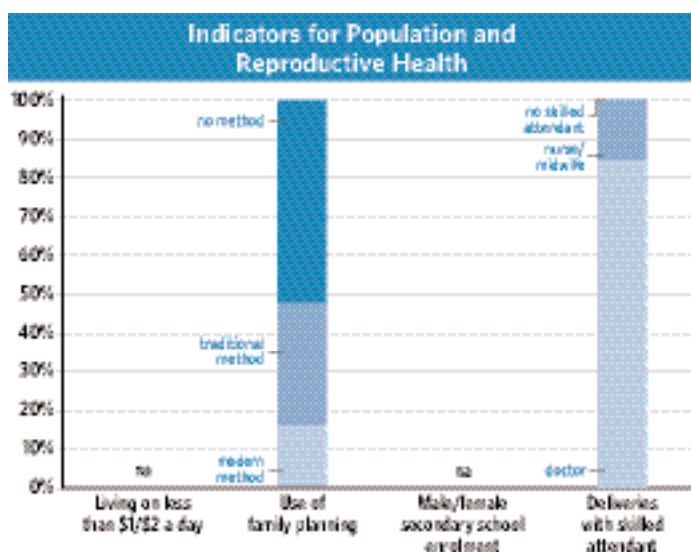
The Dayton Peace Agreement, signed in 1996, called for the development of national policy frameworks on poverty reduction, development, gender equality, HIV/AIDS, child and youth protection and the environment. Despite nearly 10 years of efforts, the governance structures that have been created have resulted in political and administrative fragmentation, weak rule of law, decreasing quality of and access to education and healthcare and lack of social protection for vulnerable groups. While municipalities are better able to assess local needs and deliver social services, the financing, monitoring and coordination of such programmes is not uniform.

The country's population was estimated at 3.9 million in 2005. The declining population growth rate (0.2 per cent in 2005) has created concern about the country's demographic profile. This is further complicated by massive emigration of working age people.

The reproductive health situation is also cause for concern. Over 30 per cent of all pregnancies end in abortion, which has become a favored method of fertility regulation rather than a means to correct contraceptive failures. Low contraceptive prevalence rates are due to: pro-natalism based on nationalist and ethnic ideology; misinformation and rumors on the side effects of modern contraceptives; lack of access to family planning services and contraceptives and lack of training for health professionals and service providers on reproductive health.

The adoption of the Millennium Development Goals (MDGs) in 2000 and the adoption of the Poverty Reduction Strategy Paper (PRSP) in 2003 have provided a new platform for moving ahead. UNFPA is providing assistance for sexual and reproductive health, gender issues and the provision of services for families and youth.

At the same time there has been a rapid increase in sexually transmitted infections, including HIV/AIDS. Drug abuse and addiction, the prevalence of poverty and domestic violence, proliferation of commercial sex and human trafficking have all increased the infection rates of STIs and HIV/AIDS. These factors pose a serious threat to the reproductive and sexual health of the population, especially among young people.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,128.9	1,897.6
Population in Thousands, Female	2,179.3	2,009.4
Population Growth Rate, %	na	0.2
Crude Birth Rate per 1,000 Population	15.0	10.5
Crude Death Rate per 1,000 Population	7.1	9.3
Urban Population, %	39.2	45.3
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	53.5	50.1
Total Fertility Rate per Woman 15-49	1.72	1.51
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	15.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	47.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	31
MMR, Lower Bound	● ▲ na	21
MMR, Upper Bound	● ▲ na	42
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	11.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 18.3	12.8
Under Age 5 Mortality Rate, Total	● ▲ 20	15
Under Age 5 Mortality Rate, Female	● ▲ na	14
Under Age 5 Mortality Rate, Male	● ▲ na	17
Life Expectancy at Birth, Total, Years	● ▲ 71.7	74.5
Life Expectancy at Birth, Female, Years	● ▲ 74.8	77.1
Life Expectancy at Birth, Male, Years	● ▲ 69.4	71.7
Median Age of Total Population	● ▲ 30.0	38.0
Population 60 Years and Over, %	● ▲ 10.4	19.2
Dependency Ratio	● ▲ 43	44

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.60	65.00	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,029
Gross Domestic Product Growth Rate, Annual %	na	5
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	19.5
Share of Income or Consumption by Poorest Quintile	na	3.9
Access to Improved Water Supply, %	▲ na	98
Antenatal Care, At Least One Visit, %	na	99
Deliveries Attended by Skilled Attendants, %	● ▲ na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	2
Illiteracy Rate, % of Population 15 and Over, Female	na	9
Illiteracy Rate, % of Population 15 to 24, Male	na	0
Illiteracy Rate, % of Population 15 to 24, Female	na	0
Ratio of Girls to Boys, Primary Education	▲ na	na
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	● ▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	● ▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	● ▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	● ▲ na	na
Children Underweight Under 5, Male, %	na	5
Children Underweight Under 5, Female, %	na	4
Stunted Children under 5, Severe, %	na	3
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	na	8.0
Refugees, Number	810,000	22,517
Internally Displaced Persons, Number	na	327,188
Asylum Seekers, Number	na	701
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.7	14.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	36.0	23.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	53
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	74.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	78.9
Labor Force Participation Rate, 15-64, Female	na	48.6
Seats in Parliament Held by Women, %	na	12.3
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-81.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-8.7
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	99.4/99.7
No Education, Primary, %	98.8
Highest Level of Education, %	100.0
Provincial Low/High, %	98.6/100.0
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	18.9/13.9
No Education, Primary, %	12.0
Highest Level of Education, %	18.6
Provincial Low/High, %	15.7/15.7
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.7/0.5
No Education, Primary, %	0.8
Highest Level of Education, %	0.5
Provincial Low/High, %	0.3/0.7
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Bulgaria



Overview

Bulgaria, a country in transition to a free market economy, has achieved economic stability following the severe socio-economic crisis of 1996-97. Bulgaria is ranked 55th in UNDP's 2005 Human Development Index. It still faces chronic unemployment, a high level of poverty, and a series of public health challenges.

Bulgaria, with a population of 7.7 million, has one of the lowest total fertility rates in the world (1.47 lifetime births per woman in 2005) and has experienced negative population growth since 1990 (-0.7 per cent per year in 2005). Consequently, Bulgaria is among the most "aged" countries in the world with 22 per cent of its population over 60 years of age.

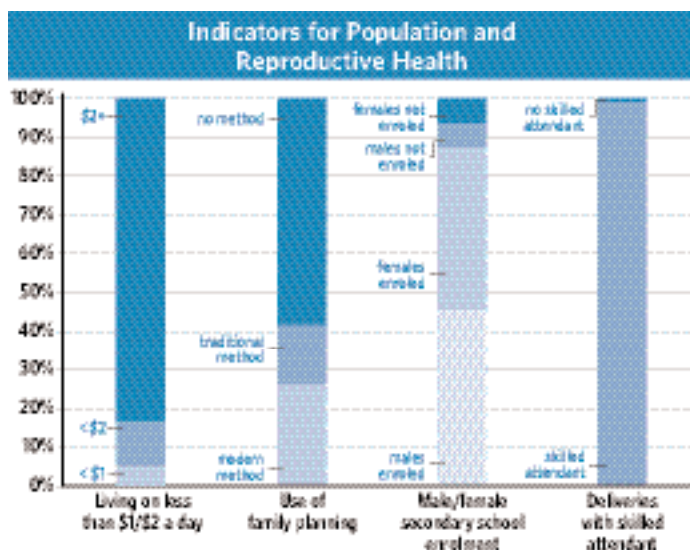
The country has high rates of adolescent pregnancy. UNFPA, in partnership with the Ministries of Health and Education, is strengthening the sexual and reproductive health education of youth through peer education.

UNFPA's Y-PEER initiative (Youth Peer Education Electronic Resource) is being implemented throughout the country. More than 5,000 young people are members of the Y-PEER national network. The Bulgarian portal of the Y-PEER website is a useful tool for sharing information and networking.

Significant discrepancies with regard to education, health and poverty levels exist between Bulgarians and ethnic minorities (Roma, Turks), leading to the social marginalizing of minorities. UNFPA is assisting with the development of a National Demographic Strategy and funding the "Generations and Gender Programme."

While HIV prevalence is still low, prevalence rates are increasing and the government adopted a National HIV/AIDS Strategy. With support from UNFPA, a National Sexual and Reproductive Health Programme was developed, including a continuing medical education programme on family planning and the provision of modern contraceptives to vulnerable groups. Efforts are underway to provide youth-friendly health services.

Bulgaria has adopted a National MDG Report. With support from UNFPA, a National Youth MDG Report was also prepared.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,296.9	3,741.6
Population in Thousands, Female	4,421.4	3,984.4
Population Growth Rate, %	na	-0.7
Crude Birth Rate per 1,000 Population	11.6	8.0
Crude Death Rate per 1,000 Population	12.4	14.4
Urban Population, %	66.4	70.5
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	47.2	47.4
Total Fertility Rate per Woman 15-49	1.70	1.47
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	25.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	41.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 27	32
MMR, Lower Bound	● ▲ na	21
MMR, Upper Bound	● ▲ na	42
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	8.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.2	12.6
Under Age 5 Mortality Rate, Total	● ▲ 20	16
Under Age 5 Mortality Rate, Female	● ▲ na	17
Under Age 5 Mortality Rate, Male	● ▲ na	21
Life Expectancy at Birth, Total, Years	● ▲ 71.2	72.6
Life Expectancy at Birth, Female, Years	● ▲ 74.7	75.9
Life Expectancy at Birth, Male, Years	● ▲ 67.9	69.3
Median Age of Total Population	● ▲ 36.3	40.6
Population 60 Years and Over, %	● ▲ 19.1	22.4
Dependency Ratio	● ▲ 50	44

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.40	86.19	2.38	304.61

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	7,807
Gross Domestic Product Growth Rate, Annual %	3	5
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	4.7
Population Living Below National Poverty Line, %	▲ na	12.8
Share of Income or Consumption by Poorest Quintile	na	2.4
Access to Improved Water Supply, %	▲ na	100
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	2	1
Illiteracy Rate, % of Population 15 and Over, Female	4	2
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	1	0
Ratio of Girls to Boys, Primary Education	▲ 0.93	0.93
Ratio of Girls to Boys, Secondary Education	▲ na	0.93
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	101
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	99
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	100
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	97
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	16.0
Refugees, Number	200	4,068
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	756
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	14.1	13.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	70.5	43.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	24.9	24.9
Mean Age at Marriage, Female	21.1	21.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	65.4
Labor Force Participation Rate, 15-64, Female	na	56.5
Seats in Parliament Held by Women, %	na	26.3
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-288.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-17.3
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Croatia



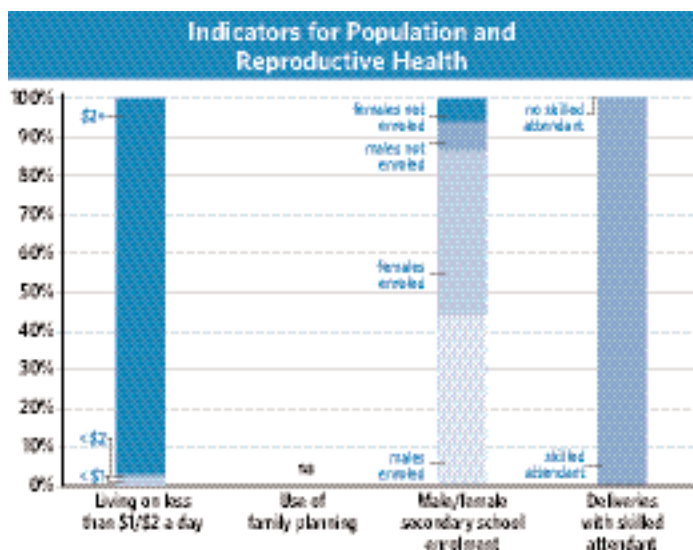
Overview

During the past two decades Croatia, with a population estimated at 4.6 million, has experienced stagnant population growth. The total fertility rate has remained low (1.5 lifetime births per woman in 2005) and population growth was 0.1 per cent in 2005. The population is consequently ageing rapidly, and older adults ages 60 and over comprise 22 per cent of the population. In its response to a 2003 United Nations inquiry, the government indicated that it viewed the levels of fertility and population growth as too low. It also reported ageing of the population and the size of the working population as areas of major concern.

Croatia is ranked 45th in UNDP's 2005 Human Development Index and belongs to the High Human Development category. However, it continues to suffer from the effects of regional wars, which led to a dramatic decline in industry and employment and to a sharp increase in poverty. The government assists a large number of refugees and internally displaced persons who have been repatriated from the Federal Republic of Yugoslavia and Bosnia-Herzegovina with health care provisions, basic household relief and legal assistance.

The government provides reproductive health services through state health care facilities and purchases contraceptive supplies. Both the maternal mortality ratio and the infant mortality rate are low: 8 maternal deaths per 100,000 live births (in 2000) and 6.7 infant deaths per 1,000 live births (in 2005). However, contraceptive prevalence is still low and recourse to abortion remains a principal means of fertility regulation.

Croatia has a low HIV prevalence rate. But the country is experiencing rapid social changes, economic crisis, and increased injecting drug use, which can facilitate the rapid spread of HIV. To address this concern, the Ministry of Health and Social Welfare is implementing a US \$3.3 million programme: Scaling Up National HIV/AIDS Response. The main objectives of the programme include: increasing responsible sexual behaviour among young people, decreasing HIV/AIDS infection among high risk groups and improving the HIV/AIDS surveillance system.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,185.4	2,190.8
Population in Thousands, Female	2,331.8	2,360.6
Population Growth Rate, %	na	0.1
Crude Birth Rate per 1,000 Population	11.9	10.9
Crude Death Rate per 1,000 Population	11.1	11.8
Urban Population, %	54.0	59.9
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	46.9	46.4
Total Fertility Rate per Woman 15-49	1.68	1.51
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	25.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	39.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	8
MMR, Lower Bound	● ▲ na	5
MMR, Upper Bound	● ▲ na	11
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	5.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 12.1	6.7
Under Age 5 Mortality Rate, Total	● ▲ 12	8
Under Age 5 Mortality Rate, Female	● ▲ na	8
Under Age 5 Mortality Rate, Male	● ▲ na	10
Life Expectancy at Birth, Total, Years	● ▲ 72.0	75.3
Life Expectancy at Birth, Female, Years	● ▲ 76.0	78.8
Life Expectancy at Birth, Male, Years	● ▲ 67.6	71.8
Median Age of Total Population	● ▲ 35.8	40.6
Population 60 Years and Over, %	● ▲ 17.1	22.1
Dependency Ratio	● ▲ 47	49

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.90	298.23	3.13	1076.75

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	11,139
Gross Domestic Product Growth Rate, Annual %	na	4
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	3.4
Access to Improved Water Supply, %	▲ na	na
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	1	1
Illiteracy Rate, % of Population 15 and Over, Female	5	2
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ 0.94	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	97
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	96
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	89
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	91
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	12.0
Refugees, Number	648,000	4,387
Internally Displaced Persons, Number	na	12,566
Asylum Seekers, Number	na	57
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	13.5	13.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	20.0	14.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	24.6
Mean Age at Marriage, Female	23.8	23.8
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	36.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	71.9
Labor Force Participation Rate, 15-64, Female	na	56.6
Seats in Parliament Held by Women, %	na	17.8
Female Legislators, Senior Officials and Managers, %	na	26.0
Female Professional and Technical Workers, %	na	51.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-102.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-10.2
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Cyprus



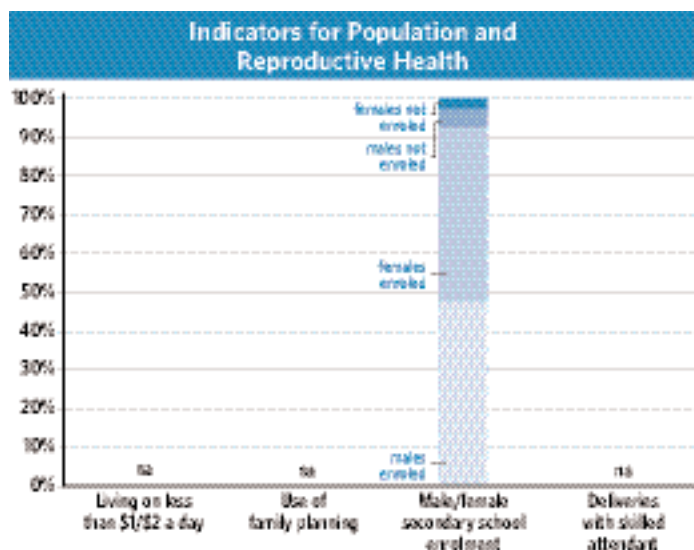
Overview

The Mediterranean island of Cyprus has experienced decades of communal strife. Hostilities in 1974 divided the island into two de facto autonomous areas — a Greek Cypriot area controlled by the internationally recognized Cypriot government and a Turkish-Cypriot area recognized only by Turkey. The large number of internally displaced persons has presented a burden to the country's economic development and hindered its ability to implement a population policy. Cyprus also serves as a territory for asylum seekers from Iraq, Lebanon and Syria, hosting over 5,000 of them. The latest two-year round of UN-brokered reunification talks failed in 2004 and only the Greek Cypriot-controlled Republic of Cyprus joined the European Union in May, 2004. Large economic disparities remain between the Greek and Turkish areas.

Cyprus' total fertility rate is below replacement level (2.0 lifetime births per woman in 2005) and its population growth rate is low at 1.1 per cent. The low fertility rate has led to an ageing of the population, with 17 per cent 60 years and over. In its response to a 2003 United Nations inquiry, the government reported that it viewed the fertility level and growth rate as too low, and population ageing as a major concern.

Cyprus has achieved a low infant mortality rate (6 deaths per 1,000 live births) and maternal mortality ratio (8 deaths per 100,000 live births), partly due to the high percentage of births attended by skilled personnel. The Family Planning Association of Cyprus offers comprehensive reproductive health services and over half of married women use modern contraceptive methods. Most contraceptive methods are available in pharmacies or from the private and non-governmental sectors. Adolescent fertility remains a major concern and the Family Planning Association offers workshops on sexual education to high school and college students.

The government recognizes the importance of women's empowerment and gender equality, and has taken measures to increase the number of women employed. Currently, women comprise more than half of the country's workforce.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	339.2	406.4
Population in Thousands, Female	341.4	428.9
Population Growth Rate, %	na	1.1
Crude Birth Rate per 1,000 Population	18.5	13.8
Crude Death Rate per 1,000 Population	8.3	7.3
Urban Population, %	65.0	69.5
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	49.7	51.6
Total Fertility Rate per Woman 15-49	2.39	2.00
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	53.2	53.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	55.0	55.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 5	47
MMR, Lower Bound	● ▲ na	31
MMR, Upper Bound	● ▲ na	63
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	4.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 9.4	6.0
Under Age 5 Mortality Rate, Total	● ▲ 8	7
Under Age 5 Mortality Rate, Female	● ▲ na	8
Under Age 5 Mortality Rate, Male	● ▲ na	8
Life Expectancy at Birth, Total, Years	● ▲ 76.5	78.8
Life Expectancy at Birth, Female, Years	● ▲ 78.8	81.3
Life Expectancy at Birth, Male, Years	● ▲ 74.4	76.3
Median Age of Total Population	● ▲ 30.9	35.3
Population 60 Years and Over, %	● ▲ 14.8	16.8
Dependency Ratio	● ▲ 58	47

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.89	364.27	5.01	3416.67

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	18,151
Gross Domestic Product Growth Rate, Annual %	na	4
Income Group per World Bank Classification	na	High income: non OECD
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ 100	100
Antenatal Care, At Least One Visit, %	100	100
Deliveries Attended by Skilled Attendants, %	●▲ 100	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	2	1
Illiteracy Rate, % of Population 15 and Over, Female	9	3
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ 0.93	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	97
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	98
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	98
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	99
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	na
Refugees, Number	na	349
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	5,082
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	15.0	15.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	20.0	8.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	27.0	27.0
Mean Age at Marriage, Female	23.1	23.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	49.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	82.2
Labor Force Participation Rate, 15-64, Female	na	63.1
Seats in Parliament Held by Women, %	5.0	10.7
Female Legislators, Senior Officials and Managers, %	na	14.0
Female Professional and Technical Workers, %	na	46.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	31.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	13.5
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Czech Republic

Overview

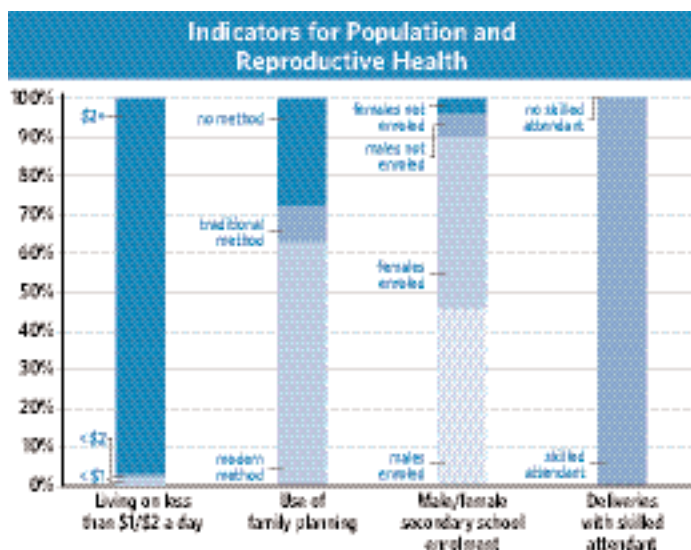
Since the early 1990s, the Czech economy has undergone rapid transformations that earned it memberships in the OECD, NATO, and most recently the European Union (in 2004). With a population of 10.2 million, the Czech Republic has one of the highest human development indicators in Central and Eastern Europe.

The Republic has a negative population growth rate at -0.11 per cent, which is attributable to a steady decrease in fertility. The total fertility rate is one of the lowest in the world at 1.5 lifetime births per woman (in 2005). Due to the fertility decline, the population is ageing at a rapid rate with one in every five people ages 60 and over. The government has developed the National Programme of Preparation for Ageing to address issues arising from the growing proportion of older adults in the population.

