## TABLE OF CONTENTS

### I. RECOMMENDATIONS FOR ACTION ................................................................. 1
   A. Follow-up on the implementation of the Plan of Action of the Fifth APPC .......... 1
   B. Population, development and poverty ............................................................ 2
   C. Fertility transition, age structure changes and population ageing ................ 2
   D. Reproductive health ..................................................................................... 3
   E. Migration ..................................................................................................... 4

### II. PROCEEDINGS OF THE EXPERT GROUP MEETING ................................... 4
   A. Opening ...................................................................................................... 4
   B. Progress in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) ..................... 5
   C. Progress in the implementation of the Plan of Action on Population and Poverty of the Fifth APPC ................................................................. 7
   D. Population, sustainable development and poverty ....................................... 10
   E. Reproductive health, including adolescent reproductive health ................. 11
   F. Child mortality, maternal health and the Millennium Development Goals .... 13
   G. International migration ............................................................................. 14
   H. Changing age structure and population ageing ......................................... 15

### III. ORGANIZATION OF THE EXPERT GROUP MEETING ............................... 17
   A. Background .............................................................................................. 17
   B. Election of Officers .................................................................................. 18
   C. Adoption of the agenda ........................................................................... 18
   D. Participation in the Expert Group Meeting .............................................. 19
   E. Adoption of the Recommendations for Action ......................................... 19

ANNEX I: LIST OF DOCUMENTS ........................................................................... 20

ANNEX II: LIST OF PARTICIPANTS .................................................................... 21
I. RECOMMENDATIONS FOR ACTION

1. The ad hoc Expert Group Meeting on the Implementation of the Plan of Action on Population and Poverty of the Fifth Asian and Pacific Population Conference (Fifth APPC) was held at Bangkok from 8 to 10 November 2005. It was organized by the Population and Social Integration Section, Emerging Social Issues Division, ESCAP. The ad hoc Expert Group Meeting on 10 November 2005 adopted the following Recommendations for Action by ESCAP. The 2005 World Summit Outcome and the Millennium Declaration will guide implementation of the recommended actions, taking into account emerging population dynamics, including changes in age structure and migration.

A. Follow-up on the implementation of the Plan of Action of the Fifth APPC

1. Develop and support the implementation of an effective mechanism and instrument to track the progress of implementation of the Plan of Action on Population and Poverty of the Fifth APPC and report on the progress at the Third Session of the Committee on Emerging Social Issues in 2007;

2. Play an advocacy role to enhance support for the Fifth APPC recommendations through targeted senior official meetings and dissemination of advocacy materials;

3. Support and disseminate research that links the implementation of the recommendations of the Fifth APPC to poverty reduction;

4. Promote cooperation in the Asian and Pacific region in the areas of population, gender, reproductive health and development through the exchange of experiences, information and resource sharing, and capacity-building to strengthen national programmes;

5. Provide technical assistance to enhance the capacity of countries in implementing the recommendations of the Fifth APPC using resources available within ESCAP and member countries.
B. Population, development and poverty

1. Assist countries in assessing the achievement of the Millennium Development Goals and the objectives of ICPD’s Programme of Action at the sub-national level and across social groups, paying particular attention to vulnerable social groups and to income distribution and its implications for poverty reduction;

2. Document best practices of integration of population, reproductive health and gender concerns into poverty reduction and development strategies;

3. Provide support to strengthen national capacity to pursue human capital development approach while integrating population concerns into the broader development agenda, particularly into strategies for poverty reduction and achievement of internationally agreed development goals, including the Millennium Development Goals;

4. Assist in conducting research to assess the socio-economic implications of the rise in the number and proportion of female-headed households;

5. Assess the implications of the increasing feminization of HIV/AIDS and the growing vulnerabilities of adolescents and the youth to the HIV/AIDS pandemic;

6. Develop knowledge management systems for sharing regional experiences on emerging population dynamics including the dissemination of “best practices” on population, poverty and development;

7. Pay special attention to issues arising from natural disasters and their implications for poverty and development.

C. Fertility transition, age structure changes and population ageing

1. Play an advocacy role on ageing issues through senior officials meetings and policy makers and information dissemination to assist the formulation of suitable policies and allocate adequate resources to address the growing needs of older persons;

2. Assist countries to review existing national policies and programmes on population ageing giving particular attention to the retirement age in the context of increasing longevity and higher life expectancy;
3. Support countries to address the growing phenomenon of population ageing giving due attention to strengthening family support systems in the context of changing family size and structure, cognitive and functional limitations of older persons and migration of young people to urban areas;

4. Conduct and support research that examines the impact of age structural changes on individual, household and societal well-being;

5. Assist governments in establishing sustainable social protection, social security systems and health care for older persons, taking into account the special needs of older women and older persons in rural areas;

6. Assist governments in promoting self-reliance of older persons by facilitating their continued participation at all levels of economic and social activities making full use of their skills and abilities;

7. Conduct research on rapid fertility decline and its implications on population ageing, with focus on policy and programme development and services improvement.

