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Report on the implementation of the ICPD Programme of Action in the UNECE region since the ICPD Beyond 2014 review

Extracts from the UNECE Regional Report on ICPD+25

I. ICPD+25 Review

1. In 2014, the international community reviewed progress on the 20-year implementation of the Programme of Action (PoA) of the International Conference on Population and Development (ICPD). The United Nations Economic Commission for Europe (UNECE), in close collaboration with the United Nations Population Fund (UNFPA), led the ICPD Beyond 2014 regional review which concluded with the UNECE Regional Conference *Enabling Choices: Population Priorities for the 21st Century* (1-2 July 2013, Geneva). The Chair's summary of the 2013 Conference *(*hereafter 2013 Chair's summary*)* was presented as the outcome document of the 20-year review in the UNECE region, containing recommendations for member States. In its Resolution 2014/1, the Commission on Population and Development (CPD) requested the Secretary-General, in collaboration with the United Nations system and relevant organizations, to continue assessing and reporting on progress towards the full implementation of the ICPD PoA. Resolution 2016/1 emphasized that outcome documents of regional conferences provide region-specific guidance on population and development beyond 2014.

2. The ICPD+25 regional review undertaken by UNECE and UNFPA in 2018 builds on the analysis of population and development outcomes since 2013 in key areas highlighted by the 2013 Chair's summary. Relevant indicators and data sources were identified in the *UNECE Monitoring Framework for the ICPD Programme of Action Beyond 2014* which includes a significant number of Sustainable Development Goal (SDG) indicators to align with the 2030 Agenda for Sustainable Development. The review did not draw upon national reports by UNECE member States as was the case for the ICPD Beyond 2014 regional review. It is instead based on secondary sources of information from international databases, including the Voluntary National Reviews database on national and subnational progress on the 2030 Agenda for Sustainable Development, reports from international and intergovernmental organizations, country and regional reports to recent

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reviews of international action plans, country reports to international human rights processes and binding instruments, and academic research.

3. The Regional Report on ICPD+25 was prepared to inform the UNECE Regional Conference *Enabling Choices: Population Dynamics and Sustainable Development* (1-2 October 2018, Geneva). It reviews progress in implementing the ICPD PoA and specifically the priorities identified in the 2013 Chair's summary for the UNECE region. Building on the persistent and emerging population and development issues identified in the ICPD Beyond 2014 regional review, the report provides an overview of key trends and challenges that have affected UNECE countries since the adoption of the 2013 Chair's summary, presents replicable solutions to common issues and puts forward action-oriented recommendations to further expand and accelerate the full implementation of the recommendations of the 2013 Chair's summary going forward.

II. The demographic and socio-economic context in the UNECE region

4. The UNECE region is at the forefront of a global demographic transformation from population growth to population ageing, coupled with increasing and complex international migration flows. In 2015, the total population of the UNECE region amounted to 1.27 billion people, growing from 1.24 billion in 2010. While Central Asia experienced rapid population growth between 2010 and 2015, other countries in the eastern part of the region witnessed net population declines. Current trends indicate that by 2030 population numbers will decline in 20 out of 56 UNECE member States. Between 2015 and 2050, 10 countries in the eastern part of the region are projected to experience population declines of at least 15 per cent.

5. In 2015, the region's average total fertility rate was estimated at 1.8 children per woman of reproductive age, the same level as 2010. Fertility rates below 1.5 children per woman of reproductive age were observed in 11 countries. The trend in delaying childbearing has continued, with the mean age of women at first birth increasing by one year between 2010 and 2014, from 26.4 to 27.4 years. Life expectancy at birth was estimated at 74.9 years for men and 81.1 years for women in 2015, increasing from 71.2 and 78.2 years respectively since 2005. Persons aged 65 years and older accounted for 15 per cent of UNECE's total population in 2015, a proportion projected to increase to 21 per cent by 2030 and to 24 per cent by 2050. The share of older persons has already reached or exceeded 20 per cent in seven European countries. Out of seven UNECE countries where the share currently remains below 10 per cent, only four are projected not to reach this threshold by 2030.

