

## The Hague Forum, 8 to 12 February 1999

### Austrian National Report

The upcoming ICPD+5 special session of the General Assembly, the 32nd conference of the UN Commission on Population and Development in its role as Prep Com, and the Hague Forums, which will provide a platform for the community of states to discuss implementation of the Programme of Action adopted in Cairo in 1994, similarly provides an occasion level to take stock of the progress achieved over the past five years at global and national.

The Austrian Federal Government is committed to the principle of sustained development. It works towards implementing the Cairo Programme of Actions and the results of other major conferences held in the 1980s, and it understands this development as a global effort to strike a balance between fundamental sociopolitical objectives to preserve social peace, to secure economic competitiveness and to maintain the natural foundations of life in the long term.

In order to monitor progress in the implementation of the Cairo Programme, the Federal Ministry of Environment, Youth and Family intends to establish a standing committee at national level made up of government representatives, Members of Parliament and NGOs, which reflects the interaction between social security, economy and ecology.

When taking into consideration the interdependence between population and development, it is of crucial importance to implement the Cairo Programme in order to achieve sustained development.

In Austria, the development over the past five years was primarily **characterised** by demographic changes in the form of declining birth rates and growing life expectancy. Their effect on family structures and socio-economic conditions have therefore shaped national policies.

#### **Demographic change in Austria:**

Echoing the European trend, the birth rate in Austria has declined by about 10% since 1994. After the average number of children per woman had remained relatively stable at 1.5 since the early 1980s, it had dropped to 1.36 by 1997. This corresponds to a "net reproduction rate" of 0.66 or in other words: just two thirds of a generation is currently succeeded by a following generation. Any long-term political perspective will therefore have to take into account the phenomenon of low fertility and its possible consequences for society and its social security systems. The

Austrian Government is of the opinion that government policy is not called upon to directly influence reproductive behaviour. Rather, suitable family and social policies are to remove, or at least minimise, those structural obstacles which stand in the way of individuals in their decision to have children.

### **Family-friendly policies:**

Policies which aim to facilitate the individual's choice in favour of having children will therefore have to use family allowance schemes and find better ways to reconcile work and family life.

Family benefits in Austria are transfer payments to compensate between the childless and families with children, and they are therefore not dependent on the type of family involved. Family benefits in the narrower sense make up some ECU 5,0871 billion per year. This figure is just 20% of the total public expenditure which accrues to families (education, health care, housing, etc.) and which altogether amounts to more than 10% of the GDP. The main benefits in this respect are the family allowance and the tax credit for children. Both will be raised in 1999 and 2000, by altogether ECU 0,8721 billion. The tax credit has been raised in response to a ruling by the Austrian Constitutional Court which instructed the Federal Government to lighten the tax burden for families with children. In this way, the work performed by families in raising and educating children is **recognised** as a social benefit.

### Government attitude toward reconciliation of family and work:

Reconciliation of family and work is one of the key subjects of the Federal Government in its family policy activities. In view of the growing **labour** participation rate of women with children, especially those of pre-school age, the provision of suitable child care facilities is awarded priority importance. Accordingly, the Federal Government is investing another ECU **0,1744** billion in a four-year programme, running until the year 2000, to extend child care facilities. In 1997 and 1998, fully 20,000 child care slots could be added. In 1999 and 2000, the service offer is to be extended for children of pre-kindergarten age and early school **age**, and child care facilities in private enterprises are to be developed.

The cornerstones of a family-friendly policy in Austria are furnished by parental leave and parental leave benefit. This allows mothers or fathers to suspend their employment for 1.5 or 2 years after the birth of a child and devote themselves to the child. In order to motivate fathers to make more use of parental leave, it has been limited to 1.5 years when it is taken by only one parent, but is granted for two years when both parents take parental leave. In either case, the parents retain their legal entitlement to re-employment. An alternative option is part-time parental leave at half the parental leave benefit, which can be taken for up to four years by couples or up to three years by lone parents. Once again, the parents retain their legal entitlement to re-employment.