D. Reproductive health

1. Assess the impact of integration of reproductive health services, including family planning, into primary healthcare systems on access to and quality of those services;

2. Examine the effects of health sector reforms, including decentralization, on access to and quality of reproductive health services;

3. Work with member countries to develop supportive programmes and policy environments for effective adolescent reproductive health interventions;

4. Assist countries to strengthen adolescent reproductive health programming in areas such as parental involvement in adolescent reproductive health and sexuality education;

5. Support governments in their efforts to provide accessible and affordable reproductive health services to vulnerable social groups such as adolescents and migrants.
E. Migration

1. Study the impact of migration, internal and international, on marriage and fertility behaviour, as well as the impact of population ageing on the economy and migration policy;

2. Conduct a regional study, in cooperation with other relevant organizations, to identify knowledge gaps and developmental impacts of urbanization and migration in both sending and receiving countries, paying particular attention to the growing proportion of female migrants;

3. Prepare and disseminate a list of core statistics and indicators on international migration for countries in the region, paying particular attention to differing definitions and forms of migration, in order to facilitate standardization;

4. Organize workshops and seminars for both sending and receiving countries to exchange country experiences and gain better understanding of the interlinkages between international migration, poverty and development.

II. PROCEEDINGS OF THE EXPERT GROUP MEETING

A. Opening

2. The ad hoc Expert Group Meeting on the Implementation of the Plan of Action on Population and Poverty of the Fifth APPC was opened by Ms. Thelma Kay, Chief, Emerging Social Issues Division. In her opening statement, Ms. Kay pointed out that ESCAP had made significant efforts in highlighting the linkages between population and development. ESCAP had convened regional population conferences every decade, beginning with the first one held in Delhi in 1963. Those ministerial conferences had helped to create a better understanding of the role of population in development, and to identify emerging trends that require policy and programme intervention. The most recent in this series of regional meetings was the Fifth Asian and Pacific Population Conference, which adopted a Plan of Action on Population and Poverty containing strategic recommendations intended to address the twin challenges of population concerns and poverty alleviation.
3. Ms. Kay noted that the ESCAP region had registered commendable progress in lowering fertility and mortality levels, increasing life expectancy and reducing poverty through economic growth. However, much remained to be done. Large numbers of people still lived in abject poverty, thwarting efforts to achieve economic and social development. Eradication of poverty and achievement of internationally agreed development goals, including the MDGs, would not be attained if the pressing issues of population and reproductive health were not adequately addressed. She said, in so far as the objective of development was to improve the quality of life of people, population concerns remained at the core of development. A people-centered development agenda could not be effective without factoring in population aspects.

4. Ms. Kay further pointed out that the main objective of the Expert Group Meeting was to assess the progress in the implementation of the Plan of Action on Population and Poverty of the Fifth APPC by identifying the achievements made as well as the remaining challenges. It was also expected that the experts would recommend key future actions for execution by ESCAP, including collaborative activities with other United Nations agencies, particularly the United Nations Population Fund. Ms. Kay expressed her hope that the recommendations of the EGM would provide a road map for ESCAP in assisting member countries in integrating population concerns into development planning and strategies and in reinvigorating commitment for the full implementation of the Plan of Action of the Fifth APPC.

B. Progress in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD)

5. Mr. K. S. Seetharam presented an overview of the progress in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). Countries in Asia and the Pacific followed upon the recommendations of ICPD in varying degrees. In some cases the pace of progress was slow because needed resources were not forthcoming or the policy changes required were path-breaking. Dissimilar success in fulfilling the objectives of the ICPD was observed in part owing to differing initial socio-economic development levels. Mr. Seetharam noted, however, that events relating to ICPD+10 reviews had reinforced the commitment of countries to the principles and objectives of the Programme of Action of the ICPD.
6. Many countries had revised policies and strategies in line with ICPD principles and recommendations. However, population factors were integrated into development strategies in varying degrees, as some countries still did not appreciate the contribution of population and reproductive health strategies to poverty reduction due to inadequate knowledge and limited capacity. Mr. Seetharam also noted that although there was increased recognition about population ageing among the region’s less developed countries, limited knowledge and research existed on the impact of changes in age structure and population ageing on economic growth, investment, savings, intergenerational resource flows, poverty and equity. Developing countries were far less prepared to deal with the consequences of ageing, including social security, pension, health care and social support systems outside the family.