6. International migration continues to impact population growth and the age structures of UNECE countries to varying degrees. Negative net migration was a prominent feature in most countries in the eastern part of the region, while western countries witnessed positive net migrant inflows. Recent years were characterized by an increase in forced displacement across international borders, with a few UNECE countries hosting large numbers of refugees. In 2015, three quarters of UNECE's population lived in urban areas, a share that remained lowest in Central Asia (48 per cent). By 2050 the proportion of the population living in urban areas is projected to increase to 84 per cent in the region overall, and to 61 per cent in Central Asia.

7. For the first time since the 2008 global financial crisis, positive economic growth was observed in 2017 in all UNECE countries. This created a more auspicious context in which to tackle structural challenges while advancing the ICPD PoA and 2030 Agenda for Sustainable Development. However, over the previous five years the region has

experienced a difficult and uneven recovery from the global financial crisis that added important pressure on social spending. In a number of countries, in particular in the south of Europe, the crisis has left a legacy of persistent unemployment and increased rates of people at risk of poverty and social exclusion. The decline of oil prices that started in 2014 tipped the region of Eastern Europe and the Caucasus into a recession, which was accompanied by exchange rate instability and rising inflation. Growth has returned but past gains in improving living standards and reducing poverty have been hampered. It is only in the United States that the economy has continued to grow uninterrupted since 2011 and has been relatively job-rich. The region's overall employment rate recovered slightly since the economic crisis. The largest employment rate increases were recorded among the older employees, in particularly women in the age groups 55-59 and 60-64. This was in part a result of the rise in statutory retirement age in a number of countries.

III. Key findings

8. The 2013 Chair's summary put forward recommendations under a series of themes requiring greater attention from member States. These included population dynamics and sustainable development; families, sexual and reproductive health over the life course; and inequalities, social inclusion and rights. Over the past five years, UNECE countries have made some progress in the implementation of these recommendations. This is evidenced by aggregate improvements in individual social and economic outcomes related to these three themes. Yet progress has been uneven across and within regions and countries. Multiple and overlapping forms of inequality and discrimination continue to impede individuals from realizing their full potential, even in the most advanced countries.

9. Preparing for and realizing the potentials of ageing populations in the region requires a lifecycle approach. This approach is in line with the core message of the ICPD PoA: investing in individual capabilities, dignity and human rights, across multiple sectors and throughout the life course is the foundation of sustainable development. Further efforts are required in the protection and promotion of human rights, including sexual and reproductive health and rights and gender equality.

A. Population Dynamics and Sustainable Development

10. The 2013 Chair's summary underscored the need to take a long-term, holistic, rights-based approach to population dynamics and its linkages with sustainable development. In this regard, it called on member States to invest in the human capital across generations by enhancing their access to quality education, decent work and health and social care services, promoting healthy lifestyles, and supporting their involvement in decision-making. Population ageing remains a distinct demographic phenomenon shaping the region's present and future. According to the United Nations Department of Economic and Social Affairs (UN DESA) World Population Policies Database, ageing was perceived as a major concern by 45 of the 56 UNECE member States in 2015. The complex interrelationships between ageing, low fertility and migration (both internal and international), play out differently across the region. The 2013 Chair's summary also encouraged UNECE member States to reduce CO2 emissions and strive for energy efficiency.

11. Several countries in the eastern part of the region, particularly in Eastern Europe, the Caucasus and the new EU member States, are experiencing negative population growth rates, exceeding 1 per cent annually in three countries. This phenomenon is exacerbated by significant out-migration of working-age populations, which consequently affects productivity as well as the sustainability of ageing and family support systems, despite the

remittances sent by migrant workers. Many of these countries are exploring policies to address low fertility levels, curb emigration and attract returning migrants. However, the mixed results to date suggest that additional evidence-based analyses are required on the interaction among these dynamics in addition to cooperation among countries in sharing good practices. Further, the increased risk of unemployment and poverty, and the inadequate social protection coverage faced by rural populations is leading to the depopulation of rural areas in some of these countries. As a result, both the utilization of productive land as well as the quality of infrastructure and services in these areas are likely to be impacted. The implementation of integrated and holistic sustainable agricultural and rural development policies is therefore necessary. In contrast, countries in the western part of the region experience important net migrant inflows of working-age populations. If employed and integrated, migrants represent an asset for economies and societies. Conversely, discrimination, social exclusion and inadequate access to health and social protection schemes increase migrant's vulnerability and can pose serious challenges to societies.