Reproductive health indicators continue to improve. Levels of maternal and infant mortality are low with nine maternal deaths per 100,000 live births and 5 infant deaths per 1,000 live births. The contraceptive prevalence rate among reproductive-age women is 63 per cent for modern methods. The Czech Society for Family Planning and Sex Education offers a range of contraceptive and counseling services. It also offers information and education activities through the media on such population-related issues as sexually transmitted infections (including HIV/AIDS), child abuse and violence against women.

Although HIV/AIDS morbidity is low, the government's response to a 2003 UN Survey indicates that it considers HIV/AIDS transmission to be a major concern. To address the threat the government has developed a network of counseling and testing centres where services are free and anonymous.

The government's current goals include: increased availability of contraceptives and family planning services; inclusion of sexual and reproductive health and family planning education in the primary school curricula; free access to voluntary sterilization services to all citizens; and prevention of violence against women, especially domestic violence, sexual harassment and trafficking.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	5,008.9	4,974.7
Population in Thousands, Female	5,297.1	5,244.9
Population Growth Rate, %	na	-0.1
Crude Birth Rate per 1,000 Population	12.2	8.8
Crude Death Rate per 1,000 Population	12.3	11.0
Urban Population, %	75.2	74.5
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	48.7	47.9
Total Fertility Rate per Woman 15-49	1.78	1.50
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	62.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	78.0	72.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 15	9
MMR, Lower Bound	● ▲ na	6
MMR, Upper Bound	● ▲ na	11
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	2.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 10.3	5.4
Under Age 5 Mortality Rate, Total	● ▲ 10	6
Under Age 5 Mortality Rate, Female	● ▲ na	6
Under Age 5 Mortality Rate, Male	● ▲ na	6
Life Expectancy at Birth, Total, Years	● ▲ 71.9	75.9
Life Expectancy at Birth, Female, Years	● ▲ 75.6	79.0
Life Expectancy at Birth, Male, Years	● ▲ 68.3	72.6
Median Age of Total Population	● ▲ 35.2	39.0
Population 60 Years and Over, %	● ▲ 17.7	20.0
Dependency Ratio	● ▲ 51	41

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
6.40	460.80	2.95	938.01

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.7/2.0
No Education, Primary	2.1
Highest Level of Education	1.5
Provincial Low/High	1.8/1.9 Moravia/Bohemia
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	16,448
Gross Domestic Product Growth Rate, Annual %	na	3
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	4.3
Access to Improved Water Supply, %	▲ na	na
Antenatal Care, At Least One Visit, %	na	99
Deliveries Attended by Skilled Attendants, %	●▲ na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ 0.96	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	0.98
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	103
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	101
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	96
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	98
Children Underweight Under 5, Male, %	1	1
Children Underweight Under 5, Female, %	1	1
Stunted Children under 5, Severe, %	0	0
Wasted Children under 5, Severe, %	0	0
Undernourished People, %	na	na
Refugees, Number	na	1,516
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	3,746
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.1
Estimated HIV Prevalence, 15-49, Female	na	0.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	14.8	13.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	26.0	11.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.3	25.3
Mean Age at Marriage, Female	22.0	22.0
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	30.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	78.8
Labor Force Participation Rate, 15-64, Female	na	62.7
Seats in Parliament Held by Women, %	na	15.7
Female Legislators, Senior Officials and Managers, %	na	26.0
Female Professional and Technical Workers, %	na	52.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-238.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-10.1
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	34.9
Highest Level of Education, %	44.5
Provincial Low/High, %	41.8/44.5
Poorest/Richest Quintile, %	Bohemia/Moravia
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

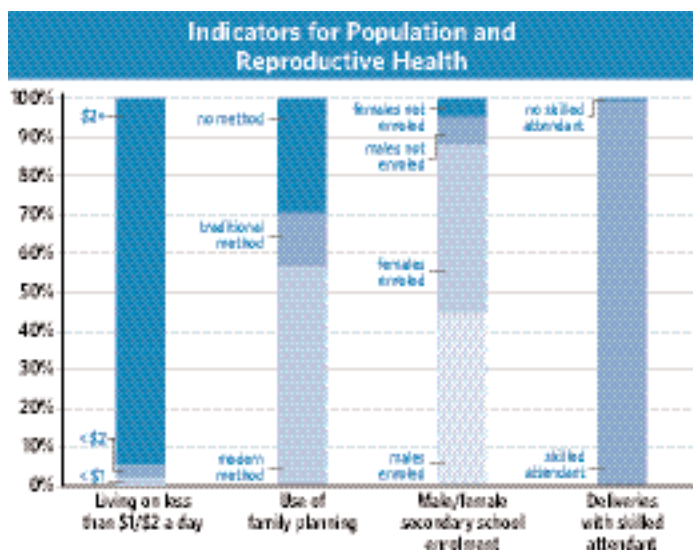
Estonia

Overview

Estonia's transition period has been characterized by political stability and successful economic reform. The country joined both NATO and the European Union in the spring of 2004. It is also a member of the World Trade Organization and is steadily moving toward a modern market economy with increasing ties to the West. Estonia is ranked 38th in UNDP's Human Development Index for 2005. However, the country still faces a number of problems, including a high current account deficit and large income disparities among its population of 1.3 million.

The population growth rate in Estonia is negative at -0.43 per cent in 2005. This is largely due to a low fertility rate of 1.7 lifetime births per woman. The gender gap in life expectancies at birth exceeds 10 years (66.2 years for men and 77.4 years for women). The population is also ageing rapidly: adults ages 60 and over account for 22 per cent of the total population. The government wants to increase the fertility rate. The National Family Policy Framework emphasizes the individual's right to decide the number and spacing of children. The policy also seeks to improve the quality of life and to help parents combine work and family life.

The incidence of syphilis cases, which increased dramatically in the early 1980s, has declined over the last several years. However, HIV/AIDS cases have increased rapidly in recent years and Estonia currently has one of the highest HIV prevalence rates in Europe. The pandemic started among injecting drug users, the large majority of whom were young adults under the age of 25, but a shift towards sexual transmission is taking place. In response to a 2003 UN inquiry, the government regards HIV/AIDS as a major concern. A national HIV/AIDS programme was implemented in 2002 to reduce the rate of infection and provide treatment and care for HIV positive persons. HIV surveillance is currently done through a national HIV case reporting system.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male		741.3	611.4
Population in Thousands, Female		842.8	718.3
Population Growth Rate, %		na	-0.4
Crude Birth Rate per 1,000 Population		13.4	8.7
Crude Death Rate per 1,000 Population		12.8	13.7
Urban Population, %		71.1	69.6
Sex Ratio at Birth, Male Births per Female Births		1.06	1.06
Women 15-49, %		45.5	47.2
Total Fertility Rate per Woman 15-49		1.91	1.67
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	56.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	70.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲	41	63
MMR, Lower Bound	● ▲	na	42
MMR, Upper Bound	● ▲	na	84
Neonatal Mortality Rate per 1,000 Live Births	● ▲	na	6.0
Infant Mortality Rate per 1,000 Live Births	● ▲	16.8	9.3
Under Age 5 Mortality Rate, Total	● ▲	20	11
Under Age 5 Mortality Rate, Female	● ▲	na	9
Under Age 5 Mortality Rate, Male	● ▲	na	13
Life Expectancy at Birth, Total, Years	● ▲	69.6	71.9
Life Expectancy at Birth, Female, Years	● ▲	74.7	77.4
Life Expectancy at Birth, Male, Years	● ▲	64.5	66.2
Median Age of Total Population	● ▲	34.1	38.9
Population 60 Years and Over, %	● ▲	17.0	21.6
Dependency Ratio	● ▲	51	46

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.90	201.12	3.93	1060.41

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	13,348
Gross Domestic Product Growth Rate, Annual %		2	6
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	8.9
Share of Income or Consumption by Poorest Quintile		na	1.9
Access to Improved Water Supply, %	▲	na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	●▲	na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		0	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	0.94	0.91
Ratio of Girls to Boys, Secondary Education	▲	na	0.98
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	103
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	99
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	95
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	98
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	4.0
Refugees, Number		na	12
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	3
Estimated HIV Prevalence, 15-49, Total		na	1.1
Estimated HIV Prevalence, 15-49, Male		na	1.5
Estimated HIV Prevalence, 15-49, Female		na	0.8

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		13.6	15.7
Age-Specific Fertility Rate per 1,000 Women, 15-20		53.0	23.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	1.6
HIV Prevalence, 15-24, Female	▲	na	0.6
HIV Prevalence, 15-24, Male	▲	na	2.5

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.6
Gender Empowerment Measure, Rank		na	28.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		56.8	74.4
Labor Force Participation Rate, 15-64, Female		53.9	65.5
Seats in Parliament Held by Women, %		na	18.8
Female Legislators, Senior Officials and Managers, %		na	37.0
Female Professional and Technical Workers, %		na	68.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-37.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-12.3
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Georgia, Republic of

Overview

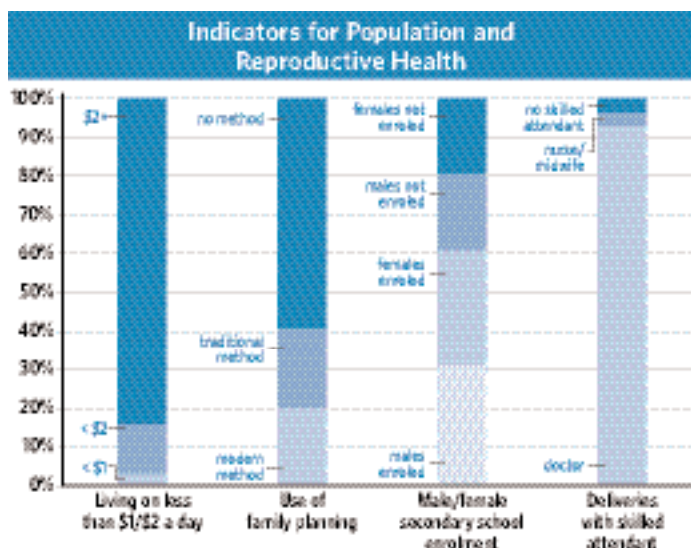
Following its independence in 1991, Georgia suffered a dramatic socio-economic downturn, further compounded by civil war and armed conflicts resulting in the displacement of around 260,200 people, growing poverty and widening social disparities. In 1997, the proportion of people living below the poverty line was 11 per cent.

The population growth rate of Georgia is negative at -0.92 per cent in 2005, partly because of increasing emigration due to high poverty and unemployment. Fertility also fell below the replacement level over the last decade and continued to decline further (the total fertility rate was 1.75 lifetime births per woman in 2005). A large decline in fertility has resulted in a rapidly ageing population. The proportion of adults ages 65 and over grew substantially and reached 18 per cent in 2005. The government continues to implement the Economic, Health Care and Social Systems Reforms launched in 1994, but the process has been slow due to financial constraints.

After the Rose Revolution in November 2003 the new government reaffirmed Georgia's commitment to ICPD Programme of Action and the MDGs and accelerated the process of reforms aimed at reducing poverty and improving the population's social and health status. To further address challenges, including depopulation and ageing, the government needs to develop population policies, strengthen statistical systems and ensure the availability of data disaggregated by gender, age and geography.

The number of HIV cases in Georgia is growing rapidly. With increasing rates of STIs and drug use, there is a real threat that HIV will spread. In 2002 the Ministry of Health finalized the National Strategic Plan and a Global Fund-supported project has been initiated.

But Georgia is still in need of substantial external assistance as the government is not able to cover all priorities stipulated in the National Health Policy, especially the areas of sexual health and family planning.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,595.0	2,114.2
Population in Thousands, Female	2,865.0	2,360.2
Population Growth Rate, %	na	-0.9
Crude Birth Rate per 1,000 Population	16.2	11.7
Crude Death Rate per 1,000 Population	9.2	11.4
Urban Population, %	55.1	51.5
Sex Ratio at Birth, Male Births per Female Births	1.08	1.11
Women 15-49, %	47.1	51.0
Total Fertility Rate per Woman 15-49	2.11	1.75
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	19.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	40.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 33	32
MMR, Lower Bound	● ▲ na	12
MMR, Upper Bound	● ▲ na	53
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	25.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 42.2	39.6
Under Age 5 Mortality Rate, Total	● ▲ 43	42
Under Age 5 Mortality Rate, Female	● ▲ na	18
Under Age 5 Mortality Rate, Male	● ▲ na	25
Life Expectancy at Birth, Total, Years	● ▲ 70.5	70.7
Life Expectancy at Birth, Female, Years	● ▲ 74.2	74.5
Life Expectancy at Birth, Male, Years	● ▲ 66.5	66.8
Median Age of Total Population	● ▲ 31.2	35.5
Population 60 Years and Over, %	● ▲ 15.0	17.9
Dependency Ratio	● ▲ 51	50

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.00	6.58	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.5/2.0
No Education, Primary	1.6
Highest Level of Education	1.7
Provincial Low/High	1.5/1.9 Tbilisi/North-East & South
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	40.7/40.8
No Education, Primary	48.5
Highest Level of Education	31.2
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	49.0/84.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	2,569
Gross Domestic Product Growth Rate, Annual %	0	9
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	2.7
Population Living Below National Poverty Line, %	▲ na	11.1
Share of Income or Consumption by Poorest Quintile	na	2.3
Access to Improved Water Supply, %	▲ na	76
Antenatal Care, At Least One Visit, %	na	95
Deliveries Attended by Skilled Attendants, %	● ▲ na	96
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	na
Illiteracy Rate, % of Population 15 and Over, Female	na	na
Illiteracy Rate, % of Population 15 to 24, Male	na	na
Illiteracy Rate, % of Population 15 to 24, Female	na	na
Ratio of Girls to Boys, Primary Education	▲ 0.96	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	0.99
Primary School Enrolment, Gross % of School Age Population, Male	● ▲ na	91
Primary School Enrolment, Gross % of School Age Population, Female	● ▲ na	90
Secondary School Enrolment, Gross % of School Age Population, Male	● ▲ na	80
Secondary School Enrolment, Gross % of School Age Population, Female	● ▲ na	80
Children Underweight Under 5, Male, %	na	4
Children Underweight Under 5, Female, %	na	2
Stunted Children under 5, Severe, %	na	4
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	na	26.0
Refugees, Number	na	3,864
Internally Displaced Persons, Number	na	260,215
Asylum Seekers, Number	na	na
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	0.2
Estimated HIV Prevalence, 15-49, Female	na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	15.0	16.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	71.0	32.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	67.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	79.6
Labor Force Participation Rate, 15-64, Female	na	61.6
Seats in Parliament Held by Women, %	na	7.2
Female Legislators, Senior Officials and Managers, %	na	28.0
Female Professional and Technical Workers, %	na	64.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-193.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-18.6
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	98.5/94.2
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	91.0/99.1 Ajara/Tbilisi
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	25.2/15.7
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	8.4/28.4
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.2/0.3
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	0.0/0.5 <small>Mtskheta-Mtianeti, Shida Kartli and Kvemo Kartli, Sametskhe-Javakheti/Kakheti</small>
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Hungary

Overview

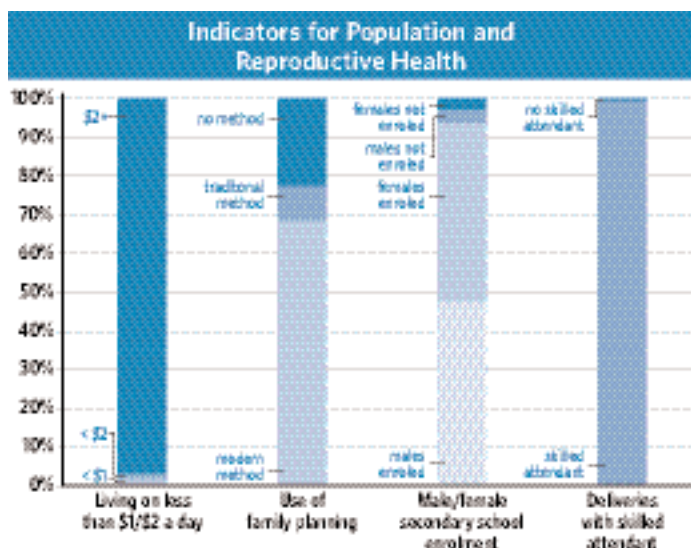
As a result of reforms introduced in the 1990s and earlier, Hungary transformed itself into a stable liberal democracy. It has continued to demonstrate strong economic growth and gained membership in the European Union in May 2004. Issues of unemployment, regional disparities, and minority rights, especially those concerning the Roma population, are among the challenges facing the country.

Negative population growth (-0.3 per cent in 2005) has lasted for over a decade and is a major concern for the country of 10 million inhabitants. For over a decade, the total fertility rate has remained below replacement level reaching 1.5 lifetime births per woman in 2005. The steady decline in fertility has also resulted in the rapid ageing of the population. Adults ages 60 and over comprise 21 per cent of the population. The government views current levels of growth and fertility as too low.

Although Hungary does not have an explicit population policy, incentives and compensations are given to married couples to promote childbearing. Also, the government has implemented programmes to protect women of childbearing age, to assist them during pregnancy, and to provide support after childbearing.

Hungary has achieved relatively high contraceptive prevalence rates. About 68 per cent of reproductive-age women use modern methods. Although the government does not subsidize contraceptives, a full range is widely available in pharmacies and clinics. Family planning services in Hungary are integrated into national health services and focus on providing antenatal and postnatal care and counseling, and on reducing the number of abortions. However, the knowledge and skills of midwives and nurses in the provision of reproductive health care remain low. Many individuals do not have easy access to high-quality sexual and reproductive health services. Furthermore, information on sexuality and reproductive health has not been introduced into school curricula.

Although legal provisions in Hungary protect human rights, support for women's protection and empowerment and their exercise of reproductive rights need to be strengthened and enforced. Problems persist in the areas of domestic violence and the trafficking of women.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,978.5	4,807.8
Population in Thousands, Female	5,386.3	5,290.0
Population Growth Rate, %	na	-0.3
Crude Birth Rate per 1,000 Population	11.8	9.9
Crude Death Rate per 1,000 Population	14.0	12.9
Urban Population, %	62.0	65.9
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.1	46.4
Total Fertility Rate per Woman 15-49	1.78	1.53
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	68.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	77.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 30	16
MMR, Lower Bound	● ▲ na	11
MMR, Upper Bound	● ▲ na	22
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	6.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.2	8.0
Under Age 5 Mortality Rate, Total	● ▲ 16	10
Under Age 5 Mortality Rate, Female	● ▲ na	10
Under Age 5 Mortality Rate, Male	● ▲ na	12
Life Expectancy at Birth, Total, Years	● ▲ 69.5	73.2
Life Expectancy at Birth, Female, Years	● ▲ 73.8	77.2
Life Expectancy at Birth, Male, Years	● ▲ 65.2	69.1
Median Age of Total Population	● ▲ 36.4	38.8
Population 60 Years and Over, %	● ▲ 19.0	20.8
Dependency Ratio	● ▲ 51	45

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.50	349.74	3.11	1025.30

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	14,572
Gross Domestic Product Growth Rate, Annual %	1	3
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	17.3
Share of Income or Consumption by Poorest Quintile	na	2.6
Access to Improved Water Supply, %	▲ na	99
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	1	0
Illiteracy Rate, % of Population 15 and Over, Female	1	1
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ 0.95	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	0.96
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	101
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	100
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	106
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	106
Children Underweight Under 5, Male, %	2	2
Children Underweight Under 5, Female, %	2	2
Stunted Children under 5, Severe, %	0	0
Wasted Children under 5, Severe, %	0	0
Undernourished People, %	na	na
Refugees, Number	32,400	7,023
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	775
Estimated HIV Prevalence, 15-49, Total	na	0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	14.3	12.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	33.5	21.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.7	25.7
Mean Age at Marriage, Female	22.2	22.2
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	39.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	74.5	67.6
Labor Force Participation Rate, 15-64, Female	57.3	53.9
Seats in Parliament Held by Women, %	na	9.8
Female Legislators, Senior Officials and Managers, %	na	35.0
Female Professional and Technical Workers, %	na	62.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-243.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-10.5
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, %	na/na
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Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, %	na/na
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Children Underweight Under 5, Severe:

Urban/Rural, %	na/na
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No Education, Primary, %	na
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Highest Level of Education, %	na
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Provincial Low/High, %	na/na
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Poorest/Richest Quintile, %	na/na
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Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, %	na/na
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Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, %	na/na
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Malnourished Women:

Poorest/Richest Quintile, %	na/na
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Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, %	na/na
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Kazakhstan

Overview

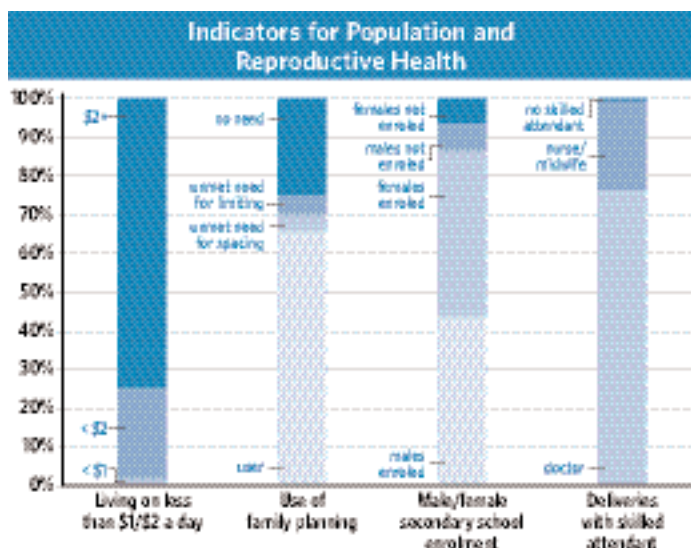
Kazakhstan, with a population estimated at 14.8 million, is experiencing accelerated economic growth. Yet there are pockets of poverty concentrated in certain geographical areas. In March 2003, the government adopted the State Poverty Reduction Programme for 2003-2005 aimed at addressing these issues.

Kazakhstan's population has declined for the past 10 years due to emigration, declining fertility, and increasing mortality, particularly among men. The total fertility rate reached 2.3 lifetime births per woman in 2005. The crude death rate was estimated at 10.9 per 1,000 in 2005.

The maternal mortality ratio has declined, yet remains high compared to European countries despite access to antenatal care and nearly all deliveries taking place at health facilities. The contraceptive prevalence rate for modern methods is estimated to be 53 per cent. In the last few years the number of abortions declined by almost half, a result of better access to family planning services. Abortions, however, remain one of the main causes of maternal death. In 2003 a draft Reproductive Rights Law, developed with technical expertise from UNFPA, guarantees all citizens the right to reproductive health information and services.