7. With respect to the recommendation of making reproductive health accessible to all, Mr. Seetharam observed that in general the policy environment was conducive in Asia for women to exercise their reproductive rights. However, actual progress in women’s ability to exercise their reproductive rights was rather slow. Some of the factors limiting progress included low levels of education and employment, socio-cultural and religious factors, provider bias and supply constraints. Countries had taken steps to improve access to reproductive health including family planning through health sector reforms and integration of reproductive health services into primary healthcare services. Although information on access to reproductive health services was lacking, many countries had taken measures to improve quality and expand service delivery networks in the areas of maternal and child health, family planning, unsafe abortion, STIs and HIV/AIDS, adolescent reproductive health and commodity security.

8. Mr. Seetharam acknowledged that many countries had ratified CEDAW and other international instruments to promote gender equality and women’s empowerment. Despite such efforts, progress in empowering and protecting women’s and girls’ rights was slow. Enforcement against gender-based violence was lacking in many countries. This was compounded by limited understanding of the pervasiveness of gender-based violence and by the prevailing attitude to view it as a domestic issue. Most countries did not have specific actions and programmes to instill respectful attitudes towards women and enable men to support women’s rights.
C. Progress in the implementation of the Plan of Action on Population and Poverty of the Fifth APPC

9. The country paper for the People’s Republic of China stated that the country had drawn on internationally agreed development goals, experiences and best practices to implement an integrated strategy for human development, particularly with regard to population and poverty. Since the 1970s, China’s family planning programme had focused on reducing fertility and excessive population growth. Currently, total fertility rate remained below replacement level and contraceptive prevalence rate was around 83 per cent. In implementing the 10th Five-Year-Plan (2001-2005) for national socio-economic development, the Government of China had strengthened mid-term assessment of population-related issues. The 11th Five-Year Plan would be guided by the goal of building China into a society centered on human development and comprehensive, coordinated and sustainable development.

10. China had already achieved ahead of schedule its MDG poverty reduction goal of halving its absolute poverty by 2015. Access and quality of reproductive health and family planning services were promoted through legislations and regulations that established citizens’ right to informed choice of contraceptive methods and rights to receive appropriate family planning services. The principle of legal recourse in case of client complaint and the responsibilities of service providers were clearly established. The Government was taking a comprehensive approach to prevention and treatment of the HIV/AIDS epidemic, which was on the verge of proliferation from high-risk populations to the general population. It was also coping with the sexual and reproductive health needs of adolescents through improved education campaigns and provision of youth-friendly services. Key interventions initiated to reduce maternal and under-five mortality had provided a solid basis for China to achieve the Programme of Action of the ICPD and MDGs relating to child and maternal mortality.

11. Indonesia annually added 2.5 million new entrants to its workforce. However, its economic performance had not been strong enough to absorb the increasing workforce, providing only 35 per cent employment in the formal sector. As a result, Indonesia had not benefited from its demographic bonus indicated by the continuous decline in fertility and mortality over the last three decades. To tackle unemployment, poverty and other developmental challenges, the Government of Indonesia had drawn long-term (2005-2015) and mid-term (2005-2009) development plans and strategies, recognizing poverty not only as a matter of “economic
incapability” of meeting basic needs but rather as a failure to fulfill basic human rights. Although it pursued a rights-based approach to poverty alleviation, the Government continued to set national targets for curbing population growth. Mid-term targets included: population growth rate of 1.14 per cent, TFR of 2.2, and unmet need for contraceptive use of less than 6 per cent.

12. The country situation report for Indonesia also pointed out that reproductive healthcare services were not given high priority in the Mid-Term Development Plan. Reproductive health services were fragmented. Family planning and testing and services for STI and HIV/AIDS were responsibilities of different institutions fulfilled without coordination. The provision of adolescent reproductive health services was still limited to the treatment of STI, VCT and HIV/AIDS. The Government had responded to the limitations by implementing programmes promoting the right to information, education and services for adolescents, as well as counseling for the community, family and adolescents. Infant and under-five mortality had consistently declined over the past two decades and were set to outperform MDG targets by 2015. Owing to its slow decline over the last decade, the maternal mortality rate was unlikely to reach the MDG target. Although population ageing was emerging as a serious challenge, it had not been recognized by and incorporated into the mid-term and long-term development plans.