12. Investing in human capital development across the life course contributes to addressing the implications of population ageing, as well as to more inclusive and sustainable development. In most countries of the UNECE region, 9 in 10 children or more participate in organized learning one year before the official primary entry age. Only some South-East European and Central Asian countries have lower participation rates. Levels of pre-primary, primary and lower secondary school completion vary across and within countries in the region, as do learning outcomes. This highlights the importance of guaranteeing universal access to quality education. Later across the life course, participation in education and training is on the rise but still at very low levels. Between 2010 and 2015, the proportion of women aged 55-74 participating in education or training increased from 4 to 5 per cent, while men's participation remained slightly lower, increasing from 3 to 4 per cent. As workforces age and economies evolve rapidly, these low levels of education and training among older workers reveal an unrealized potential in maintaining and updating skills throughout working life and call for a greater emphasis on the promotion and access to lifelong learning.

13. Youth unemployment declined from 20 to 18 per cent between 2010 and 2015, yet it remains unacceptably high, with seven countries in south Europe reporting unemployment rates above 40 per cent. In 2015, the proportion of youth not in education, employment or training amounted to 14 per cent in the UNECE region, with women remaining slightly disadvantaged (15 per cent) compared to men (12 per cent). Guaranteeing smooth education-to-employment transitions and access to decent work remain prominent strategies to secure the income of young persons and reverse the out-migration of qualified young professionals. The participation of young persons in political life can also be further enhanced. During 2014 and 2015 the proportion of young parliamentarians (aged under 40) amounted to 15 per cent, remaining lowest in North America and Israel (8 per cent) and highest in South Eastern Europe (26 per cent).

14. The current working age population (25-64 years old) faces specific challenges deserving policy attention. Women's increased participation in the labour force, rising economic uncertainty and constraints in combining parenthood with professional careers are factors contributing to the inability of couples to realize fertility aspirations. According the World Population Policies Database, below-replacement fertility was observed in 49 out of the 56 UNECE countries in 2015. Out of these, 31 were implementing policies to raise the level of fertility, such as support for family planning and measures to improve work and family balance. Among countries with below-replacement fertility, higher fertility levels were observed in countries where holistic family policies support women and couples to reconcile family and working life. In contrast, countries in Central Asia where fertility is presently well above replacement level can reap the benefits of a potential demographic

dividend, if adequate investments in education and economic reforms, which result in more open economies and business-friendly environments, are made.

15. The labour force participation rate of persons aged 60-64 increased from 39 to 44 per cent between 2010 and 2016, while that of persons aged 65 and older remained stable at 11 per cent. Women belonging to these two age-groups are less likely to engage in the labour force than men. Between 2009 and 2013, the average effective labour market exit age increased 1.1 years among men and 0.5 years among women. When engaged in the labour force, older persons can lead satisfying professional lives, support their families and contribute to the productivity of economies and the sustainability of social security systems. To promote longer working lives, additional policy efforts are required to tackle age-based discrimination, introduce further incentives for older workers to remain engaged in the labour force and for employers to hire older workers.

16. Member States have achieved progress in the promotion of healthy, active and independent living among older persons. Between 2000 and 2015, the gender gap in life expectancy narrowed in Eastern Europe and the Caucasus from 12.3 to 10.5 years and in Central Asia from 8 to 6.9 years. Yet the burden of non-communicable diseases (NCDs) remains highest in these two sub-regions, with NCD-attributed mortality rates significantly higher for men (40 and 35 per cent respectively in 2015) compared to women (18 and 21 per cent respectively). Further improvements require the promotion of healthy lifestyles and behavioural changes in dietary intake, alcohol consumption and smoking across generations, and the eradication of inequalities and disparities in access to services that may serve as risk factors. Overweight and obesity are among the fastest growing health issues for children and adolescents, notably affecting boys and the most deprived groups from society. Physical inactivity rates among children and adolescents are also increasing rapidly. Alcohol use decreased among adolescent girls and boys between 2010 and 2014, although it continues to represent a public health concern. Health at later ages is shaped by accumulated experience and adopted lifestyles throughout the life course, therefore highlighting the need to prevent unhealthy behaviours that are often established during childhood and adolescence. This can be addressed by incorporating the promotion of healthy lifestyles in the education curricula.