Women's social status may be worsening, evidenced by emerging gender differences in income, employment, wage rates and health status. The National Commission on Family and Women's Affairs under the President has developed a draft Gender Policy Concept to address these growing disparities.

Sexually transmitted infections (STIs) are on the increase. While the number of reported HIV infections is still relatively low, the potential for the spread of the pandemic is high due to increases in drug consumption, sex work and high-risk sexual behavior and low access to STI treatment. The government adopted the National Strategic Plan for 2001-2005 and allocated \$2.7 million to its implementation. In 2002 Kazakhstan obtained a \$22 million grant from the Global Fund, which provided substantial support to HIV prevention activities among high-risk groups and youth, as well as provision of anti-retroviral treatment to people living with HIV/AIDS.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	8,024.1	7,102.0
Population in Thousands, Female	8,475.9	7,723.1
Population Growth Rate, %	na	-0.2
Crude Birth Rate per 1,000 Population	22.2	16.9
Crude Death Rate per 1,000 Population	8.5	10.9
Urban Population, %	57.0	55.9
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	48.7	54.9
Total Fertility Rate per Woman 15-49	2.75	2.30
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	52.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	66.1
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 80	210
MMR, Lower Bound	● ▲ na	120
MMR, Upper Bound	● ▲ na	299
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	32.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 53.5	59.9
Under Age 5 Mortality Rate, Total	● ▲ 68	75
Under Age 5 Mortality Rate, Female	● ▲ na	48
Under Age 5 Mortality Rate, Male	● ▲ na	68
Life Expectancy at Birth, Total, Years	● ▲ 66.3	63.7
Life Expectancy at Birth, Female, Years	● ▲ 71.2	69.4
Life Expectancy at Birth, Male, Years	● ▲ 61.4	58.2
Median Age of Total Population	● ▲ 26.0	29.4
Population 60 Years and Over, %	● ▲ 9.2	11.3
Dependency Ratio	● ▲ 59	46

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.90	30.40	2.28	148.40

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.5/2.7
No Education, Primary	2.4
Highest Level of Education	1.5
Provincial Low/High	1.0/2.9 Almaty City/South
Poorest/Richest Quintile	3.2/1.3

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	43.7/63.8
No Education, Primary	57.0
Highest Level of Education	47.1
Provincial Low/High	na/na
Poorest/Richest Quintile, %	67.6/42.3

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	81.9/44.8
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	36.0/44.0
Poorest/Richest Quintile	101.0/26.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	7.0/6.4
No Education, Primary, %	6.2

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,556
Gross Domestic Product Growth Rate, Annual %	na	9
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	34.6
Share of Income or Consumption by Poorest Quintile	na	3.4
Access to Improved Water Supply, %	▲ na	86
Antenatal Care, At Least One Visit, %	na	82
Deliveries Attended by Skilled Attendants, %	●▲ na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	42.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	1	0
Illiteracy Rate, % of Population 15 and Over, Female	2	1
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ na	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	0.95
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	102
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	101
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	92
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	92
Children Underweight Under 5, Male, %	na	4
Children Underweight Under 5, Female, %	na	5
Stunted Children under 5, Severe, %	na	3
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	na	22.0
Refugees, Number	na	15,831
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	3
Estimated HIV Prevalence, 15-49, Total	na	0.2
Estimated HIV Prevalence, 15-49, Male	na	0.3
Estimated HIV Prevalence, 15-49, Female	na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.4	19.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	57.0	29.0
Median Age at First Sexual Intercourse, Female, 25-49	na	20.8
Mean Age at Marriage, Male	24.6	24.6
Mean Age at Marriage, Female	22.4	22.4
Married by 18, Percent, Female, 25-49	na	7.6
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	63.0
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	7.4
Labor Force Participation Rate, 15-64, Male	na	80.9
Labor Force Participation Rate, 15-64, Female	na	73.0
Seats in Parliament Held by Women, %	na	8.6
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-119.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-3.0
Unmet Need for Family Planning, Spacing, %	● na	3.6
Unmet Need for Family Planning, Limiting, %	● na	5.1
Unmet Need for Family Planning, Total, %	● na	8.7
Unmet Need for Family Planning, Thousands	● na	0.2

Highest Level of Education	3.4
Provincial Low/High, %	4.3/8.8 West/East
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	98.4/99.5
No Education, Primary, %	99.7
Highest Level of Education, %	98.3
Provincial Low/High, %	98.6/100.0 South/Almaty City
Poorest/Richest Quintile, %	99.2/98.5
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	54.1/51.1
No Education, Primary, %	50.8
Highest Level of Education, %	57.6
Provincial Low/High, %	48.0/61.8 West/East
Poorest/Richest Quintile, %	48.9/55.1
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	46.2/56.5
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	6.6/4.1
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	5.4/2.0

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.8/0.1
No Education, Primary, %	0.8
Highest Level of Education, %	0.0
Provincial Low/High, %	0.0/1.9 Almaty City, South, West, East/North
Poorest/Richest Quintile, %	0.0/0.0
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	70.1/75.8
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	70.8/78.5
Malnourished Women:	
Poorest/Richest Quintile, %	7.1/9.1
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	97.2/90.8

Kyrgyzstan

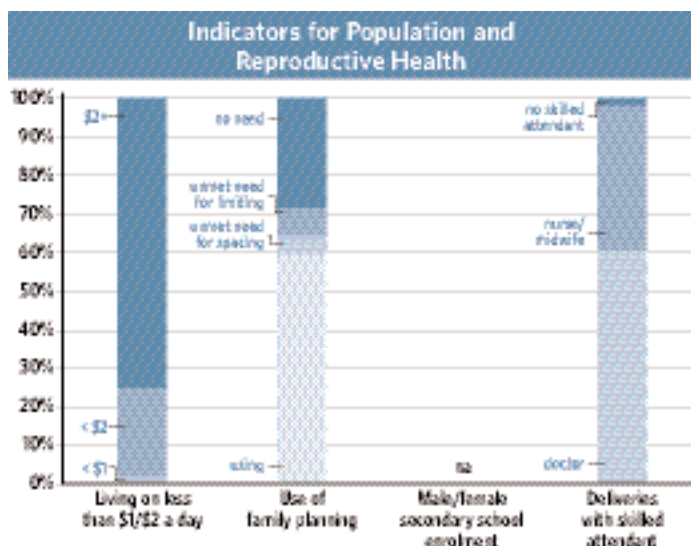
Overview

Kyrgyzstan has faced economic decline and hyperinflation since its independence in 1991. Over 64 per cent of the population currently lives below the national poverty line. Funding in the social sector, including health, has been steadily decreasing. The government adopted a comprehensive development framework for 2001-2010 which aims to halve poverty by 2010 by improving social services, ensuring good governance and preventing the spread of HIV.

There have been some improvements in reproductive health-related measures. Nearly half of women of reproductive age use modern contraceptive methods. The introduction of modern contraceptives has also resulted in a decline in the abortion rate. The infant mortality rate declined from 65 deaths per 1,000 live births to 53 deaths between 1990 and 2005. However, a recent survey by the United Nations Children's Fund (UNICEF) and UNFPA suggests that maternal and infant mortality would be three times higher if international reporting standards were used. With the deterioration of the health infrastructure, the frequency of unattended births is increasing, and the maternal mortality ratio remains high at 110 deaths per 100,000 live births. Iodine- and iron-deficiency diseases among women and children also rose over the last decade, contributing to higher morbidity and mortality levels.

HIV prevalence continues to grow in Kyrgyzstan. Although the majority of HIV cases are young drug users, the share of sexually transmitted cases and mother-to-child transmission are on a rise. High internal migration is contributing to the rapid spread of HIV. The country's location on main drug routes further aggravates the situation. The pandemic is being addressed by the National AIDS Centre, assisted by the Global Fund and UNAIDS.

Growing levels of violence against women and public tolerance of violence are of major concern. In 2003 the government adopted the laws on Social and Legal Protection from Domestic Violence and on State Guarantees of Gender Equality, but they are not implemented adequately, particularly at the local level.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,149.2	2,592.3
Population in Thousands, Female	2,245.3	2,671.5
Population Growth Rate, %	na	1.2
Crude Birth Rate per 1,000 Population	31.0	23.2
Crude Death Rate per 1,000 Population	7.9	7.4
Urban Population, %	37.7	33.7
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	45.9	53.6
Total Fertility Rate per Woman 15-49	3.82	3.14
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	48.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	59.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 110	110
MMR, Lower Bound	● ▲ na	48
MMR, Upper Bound	● ▲ na	180
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	31.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 64.9	53.4
Under Age 5 Mortality Rate, Total	● ▲ 72	64
Under Age 5 Mortality Rate, Female	● ▲ na	42
Under Age 5 Mortality Rate, Male	● ▲ na	50
Life Expectancy at Birth, Total, Years	● ▲ 65.9	67.3
Life Expectancy at Birth, Female, Years	● ▲ 69.9	71.5
Life Expectancy at Birth, Male, Years	● ▲ 61.7	63.1
Median Age of Total Population	● ▲ 21.6	23.8
Population 60 Years and Over, %	● ▲ 8.3	7.6
Dependency Ratio	● ▲ 74	60

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.20	7.16	2.02	22.06

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.3/3.9
No Education, Primary	3.7
Highest Level of Education	2.4
Provincial Low/High	1.7/4.3
Poorest/Richest Quintile	4.6/2.0

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	54.3/70.4
No Education, Primary	81.7
Highest Level of Education	47.5
Provincial Low/High	na/na
Poorest/Richest Quintile, %	83.3/45.8

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	96.4/49.3
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	55.0/84.0
Poorest/Richest Quintile	120.0/29.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	5.3/11.2
No Education, Primary, %	9.6

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,714
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	64.1
Share of Income or Consumption by Poorest Quintile		na	3.9
Access to Improved Water Supply, %	▲	na	76
Antenatal Care, At Least One Visit, %		na	88
Deliveries Attended by Skilled Attendants, %	●▲	na	98
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	49.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	1
Illiteracy Rate, % of Population 15 and Over, Female		na	2
Illiteracy Rate, % of Population 15 to 24, Male		na	0
Illiteracy Rate, % of Population 15 to 24, Female		na	0
Ratio of Girls to Boys, Primary Education	▲	0.99	0.95
Ratio of Girls to Boys, Secondary Education	▲	na	0.98
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	102
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	100
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	92
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	92
Children Underweight Under 5, Male, %		na	13
Children Underweight Under 5, Female, %		na	9
Stunted Children under 5, Severe, %		na	6
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	7.0
Refugees, Number		na	5,591
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	635
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.1	20.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		48.5	32.5
Median Age at First Sexual Intercourse, Female, 25-49		na	20.4
Mean Age at Marriage, Male		24.0	24.0
Mean Age at Marriage, Female		21.6	21.6
Married by 18, Percent, Female, 25-49		na	12.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.0
HIV Prevalence, 15-24, Female	▲	na	0.0
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	6.9
Labor Force Participation Rate, 15-64, Male		na	78.2
Labor Force Participation Rate, 15-64, Female		na	66.7
Seats in Parliament Held by Women, %		na	6.7
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	287.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	18.1
Unmet Need for Family Planning, Spacing, %	●	na	4.5
Unmet Need for Family Planning, Limiting, %	●	na	7.2
Unmet Need for Family Planning, Total, %	●	na	11.6
Unmet Need for Family Planning, Thousands	●	na	0.1

Highest Level of Education	8.1	
Provincial Low/High, %	6.9/12.2	North/East
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	99.2/97.8	
No Education, Primary, %	97.7	
Highest Level of Education, %	99.0	
Provincial Low/High, %	97.2/99.6	South/East
Poorest/Richest Quintile, %	96.0/100.0	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	55.0/46.0	
No Education, Primary, %	47.0	
Highest Level of Education, %	51.2	
Provincial Low/High, %	44.9/59.6	South/Bishkek City
Poorest/Richest Quintile, %	44.4/54.4	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	7.1/8.8	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	6.7/3.1	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	1.0/1.9	
No Education, Primary, %	2.3	
Highest Level of Education, %	1.3	
Provincial Low/High, %	0.0/3.7	Bishkek City/East
Poorest/Richest Quintile, %	3.0/1.0	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	75.7/80.6	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	74.9/76.1	
Malnourished Women:		
Poorest/Richest Quintile, %	7.3/7.0	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	96.4/98.5	



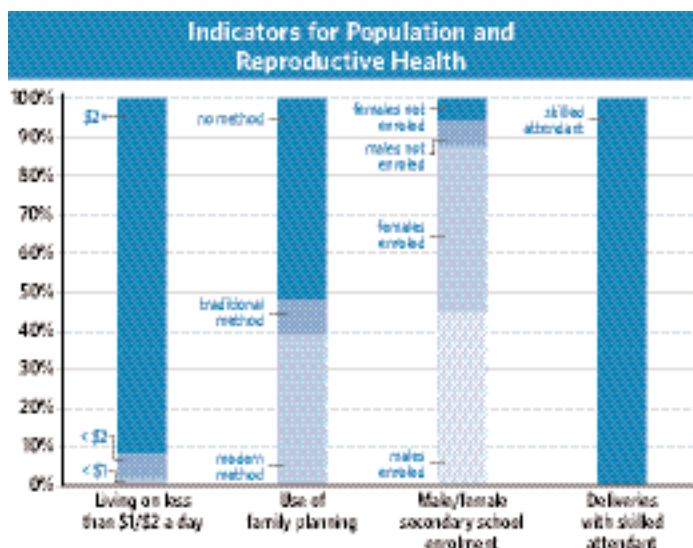
Overview

Over the last few years, the government of Latvia has implemented reforms in the political, social and economic sectors. Latvia has moved from being a net recipient of foreign aid to a net donor. In 2004, the country also gained membership in both the European Union and NATO. Nevertheless, the country still faces many challenges, one of which is in the delivery of social services. The health budget, if measured as a share of GDP, is the lowest in Central and Eastern Europe. The lack of resources makes effective implementation of ambitious social policies difficult.

Population growth in Latvia is negative at -0.5 per cent per year. Latvia has had below replacement fertility for over a decade (total fertility rate is just 1.6 lifetime births per woman), which has resulted in rapid ageing of the population. Older adults ages 60 and over currently make up 23 per cent of the population. A 2003 UN inquiry found that the government viewed population growth and fertility levels as too low.

Although both the President and Head of the Parliament are women, men dominate leadership positions and gender disparities exist in all areas. The Gender Equality Council, led by the Minister of Welfare, was established in 2003 and several Latvian NGOs are working to increase awareness of gender disparities.

Latvia's HIV/AIDS pandemic reached critical levels in 2000 when doctors recorded twice the number of cases compared to the previous year. The pandemic expanded rapidly in the most vulnerable and high-risk groups of the population — youth, injecting drug users, men who have sex with men, and sex workers. Although the number of new HIV infections has been declining since 2002, the proportion of heterosexual transmissions has grown in the last few years, indicating that the pandemic may be spilling over into the general population. A national policy to limit the spread of HIV/AIDS has been implemented in cooperation with UN agencies and NGOs, under the auspices of the Inter-ministerial Coordination Committee on AIDS and STIs.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,263.2	1,055.2
Population in Thousands, Female	1,450.2	1,251.8
Population Growth Rate, %	na	-0.5
Crude Birth Rate per 1,000 Population	13.4	8.0
Crude Death Rate per 1,000 Population	13.4	13.5
Urban Population, %	70.3	65.9
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	45.3	47.1
Total Fertility Rate per Woman 15-49	1.86	1.57
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	39.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	48.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 40	42
MMR, Lower Bound	● ▲ na	28
MMR, Upper Bound	● ▲ na	56
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	7.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 17.3	9.8
Under Age 5 Mortality Rate, Total	● ▲ 27	13
Under Age 5 Mortality Rate, Female	● ▲ na	16
Under Age 5 Mortality Rate, Male	● ▲ na	19
Life Expectancy at Birth, Total, Years	● ▲ 68.9	72.1
Life Expectancy at Birth, Female, Years	● ▲ 74.3	77.3
Life Expectancy at Birth, Male, Years	● ▲ 63.8	66.4
Median Age of Total Population	● ▲ 34.6	39.5
Population 60 Years and Over, %	● ▲ 17.9	22.5
Dependency Ratio	● ▲ 50	46

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.30	131.35	4.16	947.87

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.0/1.5
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	12.0/10.3
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	15.0/27.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	9,981
Gross Domestic Product Growth Rate, Annual %		3	8
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	2.9
Access to Improved Water Supply, %	▲	na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	●▲	na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		0	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	0.96	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	95
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	93
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	95
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	95
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	6.0
Refugees, Number		na	17
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	11
Estimated HIV Prevalence, 15-49, Total		na	0.6
Estimated HIV Prevalence, 15-49, Male		na	0.9
Estimated HIV Prevalence, 15-49, Female		na	0.4

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		13.7	15.6
Age-Specific Fertility Rate per 1,000 Women, 15-20		48.0	17.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		24.3	24.3
Mean Age at Marriage, Female		22.2	22.2
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.6
HIV Prevalence, 15-24, Female	▲	na	0.2
HIV Prevalence, 15-24, Male	▲	na	0.9

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.6
Gender Empowerment Measure, Rank		na	29.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	74.0
Labor Force Participation Rate, 15-64, Female		na	64.7
Seats in Parliament Held by Women, %		na	21.0
Female Legislators, Senior Officials and Managers, %		na	37.0
Female Professional and Technical Workers, %		na	66.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-74.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-14.5
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Lithuania

Overview

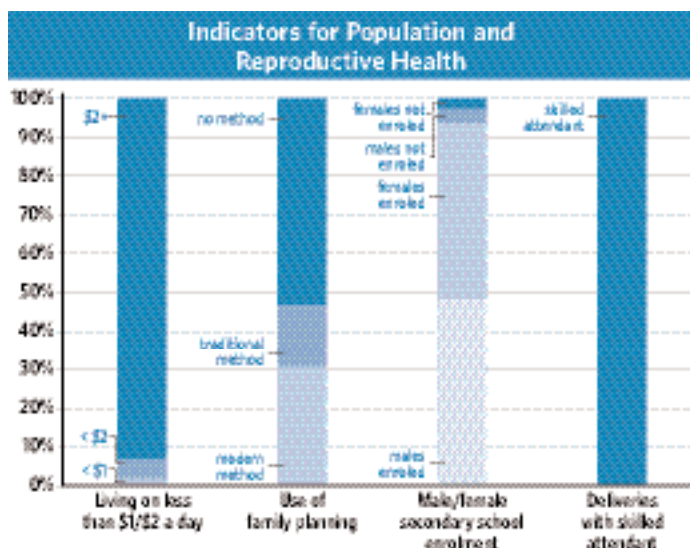
Despite the difficult transition since independence from the Soviet Union in 1991, Lithuania has restructured its economy and in the spring of 2004 gained memberships in both NATO and the European Union. The health of the country's population declined somewhat during the transition period, compounded by a lack of resources for health services, including reproductive health care, and education. In fact, government expenditures on health care have diminished over the past decade.

Lithuania's population is estimated at 3.4 million. Its population growth rate fell below zero around 1994 and is currently at -0.4 per cent. The total fertility rate is 1.6 lifetime births per woman, and has been below replacement for over a decade.

Contraceptive prevalence remains relatively low, especially for modern methods (30.5 per cent). The number of abortions has been declining, but remains high. The low contraceptive prevalence rate and high number of abortions reflect a shortage of information and education on reproductive health and family planning. On a positive note, there has been substantial improvement in maternal mortality, which declined from 36 to 13 deaths per 100,000 live births between 1990 and 2000. Lithuania has also achieved low levels of infant (9 deaths per 1,000 live births) and under-five mortality (11 deaths per 1,000 live births).

The government ratified the International Convention on the Elimination of All Forms of Discrimination against Women and its legislation grants equal rights to men and women. Even though women have a lower unemployment rate than men and their educational levels exceed that of men, women have lower salaries on average and are confined to poorly paid sectors (such as teaching and nursing).

Although Lithuania has a low HIV prevalence rate, levels of injecting drug use and sexually transmitted infections are alarmingly high. These factors, along with the rapid spread of HIV in neighboring countries, point to the need to strengthen prevention efforts. Though the Ministry of Health is committed to addressing this issue, a broader multi-sectoral effort is required.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,749.2	1,600.2
Population in Thousands, Female	1,948.6	1,830.9
Population Growth Rate, %	na	-0.4
Crude Birth Rate per 1,000 Population	14.7	9.8
Crude Death Rate per 1,000 Population	11.1	12.0
Urban Population, %	67.6	66.6
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	47.4	48.8
Total Fertility Rate per Woman 15-49	1.95	1.61
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	30.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	46.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 36	13
MMR, Lower Bound	● ▲ na	9
MMR, Upper Bound	● ▲ na	18
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	5.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.4	8.8
Under Age 5 Mortality Rate, Total	● ▲ 22	11
Under Age 5 Mortality Rate, Female	● ▲ na	10
Under Age 5 Mortality Rate, Male	● ▲ na	13
Life Expectancy at Birth, Total, Years	● ▲ 70.7	72.7
Life Expectancy at Birth, Female, Years	● ▲ 75.9	78.2
Life Expectancy at Birth, Male, Years	● ▲ 65.7	67.2
Median Age of Total Population	● ▲ 32.7	37.8
Population 60 Years and Over, %	● ▲ 16.1	20.7
Dependency Ratio	● ▲ 50	47

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.30	174.05	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.2/1.9
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	11,250
Gross Domestic Product Growth Rate, Annual %		na	7
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	3.2
Access to Improved Water Supply, %	▲	na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	●▲	na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		1	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	0.90	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	0.95
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	99
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	98
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	103
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	102
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	403
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	96
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		15.0	15.7
Age-Specific Fertility Rate per 1,000 Women, 15-20		47.5	21.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		24.7	24.7
Mean Age at Marriage, Female		22.3	22.3
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.1
HIV Prevalence, 15-24, Female	▲	na	na
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.5
Gender Empowerment Measure, Rank		na	47.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	73.1
Labor Force Participation Rate, 15-64, Female		na	66.5
Seats in Parliament Held by Women, %		na	10.6
Female Legislators, Senior Officials and Managers, %		na	44.0
Female Professional and Technical Workers, %		na	70.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-79.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-9.8
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, %	na/na
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Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, %	na/na
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Children Underweight Under 5, Severe:

Urban/Rural, %	na/na
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No Education, Primary, %	na
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Highest Level of Education, %	na
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Provincial Low/High, %	na/na
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Poorest/Richest Quintile, %	na/na
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Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, %	na/na
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Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, %	na/na
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Malnourished Women:

Poorest/Richest Quintile, %	na/na
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Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, %	na/na
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Macedonia, former Yugoslav Republic of

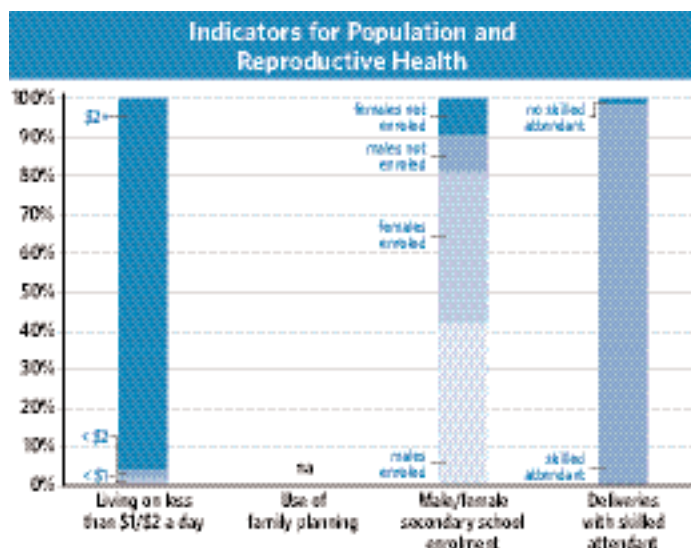
Overview

Since independence from former Yugoslavia in January 1992, Macedonia has faced great political and economic challenges. The conflict in FYROM displaced more than 100,000 refugees and up to 70,000 internally displaced people at its height. Some 140,000 have returned to their homes since the fighting stopped, but many thousands continue to seek asylum in other countries.

