

The Hague Forum at the 8-12 February 1999

Review of the implementation of the Programme of Action from Cairo Conference on Population and Development in the CZECH REPUBLIC

By the Assistant to the Minister of Labour and Social Affairs of the Czech Republic

Mr. President, Dr. Sadik, dear guests, ladies and gentleman,

On behalf of the government of the Czech Republic, the minister of **Labour** and Social Affairs and minister of Health, I would like to express my gratitude and thank Dr. Sadik for her enormous effort in organising the preparation of this Forum to evaluate the Programme of Action which has been introduced by the ICPD in Cairo.

I want to use this opportunity to thank the Dutch government and private Dutch foundations for their contribution to the development of the NGOs and democratic institutions in the Czech Republic.

The Czech Republic is one of the so-called countries in transition, which means a transformation from a central-planned economy to a market economy and democratic government.

On the field of population policy we face at the same time both, the problems existing in developing parts of the world and in some aspects, we have to deal with demographic changes as the developed industrialised countries. Due to import of advanced technologies and use of new methods in the healthcare the life expectation has grown staidly, co that we have to deals with the ageing of the population. Between 1990 and 1997 the life expectancy has increased from 67.5 to 70.5 for men and 75.4 to 77.5 years of age for woman.

At the same time the birth rate has dropped to the lowest level ever. The percentage of people over 60 years of age is at present 18. In the year 2020 we expect it to be 27% of he total population. The percentage of children under 15 years of age is at present 17.9% and will drop in the **future** to 14.4%. Birth rate per 1000 inhabitants was 8.8 in 1998.

In the 1990s, the Czech Republic has experienced dynamic changes of demographic behaviour, which some experts view as an accelerated process of the second demographic transition. Others view them as a negative consequence of the transformation of the political and economic systems, namely the rapid growth of unemployment in the last year, up to 11%.

The current population development is determined mainly by a reduced fertility rate among the younger group of women. On the other hand the older generation of women in fertile age have already got their children in accordance wit the previous reproductive model in early age. That is the reason there emerges a vacuum, which is manifested by a low number of childbirth.

The widespread use of contraception is regarded as a one of the reasons of the postponement of marriages and childbirth until a later age. The young people are well aware of the consequences of having children.

Family policy is traditionally understood in a social welfare sense that is to include financial support of families with young children in order to decrease differences in per capita income among families of different size. Population policy is defined in pronatalist sense, which means that the government will create better conditions for young couples to afford having children.

Pre-natal and post-natal care has a long tradition, the establishing of birth clinics were a part of the public health policy even before the World War II. The mortality rate of new born babies is continuously declining from 20.2 per 1000 of live-born in 1997 to 10.8 in 1998. (5.9 in 1997).

The abortion ratio per 100 live birth has **almost** halphend since 1989. **(85,5** in 1989 to **49,3** in 1997). Even though the most recent figures are still higher then those in the developed countries, they clearly show the positive trend in the Czech Republic, which occurred thanks to the counselling promotion of modem methods of contraception and family planing and sexual education carried out by the Czech Family Planning Association and other NGO □.

We expect to achieve the following goals in accordance with the Plan of Action of the ICPD within the next five years:

- * All modem contraception methods and family planning services will be available to everybody who wants to use them;
- * The incidence of abortion will reach the standard in the west European countries;
- * The reproductive health, family planning and sexuality education will be a substantial part of the primary school curricula;
- * Free access to voluntary sterilisation will be available to everybody;

For the time being, the HIV/AIDS morbidity rate is not as alarming as elsewhere in the world. We have still rather low number of HIV positive (361 registered cases in 1998) per population of 10 million. National health authorities have adopted a medium-term plan of prevention of HIV/IDS. An inter-departmental body, National commission for dealing with HIV/AIDS-related issues have been established in 1992, as well as a network of counselling and testing centres, which provide cost free and anonymous tests The Czech Republic takes part in the UN sponsored UNAIDS programme provided by NGOs.

The level of education of the Czech population is relatively good as a result of long-standing tradition of cost-free education including the university. The basic 9-year education is mandatory and the overwhelming majority of pupils proceed on to secondary schools (52% girls). (44% girls at the universities). There are equal opportunities of education for women, also the average economic activity rate of woman is still relatively high-52%.

At the moment the long term population and family policy are in stage of analyses and public discussions. The family act and other legal regulations should support the stability of families and for the benefit of the children. More extensive support is given to parents with handicapped children.

In the near future the Czech government will create an adequate legal basis in order to guarantee the implementation of the Action program of the ICPD in the social and health policy. We intend to ratify the European Social Charter during this year in order to meet the standards of social security set forth by the states of the European Union.