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Regional Population Meeting

Budapest (Hungary), 7-9 December 1998

REPORT OF THE REGIONAL POPULATION MEETING

A. Attendance and organisation of work

1. The Meeting was convened in accordance with resolution 52/188, "Population and Development", adopted by the United Nations General Assembly, which called for "...the operational review of the implementation of the *Programme of Action* of the International Conference on Population and Development". Hosted by the Government of Hungary, the Meeting was jointly organized by the United Nations Economic Commission for Europe, the Hungarian Central Statistical Office and the United Nations Population Fund. It was held within the context of the preparation of the quinquennial review and appraisal of the *Programme of Action*. The Meeting took place from 7-9 December 1998 in Budapest (Hungary). The Meeting was in the work programme of the Conference of European Statisticians.

2. The Meeting was opened by Mr. Y. Berthelot, Executive Secretary of the United Nations Economic Commission for Europe. During the opening session the Meeting heard statements from Mr. P. Harrach, Minister of Social and Family Affairs of the Government of Hungary, Dr. N. Sadik, Executive Director of the United Nations Population Fund, and Mr. Berthelot.

3. The Meeting was attended by representatives from the following ECE Member States: Albania, Austria, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Canada, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Hungary, Ireland, Italy, Kazakhstan, Latvia, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian

* The Regional Population Meeting is in the work programme of the Conference of European Statisticians.

Federation, Slovenia, Sweden, Switzerland, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Ukraine, United Kingdom, and United States of America.

Representatives of the Holy See participated in the Meeting under Article 8 of the terms of reference of the ECE.

5. Representatives of the following United Nations departments, specialised agencies, and organisations attended the Meeting: United Nations Department for Economic and Social Affairs (UNDESA), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Institute for Training and Research (UNITAR), United Nations International Institute on Ageing (INIA), International Labour Organisation (ILO), United Nations Educational, Scientific and Cultural Organisation (UNESCO), and World Health Organisation (WHO).

6. The Meeting was attended by representatives of the following intergovernmental organisations under Article 12 of the terms of reference of the ECE: Council of Europe/ European Population Committee (CDPO), International Center for Migration Policy Development (ICMPD), International Federation of Red Cross and Red Crescent Societies (IFRC), and International Organisation for Migration (IOM), Intergovernmental Consultations on Asylum, Refugees and Migration Policies in Europe, North America and Europe.

7. The Meeting was also attended by representatives of the following non-governmental organisations: Austrian Society for Family Planning (ÖGF), European Association for Population Studies (EAPS), German Foundation for World Population, Hungarian Women's Association, Interest Group on Population Development and Reproductive Health, International Planned Parenthood Federation (IPPF), International Statistical Institute (ISI), Italian Association for Women in Development (AIDOS), NGO MAMA-86, Population Concern, Pro Familia Hungarian Scientific Society for Family and Women's Welfare, The Moscow Center for Gender Studies, Women in Europe for a Common Future (WECF), and Women's Environment and Development Organisation (WEDO).

8. In addition, 13 eminent population experts, including the authors of the background papers, discussants and members of the Advisory Group for the Meeting, invited in their personal capacity, also attended.

9. A complete list of participants is contained in document CES/PAU/1998/13.

10. The Meeting set up a Drafting Group to review and finalise the Report of the Meeting and its annex, "*Conclusions*" (CES/PAU/1998/30/Annex I). The drafting group met on 7 and 8 December 1998.

B. Agenda

11. The Meeting adopted the following agenda (CES/PAU/1998/1):

1. Adoption of the agenda
2. Election of the Bureau

3. Salient population developments: issues and policies
4. Fertility and reproductive rights: issues and policies
- Mortality and health, including reproductive health: issues and policies
6. Population ageing: issues and policies
7. International migration: issues and policies
8. General debate
9. Adoption of the report

C. Election of the Bureau

12. The Meeting elected Ms. G. Vukovich, Hungary, Chairperson of the Meeting. It also elected the following four Vice-Chairpersons: Mr. W. Haug, Switzerland, Ms. C. Höhn, Germany, Mr. L. qstby, Norway, and Ms. V. Steshenko, Ukraine. The Meeting further elected Mr. A. Golini, Italy, Chairperson of the Drafting Group. Mr. A. Klinger, the Chairperson of the Advisory Group for the Regional Population Meeting, was an ex-officio member of the Bureau.