Another initiative taken by the Federal Government is the introduction of a "Family/Job Audit", which grants state awards to companies with family-friendly staff policies. The aim is to send a message and induce companies to introduce **family-**

friendly working structures, such as flexible working hours and rules governing leave for family purposes, home working, assistance to employees with children, or supporting measures for child care.

#### Counselling and help for families in crisis situations:

At regional and local level, families can have recourse to altogether 305 family counselling centres in all of Austria that offer a comprehensive range of counselling, support and therapies which act preventively and help rapidly and efficiently in a crisis situation. A decisive change in recent year has been that these centres, which were originally designed to offer counselling in pregnancy related to social and emotional problems , are now supplying holistic counselling for families. Consequently, the range of services will over the next years include prevention of violence and drug abuse, sects counselling and return-to-work counselling.

#### **Reproductive and sexual health, reproductive and sexual rights:**

The Federal Government supports information on and access to contraceptives and family planning, with a view to reducing abortion figures.

Family planning is not advocated as a population policy tool, but is a matter of individual choice to be decided by each couple.

In Austria, all types of contraceptives are available from physicians, pharmacies and chemists. Some (e.g. condoms or sprays) are freely available, others (e.g. pill or UID) are available only on prescription following a physical examination. The cost of birth control is presently discharged mostly by the users.

The abortion pill "Mifegyne" was recently approved as a medically softer method.

Since 1975 in Austria, abortion is exempt from punishment for the first three months of pregnancy provided that it is performed by a physician after medical counselling. At a later date, it is exempt only on medical or eugenic grounds or when the pregnant woman has no legal capacity. There is, however, unanimous agreement that abortion is neither a socially desirable nor a medically recommendable method of birth control or family planning. As a rule, the cost of abortion must be paid privately.

In the past years, a marked reduction in the number of abortions has been achieved thanks to improvements in benefits for mothers and families and an increase in the number of counselling centres.

#### Government attitude toward methods of artificial reproduction:

In industrialised countries, artificial reproduction will increasingly become a routine medical procedure that will be treated as a health or psychosocial issue. In Austria it is not discussed in connection with population policies.

## Development of health risks since the 1994 International Conference on Population and Development:

### Infant and maternal mortality:

**In** Austria, infant mortality has considerably decreased over the past decades. In the early 1970s the rate was still 25 in 1,000 births, but by 1997 it was down to 4.7 per 1,000 births. Maternal mortality is extremely rare in Austria (1984-1996: four to six cases per year). This beneficial trend is due to the Mother-Child Medical Check-Programme, which was introduced in 1974 as a tool to reduce infant and maternal mortality. Under the scheme, a specified number of examinations free of charge must be performed, starting with the notion of pregnancy and ending with completion of the child's 3<sup>rd</sup> year.

### Main causes of death:

The 20th century saw a switch from infectious diseases and towards chronic-degenerative diseases. The most frequent causes of death are cardiovascular diseases, cancer and diseases of the digestive system.

With a view to cardiovascular disease prevention, the risk factors overweight, hypertension, unhealthy eating habits and smoking were given individual programmes. Information leaflets, laws (e.g. on smoking) and target-group-specific schemes aim at lowering the risk of strokes.

With regard to cancer, prevention and measures for early diagnosis are given special emphasis. Another focal point is acute and post-treatment.

### Health care. health promotion:

A new goal of Austrian health care policy is to develop a comprehensive system of preventive care and in this way improve health and promote health awareness in the population.

In March 1998, a Federal Act governing measures and initiatives for health promotion and information entered into force, which provides for additional funds of ECU 7,2673 million per year to implement the "Health Promotion Initiative".

Health promotion is not limited to subject-based work (in terms of specific diseases or risk factors), but increasingly related to lifestyle worlds, to the individual "setting" (e.g. community, hospital, school and company).