13. As a sending country of migrant workers, Indonesia had benefited from the remittances and employment opportunities generated by international migration. The Government was taking measures to address the negative impact of migration, particularly the vulnerabilities faced by irregular migrants and victims of trafficking. Although the Government had ratified international conventions and developed legal measures to empower women and eliminate discrimination and violence against women, the gender empowerment index remained unsatisfactory. Gender equity and empowerment had been incorporated into the Mid-Term Development Plan and this was expected to improve the condition of women.

14. The Philippines country statement noted the commitment of the Government of the Philippines to continuously adopt development programmes cognizant of the interrelationships between population, biophysical environment and socio-economic and cultural forces. Since 1993 the Medium-Term Philippine Development Plan had integrated population concerns. The present Medium-Term Plan (2005-2010) contained an explicit national target of 1.9 per cent population growth rate. In this effort the Government was guided by the principles of respect for life, responsible parenthood, birth spacing and informed choice. It also promoted scientific
natural family planning methods to broaden the options of couples based on their cultural and religious beliefs to make informed decisions.

15. The country had made significant progress in addressing poverty in both its economic and social manifestations. The second MDG progress report indicated that the country would perform well in reducing extreme poverty, child mortality, gender equality in education, incidence of tuberculosis, malaria and HIV/AIDS, and access to safe drinking water. The 2003 National Demographic and Health Survey showed that there was a one-child gap between current TFR (3.5) and desired fertility (2.5). Unmet need for family planning was still high at 17 per cent. The less educated, the poor and those living in rural areas had the highest TFR and level of unmet need. The Government implemented programmes and campaigns on family planning targeting two million couples in urban areas and rural slums. It also published user-friendly reference materials for planners and programme managers at the local level on how to integrate population concerns into development plans, and for the media for educating the public about reproductive health and implications for development and quality of life.

16. The Maldives country situation report stated that notable progress had been made in integrating population issues into development planning and poverty reduction strategies. The recently published “Population Policy of Maldives” laid out a comprehensive multisectoral framework for addressing population issues related to sustainable development. The national Development Plan of Maldives also addressed population concerns as part of overall socio-economic development strategies. There were institutional arrangements in support of various population coordination activities at the central, atoll and island levels.

17. Maldives had already achieved the MDG target of reducing by half the proportion of people living on less than a dollar a day. Vulnerability and poverty assessments showed that the foremost challenges were reducing unequal spatial distribution of poverty and addressing the gender dimension of poverty. Of all components of reproductive health, maternal and child health and family planning information and services were available across the country. Rights to reproductive health information and services were restricted for groups such as adolescents and divorced persons. Although abortion was illegal, management of post-abortion complications was provided. Improvements in access to family planning and contraceptives had reduced fertility and improved maternal and child health. With infant mortality declining from 48 per thousand live births in 1990 to 18 in 2003, Maldives was on course for achieving the MDG targets for infant
and under-five mortality. Similarly, Maldives appeared to have already achieved the MDG target of reducing maternal mortality, due in part to expansion of prenatal and delivery care.

18. The country situation report for Sri Lanka stated that the Government continued to factor population into national and subnational planning. The Government implemented a number of social assistance and poverty alleviation programmes, especially for pockets of the poor in the informal, estate and rural sectors. The continuing decline in fertility and dependency rate had produced population age structure ideally suited for rapid social and economic expansion and poverty reduction. Government policy continued to promote labour migration. At the same time, measures had been taken to combat the practice of trafficking of women and children and to provide counseling and rehabilitation services.

19. With projected proportion of older persons expected to reach 20 per cent by 2025, the challenges posed by population ageing were being addressed through the promotion of healthy lifestyle and ageing, and the provision of social support to poor segments of the elderly population. Sri Lanka had been providing integrated family planning and maternal and child health services since the 1960s. Although considerable progress had been made in the field of reproductive health, quality of service delivery needed further improvement. Adolescents comprising 17 per cent of the total population, the Government recognized the importance of providing adolescent-friendly information, education, counseling and services on reproductive health, and the involvement of parents, teachers and service providers.

D. Population, sustainable development and poverty

20. Mr. Rafiqul Chaudhury’s presentation examined the relationship between population and development, particularly the implications of changing age structure, on economic growth in the Asian context. He explained that decline in fertility and mortality, and the subsequent changes in age structure, created a demographically induced opportunity, lasting between two to five decades, to boost living standards. The effect of “demographic dividend” on the economy varied by stages of demographic transition, speed of decline in fertility, socio-economic policy as well as level of economic development and quality of public institutions. He observed that the countries that benefited the most from demographic dividend included Japan, the Republic of Korea, Singapore and Thailand. Age structural changes owing to declining fertility accounted for
one-third to one-fourth of East Asia’s average growth in per capita income during the period 1970-1990.