D. Review of substantive themes

13. The Meeting reviewed the substantive items on its agenda (items 3-7) on the basis of background papers and national reports. The list of documents is contained in CES/PAU/1998/29.

E. General debate and adoption of the report

14. Following this review a general debate was held on the final day of the Meeting. Subsequently, the Report of the Meeting along with its annex, “*Conclusions*” (CES/PAU/1998/30/Annex I), was adopted.

15. The Meeting decided that the Report, including its annexes, will be submitted to the Conference of European Statisticians for consideration and approval. The Meeting requested the Executive Secretary of the ECE to simultaneously transmit the “*Conclusions*” (CES/PAU/1998/30/Annex I) to the Secretary-General of the United Nations. Also, the Meeting requested the Chairperson to concurrently transmit this document to the Preparatory Meeting for the Special Session of the United Nations General Assembly for the quinquennial review and appraisal of the *Programme of Action*.

16. Furthermore, the Drafting Group requested the Chairperson of the Meeting to transmit the document “*Research Areas*” (CES/PAU/1998/30/Annex II) to the Conference of European Statisticians, which is a non-negotiated final document of the Meeting.

ANNEX I

Conclusions of the Regional Population Meeting

Adopted by the Meeting at its final session on 9 December 1998

1. Five years after the 1993 European Population Conference (EPC), the principles underlying the consensus reached at the 1994 International Conference on Population and Development (ICPD) remain important. The EPC *Recommendations*, as well as the ICPD *Programme of Action* have, in particular, recognised that global population and sustainable development are interdependent. The international community has also recognised in these, and in other meetings, the responsibilities of the present generations towards future generations. In this connection, the outcome of all United Nations Summits and Conferences should also be recalled. The meeting re-affirmed the commitments made at these Summits and Conferences. Although far-reaching changes have occurred in the last decade as a result of national and international efforts, many challenges remain.
2. The starting point for the deliberations at the Regional Population Meeting is the EPC *Recommendations* and the ICPD *Programme of Action*. The Meeting fully reaffirmed the agreements and commitments contained therein. It concluded that the outcome of the Meeting should be supportive of, consistent with and based on, these two documents. It also resolved that the outcome should build on and go beyond the *Recommendations* and the *Programme of Action* so that it fully addresses recent developments in the region.

I. Main issues and policy challenges

In the ECE region - herein referred to as the "region" - unprecedented demographic change is being experienced. The "demographic transition" started in this region and developments similar to the recent ones are likely to occur in other parts of the world as well. Many countries in the region experience common developments. However, some developments are specific to the countries with market economies and many countries with economies in transition face critical trends, especially in the field of health and mortality.

4. Fertility is at present below replacement in large areas of Europe and shows no sign of recovery. In some countries, it has approached the level that is one half of the number of children per women necessary for the replacement of generations, a phenomenon never observed during peacetime. The fertility under replacement level is, however, a result of the decisions made by individuals and couples. It is evident that the developments in the fertility levels reflect the overall social and economic situation of citizens. Concurrently, the profound transformation of the family continues unabated, resulting in various forms of families and households. In general, the status of women has improved considerably, however, gender inequity persists to varying degrees in all countries.
5. Persistent low fertility, together with major improvements in old-age mortality contribute to population ageing throughout the region. Both trends promise to push the share of older persons to one third or more of the population in the next century. In each and every country, population ageing profoundly influences the economy and labour market, the fiscal system and public spending, and

the family and community. As the share of older persons continues to grow apace, countries are striving to create conditions conducive to active and healthy ageing.