17. The region's societies increasingly rely on informal care when confronted with population ageing and growing needs for long-term care. In 2014, around one in every three persons aged 18 and older was involved in informal care in most European Union countries and Western European countries without EU membership. The proportion of young and older persons that undertake monthly voluntary work with community and social services organizations varies significantly across generations, countries and sub-regions. Middle-aged women are likely to be the first responders to informal care needs, oftentimes bearing a triple burden as they care for the younger and older generations, while remaining engaged in the labour force, with implications for their own health and well-being. Older generations, and older women in particular, play a key role in the provision of care to their children and grandchildren, as well as their older relatives and relatives living with disabilities. The long-term viability of such inter-generational support systems is debatable, as family size declines and women increasingly participate in the labour force and into older ages. Policies which holistically address the needs of older persons in terms of housing, transport, social and civic life, among others, remain key as well as policies facilitating the reconciliation of employment and care work in all life phases.

18. Between 2000 and 2014, countries have reduced CO_2 emissions from 0.5 to 0.3 kg of CO_2, yet they continue to impact livelihoods and ecosystems within and beyond the region. A shift in consumption behaviours from present and future generations, young and old, as well as the development of innovative technologies that reduce consumption without

declines in wellbeing, are required to achieve sustainable development. The landmark Paris Agreement (2016) charts the way to advance on this front.

B. Families, Sexual and Reproductive Health over the Life Course

19. The 2013 Chair's summary called on member States to guarantee universal access to sexual and reproductive health care. It encouraged member States to strengthen comprehensive sexuality education programmes, including the training of professionals, remove barriers that limit the access to contraceptive methods, eliminating preventable maternal mortality and morbidity and ensuring the prevention and treatment of HIV and other Sexually Transmitted Infections (STIs), among other measures. The 2013 Chair's summary also recognized the increasing diversity in family structures and the need to protect vulnerable family members.

20. Aggregate regional progress in sexual and reproductive health (SRH) outcomes conceals inequalities in the access to quality SRH care between and within the region's countries. Women, adolescents and youth, older persons, men and boys, migrants and other marginalized groups have distinct sexual and reproductive health needs and face diverse obstacles to obtain sexual and reproductive health services and information. Within these specific population groups, the poorest, as well as those living in rural areas, those with lower educational attainment and those belonging to ethnic minorities tend be worse off. While some countries have introduced legal and policy provisions seeking to roll back existing SRH protections, others have made significant progress in regulations for the provision of SRH services and comprehensive sexuality education, although the implementation of these policies continues to face challenges. Meeting the SRH needs of all persons requires the removal of access barriers, commitments to advancing gender equality and the strengthening of health systems for the universal provision of an essential package of SRH services and information from birth to old age that responds to changing SRH needs without financial overburden. Integrating this package of SRH services at the primary health care level remains central for success.

21. Comprehensive sexuality education is not yet widely implemented. A recent study (2018) by the Federal Centre for Health and Education (BZgA) and the International Planned Parenthood Federation (IPPF) reviewed sexuality education programmes in 25 UNECE countries and confirmed the existence of a legal basis, that is, laws, policies or strategic frameworks, requiring or supporting such education in 21countries. This confirms that sexuality education has been implemented in many countries across the region. Yet only 10 of these programmes can be considered comprehensive, and, with some exceptions, teachers remain insufficiently trained.