Extreme poverty affects one quarter of the country's two million people, and unemployment affects half the working-age population, including a disproportionately high number of young adults. Poor economic indicators continue to have significant implications with regards to the health needs of the population and the cost of health services.

On a positive note, improvements have been made in several key areas over the last few decades. For example, the infant mortality rate declined from 33 deaths per 1,000 live births in 1990 to 15 in 2005. Under-five mortality also dropped during the same time period from 30 deaths per 1,000 live births to 17. In response to the 2003 UN inquiry, the government indicated that it still regarded these figures as unacceptably high. Over the same period, life expectancy has increased by about three years for both men and women (72 years for men and 77 for women).

Although the known prevalence of HIV/AIDS is low, the true epidemiological picture is not clear due to a relatively weak national surveillance system and the lack of specific data for the most vulnerable groups. Macedonia has several conditions that could facilitate a rapid growth of the HIV/AIDS epidemic, including displacement and migration of people, the country's location on drug trafficking routes, and increasing availability of drugs. Recognizing these risk factors, the government has provided active support for the establishment of the National Multisectoral Commission and for preparation of both the National HIV/AIDS Strategy for 2003-2006 and Macedonian Global Fund application. The Strategy provides a framework to guide the development of activities within national programmes, and serves as the basis for monitoring and evaluation of progress.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	958.4	1,014.8
Population in Thousands, Female	950.9	1,019.2
Population Growth Rate, %	na	0.2
Crude Birth Rate per 1,000 Population	17.3	14.7
Crude Death Rate per 1,000 Population	7.9	8.7
Urban Population, %	57.8	59.7
Sex Ratio at Birth, Male Births per Female Births	1.08	1.08
Women 15-49, %	51.7	52.0
Total Fertility Rate per Woman 15-49	1.96	1.70
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	23
MMR, Lower Bound	● ▲ na	15
MMR, Upper Bound	● ▲ na	30
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 33.3	15.1
Under Age 5 Mortality Rate, Total	● ▲ 30	17
Under Age 5 Mortality Rate, Female	● ▲ na	18
Under Age 5 Mortality Rate, Male	● ▲ na	19
Life Expectancy at Birth, Total, Years	● ▲ 71.3	74.1
Life Expectancy at Birth, Female, Years	● ▲ 73.4	76.6
Life Expectancy at Birth, Male, Years	● ▲ 69.2	71.6
Median Age of Total Population	● ▲ 29.5	34.2
Population 60 Years and Over, %	● ▲ 11.5	15.5
Dependency Ratio	● ▲ 51	44

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.80	105.76	2.25	320.40

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	11.4/48.0 Ohrid/Demir Nisar
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,762
Gross Domestic Product Growth Rate, Annual %	na	3
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	3.3
Access to Improved Water Supply, %	▲ na	na
Antenatal Care, At Least One Visit, %	na	100
Deliveries Attended by Skilled Attendants, %	●▲ na	98
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	2
Illiteracy Rate, % of Population 15 and Over, Female	na	6
Illiteracy Rate, % of Population 15 to 24, Male	na	1
Illiteracy Rate, % of Population 15 to 24, Female	na	2
Ratio of Girls to Boys, Primary Education	▲ 0.93	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	0.92
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	96
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	97
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	86
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	84
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	2
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	na	10.0
Refugees, Number	32,000	193
Internally Displaced Persons, Number	na	9,442
Asylum Seekers, Number	na	2,285
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.6	16.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	36.5	23.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	22.6	22.6
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	45.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	72.8
Labor Force Participation Rate, 15-64, Female	na	49.4
Seats in Parliament Held by Women, %	na	18.3
Female Legislators, Senior Officials and Managers, %	na	19.0
Female Professional and Technical Workers, %	na	51.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-9.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-1.9
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Moldova, Republic of

Overview

Since its independence in 1991, Moldova has embarked on a series of economic reforms. The transition has been difficult and slow partly due to the conflict in Transnistria and the Russian economic crisis. Poverty has increased significantly and the health status of the population has deteriorated over the past 10 years.

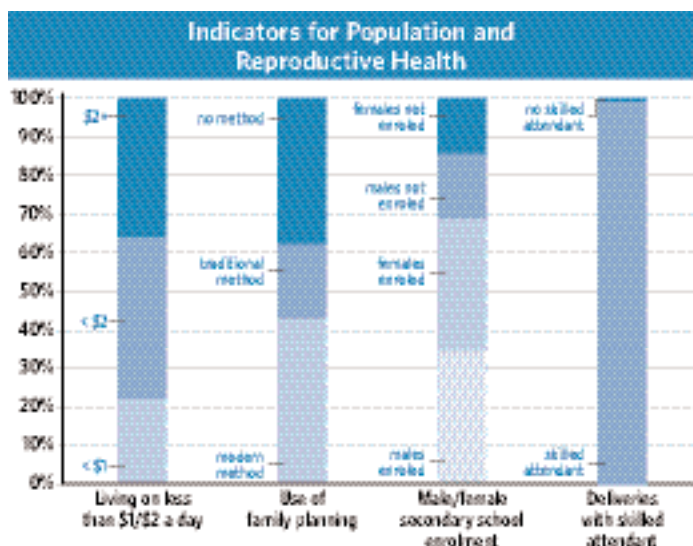
Life expectancy at birth (68.5 years) is slightly higher than the world average (66.5 years). Moldova has a negative population growth rate (-0.27 per cent). Total fertility (at 1.8 lifetime births per woman) has been below replacement level for over a decade. Many people have emigrated in search of jobs. In response to a 2003 UN inquiry, the government indicated that it viewed the levels of population growth and fertility as too low and emigration as too high. Ageing of the population is also a major concern.

The prevalence of STIs is increasing, especially among youth, despite government efforts aimed at prevention. HIV/AIDS cases are also growing in number. As of the end of 2003, there were 5,500 registered cases of HIV.

Adolescents increasingly are exposed to serious health risks resulting from inadequate information, risky behavior, and lack of youth-friendly services. Adults account for nearly 95 per cent of all HIV/AIDS cases and rates of STIs and adolescent pregnancies are on the rise.

Domestic violence and trafficking in women are also major concerns. According to the International Organization for Migration, at least 17,000 women are trafficked annually from Moldova to Europe for the sex trade. To address this problem, the government has developed a National Action Plan to Combat Trafficking.

The economic crisis has had a marked impact on the availability of resources for the health sector. The National Programme for Family Planning and Reproductive Health, implemented by the Ministry of Health in collaboration with UNFPA, ended in 2003. Efforts to improve reproductive health will continue to be an important challenge.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,079.9	2,010.5
Population in Thousands, Female	2,284.1	2,195.3
Population Growth Rate, %	na	-0.3
Crude Birth Rate per 1,000 Population	18.3	11.9
Crude Death Rate per 1,000 Population	10.6	11.1
Urban Population, %	46.9	46.3
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	48.2	54.5
Total Fertility Rate per Woman 15-49	2.38	1.79
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	42.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	62.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 60	36
MMR, Lower Bound	● ▲ na	24
MMR, Upper Bound	● ▲ na	48
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	16.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 30.1	24.2
Under Age 5 Mortality Rate, Total	● ▲ 35	30
Under Age 5 Mortality Rate, Female	● ▲ na	21
Under Age 5 Mortality Rate, Male	● ▲ na	26
Life Expectancy at Birth, Total, Years	● ▲ 67.3	68.5
Life Expectancy at Birth, Female, Years	● ▲ 70.8	72.1
Life Expectancy at Birth, Male, Years	● ▲ 63.8	64.9
Median Age of Total Population	● ▲ 29.9	33.0
Population 60 Years and Over, %	● ▲ 12.8	13.7
Dependency Ratio	● ▲ 57	40

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.10	15.81	3.47	72.92

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.6/2.3
No Education, Primary	2.1
Highest Level of Education	1.6
Provincial Low/High	1.3/2.4 Chisinau/Central
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	51.0/74.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,505
Gross Domestic Product Growth Rate, Annual %	3	6
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	21.8
Population Living Below National Poverty Line, %	▲ na	23.3
Share of Income or Consumption by Poorest Quintile	na	2.8
Access to Improved Water Supply, %	▲ na	92
Antenatal Care, At Least One Visit, %	na	99
Deliveries Attended by Skilled Attendants, %	●▲ na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	1	0
Illiteracy Rate, % of Population 15 and Over, Female	4	1
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ 0.97	0.96
Ratio of Girls to Boys, Secondary Education	▲ na	0.99
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	86
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	86
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	72
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	75
Children Underweight Under 5, Male, %	na	3
Children Underweight Under 5, Female, %	na	3
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	12.0
Refugees, Number	na	102
Internally Displaced Persons, Number	na	1,000
Asylum Seekers, Number	na	140
Estimated HIV Prevalence, 15-49, Total	na	0.2
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	14.5	19.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	81.0	31.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	23.8	23.8
Mean Age at Marriage, Female	21.1	21.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	56
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	79.0
HIV Prevalence, 15-24, Total	▲ na	0.3
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	▲ na	0.5

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	54.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	46.4
Labor Force Participation Rate, 15-64, Female	na	42.8
Seats in Parliament Held by Women, %	na	12.9
Female Legislators, Senior Officials and Managers, %	na	40.0
Female Professional and Technical Workers, %	na	64.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-77.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-7.0
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	55.8/44.4
No Education, Primary, %	40.9
Highest Level of Education, %	56.5
Provincial Low/High, %	45.0/62.1 North/Transnistria
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

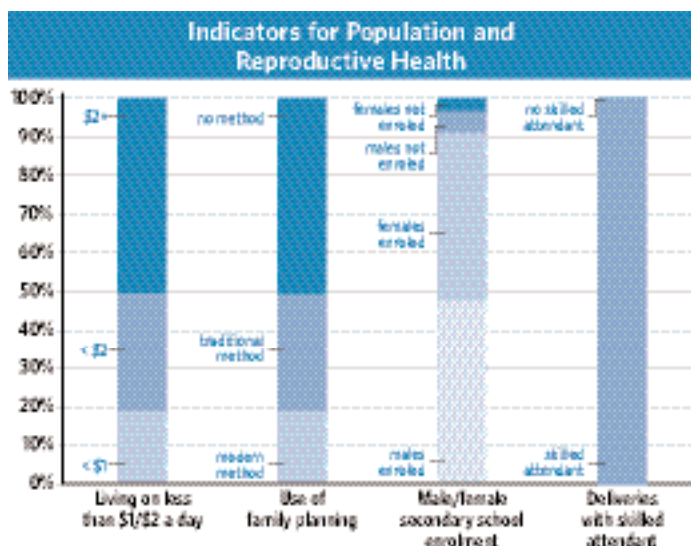
Poland

Overview

Poland, with a population of 38.5 million, has transformed its economy into one of the most robust in Central Europe, gaining membership in the European Union in 2004. The country, however, suffers low GDP growth and high unemployment. Poland also faces the challenges of negative population growth (-0.1 per cent in 2005), attributed to the fact that the total fertility rate has been below replacement level for over a decade (1.6 lifetime births per woman in 2005). This trend has resulted in the shrinking of the working-age population. In its response to a 2003 United Nations inquiry, the government indicated that it views the fertility level and the rate of population growth as too low and is concerned about the ageing of the population.

To improve the reproductive health of women, the government supports two programmes: The National Health Programme and the Promotion of the Health of Mother and Children with Special Focus on Family Planning. Reproductive health services are available in hospitals, health centres and private clinics, but cultural and religious influences impede access to modern methods of family planning and to sex education. About half of married women use some type of contraception, but only one in five use a modern method.

Poland has a mature HIV/AIDS epidemic that started in the mid-1980s. New HIV cases peaked in 1990, declined during the following few years, but have been increasing slowly ever since. Injecting drug use accounts for the majority of reported cases. To address the increase in HIV prevalence and prevent further transmission, the Ministry of Health has implemented the National Programme for the Prevention of HIV Infection and the Care of Persons Living with or Suffering from HIV/AIDS. Ongoing programmes emphasize harm reduction, including safe injecting methods and needle exchanges, dissemination of information about safe sex, provision of counseling and distribution of free condoms. Nonetheless, promotion of condom use and safe sex, and dissemination of reliable information on high-risk behaviour receive little public support.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	18,574.1	18,685.1
Population in Thousands, Female	19,536.7	19,844.5
Population Growth Rate, %	na	-0.1
Crude Birth Rate per 1,000 Population	14.6	10.6
Crude Death Rate per 1,000 Population	10.2	9.9
Urban Population, %	60.7	62.0
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	48.1	50.7
Total Fertility Rate per Woman 15-49	2.02	1.63
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	19.0	19.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	49.4	49.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	13
MMR, Lower Bound	● ▲ na	9
MMR, Upper Bound	● ▲ na	18
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	6.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.7	8.4
Under Age 5 Mortality Rate, Total	● ▲ 17	10
Under Age 5 Mortality Rate, Female	● ▲ na	10
Under Age 5 Mortality Rate, Male	● ▲ na	11
Life Expectancy at Birth, Total, Years	● ▲ 71.2	74.7
Life Expectancy at Birth, Female, Years	● ▲ 75.6	78.7
Life Expectancy at Birth, Male, Years	● ▲ 66.9	70.7
Median Age of Total Population	● ▲ 32.3	36.5
Population 60 Years and Over, %	● ▲ 14.9	16.8
Dependency Ratio	● ▲ 54	41

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.40	218.56	4.02	1026.60

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.4/2.0
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	11,623
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	23.8
Share of Income or Consumption by Poorest Quintile		na	2.9
Access to Improved Water Supply, %	▲	na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	●▲	na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		0	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	0.95	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	0.93
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	100
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	99
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	91
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	87
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		2,700	1,836
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	1,521
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		13.9	16.3
Age-Specific Fertility Rate per 1,000 Women, 15-20		27.0	14.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		26.3	26.3
Mean Age at Marriage, Female		23.1	23.1
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.1
HIV Prevalence, 15-24, Female	▲	na	0.0
HIV Prevalence, 15-24, Male	▲	na	0.1

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.6
Gender Empowerment Measure, Rank		na	27.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	70.2
Labor Force Participation Rate, 15-64, Female		na	58.4
Seats in Parliament Held by Women, %		na	20.7
Female Legislators, Senior Officials and Managers, %		na	34.0
Female Professional and Technical Workers, %		na	60.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-970.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-10.5
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Romania



Overview

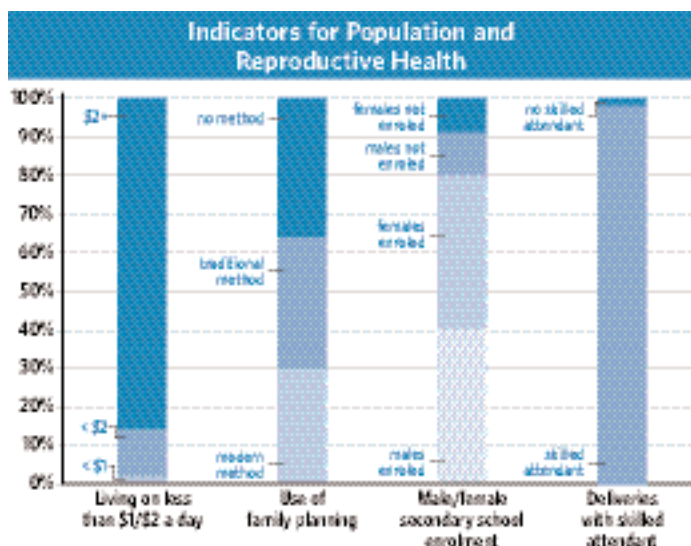
Romania has lost nearly one and a half million inhabitants in the last decade and continues to experience negative population growth (-0.38 per cent in 2005). The proportion of older adults increased to 19.3 per cent in 2005. Based on these facts, a Population Commission was established in June 2004. On the positive side, modern contraceptive prevalence continues to increase, and maternal mortality and abortion rates are declining. Between 1990 and 2000, the maternal mortality ratio declined from 130 deaths per 100,000 live births to 49, and the abortion rate dropped from 3,153 per 1,000 live births to 1,058. Nevertheless, both remain high compared to other countries in the region.

Despite the fact that Romania has a low HIV prevalence, the subject is of major concern as a large proportion of the registered cases are among young people below the age of 19. The main means of HIV transmission is heterosexual, but the increase of intravenous drug use among youth is an emerging risk factor.

The on-going health system reform continues to foster progress in improving the management and implementation of public health programmes. In 2003 the Ministry of Health launched National Strategies on Sexual and Reproductive Health and on Prevention and Control of STIs, both with large implications for the provision of primary health care services.

The Reproductive and Sexual Health Programme initiated in 2000, aimed at improving the reproductive and sexual health of the population, has made some progress towards strengthening and enhancing coordination mechanisms with assistance from UNFPA. There remains a need for governmental institutions to improve their technical and managerial capacities. Efforts are underway to promote responsible sexual behaviour among youth.

Gender-based violence also represents a major concern in Romania. In May 2003 the Law Against Domestic Violence was adopted, followed by the establishment of the National Agency for Family Protection in January 2004. A National Strategy for Prevention and Control of Domestic Violence is pending approval.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	11,449.1	10,581.0
Population in Thousands, Female	11,757.6	11,130.4
Population Growth Rate, %	na	-0.4
Crude Birth Rate per 1,000 Population	13.7	10.4
Crude Death Rate per 1,000 Population	11.1	12.4
Urban Population, %	53.2	54.7
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	47.5	50.8
Total Fertility Rate per Woman 15-49	1.89	1.57
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	29.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	63.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 130	49
MMR, Lower Bound	● ▲ na	33
MMR, Upper Bound	● ▲ na	66
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 24.8	17.3
Under Age 5 Mortality Rate, Total	● ▲ 29	21
Under Age 5 Mortality Rate, Female	● ▲ na	22
Under Age 5 Mortality Rate, Male	● ▲ na	28
Life Expectancy at Birth, Total, Years	● ▲ 69.4	71.7
Life Expectancy at Birth, Female, Years	● ▲ 72.9	75.3
Life Expectancy at Birth, Male, Years	● ▲ 66.1	68.2
Median Age of Total Population	● ▲ 32.6	36.7
Population 60 Years and Over, %	● ▲ 15.7	19.3
Dependency Ratio	● ▲ 51	43

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.20	85.33	2.02	226.05

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.0/1.8
No Education, Primary	2.5
Highest Level of Education	0.9
Provincial Low/High	1.0/1.6 Bucharest/Moldova
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	32.2/27.2
No Education, Primary	39.7
Highest Level of Education	22.3
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	18.0/63.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	7,222
Gross Domestic Product Growth Rate, Annual %	1	8
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	21.5
Share of Income or Consumption by Poorest Quintile	na	3.3
Access to Improved Water Supply, %	▲ na	57
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	98
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	1	1
Illiteracy Rate, % of Population 15 and Over, Female	4	2
Illiteracy Rate, % of Population 15 to 24, Male	1	0
Illiteracy Rate, % of Population 15 to 24, Female	1	0
Ratio of Girls to Boys, Primary Education	▲ 0.96	0.94
Ratio of Girls to Boys, Secondary Education	▲ na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	100
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	98
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	84
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	85
Children Underweight Under 5, Male, %	6	6
Children Underweight Under 5, Female, %	6	6
Stunted Children under 5, Severe, %	2	2
Wasted Children under 5, Severe, %	0	0
Undernourished People, %	na	na
Refugees, Number	500	2,011
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	312
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.6	15.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	57.0	34.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.9	25.9
Mean Age at Marriage, Female	22.1	22.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	92
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	70.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	56.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	74.4	69.6
Labor Force Participation Rate, 15-64, Female	63.5	55.3
Seats in Parliament Held by Women, %	na	9.3
Female Legislators, Senior Officials and Managers, %	na	31.0
Female Professional and Technical Workers, %	na	56.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-4011
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-7.6
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	34.7/20.9
No Education, Primary, %	13.8
Highest Level of Education, %	50.1
Provincial Low/High, %	26.0/37.1
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Russian Federation

Overview

Russia's current population is estimated at 143 million. The country's demographic profile is characterized by negative population growth (-0.46 per cent in 2005) attributed to low fertility rates, a high mortality and increasing emigration.