The inhabitants of western countries enjoy some of the highest life expectancies in the world. Those in a number of central and east European countries are less fortunate. In this part of Europe, especially men of working-age suffer from mortality conditions as bad if not worse than those encountered in many developing countries. Excess male mortality is alarmingly large in some instances, exceeding 10 years of life expectancy at birth. Also, reproductive health in much of central and east European countries is inadequate. Reliance on induced abortion and limited use of modern contraceptives remains the norm rather than the exception in many of these countries.

7. Migration movements have abated in some countries of the region, but continue to rise in others. While migration can be a beneficial phenomenon, the arrival of undocumented migrants poses particular challenges, which require balancing the protection of the human rights of migrants with the need to manage migration movements. While integration of migrants is an agreed objective across the region, in many instances full integration of migrants into the host society remains to be achieved. There is an increasing proportion of women among migrants, which calls for gender-specific interventions, provisions and services.

8. Population developments pose manifold, complex and far-reaching challenges to families and local communities, civil society and the business community, Governments, NGOs and the international community at large. Demographic changes are so pervasive that many societal institutions respond to them as a matter of course, although often with considerable delay. A multi-sectoral approach to population and development issues is called for, taking into account political, socio-economic and environmental considerations and the interactions between them to achieve sustainable development. Governments and public institutions challenged as they are by the ever-changing demographic situation should analyse trends keeping the interlinked dimensions of development in sight thus avoiding a focus on demographic trends only. These analyses should recognise that many demographic processes manifest themselves only in the long run.

II. Priority themes

9. Cognisant of the fact that salient population issues in the region are numerous, the Meeting selected the following five priority themes for its deliberations:

- Fertility, family and gender issues;
- Reproductive rights and sexual and reproductive health;
- Mortality and health;
- Population ageing;
- International migration.

In the intervening short period of time since the EPC and the ICPD, population developments in many parts of the world have taken a new turn. Developments that five years ago appeared to be largely European specificities are now widely recognised to be taking place in other parts of world, particularly in east and south-east Asia. Lower infant and child mortality, below-replacement fertility and accelerating population ageing with its many ramifications are rapidly spreading. In view of this, the demographic developments currently characterising the region and the policy responses they are attracting are taking on a wider relevance.

11. The Regional Population Meeting adopted the conclusions contained below and requested the Executive Secretary of the United Nations Economic Commission for Europe (ECE) that the Report of the Meeting, including its annexes, be submitted to the Secretary-General of the United Nations. The Meeting also decided that the Report, including its annexes, will be simultaneously submitted to the Conference of European Statisticians for its consideration and adoption. It also requested the Chairperson of the Meeting to concurrently transmit the conclusions to the Preparatory Committee for the Special Session of the United Nations General Assembly for the quinquennial review and appraisal of the implementation of the *Programme of Action*.

III. Conclusions

III.1 *Fertility, family and gender issues*

12. The decision to have children can be both affected by and affect the social, economic and demographic environment. The freedom to make choices is resulting in diverse societies with various forms of the family. In many countries people are increasingly delaying marriage and childbearing, have fewer children or remain childless. Increasing numbers are also choosing to live together without getting married or remain unmarried; some people have children in consensual unions. There are also increased instances of divorce resulting in an increased number of single-parent families, the majority of which are headed by women, many of them being economically disadvantaged. These trends pose new challenges for policy-makers in the region.

13. ***Support to families with children.*** All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children, and to have the information, education and means to do so. Aware of the difficulties, complexities and the economic burden of raising children in industrialised societies, most of the ECE countries have, over past decades, had programmes of support to families with children. In recent years, family policies have continued to evolve, striving, among other things, to enable working parents to simultaneously fulfil their professional and parental aspirations. The approach has been two-pronged: to accommodate the needs of parents for more flexible work arrangements, including longer and better-compensated parental leave and to provide their families with improved child-care services. Also, these policies have continued to meet, in varying degrees, the private cost of bearing and raising children. Where public finance considerations required it, child or family allowances became income-tested or were reduced in real terms. Governments and the business community in the ECE countries will continue to pursue programmes and measures in support of the family; countries in transition, however, expect that regaining some lost ground in this area will depend on economic recovery. Broad and fair family-related policies should contribute to enabling couples to have children. At the same time, however, such policies and programmes must ensure that they recognise the particular burdens faced by women who in most instances are still principally responsible for raising children and who are unduly affected by economic transitions. In this regard programmes which encourage a more equitable sharing of care-giving responsibilities between men and women for example, could be advanced.