22. Access to modern contraception in many countries is limited by availability, choice, costs, including the lack of subsidization or reimbursement, poor quality information and misconceptions, and discriminatory policy barriers such as requirement for third-party authorization. Between 2010 and 2015, the demand for family planning satisfied by modern contraceptive methods increased slightly from 76 per cent to 77 per cent. However, it remained lower in South Eastern Europe, increasing from 52 to 55 per cent during the same period. Barriers to knowledge and access to modern methods remain in the UNECE region, reflected by the need to resort to traditional contraceptive methods, which decreased only slightly from 28 to 27 per cent. Between 2010 and 2015, larger reductions in the use of traditional contraceptive methods were achieved by countries in Eastern Europe and the Caucasus (from 17 to 14 per cent) and the 13 new EU member States (from 15 to 12 per cent). This calls for ensuring universal access to a wide range of effective, evidence-based, acceptable and affordable modern contraceptive methods, with a special attention to adolescents and youth. In 2014 around two-thirds of adolescents aged 15 used a condom at

last intercourse, a share that significantly varies across countries and by sex. The adolescent birth rate was estimated at 20 births per 1,000 women aged 15-19 during the years comprised between 2013 and 2015. This prevalence calls for the strengthening of comprehensive sexuality education programmes for adolescents and youth to protect themselves from STIs and unintended pregnancies.

23. The prevalence of induced abortions declined from 256 to 216 abortions per 1,000 live births between 2010 and 2014. Decreases were also observed among women under the age of 20, although these remain four times more likely to resort to an abortion than the general population (874 abortions per 1,000 live births). Variations in abortion rates across countries reflect the prevailing legislative and socio-cultural environments. Aggregate decreasing trends confirm an expansion in the access to contraceptive methods and knowledge, including comprehensive sexuality education, and progress towards achieving gender equality. Since 2013, various UNECE countries have made steps in revising restrictions in existing abortion laws and in removing barriers to access to safe abortion services. More can be done to remove barriers denying women timely access to safe abortion care where legal.

24. Maternal mortality declined from 15 to 14 deaths per 100,000 live births between 2010 and 2015, remaining highest in Central Asia (32 deaths per 100,000 live births) and Eastern Europe and the Caucasus (24 deaths per 100,000 live births). During the same period, neonatal mortality decreased from 5 to 4 deaths per 1,000 live births, a share that remains four times the regional average in Central Asia (16 deaths per 1,000 live births). Although antenatal care and skilled attendance at birth are almost universal, these rates evidence gaps in the quality of such services, as well as in emergency obstetric care and perinatal and postpartum care, which deserve policy attention. Strengthening data collection and surveillance systems remain important in addressing maternal mortality.

25. Against the global trend, HIV is still on the rise in the eastern part of the region, with sexual transmission rapidly becoming the predominant factor. Between 2010 and 2015, the number of new HIV infections per 1,000 uninfected population grew from 0.4 to 0.6 in Eastern Europe and the Caucasus and from 0.1 to 0.2 in Central Asia. In these sub-regions, less than half of persons living with HIV were reached by antiretroviral therapy in 2016. In addition, half of all people estimated to be living with HIV across the eastern part of the region have not been tested for HIV and do not know their status. Reversing these trends requires increased prevention, testing and treatment efforts, as well as fighting growing stigma and discrimination against people living with HIV and key at-risk population groups (injecting drug users, men who have sex with men and sex workers). New strategies are required to expand the reach of HIV testing, including self-testing services and testing provided by lay providers. This would not only contribute to halting the spread of the epidemic, but also allow individuals to start treatment sooner, increasing their chances of living longer and healthier lives. Levels of HIV transmission knowledge and condom use among adolescents and youth call for specific prevention efforts targeting this population group. Syphilis infections have decreased from 14 to 11 cases per 100,000 population between 2010 and 2013. Prevention, surveillance of and treatment efforts for this and other STIs, however, receive far less attention

26. Postponements in childbearing and STI infections increase the risk of primary and secondary infertility respectively. In 2010, secondary infertility was estimated to affect 17.9 per cent of child-seeking women aged 20-44 in Central and Eastern Europe and Central Asia (13.9 million women), while 2.3 per cent were affected by primary infertility (1.8 million women). The demand for infertility information and services, including assisted reproductive technologies (ART), is therefore likely to continue to grow in the coming years. While Europe remains the largest market for ART globally, its use varies significantly among countries due to differences in legislation, costs, reimbursement

modalities and the norms surrounding childbearing and conception. Reducing infertility risk factors such as obesity, unsafe abortions, STIs and postpartum infections should remain high on the agenda.