Within the scope of health promotion, one campaign is especially notable: an extensive anti-smoking campaign which targets the **10- to 14-year-olds** and is intended to delay regular smoking among the young for as long as possible.

For middle-aged and older people, the Federal Government has launched a campaign "conscious living – healthy ageing" that is designed to provide concrete information on how to improve health in old age, since by improving physical and mental fitness, it is possible to delay the need for long-term care.

## Special health programmes:

### Alcoholism, medical drug abuse, druag addiction

The situation with regard to narcotic substances abuse can at present be considered stable. Alcohol consumption, alcohol abuse and nicotine consumption continue to be widespread. Estimates put the number of alcoholics in Austria at 300,000, those of medical drug addicts at 100,000 and those of narcotics addicts at 10,000 to 15,000. Detoxification clinics and rehabilitation centres have for some time been available to drug addicts, who, since 1987, also have access to treatment with substitutes (including outpatient treatment). Drug deaths showed a slight decline in 1995 and 1996, and a substantial decline in 1997. With regard to alcohol abuse, efforts concentrated on activities to prevent drunk driving.

### HIV/Aids

As in most other EU Member States, the Aids incidence rate has declined in the past two years. According to estimates, there are currently some 8,000 to 14,000 HIV infections. From 1983, when (anonymous) registration was started, until November 1998, 1,853 people died of the immuno-deficiency disease. It is found that the virus spreads not just in the risk groups that are typical for Western Europe (drug addicts, homosexuals), but at an increasing pace also in the group of heterosexuals and specifically among women.

The fight against Aids is led by counselling centres ("Aids Aid", which also perform anonymous tests) and a number of activities, among them schemes to promote the use of condoms, which are especially targeted at the young. HIV-sufferers can make use of counselling and care facilities.

### **Population ageing:**

Like many other Western industrialised countries, Austria is faced with a dramatic change in its population: people in Austria are increasingly getting older, and increasing numbers of old people are confronted with decreasing numbers of young people. The projections of population researchers are known: the number of **over-60-year-olds** will rise from 1.6 million today by more than one quarter in 2015 and by almost three quarters to 2.7 million in 2030. With this, the share of **over-60-year-olds** will rise from not quite 20% to 33% in 2030. By 2030, one in three persons will therefore be of retirement age. The share of over-75-year-olds will almost double, from 6.6% to 11.2% in 2030. Because of increasing life expectancy, more than 500,000 Austrian are 80 years old or older already today.

Rising life expectancy (which is at present 74.3 years for men and 80.6 years for women), however, also makes for a turning point in how we consider old age. The life cycle phase after 60 must no longer be seen simply as the "sunset of life", but it has become a genuine third phase after youth and adulthood in which individual interests are gaining social and political importance.

Today's and even more tomorrows senior citizens enter their retirement in comparatively better health, with better education and higher qualifications to turn it into an active and vigorous third phase, having acquired knowledge and experience that is invaluable for future generations.

Following an international trend, "open old-age work" – which accounts for the concerns and needs of the "new old", incorporates them into social and political life after their retirement from active employment, and promotes interaction and co-operation between the generations – has become a new focal point in Austrian political work as well. In introducing (in 1993) long-term care benefit staggered by care requirements, Austria has also taken a major step towards handling the problems of the fourth life-cycle phase: very old age.

### **Aims of policies for older people in Austria:**

The International Year of Older Persons has been a welcome opportunity for us to give effective voice to the change of paradigms in policies for older people. The new policies focus on efforts to strengthen and extend existing solidarity between the generations,

#### 1) Promoting solidarity between the generations:

While the younger generation provides its share of solidarity by contributing to pensions and undertaking long-term care of the elderly, older people's work in terms of child care, family care and other activities inside and outside the family will further increase in the future.