14. ***Status of women and gender equality.*** ECE countries remain in the forefront of efforts to improve the status of women and gender equality. Their commitment to this goal over a long time period, vigorously promoted and endorsed at both the EPC and the ICPD, has resulted in conditions for women that are among the best in the world. Since both the EPC and the ICPD, many ECE

countries have continued their efforts to improve these conditions by, among other things, assisting parents striving to better balance their parental and work roles. Yet even while advances have been made, women and girls continue to face discrimination to varying degrees in almost every sphere of life. In some countries with economies in transition, the gains made in reaching this objective may be set back as a result of economic and social adversity rather than an abandonment of the ideal. Governments and civil society should, as agreed at the EPC, continue to promote conditions in the region that “further political, economic and social equality between men and women, including equal opportunities for education, training and employment, and equality in family responsibilities” through implementation of policies and legislation that support gender equality.

III.2 *Reproductive rights and sexual and reproductive health*

15. ***Reproductive rights.*** Reproductive rights embrace certain human rights that are already recognised in national laws, international human rights instruments and other consensus documents. These rights imply the right to sexual and reproductive health. Implicit in these rights is the need to ensure that individuals and couples have access to adequate education, information and a full range of services throughout the lifespan. The fact that sexual education is often neglected and the inability of adolescents to access reproductive health services and information could impact significantly on their health, educational and employment opportunities and is likely to have a long-term adverse effect on the quality of their life. Civil society and NGOs are pioneering efforts to promote and ensure reproductive rights specifically for under-served groups and for neglected reproductive health problems, such as sexual violence. Specific attention must be given to countries, areas and groups with inadequate services and special needs. In many countries with economies in transition, the inability to fully enjoy reproductive rights, including the right to be educated, informed about and to have access to safe, effective, affordable and acceptable methods of family planning and high quality services, is resulting in high numbers of induced abortions and other negative impacts. Recent improvements in these areas need to be reinforced. International co-operation has an important role to play in this respect. In the region a future challenge will be the prevention and solving of reproductive health problems, while keeping in check ethically questionable approaches and procedures.

16. ***Sexual and reproductive health.*** Similar to health in general, reproductive health varies greatly across the region. In countries with market economies the status of reproductive health is among the highest in the world, although still with some social inequities, while in the countries in transition it lags considerably behind. Especially alarming is that maternal mortality is rising in some places. In some countries in transition, the reliance on induced abortion as a fertility control method is being replaced by the use of modern contraceptives and improved access to information, education and services is offered. The progress along this path is, however, far slower in the majority of the countries. Government and civil society in these countries are fully aware of the task ahead: to vigorously promote the transition from induced abortion to modern contraception and to make further efforts at raising the reproductive health status of men and women. The continued inability of some women to access family planning services and the health impact of unsafe abortion poses a serious threat to reproductive health. There is an alarmingly rapid spread of sexually transmitted diseases, including AIDS, that must be brought under control. This will require, however, continuing solidarity and enhanced assistance of the international community. A special challenge for some parts of the ECE region is the protection of reproductive health for refugees and displaced persons, and efforts must be made to better address these needs.

III.3 *Mortality and health*

17. Within the region, survival inequalities have become an important issue in recent decades, indeed they have increased in recent years. They are particularly large across Europe as one of the legacies of the past East-West divide on the continent. In Western Europe and North America, people live healthier and longer lives than ever before. The increase in longevity has also been accompanied with older people enjoying healthier lives as a result of advances in combating certain degenerative diseases and disabilities. However, major socio-economic differentials in morbidity and mortality continue to persist; also, gender differentials endure. Mortality is higher for men and women are more affected by morbidity. Most of the countries with economies in transition are experiencing the high social cost of the reforms of their economies, particularly in the field of health and mortality; only a few of them experience mortality levels close to those observed in countries with market economies. In the countries with economies in transition the high mortality especially affects prime-age men, serious causes being, in particular, poor working conditions and limited access to health services.