21. Mr. Chaudhury noted that East Asian countries were able to capitalize on their demographic dividends because they had earlier focused on producing high quality human resource base. High quality human capital helped increase production and labour productivity, attract foreign investment and adopt superior technology from developed countries. High rates of savings, amounting to as high as 40 per cent of GDP during the 1960s and 1970s, increased capital formation and investment. Decline in child dependency also allowed East Asian countries to increase capital per worker, boosting productivity per worker and level of income. Increased savings and capital not only helped those countries finance their own economic development and absorb their growing labour force but also boosted the economic development of many other developing countries in the region.

22. In contrast, South Asia was not able to capitalize on declining fertility and the potential of demographic dividend because of its low human capital base, large population, poor quality public institutions and governance, unfavourable terms of international trade, and poor savings and investment. Mr. Chaudhury observed that there was still a question whether declining fertility in South Asia could yield demographic dividend or lead to high unemployment and political unrest. Given the cultural milieu and discriminatory practices in the subregion, it was not clear whether women’s labour force participation rate could improve in line with theoretical expectation that demographic transition normally improved women’s labour force participation. It was also not clear whether the poor could benefit from demographic dividend. There was concern that poor parents may be unable to choose to have fewer children due to inadequate awareness of the benefits of a small-sized family and lack of resources to finance good health, nutrition and education. More empirical studies were needed to determine the effect of demographic transition at the household level.

E. Reproductive health, including adolescent reproductive health

23. In his presentation, Mr. Philip Guest noted that the Plan of Action of the Fifth APPC contained nine recommendations on reproductive health and rights and eight on adolescent reproductive health. He observed that assessment of accessibility of reproductive health services to the poor and other vulnerable groups was difficult because of limited disaggregated data at the
subnational level. Health sector reforms raised concern that access to reproductive health services may have been reduced for vulnerable populations. Mr. Guest observed that several countries had integrated their reproductive health services, including family planning and mother and child health, into primary health services. Nearly all countries had reported reduction in maternal and child mortality and morbidity. The most common steps taken to improve maternal and child health included training of healthcare providers, improved pre- and post-natal care, and information, education and communication (IEC) advocacy.

24. Mr. Guest stated that 34 countries in the ESCAP region had taken measures to reduce unsafe abortion. Measures taken to reduce unsafe abortion included legalization (e.g. Nepal), relaxation of restrictions for legal abortion (e.g. India), promotion of family planning, provision of post-abortion care (e.g. Myanmar) and improving the skills of abortion providers. Despite all these measures, Mr. Guest noted that there was no evidence to conclude that incidence of abortion had declined. There had been increases in the number of family planning methods consistently available, especially in countries of Central Asia and in such countries as China and Viet Nam that had formerly focused on IUD use. Emergency contraception had also been introduced in 19 countries and female condoms in 13. Commodity security plans had been adopted by many countries in the region, with 36 countries reporting having taken steps to improve commodity security. Reproductive rights had been promoted in the region through passing legislations protecting reproductive rights, improving training and monitoring systems in family planning. However, there were concerns that providers did not fully understand concepts such as informed choices.

25. With respect to adolescent reproductive health, most countries reported that they had undertaken actions to implement the recommendations by passing legislations, developing polices and IEC advocacy campaigns. However, Mr. Guest cautioned that most existing programmes provided information; only few countries provided services. Moreover, much of the information provided was biomedical, with limited information about relations, sexuality, sexual violence, skills or available services. Those programmes tended to be school-based, often only available in large urban centres, thus excluding large proportions of the out-of-school, rural and marginalized population. Where innovative programmes existed they typically tended to be pilot programmes, often not well evaluated. Some of the constraints on effective programming included lack of public support and political commitment, lack of adequately trained staff and
good models, and inadequate involvement of parents. Mr. Guest emphasized that an effective adolescent reproductive health initiative had to move beyond the stage of providing information to providing services. Design and implementation of effective programmes must take into account the needs of subgroups of adolescents and involve adolescents in the design and implementation, he said.

F. Child mortality, maternal health and the Millennium Development Goals

26. Ms. Minja Choe’s paper discussed the potential for reducing early childhood mortality, with particular focus on the case of India. India stood among those ESCAP member countries that were progressing slowly towards achieving the MDG targets of reducing infant and child mortality by two-thirds between 1990 and 2015. Her analysis showed that national averages masked diversity at the subnational level. Some states such as Kerala had achieved remarkable progress in reducing infant and under-five mortality. Some of them were poised to exceed the MDG target, despite having lower per capita income compared to better off states. Slow progress in reducing under-five mortality at the national level was due to slow progress in a number of large states with high levels of under-five mortality. State level variations in demographic and health indicators were partly owing to institutional arrangements and partly due to differing historical and cultural backgrounds.