27. Cervical cancer is the second most common cause of cancer death among women in the eastern part of the region, where it is estimated that more than 38,000 new cases and 18,000 deaths occur every year. Breast cancer is a common cause of disease for women in all sub-regions except for Central Asia, and its incidence and mortality rates (67 and 13 per 100,000 women respectively) remain higher than the global average. The burden of cervical and breast cancer can be reduced by ensuring national screening programmes target at-risk population groups, intensifying HPV vaccination coverage among girls (9-13 years) and investing in the collection of quality data for effective programme operation.

28. Over recent decades, UNECE countries have witnessed declines in traditional family formation, consisting of a married couple with children, and have experienced increases, to various extents, in divorce rates, co-habitation, single-parent families and reconstituted families, among others. The continuation of current trends in low fertility and ageing projects a region where fewer children will be born, and they will be more likely to be born out of wedlock and experience family dissolution. Older persons are increasingly living alone. Family support policies, therefore, need to be oriented to family diversity and ensure the delivery of universal, integrated and locally-based services, which guarantee equality of opportunity, irrespective of family type, and with more intensive delivery for at-risk populations.

C. Inequalities, Social Inclusion and Rights

29. The 2013 Chairs' summary highlighted that equality and non-discrimination are necessary pre-conditions for all individuals to enjoy their human rights and realize their potential. It called upon member States to achieve gender equality and guarantee the social inclusion of marginalized groups, which continue to suffer multiple and intersecting forms of inequality, disempowerment and discrimination. The 2013 Chairs' summary placed a special emphasis on ensuring individuals are able to find the desired work-life balance to realize their fertility aspirations.

30. Achieving a successful and more gender-balanced reconciliation between work and family responsibilities remains a challenge. Research by the International Network on Leave Policies and Research covering 33 countries in the UNECE region found that leave entitlements around child birth are focused on mothers and only few countries have introduced gender-sensitive leave entitlements that favour father's involvement. 28 western and central European and North American countries have a statutory and designated maternity leave entitlement, with paid leave and mostly at high earnings-related level. Only 5 countries allow mothers to transfer part of the maternity leave period to fathers. The proportion of children aged 0-2 enrolled in formal childcare and pre-school has moderately increased in the western and central parts of Europe from 28 to 32 per cent between 2010 and 2014. Further efforts need to be directed at ensuring an adequate work-family reconciliation, including affordable childcare, compensating for women's lost income during full-time childcare, avoiding long-term maternity leave that excludes women from the labour market, and providing non-transferrable paternity leave and other measures fostering the participation of men in childcare and the equal sharing of responsibilities, including through flexible working arrangements for employees with care responsibilities.

31. Gender gaps in labour force participation and median earnings have narrowed in the region. However, women continue to be paid less than men for equal work, over-represented in precarious employment and they bear the larger share of unpaid care and household work. Additional efforts are also required to address the under-representation of

women in leadership positions at all levels of public life. While the share of national parliament seats held by women increased from 20 per cent in 2010 to 24 per cent in 2017, the proportion of managerial positions held by women decreased from 36 to 32 per cent between 2010 and 2015.

32. Gender-based violence remains a pervasive challenge to the region's societies. It requires coordinated responses from the health, education, social and legal sectors through rights-based, life-course preventive and response measures. The Council of Europe Convention on Preventing and Combatting Violence Against Women and Domestic Violence (Istanbul Convention) entered into force in 2014. Currently, 45 UNECE member States are signatory to the Istanbul Convention, 32 of which have ratified it. The prevalence of prenatal sex selection in favour of boys as well as child and forced marriages remain of concern in some South-Eastern European, Eastern Europe and the Caucasus and Central Asian societies. During the period 2010-2016, the percentage of women aged 20-24 who were first married or in union before age 18 was estimated at 11 per cent among 14 eastern European and Central Asian countries. An analysis of Universal Periodic Review (UPR) country reports on accepted recommendations on domestic violence shows that UNECE countries have made progress in developing legal and policy frameworks to strengthen prevention mechanisms, provide effective assistance to victims and access to social services for perpetrators, strengthening the judicial system and implementing information campaigns, among others.