18. ***Sustaining progress.*** Advances towards healthy and long lives in many countries with market economies have continued in the years since the EPC and the ICPD. This, however, should not be a reason for complacency. Health promotion, an objective accorded high priority by the EPC, remains as important as ever. The same is true of the need to protect the natural, work and living environment. Further advances in the fight against degenerative diseases, cancer in particular, based on concerted medical research and development and further gains in lifestyles conducive to good health remain a high priority. Postponing the onset of and bringing under increased control, the incidence of disability, particularly in old-age is another priority. In seeking to enhance the health of their populations, Governments, in co-operation with civil society, where appropriate, should seek to maintain and improve the health status of the entire population and reduce inequalities in health status between groups by influencing factors outside the health-care system that significantly impact on health. Such an approach is especially useful in this era of rapidly rising health expenditures, where rendering the health sector cost-effective, efficient and increasingly centered on the individual is as important as ever. Even though resources for health improvements are perennially limited, the principle of access to quality health-care should not be compromised.

19. ***Reversing adverse trends.*** It is widely recognised that many countries with economies in transition, especially the Newly Independent States, are in the midst of a health and mortality crisis. In the Commonwealth of Independent States and the Baltic countries the health status and mortality levels, particularly of men are grossly inadequate. National health systems have deteriorated in recent years and are in need of reform and reconstruction. Only a handful of Central European countries have escaped this fate. It is obvious that improvements in the overall health situation in these countries will primarily depend on the progress in the current social and economic reforms of transition to market economies. Meanwhile certain actions could be taken by these countries without delay, based on the positive international experience with health promotion. Public awareness efforts and policies against alcohol abuse, smoking, inadequate diet and other unhealthy personal practices should be pursued as they are bound to have a major impact, even in the short-term. Primary health-care needs to be reinvigorated so that gains in health and survival at relatively low levels of expenditure that typically result from the spread of basic health-care can be realised. Health-care systems in these countries need to be rebuilt and reformed in response to the current demands on them, but also in line with the financial realities of these countries. However, this requires both better-focused national policies, a wider involvement of civil society and continuing and enhanced support from the international community.

III.4 *Population ageing*

20. Active and healthy older persons are increasingly conspicuous members of the industrial society. Their growing numbers are a testimony to the twin major achievements: namely, increased life expectancy and improved health. Having lived in a society where subsequent generations have had ever fewer children per woman, older persons today enjoy the status of a sizeable minority of the population, one that is increasingly asserting itself. The relatively high shares of the older population are certain to increase further in each and every country of the region. While these trends are common for the entire region, the status of older persons varies greatly across countries and within cohorts. In western countries, many older persons are today considerably better off than those of a generation ago: they are better educated and healthier, more active and mobile, more economically secure. In many countries in central and eastern Europe, the situation is different. Although the older persons are increasingly better educated, the economic downturn during the recent transition to market economy has left many of them without sufficient retirement income. As a result, many have joined the new poor of this part of Europe, without prospects for major improvements in their living standards during the remaining years of life. Their health status is marginally better and sometimes inferior to that of the prime-age people, one of the most vulnerable groups in many east European countries. Due to high prime-age mortality among men in the past, a large majority of older persons are widowed women.

21. *Active ageing.* Over the last few decades, the improvements in life expectancy and health, which have been much more pronounced in countries with market economies than in countries with economies in transition, have occurred concurrently with the progressively earlier withdrawal from the labour force. This trend towards earlier retirement is contrary to the novel concept of “active ageing,” - the desire and ability of many older persons to continue work or take part in other socially productive activities well into their later years. The valuable contribution that the elderly make to society, especially as volunteers and care-givers, should be given due recognition. Partly as a result of this, recently instituted reforms of public pension schemes in some countries are reversing the decline in the age of retirement. It is certain that the pension scheme reforms in other countries will pursue, among other things, this same objective. However, many more policy options need to be explored in order to promote active ageing with due regard being paid to individual choices and circumstances of older persons. Disincentives to labour force participation among older persons, particularly the youngest-old need to be removed. Also, barriers to flexible and part-time employment among older persons ought to be lowered without causing undue distortions in the labour market. Life-long learning, in particular, professional training for middle-aged and older workers need to be supported. Implicit in all these challenges is the need to collect better comparative data on ageing among all countries in the region so that policy-makers can be better informed.