27. Ms. Choe stressed that it was crucial to identify those socio-economic, demographic and health factors that reduced early childhood mortality, especially those that could be altered by population and health programmes, in formulating policies for faster reduction of early childhood mortality. In her study, Ms. Choe showed that raising the educational attainment of women would result in significant reduction in early childhood mortality. The result would be far more impressive when educational attainment went beyond primary education. Reducing the proportion of households in poverty and low standards of living contributed to improvement in early childhood mortality. Similarly, improving sanitary conditions of communities by increasing the proportion of households with piped water and toilet facilities reduced child mortality. Altering fertility behaviour by reducing early childbearing, short birth intervals, and high order births could reduce early childhood mortality. Improving MCH services and providing antenatal tetanus toxoid inoculations and child immunizations would reduce early childhood mortality.
significantly. Eliminating mortality differentials by sex of children and sex combination of older siblings would result in substantial reduction in early childhood mortality as well.

28. Ms. Choe noted that if current trends in childhood mortality in India persisted, reduction in early childhood mortality would not be enough to achieve the target set in goal 4 of the MDGs. She stressed that the gap could be closed by improving family planning and reproductive health programmes, including antenatal care, childhood immunization programmes and eliminating son preference.

**G. International migration**

29. Ms. Keiko Osaki discussed the progress made in the field of international migration since the adoption of the Plan of Action of the Fifth APPC. Ms. Osaki compared recommendations relating to international migration contained in the ICPD to those in the Fifth APPC and noted that the latter used more positive language which urged Governments to take concrete action to promote desirable migration and incorporate various aspects of international migration into national development planning. Several countries in the region had taken measures to regularize migration. The Republic of Korea regularized undocumented migrants in 2003. In 2004 Thailand conducted a nationwide registration of irregular migrants. In 2005 Malaysia allowed irregular migrants to leave without penalty.

30. Ms. Osaki pointed out that Governments in the region were increasingly involved in regional consultative processes aimed at strengthening regional cooperation to better manage the flow of migration. This had been one of the areas where much progress had been observed over the last decade. Regional consultative processes, being informal and non-binding, provided forum for both sending and receiving countries to explore common ground to maximize the benefits and minimize the negative consequences of international migration. The Manila Process, established in 1996, dealt with irregular migration and trafficking including other aspects of international migration. The Inter-Governmental Asia-Pacific Consultations on Refugees, Displaced Persons and Migrants (APC) focused, among others, on return and reintegration of international migrants. The Bali Process, established in 2002, focused on trafficking and smuggling, border management, and information and intelligence sharing, and included other aspects of international migration. The Colombo Process, established in 2003, dealt with labour migration and the protection of vulnerable migrants.
31. Ms. Osaki observed that there was growing recognition that international migration was a key dimension of globalization. There was strong commitment among Member States in combating trafficking in persons as an organized crime. However, the progress in protecting the rights of migrant workers remained slow. Ms Osaki mentioned that ESCAP was playing an active role in facilitating regional dialogue on international migration. Among recent activities were the Regional Seminar on the Social Implications of International Migration, 24-26 August 2005, and the establishment in September 2005 of the Thematic Working Group on International Migration, including Human Trafficking, with ESCAP and IOM acting as co-chairs. The Committee on Emerging Social Issues on its second session, 1-3 November 2005, also dealt with the challenges of international migration in the ESCAP region.

H. Changing age structure and population ageing

32. Mr. Bhakta Gubhaju discussed fertility transition in the ESCAP region and its implications for population ageing. Mr. Gubhaju explained the emerging fertility trends in the region by disaggregating countries by level of fertility – high, transitional, near-replacement, low and critically low. He pointed out some of the developmental consequences of changing age structure as a result of fertility decline, including the expected decline in potential support ratio and feminization of the elderly population. Mr. Gubhaju observed that countries that began their fertility transition at a higher level of social development had progressed much faster in approaching replacement level fertility. By contrast, those countries that began their fertility transition at a lower level of social development had experienced a deceleration or even a stall in fertility decline. In order to sustain fertility decline, Mr. Gubhaju emphasized the need for more investment in the social sector: improving women’s educational attainment and promoting accessible and affordable reproductive health, including family planning, particularly for underserved women such as the poor and those in rural areas.