33. The region's at-risk of poverty rate declined from 29 to 24 per cent between 2010 and 2016. However, children, single-mothers and older women are still more likely to face poverty and experience greater inequalities. Gender differentials in the risk of poverty or social exclusion remain small between young and middle-aged men and women, but they increase at older ages, reflecting the cumulative impacts of lifetime inequalities, particularly in the field of economic participation. Underemployment and earlier retirement in comparison with men, increased participation in low-paid, part-time and precarious employment, career breaks to bear and raise children, as well as the burden of unpaid domestic and care work, are factors that limit women's economic independence and lead to reduced pension entitlements after retirement. Alongside universal and equitable access to quality services, social protection systems that adopt a life course approach remain central to mitigate the impacts of poverty and inequalities.

34. In 2015, the proportion of foreign nationals residing in UNECE countries amounted to 11 per cent, a share ranging from 23 per cent in Western European countries without EU membership to 3 per cent in the 13 newer EU member States. Policy efforts that support the integration of migrants are more common in EU15 countries. As the intensity and complexity of international migration deepens, member States can further protect the rights of migrants and facilitate safe, orderly and regular migration. This includes through policies that support the portability of acquired professional credentials and benefits from work abroad and addressing the increased risk of trafficking faced by women and girls through coordinated responses in origin, transit and destination countries. According to the 2017 UN DESA International Migration Report, UNECE countries hosted over 17 per cent of the estimated world's total number of refugees and asylum seekers of 25.9 million in 2016. Additional efforts can be directed at strengthening their protections and social inclusion.

35. In a number of countries, minority groups, including ethnic minorities, such as the Roma, and persons with disabilities, continue to face persistent exclusion, material deprivation, as well as inferior educational and health outcomes, calling for enhanced investments in their capabilities and social protection. Efforts are also required to combat the stigma, discrimination, and violence faced by persons of diverse sexual orientation and gender identity (SOGI). An analysis of Universal Periodic Review (UPR) country reports on accepted recommendations on discrimination and violence on the basis of SOGI shows

that various UNECE countries have conducted Criminal Code amendments to prohibit discrimination based on SOGI and have passed legislation on same-sex marriage. Public awareness campaigns and comprehensive sexuality education are further measures to address stigma, discrimination and violence and foster sustained attitudinal and behavioural change.

IV. The way forward

36. As efforts in the UNECE region are accelerated to implement the 2030 Agenda for Sustainable Development, the vision of the ICPD Programme of Action, and the guidance for its full implementation provided by the 2013 Chair's Summary, remains essential for the achievement of sustainable development. The integrated nature and linkages between these agendas demands increased policy coherence at the national and local levels to maximize impact and available resources. Coordination and collaboration among and within governments, donors, the United Nations, civil society organizations (CSOs), the private sector and intended beneficiaries is therefore essential. Allocating domestic human and financial resources, strengthening the funding and capacity of CSOs and creating enabling environments remain key to deliver on commitments. The removal of barriers hindering access to services, including SRH services, deserves priority.

37. UNECE countries have implemented a wealth of good practices across diverse contexts, highlighting the potential of international cooperation and collaboration. Some population and development issues, however, have received only limited research, measurement and implementation. This is the case of healthy habits and physical activity, comprehensive sexuality education, the sexual and reproductive health of older persons, primary and secondary infertility, gender-based violence, child and forced marriages, trafficking, and social attitudes and values, among others. In addition, the limited availability of disaggregated data for marginalized population groups remains one of the most prominent challenges.

38. UNECE and UNFPA will continue to facilitate the generation of timely, high-quality knowledge, support advocacy and policy dialogue processes, develop institutional capacities, and foster partnerships and coordination, including South-South and triangular cooperation.

39. The findings of the Regional Report on ICPD+25, alongside with the 2018 UNECE Regional Conference deliberations, will inform the global review of the ICPD at the 52nd Session of the CPD in 2019, the 2019 UNECE Regional Forum on Sustainable Development, and the 2019 United Nations Economic and Social Council High-Level Political Forum on Sustainable Development. To better integrate the review and follow-up of the ICPD PoA and the 2030 Agenda on Sustainable Development, future review cycles of the ICPD PoA will be aligned with SDG review cycle to take place every four instead of five years.