22. *Social and income security.* As the share of older people in the region continues to mount, the pressures on the social security systems, and particularly the public pension systems, of many ECE countries are certain to increase, necessitating early action to restore balances or to prevent deficits from emerging. The objective is to provide guarantees of income security and of health-care and social-welfare entitlements of older people into the next century. A number of countries have already instituted the necessary reforms in recent years, promoting, among other things, active ageing and, in particular, later retirement. Pension reforms will continue in the years ahead as Governments continue to pursue the triple objective of income security of older persons, greater intergenerational and intragenerational equality, and financial sustainability of pension and other programmes. As there are various approaches to social security and, in particular, income security of older persons, the ECE countries will be making choices according to their preferences. Pension schemes should

however, better take into account women's experiences in the labour force over the lifecycle. Furthermore, the issue of pension portability is gaining attention in some countries of the region. Countries with economies in transition, where social security and pension schemes are in need of urgent repair will continue reforms, *inter alia*, by learning from positive and negative experiences with alternative public and private programmes. While pursuing the social security and pension reforms, the ECE countries will seek to ensure that any resultant changes in the contract between generations contribute toward creating a future "society for all ages".

23. **Care.** Persons aged 80 and over are the fastest rising population group in the region, growing in many countries at rates ranging between three and four per cent per annum. As the incidence of disability, frailty or debilitating diseases is the highest among the oldest-old, the demand for care among older persons, including the demand for long-term care is growing rapidly. Families who care for older persons, particularly those that are frail, should be supported, where appropriate, specifically through the provision of mobile services, day centres, short-term care, access to training programmes for carers and other appropriate benefits and services, in particular for women who mainly take the responsibility for caring. Policy should stimulate different forms of care, including community services. This trend is being reinforced, among other things, by the rise in prevalence of living alone among older people. Moreover, the challenge will increasingly be to find a sustainable mix of various forms for the provision of care. Civil society as well as public and private institutions will be called upon to provide adequate infrastructure and services for aged persons who cannot rely on their family.

III. 5 *International migration*

24. In Europe and North America, the entry, stay and employment of migrants is regulated by countries of destination. However, the European Union countries have allowed their nationals to move, stay and work freely anywhere within the borders of the community. Nevertheless, similar rights do not apply to the majority of migrants within the ECE region. Many migrants in Europe and North America are subjected to stricter rules. Documented migrants who have acquired the right to long-term residence, enjoy the rights and benefits that in many instances are identical to, or approach those of the citizens of the countries where they find themselves. Persons in need of asylum or temporary protection also enjoy rights, some of which are guided by humanitarian considerations. The actual number of undocumented migrants is not known but believed to be on the rise. By moving or residing illegally, sometimes with the assistance of criminal individuals and organisations involved in trafficking, they place themselves on the other side of the law. As a result, they may be frequently exploited, discriminated against or abused; their rights may be violated; and they can be drawn into unlawful activities. The efforts of the Governments in the region to combat migrant trafficking require an approach that ensures the protection of the human rights of individual migrants while taking effective measures to apprehend and prosecute those individuals and organisations engaged in trafficking. In particular, policies and actions are required to deal with trafficking in women and children for purposes of sexual exploitation, including protection of its victims.