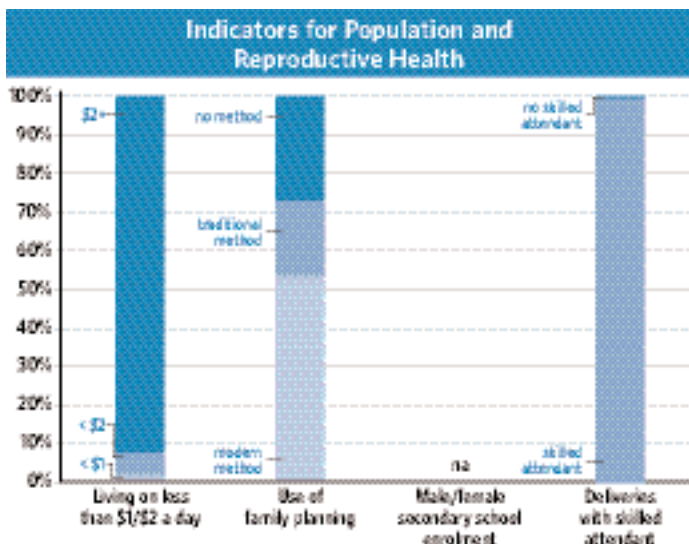
Russia's total fertility rate is among the lowest in the world at 1.62 lifetime births per woman in 2005. Life expectancy at birth has fallen dramatically over the past decade and is now 72 for women and 58.9 for men, far below European standards, especially for men. Currently, there is a high rate of male mortality, as well as a growing burden of ill health among women.

As a result of a decline in fertility, Russia's population has aged rapidly over the last decade and the proportion of the population ages 60 and over is 17.1 per cent.

Unemployment and poverty is widespread, affecting women in particular. The maternal mortality ratio has declined, yet still remains relatively high at 67 deaths per 100,000 live births in 2000. The frequency of abnormal or complicated pregnancies is high and is accompanied by the risk of infant death or child disability. Infant and under-five mortality rates remain higher than the European average, at 16.4 deaths (per 1,000 live births) and 21 deaths, respectively. Abortions, though decreasing in incidence, continue to be common and contraceptive use low. The number of abortions among adolescents has declined in the last few years.

The Russian Federation is facing one of the fastest growing HIV/AIDS pandemics in the world. Injecting drug use is the predominant route of HIV transmission, but the importance of sexual transmission is increasing. The pandemic has hit young people hardest. Those ages 15-24 account for two-thirds of all registered cases.

The population decline projected for the Russian Federation is compounded by the impact of the AIDS pandemic.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	69,480.1	66,447.4
Population in Thousands, Female	78,889.7	76,754.2
Population Growth Rate, %	na	-0.5
Crude Birth Rate per 1,000 Population	13.3	8.9
Crude Death Rate per 1,000 Population	12.1	15.7
Urban Population, %	73.4	73.3
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	45.8	51.5
Total Fertility Rate per Woman 15-49	1.84	1.62
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 75	67
MMR, Lower Bound	● ▲ na	45
MMR, Upper Bound	● ▲ na	90
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 22.1	16.4
Under Age 5 Mortality Rate, Total	● ▲ 26	21
Under Age 5 Mortality Rate, Female	● ▲ na	18
Under Age 5 Mortality Rate, Male	● ▲ na	23
Life Expectancy at Birth, Total, Years	● ▲ 68.5	65.2
Life Expectancy at Birth, Female, Years	● ▲ 73.8	72.0
Life Expectancy at Birth, Male, Years	● ▲ 62.7	58.9
Median Age of Total Population	● ▲ 33.3	37.3
Population 60 Years and Over, %	● ▲ 16.0	17.1
Dependency Ratio	● ▲ 49	41

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.50	84.68	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.1/1.5
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	0.9/2.4
Poorest/Richest Quintile	na/na

Lenigrad Oblast/ Republic of Ingushetia

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	17.0/18.3
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	10.7/40.3
Poorest/Richest Quintile, %	na/na

St. Petersburg City/ Evenki National Okrug

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	9,195
Gross Domestic Product Growth Rate, Annual %	na	7
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	30.9
Share of Income or Consumption by Poorest Quintile	na	1.8
Access to Improved Water Supply, %	▲ na	96
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	0	0
Illiteracy Rate, % of Population 15 and Over, Female	1	0
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ 0.97	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	1.03
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	118
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	118
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ 91	80
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ 96	86
Children Underweight Under 5, Male, %	na	3
Children Underweight Under 5, Female, %	na	3
Stunted Children under 5, Severe, %	na	7
Wasted Children under 5, Severe, %	na	2
Undernourished People, %	na	4.0
Refugees, Number	17,100	9,899
Internally Displaced Persons, Number	na	368,220
Asylum Seekers, Number	na	272
Estimated HIV Prevalence, 15-49, Total	na	1.1
Estimated HIV Prevalence, 15-49, Male	na	1.5
Estimated HIV Prevalence, 15-49, Female	na	0.7

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	13.3	17.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	52.5	29.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	24.4	24.4
Mean Age at Marriage, Female	21.8	21.8
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	1.3
HIV Prevalence, 15-24, Female	▲ na	0.7
HIV Prevalence, 15-24, Male	▲ na	1.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	55.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	74.2
Labor Force Participation Rate, 15-64, Female	na	65.3
Seats in Parliament Held by Women, %	na	8.0
Female Legislators, Senior Officials and Managers, %	na	37.0
Female Professional and Technical Workers, %	na	64.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-5,963.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-17.6
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Serbia and Montenegro (formerly Yugoslavia)

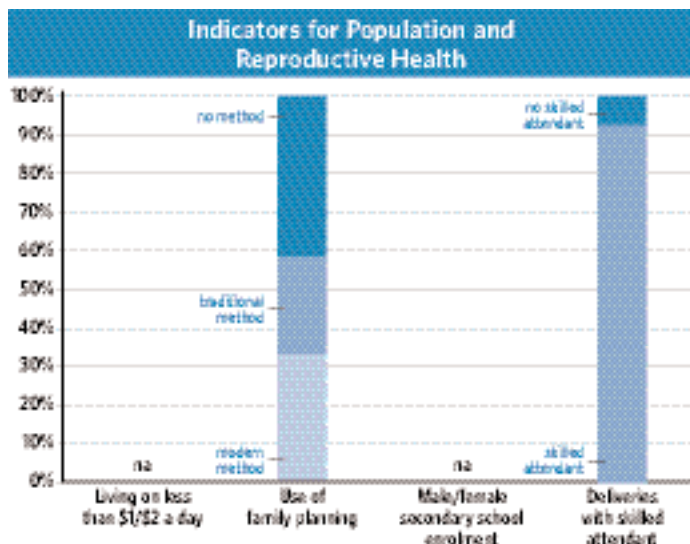
Overview

In February 2003, Serbia and Montenegro was formed as a loose federation of the two remaining republics from former Yugoslavia. The GDP more than halved during the 1990s and poverty and unemployment are widespread. The country has been reintegrated into the international community since the democratic transition in 2000, yet economic recovery has been slow. Both republics adopted Poverty Reduction Strategy Papers in 2003.

Serbia and Montenegro, with a population of 10.5 million, has negative annual population growth (-0.06 per cent in 2005), largely due to low fertility and high emigration. The total fertility rate (1.8 lifetime births per woman in 2005) has been below replacement level for about a decade and continues to decline. Ageing and the declining size of the working-age population have become major concerns. Infant and under-five mortality rates also remain relatively high (12 infant deaths per 1,000 live births and 15 deaths per 1,000 live births, respectively).

The health system is overly centralized and suffers from a lack of professional training. The Ministry of Health has received support from UNDP to carry out reform and provide more effective and efficient health services to the population.

The country has a mature HIV/AIDS pandemic, driven by injecting drug use, which started in the mid-1980s. Despite a current low prevalence, the country has several high risk factors that could fuel the pandemic: its location on a drug and human trafficking route, high rates of HIV infection among neighboring countries, an increase in intravenous drug use, and few preventive programmes in place. Recognizing these factors, both republics established Republican AIDS Commissions (RACs) in 2002. The Commissions are comprised of multisectoral partnerships in an effort to respond to the pandemic and meet the goals set by the UN Declaration of Commitment on HIV/AIDS. Since 2003 Serbia has received support from the Global Fund and scaled-up its response efforts. Montenegro has also applied for funding from the Global Fund.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	5,044.2	5,225.7
Population in Thousands, Female	5,111.5	5,277.4
Population Growth Rate, %	na	-0.1
Crude Birth Rate per 1,000 Population	14.9	12.4
Crude Death Rate per 1,000 Population	10.2	10.9
Urban Population, %	50.9	52.3
Sex Ratio at Birth, Male Births per Female Births	1.08	1.08
Women 15-49, %	47.8	48.4
Total Fertility Rate per Woman 15-49	2.10	1.84
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	32.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	58.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	11
MMR, Lower Bound	● ▲ na	7
MMR, Upper Bound	● ▲ na	15
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 23.3	12.4
Under Age 5 Mortality Rate, Total	● ▲ 20	15
Under Age 5 Mortality Rate, Female	● ▲ na	14
Under Age 5 Mortality Rate, Male	● ▲ na	17
Life Expectancy at Birth, Total, Years	● ▲ 71.4	73.6
Life Expectancy at Birth, Female, Years	● ▲ 74.1	76.0
Life Expectancy at Birth, Male, Years	● ▲ 69.0	71.3
Median Age of Total Population	● ▲ 33.4	36.5
Population 60 Years and Over, %	● ▲ 15.2	18.5
Dependency Ratio	● ▲ 49	48

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.10	75.56	2.88	184.79

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	na
Gross Domestic Product Growth Rate, Annual %	na	4
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	na
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	na
Access to Improved Water Supply, %	▲ na	93
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	93
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	1
Illiteracy Rate, % of Population 15 and Over, Female	na	6
Illiteracy Rate, % of Population 15 to 24, Male	na	1
Illiteracy Rate, % of Population 15 to 24, Female	na	1
Ratio of Girls to Boys, Primary Education	▲ 0.95	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	66
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	67
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	58
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	61
Children Underweight Under 5, Male, %	na	2
Children Underweight Under 5, Female, %	na	2
Stunted Children under 5, Severe, %	na	2
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	na	na
Refugees, Number	na	291,403
Internally Displaced Persons, Number	na	256,891
Asylum Seekers, Number	na	32
Estimated HIV Prevalence, 15-49, Total	na	0.2
Estimated HIV Prevalence, 15-49, Male	na	0.3
Estimated HIV Prevalence, 15-49, Female	na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	14.6	15.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	39.5	23.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	63
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	65.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	76.4
Labor Force Participation Rate, 15-64, Female	na	56.5
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-155.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-6.3
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/26.9
No Education, Primary, %	21.5
Highest Level of Education, %	45.8
Provincial Low/High, %	30.7/33.0
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.7/0.6
No Education, Primary, %	0.8
Highest Level of Education, %	0.5
Provincial Low/High, %	0.3/0.7
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Slovakia

Overview

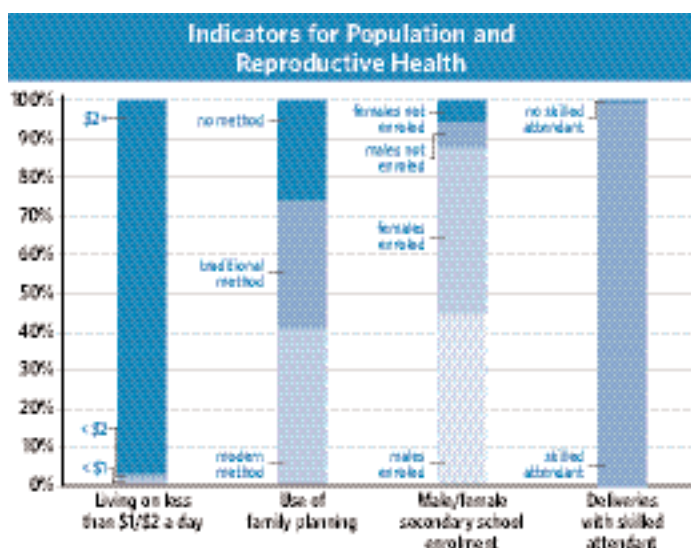
Slovakia, since its separation from Czechoslovakia in 1993, underwent a difficult economic transition, but has made substantial progress in recent years and gained membership in both NATO and the European Union in 2004. The country still faces significant regional, social and economic disparities. About 10 per cent of Slovakia's population of 5.4 million consists of the Roma (gypsy) minority group. Unemployment, especially among young people and the Roma minority, remains high.

Strengthening the health care system is one of the main challenges facing the government, yet reform of the health sector is slow due to financial constraints. Nevertheless, some progress has been made in the area of reproductive health.

In UNFPA's 2004 Report Card on Sexual & Reproductive Health & Rights, based on a range of reproductive health and development indicators, Slovakia is in the lowest risk group. The maternal mortality ratio, for instance, is 3 deaths per 100,000 live births. Slovakia has also achieved low levels of infant and under-five mortality (8 deaths per 1,000 live births and 10 deaths, respectively).

However, life expectancy at birth is relatively low at 71 for men and 78 for women. The annual population growth rate was zero per cent in 2005. The total fertility rate, currently at 1.6 lifetime births per woman, has been below replacement for over a decade. In its response to the 2003 UN inquiry, the government indicated that life expectancy and the levels of population growth and fertility are too low.

The estimated prevalence of HIV is still relatively small. Yet, the marked increase in STIs, high unemployment, and little information available on highly vulnerable groups point to the need for vigilance. Consequently, it is important to scale up prevention programmes, especially among sex workers, mobile populations and ethnic minorities. Public health institutions lack capacity to obtain reliable data and to develop comprehensive prevention programmes for vulnerable populations. Due to persistent financial constraints, implementation of prevention programmes will need considerable international support.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,570.2	2,620.0
Population in Thousands, Female	2,685.9	2,780.9
Population Growth Rate, %	na	0.0
Crude Birth Rate per 1,000 Population	15.0	10.8
Crude Death Rate per 1,000 Population	10.2	9.8
Urban Population, %	56.5	58.0
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	49.0	51.7
Total Fertility Rate per Woman 15-49	2.01	1.60
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	41.0	41.0
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	74.0	74.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	3
MMR, Lower Bound	● ▲ na	2
MMR, Upper Bound	● ▲ na	4
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	5.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 12.9	7.5
Under Age 5 Mortality Rate, Total	● ▲ 15	10
Under Age 5 Mortality Rate, Female	● ▲ na	10
Under Age 5 Mortality Rate, Male	● ▲ na	10
Life Expectancy at Birth, Total, Years	● ▲ 71.6	74.5
Life Expectancy at Birth, Female, Years	● ▲ 75.7	78.3
Life Expectancy at Birth, Male, Years	● ▲ 67.5	70.5
Median Age of Total Population	● ▲ 31.3	35.6
Population 60 Years and Over, %	● ▲ 14.8	16.2
Dependency Ratio	● ▲ 55	40

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.30	238.05	2.92	565.65

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	13,469
Gross Domestic Product Growth Rate, Annual %	2	5
Income Group per World Bank Classification	na	Upper middle income
Population Below \$1/Day, %	▲ <2	<2
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	3.1
Access to Improved Water Supply, %	▲ na	100
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	● ▲ na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	0
Illiteracy Rate, % of Population 15 and Over, Female	na	0
Illiteracy Rate, % of Population 15 to 24, Male	na	0
Illiteracy Rate, % of Population 15 to 24, Female	na	0
Ratio of Girls to Boys, Primary Education	▲ na	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	● ▲ na	102
Primary School Enrolment, Gross % of School Age Population, Female	● ▲ na	100
Secondary School Enrolment, Gross % of School Age Population, Male	● ▲ na	91
Secondary School Enrolment, Gross % of School Age Population, Female	● ▲ na	92
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	5.0
Refugees, Number	na	414
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	4,661
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	15.2	15.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	40.0	20.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.5	25.5
Mean Age at Marriage, Female	22.6	22.6
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	na

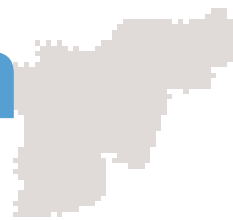
GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	26.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	76.2
Labor Force Participation Rate, 15-64, Female	na	63.7
Seats in Parliament Held by Women, %	na	19.3
Female Legislators, Senior Officials and Managers, %	na	31.0
Female Professional and Technical Workers, %	na	61.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-94.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-7.0
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Slovenia



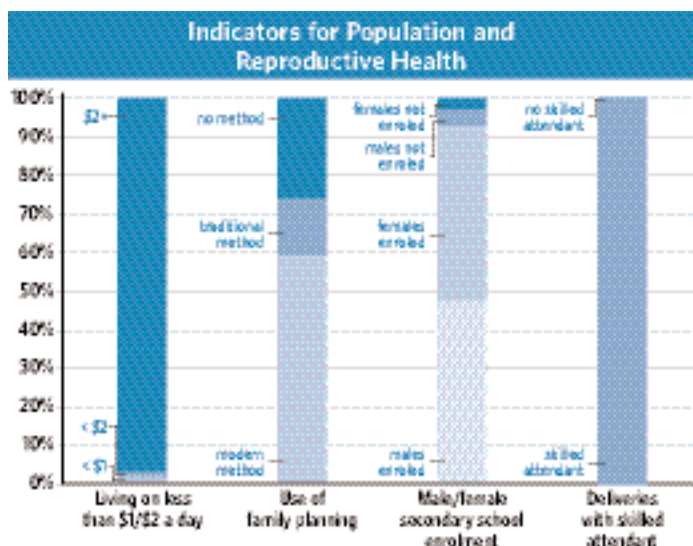
Overview

Since independence from the former Federal Republic of Yugoslavia in 1991, Slovenia has built a stable parliamentary democracy and a free-market economy. While much reform work still needs to be done, Slovenia enjoys the highest GDP per capita of the transition economies in Central Europe. It gained memberships in NATO and the European Union in the spring of 2004. Slovenia is ranked 42nd in the UNDP's 2005 Human Development Index.

The total fertility rate (1.4 lifetime births per woman in 2005) has remained below replacement level for over a decade and population growth continues to decline. Years of low fertility have resulted in a rapidly ageing population and the proportion of older adults ages 60 and over has reached 21 per cent of the total population of 1.97 million. Life expectancy at birth has increased and is currently at 73 years for men and 80 for women. In response to a 2003 UN inquiry, the government indicated that the levels of population growth and fertility are too low and population ageing is a major concern.

On a positive note, Slovenia has made steady progress in the areas of reproductive health and gender parity. Based on a range of reproductive health and development indicators, Slovenia is considered among the lowest risk countries in UNFPA's 2004 Report Card on Sexual & Reproductive Health & Rights. Slovenia enacted legislation to promote equal opportunity for women in various fields including politics, the economy, social life and education. It also established a National Programme for Equal Opportunity for Women and created a Department for Equal Opportunity.

The HIV/AIDS pandemic is currently at a low-level in Slovenia. The epidemiological situation has been stable for a number of years. Thus, the risk of explosive growth in HIV/AIDS is estimated to be low.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	934.9	960.1
Population in Thousands, Female	991.5	1,006.7
Population Growth Rate, %	na	0.0
Crude Birth Rate per 1,000 Population	11.3	9.2
Crude Death Rate per 1,000 Population	10.2	10.1
Urban Population, %	50.7	50.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	48.9	49.0
Total Fertility Rate per Woman 15-49	1.51	1.36
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	32.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	73.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 13	17
MMR, Lower Bound	● ▲ na	12
MMR, Upper Bound	● ▲ na	23
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	4.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 8.4	5.3
Under Age 5 Mortality Rate, Total	● ▲ 9	7
Under Age 5 Mortality Rate, Female	● ▲ na	7
Under Age 5 Mortality Rate, Male	● ▲ na	8
Life Expectancy at Birth, Total, Years	● ▲ 72.9	76.8
Life Expectancy at Birth, Female, Years	● ▲ 77.0	80.3
Life Expectancy at Birth, Male, Years	● ▲ 69.1	73.0
Median Age of Total Population	● ▲ 34.2	40.2
Population 60 Years and Over, %	● ▲ 16.4	20.5
Dependency Ratio	● ▲ 47	42

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
6.20	688.72	4.13	4755.95

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	19,300
Gross Domestic Product Growth Rate, Annual %		na	2
Income Group per World Bank Classification		na	High income: nonOECD
Population Below \$1/Day, %	▲	na	<2
Population Living Below National Poverty Line, %	▲	na	na
Share of Income or Consumption by Poorest Quintile		na	3.6
Access to Improved Water Supply, %	▲	na	100
Antenatal Care, At Least One Visit, %		98	98
Deliveries Attended by Skilled Attendants, %	●▲	na	100
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		0	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	na	0.94
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	108
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	107
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	110
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	109
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		47,000	2,069
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	132
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		14.8	13.2
Age-Specific Fertility Rate per 1,000 Women, 15-20		26.0	6.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		28.5	28.5
Mean Age at Marriage, Female		24.8	24.8
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	▲	na	0.0
HIV Prevalence, 15-24, Female	▲	na	0.0
HIV Prevalence, 15-24, Male	▲	na	na

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	0.6
Gender Empowerment Measure, Rank		na	31.0
Malnourished Women, %		na	na
Labor Force Participation Rate, 15-64, Male		na	71.7
Labor Force Participation Rate, 15-64, Female		na	61.8
Seats in Parliament Held by Women, %		na	12.2
Female Legislators, Senior Officials and Managers, %		na	29.0
Female Professional and Technical Workers, %		na	55.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-72.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-16.6
Unmet Need for Family Planning, Spacing, %	●	na	na
Unmet Need for Family Planning, Limiting, %	●	na	na
Unmet Need for Family Planning, Total, %	●	na	na
Unmet Need for Family Planning, Thousands	●	na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Tajikistan



Overview

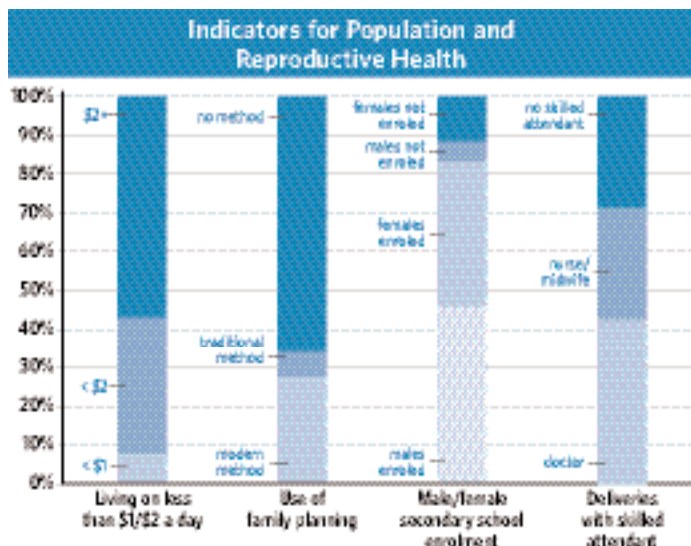
Over the past decade, Tajikistan has witnessed a significant decrease in population growth. This is due in large part to emigration and also partly to a decline in fertility. The total fertility rate, however, remains high — 4.25 lifetime births per woman, on average. The government recognizes that current population trends are not conducive to economic development and poverty reduction. Ranked 122nd in UNDP's 2005 Human Development Index, Tajikistan is the lowest ranked country in the region. Almost 10 per cent of the country's population of 6.5 million lives on less than one dollar per day and almost one third of the adult population is unemployed.

