

The Mediterranean Prepares for Cairo +10

Enric Royo

Coordinator of the Cooperation
and Development Programme
Fundació CIDOB, Barcelona

The period 2002 to 2003 has been characterised by a series of agreements that we can suppose should have reinforced the development of population and reproductive health policies and programmes, as well as of international cooperation in the Mediterranean in this basic social sector, in accordance with the recommendations established in the Action Programme of the International Conference on Population and Development. The approval by the European Parliament of the Resolution on European Policy, with respect to the Mediterranean partner countries in relation to the promotion of the rights of women and equality of opportunity in these countries, reminds the European Commission of the need to prepare programmes centred on the promotion of the education of women and their access to the labour market, the financial schemes and the health services, and in particular reproductive health, which is currently inadequately provided for in MEDA programmes.

Moreover, also in this period individual regulations have been approved that establish the bases for improved cooperation in the fight against diseases related to poverty (such as HIV/AIDS, malaria and tuberculosis), and on aid for policies and actions related to health and rights in the area of reproduction and sexuality. The beginning of these projects has also coincided, in most Mediterranean countries, with the new cycles of cooperation of the United Nations Population Fund. These ini-

tiatives are an indication of wider and improved attention to health questions and sexual and reproductive rights in the Mediterranean region, at least within the financial sphere. At the opening of the process of evaluation and monitoring of Cairo+10, to be held in 2004, the reinforcement gestures of the measures aimed at the completion of the Action Programme on Population and Development are common actions, as was the case in the previous quinquennial evaluation. In addition, recent measures, such as the eagerly awaited reform of the *mudawana* (Family Code) in Morocco, reinforce this feeling of the desire to arrive at Cairo+10 with the maximum duties already carried out.

Within the framework of the preparation of Cairo+10, the Arab region will hold its Arab Population Conference in April 2004 in Beirut. There the advances made on the population and development agenda will be reviewed, with specific attention given to the fulfilment of the Second Amman Declaration on Population and Development, the obstacles encountered, the identification of good practices to be replicated in other countries of the region, and the routes to follow in the next five years. Subjects on the agenda will include the interrelation between population, poverty and development, youth issues from a multi-sectoral perspective, and analysis and attention with respect to those challenges that are still prevailing, such as the high maternal mortality and the morbidity in reproductive health, as well as the barriers against the reinforcement of reproductive rights and gender equality. The Beirut agenda will not overlook the revision of the potential sources of support and partnership, including the mobilisation of financial re-

sources, participation, the transference and use of knowledge, and information and communication technology.

The European region will previously have held, in Geneva in January of 2004, its European Population Forum, in which the main subjects of the regional agenda will have been analysed, such as the state of reproductive health in the countries in transition, the problematic of the family in a context of low fecundity, and international migration.

A Moderate Profile of Reproductive Risk

It is worth remembering that the Mediterranean area is not in fact included in the regions on the planet classified as suffering great deficiencies in this field, in comparison with other areas such as sub-Saharan Africa or Asia. The indices of reproductive risk are at the most moderate level in the cases of Egypt, Morocco, Syria, Libya, Algeria and Lebanon; at a low level in the cases of Turkey, Jordan, Albania, Tunisia, Serbia and Montenegro, Israel and Portugal; and even at a very low level in the case of Spain, France or Italy. However, this does not mean that points requiring attention do not exist, some of which are common to both shores of the Mediterranean, as well as others which are the subject of an inadmissible gulf between these countries.

Maternal mortality is one of the factors that most attract attention in the Mediterranean gulf, and the comparison between Spain and Morocco is a concrete example of the existing inequality between the opposite shores. While Spain has one of the lowest rates of the world, with 4 maternal deaths per

100,000 live births; Morocco, in spite of recent advances, maintains 220 deaths per hundred thousand, the highest figure within the Mediterranean area.

Egypt and Morocco are the countries with the worst reproductive risk indices, although in each case as a consequence of different causes. In the case of Morocco, the country stands above its Mediterranean neighbours with the highest indicators of maternal health, including maternal mortality, as the figures above represent. In the case of Egypt, we have the highest rate of childbirth of the region for women aged between 15 and 19, which is also linked to inadequate maternal health care. Moreover, Egypt is the only Mediterranean country where female circumcision is widespread. Therefore, it is not surprising that these are the countries that receive greater international aid, as is demonstrated by the UNFPA programmes, which allocate fifty percent of the total investment in the Mediterranean area to these two countries.