25. **Managing migration.** Since the beginning of the 1990s, many countries in the region experienced a considerable net influx of migrants. Worldwide economic and social disparities continued and political and military conflicts erupted and spread and this occasioned major migration movements towards and within the region. As a result, among other things, asylum laws and procedures have been modified by some countries as it became obvious that asylum procedures have

been used not only by genuine refugees but also by migrants whose motivation was mainly economic. After the removal of past travel and migration restrictions in the countries with economies in transition, the Governments of these countries struggled to control their national borders. However, as documented migration subsided, it is widely believed that undocumented movements, often supported by trafficking, swelled. Some countries are specifically affected by these movements because of their geographical location. Therefore, the long-term challenge of restoring control over and of successfully managing population movements remains intact in many countries. The extent to which this objective will be met will depend not only upon measures of countries of destination, but also on social and economic development of countries of origin. It is, therefore, in the interest of all countries – of origin and destination - to promote development, *inter alia*, through free trade, investment and aid. Current and future migration policies should aim at influencing the root causes of migration; international co-operation is needed to enable people to stay in their home countries and to facilitate the voluntary return of migrants. This can be achieved by, in particular:

- promoting respect for all human rights and fundamental freedoms;
- supporting the establishment and strengthening of democratic structures;
- supporting the prevention and resolution of conflict; and
- promoting sustainable development.

26. ***Co-ordinating policies.*** Democratic societies that honour individual human rights will always face some immigration by non-citizens. Under the circumstances, the best the Governments can do is to guide and influence migratory movements that are, by their very nature, changeable and unpredictable. This, however, requires replacing previous piecemeal and reactive policies by a set of comprehensive and proactive policies designed to deal both with swings in prevailing trends and with sudden lurches into new directions. The aim is to develop co-ordinated, integrated measures capable of managing migration in an orderly manner, so as to maximise opportunities and benefits to individual migrants and to host societies, and to minimise trafficking and undocumented movements. Given the internationalism of migration, inter-state co-operation is a *sine qua non* for progress in this area. Therefore, national policies will be increasingly co-ordinated regionally to ensure the greatest possible degree of agreement and harmonisation.

27. ***Refugees.*** Governments are committed to respecting the right of refugees to seek and enjoy asylum as stipulated under international law, including the 1951 Geneva Convention Relating to the Status of Refugees and its 1967 Protocol. In particular, Governments are committed to upholding the principle of *non-refoulement* and to promoting durable solutions, especially voluntary repatriation. Governments recognise the importance of addressing gender-related violence and all forms of discrimination against refugee and displaced women and girls and are committed to ensuring that their human rights, physical and psychological integrity are protected. Measures to manage and control migration should not have a negative impact on the right of asylum-seekers to have access to a fair, effective and expeditious hearing of their claim.

28. ***Promoting integration.*** The economic and social integration of resident documented migrants has continued since the EPC and the ICPD. The framework for integration has been in place for many years in countries with market economies and continues to evolve. Integration presents challenges and difficulties, however, in spite of this, the process continues, in large measure due to the commitment of the host societies and migrant communities. At the same time, the ECE countries will uphold the principles of integration agreed upon at the EPC, including the respect for “different

national, ethnic and cultural origins of immigrants” and the display of “open attitude towards their cultural, religious and other values, as long as these are compatible with the laws and fundamental values of the host societies.” Although Governments are struggling with the package of issues associated with successful integration, they can and will, working with civil society, promote integration, *inter alia*, by means of relevant education and confidence-building measures in all communities. For documented migrants with the right to long-term residence, naturalisation should be promoted as a logical option. Also, they will work towards eliminating the causes behind the marginalisation of any migrant minority group from society as a whole.

IV. New co-operation opportunities

IV.1 *International co-operation in the field of population and development*

29. As recognised at the EPC, international co-operation is of great importance for the successful implementation of population and development programmes. Since the ICPD there has been a number of positive advances in the field of population and development. The ICPD refocused attention on these issues, raising awareness of their magnitude, diversity and interrelationship with other global challenges. Population and development issues are now better recognised as one of the core development concerns, since the *Programme of Action* stressed the necessity to include population-related goals into all development planning at the national level. The regional meeting reaffirms its commitment to international and regional co-operation.

International co-operation in this field remains essential to meet ongoing challenges, in particular in the countries with special needs.

Such co-operation should be co-ordinated, coherent and strategic, based on open policy dialogue between all stakeholders, including NGOs whose contributions to the implementation of ICPD *Programme of Action* are essential.