33. Mr. Ghazy Mujahid presented an overview of population ageing in East and South-East Asia. The region was ageing rapidly and the gap between the less and the more developed countries was narrowing. Population ageing was emerging as a serious developmental challenge, especially in the less developed countries. The demographic profile of the older population in the region was characterized by the “ageing” of the older population – a rise in the number and proportion of the “oldest” old. Owing to sex differentials in life expectancy, feminization of ageing was on
the rise with the proportions of older women exceeding those of men. The proportion of older persons was larger in rural areas than in urban areas as a result of migration of young persons. Population ageing was resulting in the erosion of the potential support ratio – the number of working age persons per one older person. Declining support ratio indicated declining tax base and diminishing resources for the provision of social protection for older persons. Support for older persons was also dwindling due to eroding inter-generational reciprocity and family support mechanisms. Mr. Mujahid stressed the need to cope with ageing and its consequences by mainstreaming it into development policy, paying special attention to the needs of older women and older persons in rural areas.

34. Mr. Moneer Alam discussed changing demographics and the emerging demographic-economic mismatch in South Asia, particularly in India and Pakistan. Due to declining mortality and increasing longevity, India and Pakistan were ageing rapidly. Simultaneously, as a result of past high fertility and its momentum, they were also growing young. This bi-modal demographic structure required employment opportunities for the bulging working age adult population and income security and health care for the growing old population. However, the continued informalization of the labour market and ongoing economic changes, characterized by jobless growth, were failing to deliver both expectations: public pillared income security for the aged and job opportunities for the young. This economic-demographic mismatch threatened inter-generational support mechanisms with the young not having enough transferable resources for their ageing dependents, most of whom were already vulnerable to chronic poverty and poor health. Mr. Alam observed that inter-generational financial flows could not be expected to provide elderly care in developing countries like India and Pakistan. Mr. Alam stressed the need for publicly financed social protection schemes to provide income security and health care for the elderly.
III. ORGANIZATION OF THE EXPERT GROUP MEETING

35. The ad hoc Expert Group Meeting on the implementation of the Fifth APPC was held at the United Nations Conference Centre, Bangkok from 8 to 10 November 2005. The Expert Group Meeting was organized by the Population and Social Integration Section, Emerging Social Issues Division, ESCAP. The meeting benefited from background papers and country reports prepared by resource persons and representatives of governments. The list of documents is attached as Annex I.

A. Background

36. The ESCAP region had registered commendable progress in lowering fertility and mortality rates, increasing life expectancy and reducing poverty through economic growth. However, much remained to be done. Large numbers of people still lived in abject poverty, thwarting efforts to achieve economic and social development. Eradication of poverty and achievement of internationally agreed development goals, including the MDGs, would not be attained if the issues of population and reproductive health were not adequately addressed. Over the past few decades, ESCAP had played an active role in highlighting the linkages between population and development. It had initiated debate, provided forum for discussion, disseminated information and extended technical assistance to member countries on population concerns and their impact on development. Moreover, ESCAP had convened a regional population conference every 10 years, the most recent of which was the Fifth Asian and Pacific Population Conference (Fifth APPC).

37. The Fifth APPC was convened at Bangkok from 11 to 17 December 2002 in order to review the progress made by countries of the region in the implementation of the recommendations contained in the Bali Declaration on Population and Sustainable Development adopted at Bali, Indonesia in 1992 and the Programme of Action adopted at the International Conference on Population and Development (ICPD), held at Cairo in 1994. The Fifth APPC also considered the recommendations contained in the reports of the five-year reviews of the Bali Declaration and the ICPD Programme of Action. The Fifth APPC adopted a Plan of Action on Population and Poverty containing strategic recommendations intended to address the twin challenges of population concerns and poverty alleviation. The Plan of Action identified twelve issues and priority actions, namely: population, sustainable development and poverty; international
migration; internal migration and urbanization; population ageing; gender equality, equity and empowerment of women; reproductive rights and health; adolescent reproductive health; HIV/AIDS; communication and information technology; data research and training; and, partnerships and resources.

38. The main objective of the Expert Group Meeting was to assess the progress of implementation of the Plan of Action on Population and Poverty of the Fifth APPC and recommend key future actions for execution by ESCAP, in collaboration with other United Nations agencies, particularly the UNFPA. The Expert Group Meeting was also expected to provide renewed impetus for the full implementation of the Plan of Action of the Fifth APPC.

B. Election of Officers

39. The Expert group Meeting elected Mr. Tomas M. Osias (Philippines) as Chairperson, Ms. Sri Moertiningsih Adioetomo (Indonesia) as Vice-Chairperson and Mr. A.T.P.L. Abeykoon (Sri Lanka) as Rapporteur.