Maternal and infant mortality is still very high. High levels of maternal mortality — 100 deaths per 100,000 live births — are linked to the poor quality of reproductive health services. The contraceptive prevalence rate remains low; only 27.3 per cent of reproductive-age women use modern methods. Unsafe abortion continues to be a significant cause of maternal death.

The HIV/AIDS situation is unclear as little testing is available and a reliable surveillance system has not been developed. The major means of HIV transmission is intravenous drug use. HIV prevalence among injecting drug users is around 38.5 per 1,000. A growing commercial sex industry is another risk factor. The government adopted the Strategic Plan for a National Response to the HIV/AIDS Epidemic for the Period of 2002-2004, which targets youth since many of the registered HIV cases are among 15-24 years olds.

The National Demographic Policy for 2002-2005 and the National Law on Reproductive Health and Reproductive Rights both address the growing reproductive health needs of youth.

The proportion of women in government and management positions remains low, as does their social status. Girls and women are put to work in the fields, prevented from continuing their education and forced into early marriages, while husbands control reproductive health decisions. Efforts to eliminate gender disparity in primary and secondary education by 2005 and at all levels by 2015 may improve gender equity.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,634.1	3,229.7
Population in Thousands, Female	2,669.0	3,277.3
Population Growth Rate, %	na	1.3
Crude Birth Rate per 1,000 Population	38.7	28.8
Crude Death Rate per 1,000 Population	8.0	7.4
Urban Population, %	31.6	24.2
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	44.5	51.8
Total Fertility Rate per Woman 15-49	5.14	4.25
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	27.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	33.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 130	100
MMR, Lower Bound	● ▲ na	43
MMR, Upper Bound	● ▲ na	170
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	38.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 94.7	87.2
Under Age 5 Mortality Rate, Total	● ▲ 119	113
Under Age 5 Mortality Rate, Female	● ▲ na	67
Under Age 5 Mortality Rate, Male	● ▲ na	78
Life Expectancy at Birth, Total, Years	● ▲ 63.4	63.9
Life Expectancy at Birth, Female, Years	● ▲ 66.0	66.7
Life Expectancy at Birth, Male, Years	● ▲ 60.7	61.3
Median Age of Total Population	● ▲ 18.3	19.3
Population 60 Years and Over, %	● ▲ 6.2	5.1
Dependency Ratio	● ▲ 89	75

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
0.90	1.64	2.09	14.41

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	70.0/94.0
No Education, Primary	274.0
Highest Level of Education	28.0
Provincial Low/High	36.0/102.0
Poorest/Richest Quintile, %	na/na

Gorno Badakhshan/Rayon of Republican Subordination

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	na/na
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	1,119
Gross Domestic Product Growth Rate, Annual %	2	10
Income Group per World Bank Classification	na	Low income
Population Below \$1/Day, %	▲ na	7.4
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	3.2
Access to Improved Water Supply, %	▲ na	58
Antenatal Care, At Least One Visit, %	na	71
Deliveries Attended by Skilled Attendants, %	●▲ na	71
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	54.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	1	0
Illiteracy Rate, % of Population 15 and Over, Female	3	1
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ 0.96	0.90
Ratio of Girls to Boys, Secondary Education	▲ na	0.81
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	114
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	108
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	94
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	78
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	71.0
Refugees, Number	3,000	3,306
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	439
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.1	22.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	43.0	30.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	23.2	23.2
Mean Age at Marriage, Female	20.9	20.9
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	5
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	8.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	77.8
Labor Force Participation Rate, 15-64, Female	na	59.5
Seats in Parliament Held by Women, %	na	12.4
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	583.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	27.9
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	93.4/59.9
No Education, Primary, %	34.4
Highest Level of Education, %	90.8
Provincial Low/High, %	21.1/98.8 Gorno Badakhshan/Khatlon
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	33.8/25.8
No Education, Primary, %	15.6
Highest Level of Education, %	27.6
Provincial Low/High, %	21.9/55.1 Rayon of Republican Subordination/Gorno Badakhshan
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Turkey

Overview

European Union membership is a very high priority for Turkey. Major efforts are being made to meet the Copenhagen Criteria on democracy and human rights. The European Council Summit on December 17, 2004 decided the starting date for the negotiations for the EU membership should commence on 3 October 2005.

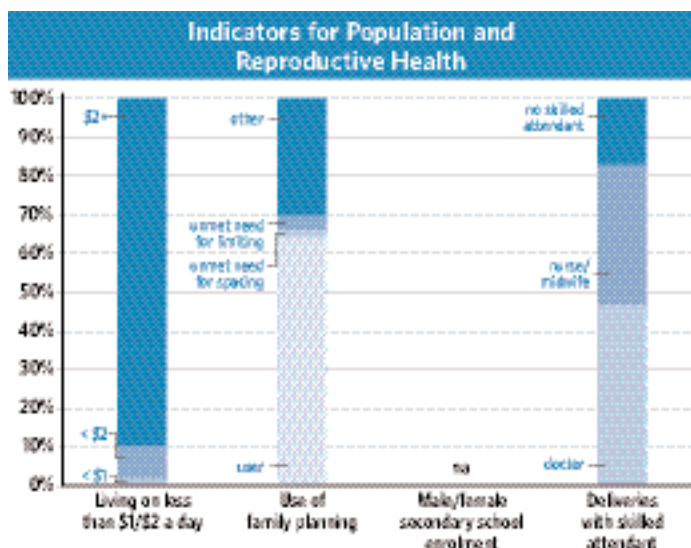
Turkey's population growth rate is low at 1.3 per cent and total fertility rate has fallen from 3.1 lifetime births per woman in 1990 to 2.7 in 2005, though significant regional differences remain. With a population estimated at 73.2 million, Turkey is still the most populous country in the Middle East and the third largest in Europe.

While overall contraceptive prevalence is high at 64 per cent, the use of modern contraceptives is only 38 per cent. Abortion rates remain high. Although there is a wider variety of contraceptives available, the quality of counseling services still needs to be improved.

The rapid urbanization process, a result of vast rural to urban migration, has started to slow down. Population movement has strained health, education and social service infrastructures, particularly in growing peri-urban areas. Nevertheless, there have been dramatic improvements in all levels of education, particularly among girls and children living in rural areas.

In spite of liberal policies, social and economic parity of women lags far behind their legal rights. Women's exposure to domestic violence and harassment is still common. Turkey launched a campaign on Violence Against Women in 2004 with support from UNFPA.

The government has begun to reform its health care system with technical and financial assistance from UNFPA. The highest priorities are: addressing unmet needs in family planning and reproductive health services, providing reproductive health information and services to adolescents and decreasing maternal mortality. Starting in 2003, the European Commission became involved in the reproductive health programme on a large scale. The EU supported programme will build on the priorities identified in the National Strategy.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	28,985.1	36,878.5
Population in Thousands, Female	28,315.1	36,314.4
Population Growth Rate, %	na	1.3
Crude Birth Rate per 1,000 Population	25.7	23.0
Crude Death Rate per 1,000 Population	7.9	6.6
Urban Population, %	59.2	67.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	50.4	54.5
Total Fertility Rate per Woman 15-49	3.08	2.70
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	37.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	63.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 180	70
MMR, Lower Bound	● ▲ na	18
MMR, Upper Bound	● ▲ na	130
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	22.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 61.9	38.9
Under Age 5 Mortality Rate, Total	● ▲ 65	46
Under Age 5 Mortality Rate, Female	● ▲ na	43
Under Age 5 Mortality Rate, Male	● ▲ na	56
Life Expectancy at Birth, Total, Years	● ▲ 64.6	69.2
Life Expectancy at Birth, Female, Years	● ▲ 66.9	71.5
Life Expectancy at Birth, Male, Years	● ▲ 62.5	66.9
Median Age of Total Population	● ▲ 21.8	26.3
Population 60 Years and Over, %	● ▲ 6.7	8.0
Dependency Ratio	● ▲ 66	53

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.30	113.78	2.48	336.77

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.1/2.7
No Education, Primary	3.7
Highest Level of Education	1.4
Provincial Low/High	1.9/3.6 Central/East
Poorest/Richest Quintile	3.7/1.5

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	23.0/39.0
No Education, Primary	51.0
Highest Level of Education	18.0
Provincial Low/High	21.0/41.0 Central/East
Poorest/Richest Quintile, %	68.3/29.8

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	85.0/32.6
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	44.0/47.0
Poorest/Richest Quintile	56.0/32.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	7.7/7.2
No Education, Primary, %	14.5

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	6,749
Gross Domestic Product Growth Rate, Annual %	5	8
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	<2
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	2.3
Access to Improved Water Supply, %	▲ 92	93
Antenatal Care, At Least One Visit, %	na	81
Deliveries Attended by Skilled Attendants, %	●▲ 83	83
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	59.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	11	5
Illiteracy Rate, % of Population 15 and Over, Female	34	20
Illiteracy Rate, % of Population 15 to 24, Male	3	1
Illiteracy Rate, % of Population 15 to 24, Female	12	4
Ratio of Girls to Boys, Primary Education	▲ 0.89	0.89
Ratio of Girls to Boys, Secondary Education	▲ na	0.67
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	95
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	88
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	90
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	67
Children Underweight Under 5, Male, %	na	8
Children Underweight Under 5, Female, %	na	8
Stunted Children under 5, Severe, %	na	6
Wasted Children under 5, Severe, %	na	0
Undernourished People, %	na	3.0
Refugees, Number	28,500	2,490
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	3,453
Estimated HIV Prevalence, 15-49, Total	na	na
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

Highest Level of Education	3.0
Provincial Low/High, %	2.7/9.1 North/East
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	90.3/68.9
No Education, Primary, %	54.9
Highest Level of Education, %	98.5
Provincial Low/High, %	59.7/95.3 East/West
Poorest/Richest Quintile, %	53.4/98.2
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	45.8/34.4
No Education, Primary, %	29.9
Highest Level of Education, %	52.2
Provincial Low/High, %	31.4/46.6 East/Central
Poorest/Richest Quintile, %	23.6/48.0
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	21.3/53.5
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	12.4/3.0
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	7.5/1.8

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	18.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	76.5	40.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.0	25.0
Mean Age at Marriage, Female	22.0	22.0
Married by 18, Percent, Female, 25-49	na	29.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	73.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.3
Gender Empowerment Measure, Rank	na	73.0
Malnourished Women, %	na	2.5
Labor Force Participation Rate, 15-64, Male	84.1	74.0
Labor Force Participation Rate, 15-64, Female	37.7	28.1
Seats in Parliament Held by Women, %	1.0	4.4
Female Legislators, Senior Officials and Managers, %	na	7.0
Female Professional and Technical Workers, %	na	31.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	3,821.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	17.2
Unmet Need for Family Planning, Spacing, %	● na	2.3
Unmet Need for Family Planning, Limiting, %	● na	3.7
Unmet Need for Family Planning, Total, %	● na	6.0
Unmet Need for Family Planning, Thousands	● na	1.2

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % 0.6/0.8

No Education, Primary, % 1.1

Highest Level of Education, % 0.2

Provincial Low/High, % 0.0/1.1 North/East

Poorest/Richest Quintile, % 3.1/0.0

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % 47.2/86.3

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % 58.6/84.2

Malnourished Women:

Poorest/Richest Quintile, % 1.5/1.5

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % 38.3/96.2

Turkmenistan



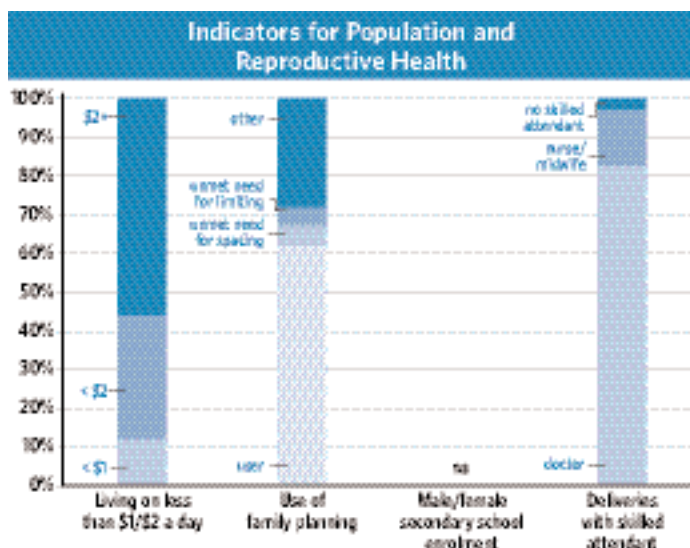
Overview

Turkmenistan has experienced steady growth in GDP since the late 1990s. In 2003 the government adopted the Strategy of Economic, Political and Cultural Development of Turkmenistan until 2020. Its main aims are to ensure high economic growth, maintain economic independence and raise living standards to the level of developed countries.

The declining trend in fertility has continued. Between 1990 and 2005, the total fertility rate dropped from 4.3 lifetime births per woman to 3.4. Though the population growth rate remains high at 1.4 per cent per year, the rate of growth is declining. The government views the current levels of fertility and population growth as satisfactory. Contraceptives are not procured from the national budget. Over 60 per cent of married women use some type of contraception and over half use modern methods.

Despite improvements made in infant and maternal mortality over the past years, they still remain high: the maternal mortality ratio is 31 deaths per 100,000 live births and the infant mortality rate is 77 deaths per 1,000 live births. Maternal mortality is caused mostly by complications during pregnancy and delivery, while infants die from respiratory diseases, postnatal complications, and infectious and parasitic diseases. These relatively high rates indicate a need to improve the quality of services provided at the primary health care and referral levels.

The government began reforming its health system in 1995. During the 2000-2004 programme cycle UNFPA supported the implementation of the State Health Programme to improve the reproductive health status of the population. In 2000 the National Reproductive Health Strategy was developed by the Ministry of Health, in close consultation with UNFPA and WHO. The law on Protection of the Health of Citizens, adopted in December 2002, provides a framework to improve reproductive health. The Law underscores the importance of access to maternal health care and to contraceptives, treatment of infertility and informed consent. It also highlights the reproductive health needs of young people.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,808.6	2,380.4
Population in Thousands, Female	1,859.4	2,452.9
Population Growth Rate, %	na	1.4
Crude Birth Rate per 1,000 Population	34.1	24.4
Crude Death Rate per 1,000 Population	8.3	8.2
Urban Population, %	45.1	45.8
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.1	55.5
Total Fertility Rate per Woman 15-49	4.29	3.39
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	53.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	61.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 55	31
MMR, Lower Bound	● ▲ na	12
MMR, Upper Bound	● ▲ na	53
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	35.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 77.5	76.5
Under Age 5 Mortality Rate, Total	● ▲ 94	97
Under Age 5 Mortality Rate, Female	● ▲ na	61
Under Age 5 Mortality Rate, Male	● ▲ na	74
Life Expectancy at Birth, Total, Years	● ▲ 63.1	62.8
Life Expectancy at Birth, Female, Years	● ▲ 66.9	67.1
Life Expectancy at Birth, Male, Years	● ▲ 59.2	58.6
Median Age of Total Population	● ▲ 19.7	23.3
Population 60 Years and Over, %	● ▲ 6.2	6.2
Dependency Ratio	● ▲ 79	57

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.00	55.12	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.5/3.3
No Education, Primary	3.0
Highest Level of Education	2.6
Provincial Low/High	2.1/3.1 Ashgabad City/Dashoguz
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	60.1/79.9
No Education, Primary	76.5
Highest Level of Education	61.2
Provincial Low/High	47.7/98.6 Ashgabad City/Mary
Poorest/Richest Quintile, %	89.3/58.4

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	105.5/69.8
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	36.0/26.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	3.8/4.6
No Education, Primary, %	4.3

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	5,884
Gross Domestic Product Growth Rate, Annual %	na	17
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	12.1
Population Living Below National Poverty Line, %	▲ na	na
Share of Income or Consumption by Poorest Quintile	na	2.6
Access to Improved Water Supply, %	▲ na	71
Antenatal Care, At Least One Visit, %	na	87
Deliveries Attended by Skilled Attendants, %	● ▲ na	97
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	59.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	na	1
Illiteracy Rate, % of Population 15 and Over, Female	na	2
Illiteracy Rate, % of Population 15 to 24, Male	na	0
Illiteracy Rate, % of Population 15 to 24, Female	na	0
Ratio of Girls to Boys, Primary Education	▲ na	na
Ratio of Girls to Boys, Secondary Education	▲ na	na
Primary School Enrolment, Gross % of School Age Population, Male	● ▲ na	na
Primary School Enrolment, Gross % of School Age Population, Female	● ▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Male	● ▲ na	na
Secondary School Enrolment, Gross % of School Age Population, Female	● ▲ na	na
Children Underweight Under 5, Male, %	na	na
Children Underweight Under 5, Female, %	na	na
Stunted Children under 5, Severe, %	na	na
Wasted Children under 5, Severe, %	na	na
Undernourished People, %	na	7.0
Refugees, Number	na	13,511
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	4
Estimated HIV Prevalence, 15-49, Total	na	<0.1
Estimated HIV Prevalence, 15-49, Male	na	na
Estimated HIV Prevalence, 15-49, Female	na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.5	21.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	24.0	16.5
Median Age at First Sexual Intercourse, Female, 25-49	na	21.6
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	7.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	21
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	42.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	9.9
Labor Force Participation Rate, 15-64, Male	na	81.1
Labor Force Participation Rate, 15-64, Female	na	66.0
Seats in Parliament Held by Women, %	na	26.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	360.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	23.2
Unmet Need for Family Planning, Spacing, %	● na	5.2
Unmet Need for Family Planning, Limiting, %	● na	4.9
Unmet Need for Family Planning, Total, %	● na	10.1
Unmet Need for Family Planning, Thousands	● na	0.1

Highest Level of Education	4.1	
Provincial Low/High, %	0.0/7.0	Ashgabad City/Balkan
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	98.2/96.6	
No Education, Primary, %	96.4	
Highest Level of Education, %	98.6	
Provincial Low/High, %	92.7/99.8	Akhal/Lebap
Poorest/Richest Quintile, %	96.8/98.3	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	52.6/53.5	
No Education, Primary, %	52.6	
Highest Level of Education, %	53.1	
Provincial Low/High, %	48.5/60.9	Lebap/Akhal
Poorest/Richest Quintile, %	50.9/49.9	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	2.1/1.5	
No Education, Primary, %	1.8	
Highest Level of Education, %	1.2	
Provincial Low/High, %	1.0/2.7	Akhal/Balkan
Poorest/Richest Quintile, %	1.4/1.7	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	60.5/63.8	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	67.2/66.1	
Malnourished Women:		
Poorest/Richest Quintile, %	11.1/9.9	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	98.3/97.2	

Ukraine



Overview

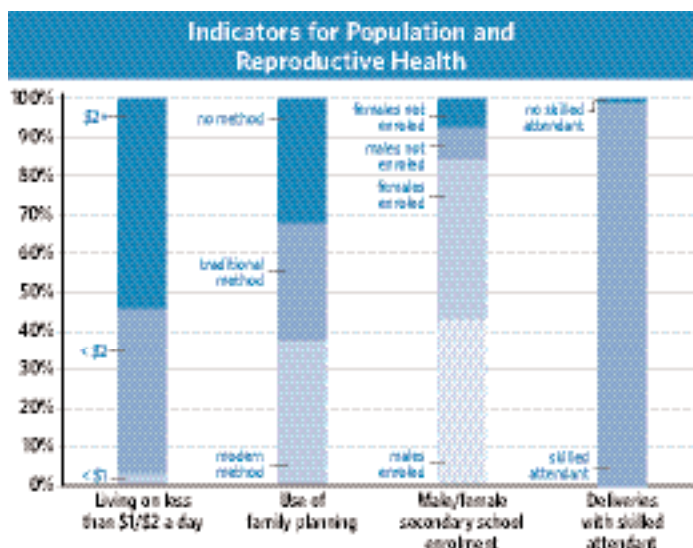
Ukraine has experienced economic growth since 2000, yet about a third of its population of 46 million still lives below the national poverty line. In 2003 the government, with the support of the UN country team and other partners, launched a comprehensive strategy entitled Millennium Development Goals for Ukraine, with projections to the year 2015. Ukraine is ranked 78th in UNDP's 2005 Human Development Index, placing it in the Medium Human Development category.

The total fertility rate has stabilized at 1.5 lifetime births per woman. The population growth rate in Ukraine has been negative for some years and while the rate of decline has slowed for the first time, it has remained negative at -1.0 per cent in 2005. The Ukraine population is consequently ageing at a rapid rate and the proportion of the population age 60 and over reached 21 per cent in 2005.

In Ukraine, reproductive health is a priority area. The implementation of the National Family Planning Programme for 1995-2000 improved Ukraine's reproductive health indicators. Between 1990 and 2000, the maternal mortality ratio declined from 50 deaths per 100,000 live births to 35. The infant mortality rate is stable at 15 deaths per 1,000 live births.

With support from UNFPA, reproductive health services were made available through the establishment of reproductive health/family planning centres in each of the country's 28 regions. The abortion-to-birth-ratio decreased, while modern contraceptive prevalence is now at 38 per cent.