Information, education and communication remain important programme components, supporting informed decision-making and facilitating the uptake of services. The provision of the accessible quality services and commodities should be accompanied by advocacy and sensitisation.

30. Support to multilateral agencies is key to a coherent global response. In this regard, the co-ordinated approach by the multilateral system is of great importance in order to enhance effectiveness and strengthen the impact of those activities, particularly carried out at country level.

IV.2 *Co-operation in the field of population data collection and analysis in the region*

31. The promotion and use of qualitative and quantitative data on population and development processes and their determinants and consequences is a *sine qua non* for the successful formulation and evaluation of population- and development-related policies. This requires that those involved in collecting such information, namely, Governments, international organisations, national statistical services, academic and research organisations and population institutes, and non-governmental organisations, strengthen their co-operation and networking.

32. The meeting stresses the importance of further developing synergies between statistics and research both through providing harmonised population statistics on a regular basis and through data collection tailored to specific research needs. The meeting repeatedly witnessed the need for better

comparable data within all relevant fields. It also acknowledges the benefits in comparing research findings between countries and in co-ordinated surveys conducted within the region. The UN/ECE Population Activities Unit, the European Population Committee (CDPO) of the Council of Europe and others have extended knowledge considerably over the years. The meeting wishes to ensure that these research infrastructures continue to be used effectively to further aid such understanding of the various demographic phenomena identified in the conclusions of the meeting and, therefore, welcomes the recognition that future work and co-operation need to be more efficient and co-ordinated, and channelled through existing mechanisms.

ANNEX II

The Drafting Group requested the Chairperson of the Meeting to transmit the following non-negotiated document to the Conference of European Statisticians and that the Report of the Meeting take note of this request.

Research Areas

All actors involved in the population field, population institutes, national statistical offices, international organisations, academic circles and NGOs, are encouraged to promote networking with a view to: (i) re-enforcing the linkages of statistical activities, research, analysis, policy formulation and operational programmes; (ii) exchanging information, knowledge and experiences among themselves, and (iii) creating new partnerships around specific issues and concerns in response to the major population challenges of the region.

Aware of the multitude of important policy-relevant research areas and in line with the “*Conclusions*” (CES/PAU/1998/30/Annex I), the Meeting has identified the following research areas for future regional co-operation in population analysis:

1. Fertility and family planning

- a. Fertility trends, patterns and differentials, with particular emphasis on sub-replacement fertility, including their causes, such as cultural, social and economic conditions, gender relations and family policies;
- b. Trends and patterns in family and household formation and dissolution, with particular focus on new family and household forms, including their causes, such as postmodern values and norms; and
- c. Family planning behaviour and access to family planning information, education and services, including their underpinnings, for example, government policy and civil society efforts at furthering family planning.

2. Mortality and health, including reproductive health

- a. Trends, levels and differentials in disability, morbidity and mortality, especially in countries with economies in transition, including their determinants, such as lifestyles and public health-care provisions;
- b. Disability, morbidity and mortality in old age, including their causes, for example, lifestyles and medical and pharmaceutical developments; and
- c. Trends in reproductive health, particularly in countries with economies in transition, including access to reproductive health services and population and sexual education.

3. Population ageing

- a. Trends in the age structure of the population, particularly in population ageing, and their economic and labour market implications, including consequences for the fiscal system, public expenditure patterns and the transition from work to retirement;

b. The status of older persons, particularly older women, including demographic, social and economic developments influencing it; for example, long-term developments in fertility and mortality, participation of women in the labour force and social security and health programmes; and

c. Trends in the care of older persons, such as formal and informal long-term care, including factors influencing them; for example, living arrangements among the aged, availability of offspring and kin, and work patterns of women, who are the main care providers.

4. International migration

a. Trends and patterns in different types of migration, such as asylum seekers and family reunification movements, including factors influencing them; for example, migration networks, demand for foreign labour, and entry and stay policies; and

b. Developments in migrant communities and their integration into host societies, such as cultural, social and economic integration, including factors facilitating or impeding integration; for example, labour market conditions and integration policies and programmes.

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