Within the field of international cooperation we must not forget that it is in fact the donor countries of Mediterranean Europe that allocate the lowest quantities of funding to the area of sexual and reproductive health (France, Italy, Portugal and Spain are at the tail end of the countries of the DAC in this sector), as the issue is a basic social matter, which is included in the 20/20 initiative and has been incorporated since 2000 in the Millennium Development Goals, in addition to being a topic that has been reiterated in the different development conferences and international summits held since the nineties.

In contrast, we can observe the gap with regard to the matter of HIV/AIDS, where the prevalence on the north shore, in particular in Spain, France, Italy and Portugal, is well above that of the south shore. The Arab and Mediterranean world has the lowest rates of HIV, a reality that is usually associated with cultural patterns, as well as with a certain subregister. It is possible to say that the HIV/AIDS containment policies in some Mediterranean countries, in spite of being at an incipient stage of the pandemic, are an example that many other countries in a worse situation could follow. To give an example, Morocco leads the development of the south-south

technical cooperation, in particular with francophone western Africa.

Important Constrictions in the Matter of Rights

As a common Mediterranean element we should not forget the pre-eminence of a deeply rooted patriarchal culture. This continues to represent an obstacle to the development and extension of sexual and reproductive rights, although there is a progressive adaptation to the international regulations in the matters of legal and social equality. The Mediterranean is a paradigmatic area with regard to the promotion and protection of reproductive rights, because although both regions suffer great deficiencies in this aspect, their causes are quite different. In terms of the constrictions in the matter of reproductive rights, in the countries of the Mediterranean north we see difficulties and restrictions on the free application of reproductive rights, not as a result of lack of information and services but rather through economic limitations that prevent the free exercise of reproduction, which is no less than a deficiency of rights, independently of the effects that the second demographic transition presents on the family model and fertility levels. In contrast, in the south, despite the progressive contraception revolution and the consequent reduction of the rates of fertility, there is still a greater level of fertility than desired. In this way, within the Mediterranean space the unmet needs approach finds a paradigmatic contrast both in excess and by default.

The subject of sexual rights is perhaps the least analysed in the Mediterranean area and still conceals significant shortcomings, as is the case in countries such as Lebanon, Syria, Algeria, Libya, Morocco and Tunisia, where homosexuality is still prohibited and punished in the respective penal codes, with prison sentences that depending on each country can range from six months to five years. Nevertheless, we should not forget that in most of the rest of the Mediterranean and European countries and Israel, decriminalisation has been a very recent step.

Another common element, and one which needs urgent attention, is the issue of domestic violence against

women. Concerted efforts are being made, in particular by civil society, to break the complicit silence and to begin to recognise the high number of deaths of women at the hands of their husbands, partners, and other men in their families. In the countries of the south of Europe this matter is one that until very recently has been unable to be brought out beyond the walls of the home into the public agenda as a recognised social problem. In Morocco, for example, violence against women is beginning to take that step, and to finally reach the top of the political and social agendas. It is to be hoped that it deserves the same attention that has been received by the problematic of maternal mortality on the part of the public and private institutions, both national and international, which work in the country. We will not go into the issue of the violence practised against women in the Balkan conflict here.

Moreover, the sexuality of young people and adolescents continues to be taboo in the Mediterranean, preventing a suitable coverage in terms of the information and services offered. Strong resistance still persists in addressing this situation, resulting in serious gaps in the field of health and sexual and reproductive rights, which leads to policies of double morality in the best of cases. In consequence, in spite of occupying an acceptable position, the Mediterranean region evidently has a pending agenda and issues, which is why Euro-Mediterranean cooperation ought to be giving much more attention, and funding, to issues that have an unexpectedly low presence in Mediterranean programmes, being as they are problems with a common cultural base. The patriarchal system, of universal character but strongly rooted in both shores of the Mediterranean, establishes a separation between the productive sphere, reserved for men, and the reproductive one, reserved for women. The advances made by women in the conquest of positions of power and a greater presence in the productive field, fruit as much of individual struggles as of a collective fight through the feminist, feminine, women's, or whatever name the movement is given in each country, are still a long way from creating a new model of coexistence between the sexes. Masculine domination is still the rule.