The incidence of HIV/AIDS and other sexually transmitted infections (STIs) is also a matter of concern. Ukraine has the highest growth in new infections in Central and Eastern Europe. Over 1 per cent of the adult population is HIV positive. Since 2001, in partnership with UNAIDS, five projects on HIV prevention were developed by UNFPA, along with projects to prevent STI/HIV infection in the armed forces and police.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	24,001.9	21,310.1
Population in Thousands, Female	27,889.6	25,170.6
Population Growth Rate, %	na	-1.1
Crude Birth Rate per 1,000 Population	12.8	8.8
Crude Death Rate per 1,000 Population	13.2	16.6
Urban Population, %	66.8	67.3
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	44.5	48.9
Total Fertility Rate per Woman 15-49	1.80	1.47
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	37.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	67.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 50	35
MMR, Lower Bound	● ▲ na	23
MMR, Upper Bound	● ▲ na	47
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 17.9	15.1
Under Age 5 Mortality Rate, Total	● ▲ 20	17
Under Age 5 Mortality Rate, Female	● ▲ na	15
Under Age 5 Mortality Rate, Male	● ▲ na	20
Life Expectancy at Birth, Total, Years	● ▲ 68.6	66.3
Life Expectancy at Birth, Female, Years	● ▲ 73.1	72.5
Life Expectancy at Birth, Male, Years	● ▲ 63.7	60.4
Median Age of Total Population	● ▲ 35.0	39.0
Population 60 Years and Over, %	● ▲ 18.5	20.9
Dependency Ratio	● ▲ 51	45

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.30	28.09	2.18	99.18

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	1.3/1.8
No Education, Primary	1.6
Highest Level of Education	1.1
Provincial Low/High	1.1/2.0 East/West
Poorest/Richest Quintile	na/na

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	na/na
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	44.0/64.0
Poorest/Richest Quintile	na/na

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH	1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars	na	5,472
Gross Domestic Product Growth Rate, Annual %	na	12
Income Group per World Bank Classification	na	Lower middle income
Population Below \$1/Day, %	▲ na	2.9
Population Living Below National Poverty Line, %	▲ na	31.7
Share of Income or Consumption by Poorest Quintile	na	3.7
Access to Improved Water Supply, %	▲ na	98
Antenatal Care, At Least One Visit, %	na	na
Deliveries Attended by Skilled Attendants, %	●▲ na	99
Family Planning Programme Effort Index, 1999 (Total Mean Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male	0	0
Illiteracy Rate, % of Population 15 and Over, Female	1	0
Illiteracy Rate, % of Population 15 to 24, Male	0	0
Illiteracy Rate, % of Population 15 to 24, Female	0	0
Ratio of Girls to Boys, Primary Education	▲ 0.96	0.95
Ratio of Girls to Boys, Secondary Education	▲ na	0.87
Primary School Enrolment, Gross % of School Age Population, Male	●▲ na	93
Primary School Enrolment, Gross % of School Age Population, Female	●▲ na	93
Secondary School Enrolment, Gross % of School Age Population, Male	●▲ na	97
Secondary School Enrolment, Gross % of School Age Population, Female	●▲ na	96
Children Underweight Under 5, Male, %	na	3
Children Underweight Under 5, Female, %	na	4
Stunted Children under 5, Severe, %	na	6
Wasted Children under 5, Severe, %	na	1
Undernourished People, %	na	4.0
Refugees, Number	na	2,877
Internally Displaced Persons, Number	na	na
Asylum Seekers, Number	na	899
Estimated HIV Prevalence, 15-49, Total	na	1.4
Estimated HIV Prevalence, 15-49, Male	na	2.0
Estimated HIV Prevalence, 15-49, Female	na	1.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	13.6	15.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	67.0	29.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	24.1	24.1
Mean Age at Marriage, Female	21.0	21.0
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	57
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	78.0
HIV Prevalence, 15-24, Total	▲ na	1.4
HIV Prevalence, 15-24, Female	▲ na	0.9
HIV Prevalence, 15-24, Male	▲ na	2.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	65.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	70.3
Labor Force Participation Rate, 15-64, Female	na	61.8
Seats in Parliament Held by Women, %	na	5.3
Female Legislators, Senior Officials and Managers, %	na	38.0
Female Professional and Technical Workers, %	na	64.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-2,262.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-21.7
Unmet Need for Family Planning, Spacing, %	● na	na
Unmet Need for Family Planning, Limiting, %	● na	na
Unmet Need for Family Planning, Total, %	● na	na
Unmet Need for Family Planning, Thousands	● na	na

Highest Level of Education	na
Provincial Low/High, %	na/na
Deliveries Attended by Skilled Attendants:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Women 15-49:	
Urban/Rural, %	75.3/61.6
No Education, Primary, %	45.7
Highest Level of Education, %	71.3
Provincial Low/High, %	24.8/43.1 West/East
Poorest/Richest Quintile, %	na/na
Modern Contraceptive Prevalence Rate for Men 15-54:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Limiting:	
Poorest/Richest Quintile, %	na/na
Unmet Need for Family Planning, Spacing:	
Poorest/Richest Quintile, %	na/na

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	0.4/0.7
No Education, Primary, %	2.2
Highest Level of Education, %	0.6
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Uzbekistan

Overview

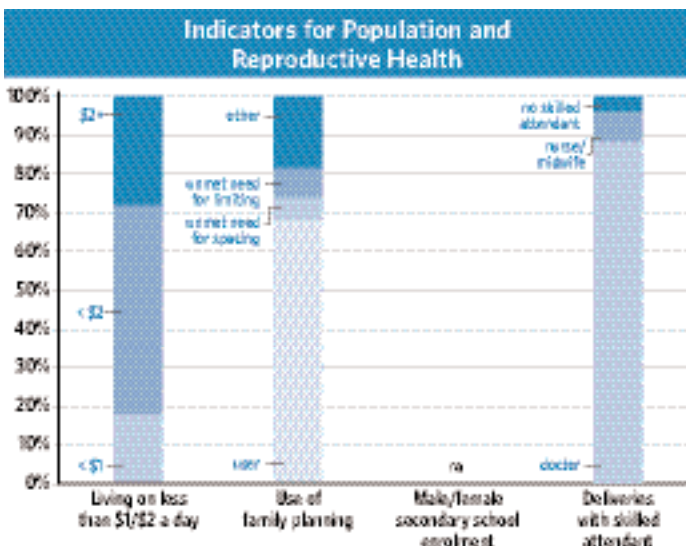
Uzbekistan, the most populous country in Central Asia with 26.6 million people (in 2005), faces high levels of poverty and unemployment. There are stark regional disparities in income and in the utilization of basic social services, including reproductive health services. The health status of the population has suffered over the last decade due to deteriorating access to quality health services, especially at the primary health-care level.

At the end of 2004, pressured by the World Bank and International Monetary Fund (IMF), Uzbekistan began drafting an interim Poverty Reduction Strategy Paper. A full-fledged version of the Strategy should be ready by the end of 2005.

The quality of antenatal and perinatal care and problems with emergency obstetric care remain a major challenge. More than half of women of reproductive age are reported to be anemic. The contraceptive prevalence rate is 67 per cent (63 per cent for modern methods), though the range of methods is limited. Abortion is still a common means of family planning.

The government has identified reproductive health as a priority and adopted a series of policies. Access to high-quality reproductive health services and the provision of information, education and communication (IEC) are key strategies. The government continues to implement the National Programme of Health Care Reform 1998-2005, which aims to improve the quality of services at the primary health care level, equalize access and improve maternal and child health care services.

Recent data indicate a rising trend in STIs and HIV infections in the country. Most cases can be attributed to intravenous drug use, though cases resulting from sexual transmission are growing, which could pose a serious threat to the health of young people. In response, the government approved the Strategic Plan of a National Response to HIV/AIDS in 2003, which was developed with help from the UN Theme Group. A government proposal to the Global Fund was approved for US\$24.5 million.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	10,140.8	13,224.2
Population in Thousands, Female	10,374.5	13,368.9
Population Growth Rate, %	na	1.4
Crude Birth Rate per 1,000 Population	34.3	24.7
Crude Death Rate per 1,000 Population	7.3	6.7
Urban Population, %	40.1	36.4
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	46.2	54.7
Total Fertility Rate per Woman 15-49	4.14	3.31
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	62.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	67.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 55	24
MMR, Lower Bound	● ▲ na	9
MMR, Upper Bound	● ▲ na	41
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	27.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 62.2	56.6
Under Age 5 Mortality Rate, Total	● ▲ 71	68
Under Age 5 Mortality Rate, Female	● ▲ na	48
Under Age 5 Mortality Rate, Male	● ▲ na	56
Life Expectancy at Birth, Total, Years	● ▲ 66.8	66.8
Life Expectancy at Birth, Female, Years	● ▲ 69.9	70.1
Life Expectancy at Birth, Male, Years	● ▲ 63.5	63.6
Median Age of Total Population	● ▲ 19.4	22.6
Population 60 Years and Over, %	● ▲ 6.5	6.2
Dependency Ratio	● ▲ 82	61

Public Expenditures on Health and Education

Health		Primary & Secondary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
2.50	9.55	na	na

* Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

INTERNAL DISPARITIES

Total Fertility Rate per Woman 15-49:

Urban/Rural	2.5/3.2
No Education, Primary	3.1
Highest Level of Education	2.0
Provincial Low/High	2.0/3.4 Tashkent City/Central Region
Poorest/Richest Quintile	4.4/2.1

Infant Mortality Rate per 1,000 Live Births:

Urban/Rural	42.9/74.6
No Education, Primary	94.6
Highest Level of Education	29.4
Provincial Low/High	na/na
Poorest/Richest Quintile, %	54.4/45.9

Under Age 5 Mortality Rate:

Poorest/Richest Quintile, %	70.3/50.4
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Age-Specific Fertility Rate, 15-19 Years:

Urban/Rural	38.0/41.0
Poorest/Richest Quintile	58.0/39.0

Adolescent Women 15-19 Begun Childbearing:

Urban/Rural, %	5.0/3.8
No Education, Primary, %	3.1

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,737
Gross Domestic Product Growth Rate, Annual %		na	4
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	▲	na	3.3
Population Living Below National Poverty Line, %	▲	na	27.5
Share of Income or Consumption by Poorest Quintile		na	3.6
Access to Improved Water Supply, %	▲	na	89
Antenatal Care, At Least One Visit, %		na	97
Deliveries Attended by Skilled Attendants, %	●▲	na	96
Family Planning Programme Effort Index, 1999 (Total Mean Score)		na	55.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mean Score)		na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	0
Illiteracy Rate, % of Population 15 and Over, Female		2	1
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	▲	0.96	0.96
Ratio of Girls to Boys, Secondary Education	▲	na	na
Primary School Enrolment, Gross % of School Age Population, Male	●▲	na	103
Primary School Enrolment, Gross % of School Age Population, Female	●▲	na	102
Secondary School Enrolment, Gross % of School Age Population, Male	●▲	na	97
Secondary School Enrolment, Gross % of School Age Population, Female	●▲	na	94
Children Underweight Under 5, Male, %		na	21
Children Underweight Under 5, Female, %		na	17
Stunted Children under 5, Severe, %		na	14
Wasted Children under 5, Severe, %		na	3
Undernourished People, %		na	26.0
Refugees, Number		na	44,682
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	971
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	0.1
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.2	21.7
Age-Specific Fertility Rate per 1,000 Women, 15-20		76.0	35.5
Median Age at First Sexual Intercourse, Female, 25-49		na	20.2
Mean Age at Marriage, Male		na	na
Mean Age at Marriage, Female		na	na
Married by 18, Percent, Female, 25-49		na	13.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲	na	22
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	41.0
HIV Prevalence, 15-24, Total	▲	na	0.0
HIV Prevalence, 15-24, Female	▲	na	0.0
HIV Prevalence, 15-24, Male	▲	na	0.0

GENDER EQUALITY		1990	Most Recent
Gender Empowerment Measure, Value		na	na
Gender Empowerment Measure, Rank		na	na
Malnourished Women, %		na	10.3
Labor Force Participation Rate, 15-64, Male		na	78.2
Labor Force Participation Rate, 15-64, Female		na	66.3
Seats in Parliament Held by Women, %		na	7.2
Female Legislators, Senior Officials and Managers, %		na	na
Female Professional and Technical Workers, %		na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	2,047.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	24.1
Unmet Need for Family Planning, Spacing, %	●	na	6.6
Unmet Need for Family Planning, Limiting, %	●	na	7.0
Unmet Need for Family Planning, Total, %	●	na	13.7
Unmet Need for Family Planning, Thousands	●	na	0.7

Highest Level of Education	2.3	
Provincial Low/High, %	3.8/5.3	Eastern and Central Regions/ East-Central
Deliveries Attended by Skilled Attendants:		
Urban/Rural, %	96.0/95.5	
No Education, Primary, %	66.7	
Highest Level of Education, %	95.8	
Provincial Low/High, %	93.6/97.4	Region 2/Region 1
Poorest/Richest Quintile, %	91.7/100.0	
Modern Contraceptive Prevalence Rate for Women 15-49:		
Urban/Rural, %	59.9/64.6	
No Education, Primary, %	58.7	
Highest Level of Education, %	61.5	
Provincial Low/High, %	55.8/72.6	Tashkent City/Eastern
Poorest/Richest Quintile, %	46.0/52.2	
Modern Contraceptive Prevalence Rate for Men 15-54:		
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiting:		
Poorest/Richest Quintile, %	7.8/6.2	
Unmet Need for Family Planning, Spacing:		
Poorest/Richest Quintile, %	8.3/3.8	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:

Poorest/Richest Quintile, % na/na

Children Underweight Under 5, Severe:

Urban/Rural, % 0.9/2.0

No Education, Primary, % 0.7

Highest Level of Education, % 1.4

Provincial Low/High, % 0.0/4.1 Tashkent City/East-Central Region

Poorest/Richest Quintile, % 9.8/2.8

Girls 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % 65.5/75.8

Boys 6-10 Who Currently Attend School:

Poorest/Richest Quintile, % 68.2/68.1

Malnourished Women:

Poorest/Richest Quintile, % 12.3/7.9

Antenatal Care, At Least One Visit:

Poorest/Richest Quintile, % 93.0/96.4

Glossary

AIDS	Acquired immune deficiency syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CPR	Contraceptive prevalence rate
DHS	Demographic and Health Survey
EmOC	Emergency obstetric care
EU	European Union
FGC	Female genital cutting
GDI	Gender Development Index
GDP	Gross domestic product
GNI	Gross national income
HDI	Human Development Index
HIPC	Heavily Indebted Poor Countries Initiative
HIV	Human immunodeficiency virus
ICPD	International Conference on Population and Development
IEC	Information, education and communication
IMR	Infant mortality rate
IPPF	International Planned Parenthood Federation
IUD	Intra-uterine device
LAC	Latin American/Caribbean
MDGs	Millennium Development Goals
MMR	Maternal mortality ratio
MOH	Ministry of Health
NGO	Non-governmental organization
PAHO	Pan American Health Organization
PLWHAs	People living with HIV/AIDS
PRSP	Poverty Reduction Strategy Paper
RH	Reproductive health
RH/FP	Reproductive health/family planning
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SWAp	Sector-wide approach
TFR	Total fertility rate
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNV	United Nations Volunteers
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Technical Notes

Population in thousands, M/F

Source: United Nations Population Division (UNPD). Data for larger countries from the UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. Data for smaller countries from the U.S. Census Bureau. 2005. International Data Base. Washington, D.C.: U.S. Census Bureau. These indicators present the total size of national population by sex, based on a medium variant projection.

Population growth rate, per cent

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the current period (2005) annual growth of national populations.

Crude birth rate

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the current period (2005) annual number of births per 1,000 total population. Adjustment has not been made for the age structure of the population.

Crude death rate

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the current period (2005) annual number of deaths per 1,000 total population. Adjustment has not been made for the age structure of the population.

Urban population, per cent

Source: UNPD 2004. *World Urbanization Prospects*. New York: UN.

This indicator reflects the estimated proportion of the national population living in areas termed 'urban' by that country in the year 2000. Typically, the population living in towns of 2,000 or more or in national or provincial capitals is classified 'urban'.

Sex ratio at birth

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the ratio of males to females at birth in a given population, expressed as the number of males for every female. Estimates for the current period (2005) are used.

Women 15-49, per cent

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the proportion of the national population comprised by women of reproductive age, most commonly defined as ages 15

through 49. Medium variant projections for the year 2005 are used.

Total fertility rate per woman, 15-49

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator reflects the average number of children a woman would bear assuming that age-specific fertility rates remain constant throughout her childbearing years (most commonly defined as ages 15 through 49). Estimates for the current period (2005) are used. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (United Nations Children's Fund (UNICEF)) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Contraceptive prevalence rate

Source for most recent data: UNPD, Department of Economic and Social Affairs. *World Contraceptive Use 2003*. New York: UN. Source for 1990 data: UNPD. 1996. *Levels and Trends of Contraceptive Use As Assessed in 1994*. New York: UN. These data are derived from sample survey reports and estimate the proportion of married women (including women in consensual unions) currently using any method or modern methods of contraception. Modern or clinic and supply methods include male and female sterilization, IUD, the pill, injectables, hormonal implants, condoms and female barrier methods. These numbers are roughly but not completely comparable across countries due to variation in population surveyed by age (15-49 year-old women being most common), in the timing of the surveys, and in the details of the questions. All of the data are from the most recent year available. When available, the modern contraceptive prevalence rate has been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Maternal mortality ratio

Source for most recent data: World Health Organization (WHO), Department of Reproductive Health and Research. 2004. *Maternal Mortality in 2000: Estimates developed by WHO, UNICEF, and United Nations Population Fund (UNFPA)*. Geneva: WHO.

Source for 1990 data: WHO and UNICEF. 1996. Revised 1990 Estimates for Maternal Mortality: A New Approach. Geneva: WHO. This indicator presents the annual number of deaths of women from pregnancy-related causes, when pregnant or within 42 days of termination of pregnancy, per 100,000 live births. The maternal mortality ratio is a measure of the risk of death once a woman has become pregnant. Precision can be difficult due to problems associated with defining and reporting maternal deaths, but relative magnitudes can be informative.

Neonatal mortality rate per 1,000 live births

Source: WHO. 2005. *World Health Report 2005*. Geneva: WHO. This indicator refers to the death of live-born infants during the neonatal period, which begins with birth and covers the first four weeks of life.

Infant mortality rate per 1,000 live births

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the death of a live born infant within the first year of life, which is the most sensitive to development levels. Stillbirths (also referred to as fetal deaths) are not included in infant mortality calculations. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Under-5 mortality, M/F

Source: UNFPA. 2005. *State of the World's Population 2005*. New York: UNFPA. Data provided by the United Nations Population Division. This indicator relates to the incidence of mortality to infants and young children, disaggregated by sex. It reflects, therefore, the impact of diseases and other causes of death on infants, toddlers and young children. More standard demographic measures are infant mortality and mortality rates for 1 to 4 years of age, which reflect differing causes of and frequency of mortality in these ages. The measure is more sensitive than infant mortality to the burden of childhood diseases, including those preventable by improved nutrition and by immunization

programs. Under-5 mortality is here expressed as deaths to children under 5 per 1,000 live births in a given year. The estimate refers to the period 2005.

Under-5 mortality, total

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator relates to the incidence of mortality to infants and young children. Under-5 mortality is expressed as deaths to children under 5 per 1,000 live births in a given year. The estimate refers to the period 2005.

Life expectancy at birth, total, M/F

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. Life expectancy at birth refers to the average number of years a newborn infant would be expected to live if health and living conditions at the time of birth remained the same throughout its lifespan. This measure reflects the health of a country's people and the quality of care they receive when they are ill.

Median age of total population

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. These data refer to the age at which exactly half of the population is older and half is younger.

Population 60 years and over, per cent

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the proportion of the national population age 60 and over, considered to be a 'dependent age'. Medium variant projections for the year 2005 are used.

Dependency ratio

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator refers to the ratio of persons in the 'dependent' ages (under 15 and over 64 years) to those in the 'economically productive' ages (15-64 years) in a population.

Gross domestic product per capita, purchasing power parity

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. PPP GDP is gross domestic product converted to international dollars using purchasing power parity rates. An international dollar has the same purchasing power over GDP as the U.S. dollar has in the United States. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources. Data are in current international dollars. Note, however, that several policy overviews approved by the field offices report

U.S. dollar values (converted at official exchange rates) and not purchasing power corrected international dollars.

Gross domestic product growth rate

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. This indicator reflects the annual percentage growth rate of GDP at market prices based on constant local currency. Aggregates are based on constant 1995 U.S. dollars. GDP is the sum of gross value added by all resident producers in the economy plus any product taxes and minus any subsidies not included in the value of the products. It is calculated without making deductions for depreciation of fabricated assets or for depletion and degradation of natural resources.

Income group

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. Based on its gross national income (GNI) per capita, every economy is classified as low income, middle income (subdivided into lower middle and upper middle), or high income. These categories are based on the World Bank's operational lending categories. Economies are divided according to 2000 GNI per capita, calculated using the World Bank Atlas method. The groups are low income, \$765 or less; lower middle income, \$766-\$3,035; upper middle income, \$3,036-\$9,385; and high income, \$9,386 or more.

Population below one dollar a day

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. This indicator reports the percentage of population living on less than \$1.08 a day at 1993 international prices (equivalent to \$1 in 1985 prices, adjusted for purchasing power parity). When estimating poverty world-wide, the same reference poverty line has to be used, and expressed in a common unit across countries. Therefore, for the purpose of global aggregation and comparison, the World Bank uses reference lines set at \$1 and \$2 per day in 1993 Purchasing Power Parity terms (where PPPs measure the relative purchasing power of currencies across countries). It should be emphasized that for analysis of poverty in a particular country, the World Bank always uses poverty line(s) based on norms for that society. Because of the time involved in collecting and processing the household survey data upon which these figures are based, and because of the complexities of the estimation exercise, these figures appear with a lag, and are updated only every three years.

Population living below national poverty line, per cent

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. This indicator refers to the per cent of the population living below the national poverty line. National estimates are based on population-weighted subgroup estimates from household surveys.

Share of income or consumption by poorest quintile

Source: United Nations Development Programme (UNDP). 2004. *Human Development Report 2004*. New York: UNDP. This indicator is based on national household surveys covering various years. Consumption surveys produce results showing lower levels of inequality between poor and rich than do income surveys, as poor people generally consume a greater share of their income. Because data come from surveys covering different years and using different methodologies, comparisons between countries must be made with caution.

Access to improved water supply

Source for most recent data: UNICEF. 2005. *The State of the World's Children 2005 Report*. New York: UNICEF. Source for 1990 Data: UNDP. 1993. *Human Development Report 1993*. New York: UNDP. This indicator reflects the proportion of the population with access to an adequate amount of safe drinking water located within a convenient distance from the user's dwelling.