This is confirmed by a study on "intergenerational relations in Austria" commissioned by the Federal Government which finds that both the sandwich generation and the older generation estimates highly the relational quality and that the frequently used image of a battle between the old and the young is not true in actual reality.

#### 2) Labour market:

Demography makes for a decline of young workers and an excessive rise of older workers. The importance of "live-long learning" will increase even more in the future. **Labour** market policy is challenged to provide more educational and training measures for older workers.

The Federal Government furthermore is taking specific measures to raise the employment rate of older people: under a **bonus/malus** system, hiring of older workers is rewarded (reduced or zero unemployment insurance contribution) while firing them is made more expensive by an extra payment to be made by the company. When employees make use of the sliding scale pension, they are entitled to have their standard working hours reduced, at least in large companies. A sabbatical of up to one year allows employees to obtain further education while they receive financial support under the unemployment insurance scheme.

### 3) Improved standing of voluntary work:

Older people are to be given more opportunities to use their valuable job experience and personal competences. In this, honorary service plays a crucial role.

With its model project known as "citizens' offices for the young and the old", the Federal Government thus intends to deliver a concrete momentum towards activating service on voluntary basis. These service centres assemble a great variety of honorary activities and open attractive perspectives to the growing number of older people for designing the third life track on the basis of individual purposeful responsibility and self-determination, while at the same time contributing greatly to the public welfare.

### 4) Provision for old age:

In response to, but not solely because of, the expected demographical development, reforms have been taken in hand in the past years with regard to old-age provision. The following measures were instrumental:

- more stringent eligibility criteria for awarding early retirement pensions,
- change in the formula to calculate pensions (new increments, longer assessment periods),
- extension of insurance coverage to new groups of insurees (new self-employed, marginal employees),
- labour market policy measures aimed at extending the working life of older workers (sabbatical, solidarity bonus model).

All these schemes are measures within the pay-as-you-go pension insurance system; changing to the funding principle is not advocated. Similarly, an extension of private provision (company pensions, private life insurance) is seen as supplementary to rather than a substitute for old age provision by the state.

### 5. Social services and support for family members providing long-term care:

The long-term care benefit introduced in 1993 guarantees cash benefits to all persons in need of long-term (nursing) care. The benefit is paid regardless of their income situation, depends on the need for care and is staggered by seven benefit levels. The benefit is paid directly to the person in need of care who is thus enabled to decide whether to stay at home and use social services, either be cared for by the family or by an institution. About 80% of the people in need of long-term care receive care from the family, especially the women. To help these care providers obtain social security, they can opt, as of 1998, to continue their old-age insurance coverage on a voluntary basis.

As a consequence of the ongoing structural change in the family and the decline of the labour market participation rate, efforts are made at the political level to extend

outreach services and partly intramural services. With demand for social services constantly growing, it is expected that many new jobs will be created in this field.

### **Development co-operation:**

Successful implementation of the Cairo Programme of Action will crucially depend on the financial resources available at international and national level. Austria is aware that further efforts should be made in her population assistance.

However, Austria's approach to development assistance in general and to population aspects in particular is much wider than the categories usually applied by statisticians and our approach proved to bring very good results.

Due to DAC principles prevailing priorities have to be applied strictly throughout all programmes and projects. All of our country programmes are mutually agreed upon between our partner countries and our development administration according to their priorities.

As in the case of many other donors, Austria's development co-operation budget cannot be expected to increase dramatically. Hence, if new demands are upcoming, Austria will have open ears, provided that her partner countries inform the development administration about their new priorities and eventually ask for a restructuring of their respective aid programme.

While most of the specific population assistance is channelled through multilateral organisations (UNFPA-contribution in 1998 was ECU 0,4433 million), Austria made a special contribution of ECU 0,2834 million in 1998 specifically supporting the ICPD+5 process. These funds are used to assist eight target countries of Austria's development co-operation to participate in the upcoming conferences and for a gender-oriented project in Nepal.