C. Adoption of the agenda

40. The Expert Group Meeting adopted the following substantive agenda items:

1. Progress in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) and the Plan of Action on Population and Poverty of the Fifth APPC
2. Population, sustainable development and poverty
3. Reproductive health, including adolescent reproductive health
4. Child mortality, maternal health and the Millennium Development Goals
5. International migration
6. Changing age structure and population ageing
7. The role of ESCAP in the implementation of the Plan of Action of the Fifth APPC
8. Recommendations for action
D. Participation in the Expert Group Meeting

41. Participants from six countries, namely China, Indonesia, Maldives, the Philippines, Sri Lanka and Thailand attended the Meeting. Representatives of the United Nations Population Fund (UNFPA), the Planned Parenthood Association of Thailand and the Population Council also attended the Meeting. In addition, four resource persons and representatives from Chulalongkorn University and Mahidol University also attended the Meeting. The full list of participants is provided in Annex II.

E. Adoption of the Recommendations for Action

42. The Expert Group Meeting adopted the recommendations for action on 10 November 2005.
ANNEX I

LIST OF DOCUMENTS

1. Provisional agenda
2. Aide-memoire
3. Provisional programme
4. Progress in implementing ICPD Programme of Action by K.S. Seetharam
6. Indonesia country report by Sri Moertiningsih Adioetomo
7. Philippines country statement by Tomas M. Osias
8. Maldives country situation report by Asim Ahmed
11. Reproductive health, including adolescent reproductive health by Philip Guest
12. Potential for reducing Early Childhood Mortality: The case of India by Minja Kim Choe
13. Progress made in the field of international migration since the Fifth APPC by Keiko Osaki
14. Fertility transition in the ESCAP region: Implication for population ageing by Bhakta Gubhaju
15. Population ageing in East and South East Asia by Ghazy Mujahid
16. Changing demographics, emerging risks of economic-demographic mismatch and vulnerabilities faced by the aged in South Asia: A review of situation in India and Pakistan by Moneer Alam
ANNEX II

LIST OF PARTICIPANTS

CHINA

Mr. Gu Baochang, Professor of Demography, Center for Population and Development Studies, Renmin University of China, Beijing

INDONESIA

Ms. Sri Moertiningsih Adioetomo, Professor of Demography, Demographic Institute, Faculty of Economics, University of Indonesia, Jakarta

MALDIVES

Mr. Asim Ahmed, Director, Strategic Planning, Ministry of Planning and National Development, Malé

PHILIPPINES

Mr. Tomas M. Osias, Executive Director, Commission on Population, Mandaluyong City

SRI LANKA

Mr. A.T.P.L. Abeykoon, Director, Population Division, Ministry of Health, Colombo

THAILAND

Mr. Nibhon Debavalya, Secretary-General, Planned Parenthood Association of Thailand, Bangkok

Ms. Bhassorn Limanonda, Director, College of Population Studies, Chulalongkorn University, Bangkok

Ms. Pungpond Rukumnuaykit, Institute for Population and Social Research, Mahidol University, Salaya, Phutthamonthon, Nakhon Pathom
UNITED NATIONS BODIES


Mr. Peter Chen, Adviser on Adolescent Reproductive Health, UNFPA Country Technical Services Team for East and South East Asia, Bangkok

NON-GOVERNMENTAL ORGANIZATIONS

Population Council (PC)  Mr. Philip Guest, Senior Program Associate and Country Representative, Bangkok

RESOURCE PERSONS

Mr. K.S. Seetharam, Specialist, Population and Development Strategies, Bangkok, Thailand

Mr. Rafiqul Huda Chaudhury, Honorary Professor, Central Department of Population Studies, Tribhuvan University, Kathmandu, and Founder Director, East West University, Dhaka, Bangladesh

Mr. Moneer Alam, Associate Professor, Population Research Center, Institute of Economic Growth, Delhi University, Delhi, India

Ms. Minja Kim Choe, Senior Fellow, Population and Health, Research Program, East-West Center, Honolulu, United States of America
MEETING SECRETARIAT

Ms. Thelma Kay  Chief, Emerging Social Issues Division
Ms. Keiko Osaki  Chief, Population and Social Integration Section
                 Emerging Social Issues Division
Mr. Bhakta Gubhaju  Population Affairs Officer, Population and Social
                     Integration Section, Emerging Social Issues Division
Ms. Wanphen Sreshthaputra-Korotki  Population Information Expert, Population and Social
                                      Integration Section, Emerging Social Issues Division
Mr. Seiffe Tadesse  Associate Social Affairs Officer, Population and Social
                    Integration Section, Emerging Social Issues Division