Deliveries attended by skilled attendants

Source for most recent data: WHO. 2005. *Skilled Attendant at Delivery 2005 Global Estimates*. Geneva: WHO. Source for 1990 data: UNDP. 1993. *Human Development Report 1993*. New York: UNDP. This indicator is based on national reports of the proportion of births attended by a skilled health worker, including doctors (specialist or non-specialist), nurses, and/or other persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries. Traditional birth attendants, trained or not, have been excluded from the category of skilled health workers. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Maternal and neonatal health programme index

Source: Ross, John and Jane Begala. The Maternal and Neonatal Health Program Index (MNPI) Study: Measures of Strength for Maternal Health Programs in 55 Developing Countries, POLICY Working Paper Series No. 15, The Future's Group, November 2004. Washington, D.C., POLICY Project. This indicator reflects the total mean score from questionnaires covering six areas of maternal and neonatal health: policy and support services; facility capacity; access to services; care received; resources; and family planning. The MNPI is a standardized assessment instrument designed to program inputs and strength of effort for

the reduction of maternal mortality and morbidity and closely related neonatal items. The maximum for the total effort index is a score of 100.

Family planning programme effort index

Source: Ross, J. and J. Stover. "The Family Planning Program Effort Index: 1999 Cycle." *International Family Planning Perspectives* 27(3): 119-129. New York: Alan Guttmacher Institute. This indicator reflects the total mean score from questionnaires covering four areas of family planning efforts: policy and stage-setting activities; service and service-related activities; evaluation and recordkeeping; and availability of fertility control methods. The scores used in this indicator are intended to capture program effort or strength, independent of outputs such as contraceptive use or fertility change. The maximum for the total effort index is a score of 120, with >80 indicating strong effort, 55-79 indicating moderate effort, 25-54 as weak effort, and <24 indicating very weak or no effort.

Illiteracy, M/F

Source: United Nations Educational, Scientific, and Cultural Organization (UNESCO), Institute for Statistics. April 2005. *Estimates and Projections of Adult Illiteracy for Population Aged 15 Years and Above, by Country and by Gender, 2000-2004*. Montreal: UNESCO. Illiteracy definitions are subject to variation in different countries. Data collection methods range from self-identification during an interview through formally administered literacy tests. UNESCO compiles literacy statistics collected during national population censuses and household surveys. In so far as possible, data refer to the proportion of the population who cannot, with understanding, both read and write a short simple statement on everyday life, usually assessed exclusively in an official or de facto official language. Adult illiteracy (rates for persons above 15 years of age) reflects recent levels of educational enrolment and past educational attainment, as well as skill maintenance.

Illiteracy Rate, Per Cent of Population 15 to 24, M/F

Source: UNESCO, Institute for Statistics. April 2005. *Estimates and Projections of Youth Population Ages 15 to 24 Years, by Country and by Gender, 2000-2004*. Montreal: UNESCO. Illiteracy definitions are subject to variation in different countries. Data collection methods range from self-identification during an interview through formally administered literacy tests. UNESCO compiles literacy statistics collected during national population censuses and household surveys. In so far as possible, data refer to the proportion of the population who cannot, with understanding, both read and write a short simple statement on everyday life, usually assessed exclusively in an official or de facto official language.

Ratio of girls to boys, primary education

Source: UNESCO. 2000. *Statistical Yearbook and www.unesco.org*. Montreal: UNESCO. These data are the number of students enrolled in a level of education who are of official school age for that level, as a percentage of the population of official school age for that level. The core at this level consists of education provided for children, the customary or legal age of entrance being not younger than five years or older than seven years. This level covers in principle six years of full-time schooling. Because data are from different sources, comparisons across countries should be made with caution.

Ratio of girls to boys, secondary education

Source: UNESCO. 2000. *Statistical Yearbook and www.unesco.org*. Montreal: UNESCO. These data are the number of students enrolled in a level of education who are of official school age for that level, as a percentage of the population of official school age for that level. The contents of education at this level 2 are typically designed to complete the provision of basic education which began at primary education. The end of this level often coincides with the end of compulsory education where it exists. Because data are from different sources, comparisons across countries should be made with caution.

Primary and secondary enrolment, gross percentage of school age population, M/F

Source: UNESCO. 2005. Montreal: UNESCO. Gross enrolment ratios indicate the number of students enrolled in the primary and secondary levels in the education system per 100 individuals in the appropriate age group. They do not correct for individuals who are older than the level-appropriate age due to late starts, interrupted schooling, or grade repetition. Denominator data are from UNPD 2002 estimates.

Children underweight under 5, M/F

Source: UNICEF Global Database on Child Malnutrition. 2002. New York: UNICEF. This indicator presents the proportion of under-fives falling below minus 2 standard deviations (moderate underweight) and minus 3 standard deviations (severe underweight) from the median weight-for-age of the reference population. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, and reflect the most recent year available.

Stunted children under 5, severe

Source for most recent data: UNICEF Global Database on Child Malnutrition. 2002. New York: UNICEF. Source for 1990 data: UNDP. 1993. *Human Development Report 1993*. New York, UNDP. This indicator presents the proportion of under-fives falling below minus 3 standard deviations (severe underweight) from the median height-for-age of the reference population. Data are from national health sur-

veys, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, and reflect the most recent year available.

Wasted children under 5, severe

Source for most recent data: UNICEF Global Database on Child Malnutrition. 2002. New York: UNICEF. Source for 1990 data: UNPD. 1993. *Human Development Report 1993*. New York, UNDP. This indicator presents the proportion of under-fives falling below minus 3 standard deviations (severe underweight) from the median weight-for-height of the reference population. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys and Demographic and Health Surveys, and reflect the most recent year available.

Undernourished people, per cent

Source: UNDP. 2004. *Human Development Report 2004*. New York: UNDP. This indicator refers to percentage of people whose food intake is chronically insufficient to meet their minimum energy requirements. Data refer to the average of 1999 and 2001 figures.

Refugees, number

Source: United Nations High Commissioner for Refugees (UNHCR). Population Data Unit/PGDS. June 2004. 2003 Global Refugee Trends. Geneva: UNHCR. This indicator refers to persons recognized as refugees under the 1951 UN Convention/1967 Protocol, the 1969 OAU Convention, in accordance with the UNHCR Statute, persons granted a humanitarian status and those granted temporary protection.

Internally displaced persons, number

Source: UNHCR. Population Data Unit/PGDS. June 2004. 2003 Global Refugee Trends. Geneva: UNHCR. These data are the number of persons who are displaced within their country and to whom UNHCR extends protection and/or assistance, generally pursuant to a special request by a competent organ of the United Nations.

Asylum seekers, number

Source: UNHCR. Population Data Unit/PGDS. June 2004. 2003 Global Refugee Trends. Geneva: UNHCR. These data refer to persons whose application for asylum or refugee status is pending at any stage in the procedure or who are otherwise registered as asylum-seekers.

Estimated HIV prevalence, 15-49, total, M/F

Source: The Joint United Nations Programme on HIV/AIDS (UNAIDS). 2004. *2004 Report on the Global AIDS Epidemic. 4th Global Report*. Geneva: UNAIDS. This figure was derived by dividing the estimated number of adults (age 15-49) living with HIV at the end of 2003 by the 2003 adult population of corresponding ages.

Proportion of Population 15-24

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the proportion of the national population ages 15 to 24, the approximate years of adolescence, defined as the period between childhood and full maturity, beginning with puberty. Medium variant projections for the year 2005 are used.

Age-specific fertility rate, 15-20

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This is an indicator of the burden of fertility on young (adolescent) women using medium variant projections for 2005. This measure includes women up to the age of 20 (19 years, 11 months, and 29 days). Since it is an annual level summed over all women in the age cohort, it does not reflect fully the level of fertility for women during their youth. Since it indicates the annual average number of births per woman per year, one could multiply it by five to approximate the number of births to 1,000 young women during their late teen years. The measure does not indicate the full dimensions of teen pregnancy, as only live births are included in the numerator. Stillbirths and spontaneous or induced abortions are not reflected. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Mean age at marriage, M/F

Source: UN, Department of Economic and Social Affairs, Statistics Division. 1999. *The Women's Indicators and Statistics Database, Version 4 (Wistat 4)*. New York: UN Statistics Division. This indicator reports the singulate mean age at marriage for each sex. It is an indicator of the timing of marriage, or the average age at first marriage calculated on the basis of a single census or survey according to Hajnal's procedure (See J. Hajnal, "Age at marriage and proportions marrying", *Population Studies*, vol. 7, No. 2 (1953), pp. 111-136). Essentially, it is the mean age at first marriage among those who ever married in age group 15-49. It is computed from the proportions never married in each five-year age group within the broad age group 15-49, usually derived from census or survey data of a specific year. It therefore measures the average age at first marriage over the historical period covered by age group 15-49, rather than the average age of those currently marrying for the first time. Data was used for the most recent year available.

HIV knowledge, women and men 15-24 who know that a person can protect her/himself from HIV by consistent condom use, per cent

Source: UNICEF, UNAIDS, and WHO. 2002. Geneva: UNAIDS. *Young people and HIV/AIDS: Opportunity in Crisis*. Data are based on prompted questions about whether AIDS can be avoided by using condoms. The denominator includes all respondents including those who have not heard of AIDS.

HIV knowledge, women 15-24 who know that a healthy-looking person can transmit HIV, per cent

Source: UNAIDS. 2004. *2004 Report on the Global AIDS Epidemic. 4th Global Report*. Geneva: UNAIDS. This indicator refers to the percentage of 15-24 year old women who know that a health-looking person can be infected with the AIDS virus. Only data on women are presented, as relatively little data are available for men.

HIV prevalence rate, M/F, 15-24

Source: UNAIDS. 2002. *The Report on the Global HIV/AIDS Epidemic*. Geneva: UNAIDS. These data derive from surveillance system reports and model estimates. Data provided for men and women aged 15-24 are the average of the high and low estimates reported for each country. The reference year is 2001. Male-female differences reflect physiological and social vulnerability to the illness and are affected by age differences between sexual partners. Where data were not available for 2001 but was available in the prior assessment (reference year 1999), the earlier data point is used.

Gender Empowerment Measure, Value/Rank

Source: UNDP. 2004. *Human Development Report 2004*. This indicator is a composite index measuring gender inequality in three basic dimensions of empowerment—economic participation and decision-making, political participation and decision-making and power over economic resources.

Malnourished women, per cent

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the percent of women ages 15-49 whose Body Mass Index (BMI) is less than 18.5, where BMI is defined as weight in kilograms divided by the square of height in meters. In some countries BMI is presented for all women, while in other countries the figure is available only for mothers of children under five years old. Data are drawn from the household information collected by the Demographic and Health Surveys program.

Labor force participation rate 15-64, M/F

Source: International Labour Office (ILO). 2003. *Yearbook of Labour Statistics*. Geneva: ILO. Data were provided by the ILO, and also found in the Yearbook of Labour Statistics, 2003.

This indicator reflects the economically active population and its relation to the total population, by sex and age (15-64).

Seats in parliament held by women, per cent

Source for most recent data: UNDP. 2004. *Human Development Report 2004*. Source for 1990 data: UNDP. 1993. *Human Development Report 1993*. Where there are lower and upper houses, data refer to the weighted average of women's shares of seats in both houses.

Female legislators, senior officials and managers, per cent

Source: UNDP. 2004. *Human Development Report 2004*. New York: UNDP. Women's share of positions defined according to the International Standard Classification of Occupations (ISCO-88) to include legislators, senior government officials, traditional chiefs and heads of villages, senior officials of special interest organizations, corporate managers, directors and chief executives, production and operations department managers and other department and general managers. Data refer to the most recent year available during the period 1992-2001.

Female professional and technical workers, per cent

Source: UNDP. 2004. *Human Development Report 2004*. New York: UNDP. Women's share of positions defined according to the International Standard Classification of Occupations (ISCO-88) to include physical, mathematical and engineering science professionals (and associate professionals), life science and health professionals (and associate professionals), teaching professionals (and associate professionals) and other professionals and associate professionals. Data refer to the most recent year available during the period 1992-2001.

Projected increase/decrease in women of reproductive age, thousands

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the projected change in the total national population of women of reproductive age (most commonly defined as ages 15 through 49) using medium projections for the period 2000-2015.

Projected increase/decrease in women of reproductive age, per cent

Source: UNPD. 2005. *World Population Prospects: The 2004 Revision*. New York: UN. This indicator presents the projected change in the proportion of the national population comprised by women of reproductive age (most commonly defined as ages 15 through 49) using medium projections for the period 2000-2015.

Unmet need for family planning (spacing, limiting, total, number)

Source: Demographic Health Surveys and Family Health Surveys. ORC Macro and Centers for Disease Control and

Prevention (CDC). Calverton, MD: ORC Macro. Atlanta: CDC. These indicators reflect married or in union women who are sexually active who would prefer to avoid becoming pregnant, but are not using any method of contraception. These women are considered to have an “unmet need” for family planning. The concept of unmet need points to the gap between some women’s reproductive intentions and their contraceptive behavior. Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Data are from surveys of the most recent year available. The Demographic and Health Survey definition of unmet need changed between 1990 surveys and most recent ones. Because definitions changed, strict comparisons between older and newer data should be avoided.

Internal Disparity Indicators

Infant mortality rate per 1,000 live births, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the death of a live born infant within the first year of life. Data are drawn from the household information collected by the Demographic and Health Surveys (DHS) program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals’ relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Under-5 mortality rate, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator relates to the incidence of mortality to infants and young children. Under-5 mortality is here expressed as deaths to children under 5 per 1,000 live births

in a given year. Data are drawn from the household information collected by the Demographic and Health Surveys (DHS) program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals’ relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Adolescent women 15-19 begun childbearing

Source: Demographic and Health Surveys. ORC Macro. Calverton, MD: ORC Macro. This indicator presents the proportion of women age 15-19 who have begun childbearing. Adolescent fertility is a major social and health concern. Teenage mothers are more likely to suffer from severe complications during pregnancy and childbirth, which can be detrimental to the health and survival of both mother and child. When available, these data have been presented at the intranational level disaggregated by urban/rural, provincial high and low, high and low economic quintile, and highest and lowest level of maternal educational attainment. Data are from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), and reflect the most recent year available. Since the disaggregated data are from different sources and may be from a different point in time, these data will not equal the total figures.

Deliveries attended by skilled attendants, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator is based on the proportion of births attended by a skilled health worker, including doctors (specialist or non-specialist), nurses, and/or other persons with midwifery skills who can diagnose and manage obstetrical complications as well as normal deliveries. Traditional birth attendants, trained or not, have been excluded from the category of skilled health workers. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals’ relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Modern contraceptive prevalence rate for women 15-49, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and*

Population. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the per cent of married or in union women ages 15–49 who report using any modern means of contraception, defined as male/female sterilization, oral contraceptive pill, contraceptive injection, intrauterine device, male/female condom, diaphragm, cervical cap, or contraceptive jelly or foam. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Modern contraceptive prevalence rate for men 15-54, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the per cent of married or in union men ages 15–54 who report using any modern means of contraception, defined as male/female sterilization, oral contraceptive pill, contraceptive injection, intrauterine device, male/female condom, diaphragm, cervical cap, or contraceptive jelly or foam. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Unmet need for family planning, spacing/limiting, by wealth quintile

Source: Gwatkin, D.R., S. Rutstein, K. Johnson, E.A. Suliman, and A. Wagstaff. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. These indicators reflect married or in union women who are sexually active who would prefer to avoid becoming pregnant, but are not using any method of contraception. These women are considered to have an “unmet need” for family planning. The concept of unmet need points to the gap between some women's reproductive intentions and their contraceptive behavior. Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women whose last birth was mistimed, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning

and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child or who want another child but are unsure when to have the birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and women who are neither pregnant nor amenorrheic and who are not using any method of family planning and who want no more children. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Women 15-59 seen medically for treatment of genital discharge, ulcer, sore, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. Survey respondents who reported having a sexually transmitted infection (STI) or a STI symptom in the 12 months preceding the survey were asked whether they sought advice or treatment. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from this data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Men 15-54 seen medically for treatment of genital discharge, ulcer, sore, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. Survey respondents who reported having a sexually transmitted infection (STI) or a STI symptom in the 12 months preceding the survey were asked whether they sought advice or treatment. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at

risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Children underweight under 5, severe, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator presents the proportion of under-fives falling below minus 3 standard deviations (severe underweight) from the median weight-for-age of the reference population. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Girls 6-10 who currently attend school, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Boys 6-10 who currently attend school, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator.

Malnourished women, per cent, by wealth quintile

Source: Gwatkin et al. 2003. *Initial Country-Level Information about Socio-economic difference in Health, Nutrition, and Population*. Second Edition. Washington, D.C.: The World Bank. This indicator refers to the percent of women ages 15-49 whose Body Mass Index (BMI) is less than 18.5,

where BMI is defined as weight in kilograms divided by the square of height in meters. In some countries BMI is presented for all women, while in other countries the figure is available only for mothers of children under five years old. Data are drawn from the household information collected by the Demographic and Health Surveys program. Researchers constructed a household wealth index from these data and divided the population in each country into five groups of equal size, or quintiles, based on individuals' relative standing on the household wealth index within the country. Wealth quintiles are expressed in terms of quintiles of individuals in the population, rather than quintiles of individuals at risk for any one health indicator. Poorest and richest wealth quintiles are shown.

Antenatal care, at least one visit, per cent, by wealth quintile

Source: Demographic and Health Surveys. ORC Macro. Calverton, MD: ORC Macro. These data refer to the per cent of women with one or more births during the five years preceding the survey, who had received at least one antenatal care consultation from a medically trained person – defined as a doctor, nurse, or trained-midwife, excluding trained or untrained traditional birth attendants – prior to her most recent birth. Poorest and richest wealth quintiles are shown.

Additional Notes

Data presented do not reflect the impact of the Asia Tsunami disaster at the end of 2004. The countries most severely affected by the disaster include India, Indonesia, Maldives, Sri Lanka, and Thailand.

INDICATORS FOR GRAPH

Living on less than \$1/\$2 a day

See "Population below one dollar a day" for source. The category for living on less than \$2 per day is the percentage of the population living on less than \$2.15 a day at 1993 international prices. The bar pertains to the total population.

Use of family planning

See "Contraceptive prevalence rate" and "Unmet need for family planning" for source. The bar pertains to married women, including women in consensual unions. For countries with the data only on contraceptive prevalence, the bar displays three categories: modern method, traditional method, and no method. For countries with the data on both contraceptive prevalence and unmet need for family planning, the bar displays four categories: using, unmet need for spacing, unmet need for limiting, and no need. The category for "no need" consists of currently married women who are pregnant, are less than six months postpartum and are postpartum amenorrhoeic or abstaining,

want to have a child within the next two years, are in menopause, are infecund, or have had a hysterectomy.

Male/female secondary school enrolment

Source: UNESCO, Institute for Statistics. 2005. *Global Education Digest 2005*. Montreal: UNESCO. Tabulations are made by the Population Reference Bureau based on the statistics on "enrolment in total secondary, public and private, all programmes (both sexes, female)" and "net enrolment ratio, secondary, all programmes (male, female)". The bar pertains to those who are of secondary school age. The reference year is 2002/2003. Where data are not available for this period, the most recent data available are used.

Deliveries with skilled attendant

See "Deliveries attended by skilled attendants" for source. The bar pertains to women of reproductive age, most commonly defined as ages 15 through 49. For countries with information on the type of skilled attendants from national health surveys, such as the Multiple Indicator Cluster Surveys (UNICEF) and Demographic and Health Surveys (ORC Macro), the bar displays three categories: deliveries attended by a doctor, nurse/midwife, and no skilled attendant. For other countries, the bar displays two categories: deliveries attended by a skilled attendant and those with no skilled attendant. The category "nurse/midwife" may include other skilled attendants (excluding doctors) in some countries.

INDICATORS FOR TABLE

Public expenditure on health, as per cent of GDP and per capita (\$US)

Source: The World Bank. 2005. *World Development Indicators 2005*. Washington, D.C.: The World Bank. Tabulations for public expenditure on health per capita are made by the Population Reference Bureau based on the statistics on "health expenditure, public, % of GDP", "health expenditure per capita", and "health expenditure, total, % of GDP". Public expenditure on health consists of recurrent and capital spending from government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organizations), and social (or compulsory) health insurance funds. The reference year is 2002. Where data are not available for this period, the most recent data available are used. Health expenditures in the low-income countries are insufficient to meet even the most basic needs. In their report, *Macroeconomics and Health: Investing in Health for Economic Development*, the Commission on Macroeconomics and Health (CMH) estimates that \$30 to \$40 per capita per year is the minimum needed to introduce essential health interventions in low-income countries, including those necessary to fight the AIDS pandemic (CMH 2001, p16). The Commission also indicates that much of these expenditures should be publicly rather than privately financed.

Public expenditure on primary & secondary education, as per cent of GDP and per student (\$US)

Source: UNESCO, Institute for Statistics. 2005. *Global Education Digest 2005*. Montreal: UNESCO. Tabulations are made by the Population Reference Bureau. Public expenditure on primary & secondary education as per cent of GDP is a sum of the figures at these levels, which are calculated based on the statistics on "public expenditure on education as % of GDP", "educational expenditure in primary as % of total educational expenditure", and "educational expenditure in secondary as % of total educational expenditure". Public expenditure on primary & secondary education per student is a weighted average of the figures at these levels (weighted using enrolment as weights), which are calculated based on the statistics on "public expenditure per pupil as a % of GDP per capita, primary", "enrolment in primary, public and private, all programmes, both sexes", "public expenditure per pupil as a % of GDP per capita, secondary", "enrolment in total secondary, public and private, all programmes, both sexes", and additional data on "GDP per capita (constant 2000 US\$)" from *World Development Indicators* (The World Bank 2005). Public expenditure on education consists of current and capital expenditures on education by local, regional and national governments, including municipalities (household contributions are excluded). Expenditure per student is a weighted average of the corresponding figure at primary and secondary-levels, using number of enrolled students as weights. The reference year is 2002/2003. Where data are not available for this period, the most recent data available are used.

DATA FROM MOST RECENT YEAR

Most recent year indicates that data are from the most recent year available at the time of publication. Years will differ depending on the indicator and source used. In future upgrades, more specific year and source information will be provided.

DATA FROM 1990

1990 data are from the period of 1988-1992. Years will differ depending on the indicator and source used. In future upgrades, more specific year and source information will be provided.



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