Parliamentary Assembly
Assemblée parlementaire
https://pace.coe.int

COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

**Doc. 12053**
01 October 2009

# Fifteen years since the International Conference on Population and Development Programme of Action

**Committee Opinion**[1]
Committee on Migration, Refugees and Population
Rapporteur: Mr Francis AGIUS, Malta, Group of the European People's Party

## A. Conclusions of the committee

1. The International Conference on Population and Development (ICPD) Programme of Action (the programme) requires a number of core objectives to be fulfilled in order to attain sustainable development and population stabilisation, including, *inter alia*: access to education; gender equity and equality; reduction in infant, child and maternal mortality; and access to reproductive health services, including family planning and sexual health.

2. In addition to the above-mentioned objectives, the programme requires action to be taken in the context of international migration and internal displacement of persons.[2] This is an issue of considerable complexity, given that migration and internal displacement may result from various demographic, social, economic, environmental and political changes in a country and because migration–development links have not been sufficiently explored. As regards gender and migration, women make up half of the world's migrants but the migration process commonly carries more dangers for women than men. Women and girls have been forced to flee various forms of ill-treatment which disproportionately affect them (for example, rape, sexual and domestic violence, sexual exploitation, and other abusive practices, including female genital mutilation), they are victims of smuggling and trafficking,[3] and migrant women workers are often thwarted or face double discrimination, both as migrants and as women.

3. The committee therefore welcomes the report of the Social, Health and Family Affairs Committee "Fifteen years since the Programme of Action of the International Conference on Population and Development", which focuses on the empowerment of women, maternal health and sexual and reproductive health and rights. In this context, the committee is pleased to note that many of its concerns have been reflected in the report, draft resolution and draft recommendation, including addressing the specific sexual and reproductive health and rights of vulnerable populations, including migrants and minorities, as well as the issue of violence against women and girls and trafficking.

## 1. The rights of migrants in reception countries

1. The primary response of states to the perceived "problem" of migration from developing countries has been to implement increasingly restrictive migration practices and tighter border controls.[4] However, such policies have generally failed to achieve their stated objectives and generated counterproductive results, for

1. See Doc. 11992 tabled by the Social, Health and Family Affairs Committee.
2. ICPD Programme of Action, Chapter III: Interrelationships Between Population, Sustained Economic Growth and Sustainable Development; Chapter IX: Population Distribution, Urbanization and Internal Migration, and Chapter X: International Migration.
3. United Nations Population Fund (UNFPA) State of World Population Report 2006: *A passage to hope: Women and international migration*.

example increased undocumented migration and greater risk to human lives and human rights standards.[5] As regards the latter, sexual and reproductive health and rights apply to refugees and persons such as internally displaced persons (IDPs), irregular migrants and ethnic minorities. However, such persons are often not only discriminated against or denied access to health care provision in general, but more specifically sexual and reproductive health and rights services. Consider, for example, in the case of Roma women, disturbing allegations of forced sterilisation without their full and informed consent[6] and police brutality resulting in miscarriage.[7] Furthermore, in 11 out of 47 member states of the Council of Europe some 390 000 IDPs are living in collective centres, without access to basic services, including adequate health care.[8] States must ensure an even-handed approach in the provision of social and health care services and education (including sexual and reproductive health and rights programmes) for migrants and citizens.

2. Basic health and social services are frequently denied to detained migrants (including asylum seekers and irregular migrants). For example, pregnant migrant women detained in the United Kingdom have described systematic neglect and an institutionalised failure to provide the vital resources and health care which expectant mothers are entitled to, and there are reports of women having miscarried in immigration detention.[9] Furthermore, there are no common rules regulating the minimum standards associated with immigration detention centres. Not only should the fundamental right to medical treatment be guaranteed, but early screening of mixed migration flows should take place (as far as is practicable) on arrival to enable illnesses to be treated promptly and to provide the means by which individuals may be orientated or guided to complementary services and support. An improved detection mechanism for diseases and conditions including tuberculosis, HIV/Aids and psychiatric disorders is of obvious importance to the state of wider public health.[10]

## 2. Improving conditions in sending countries

3. Whilst the processes of migration and development are reciprocally related, development aid and improved conditions in migrant-sending countries should not be seen as a medicine against migration. Nevertheless, at European Union level, there have been proposals to stop aid to migrant-sending countries which do not co-operate in containing undocumented migration. Furthermore, development aid forms only a tiny fragment of the overall budget of the European Union, other regional bodies and individual member states.[11] There are also doubts about the credibility and utility of aid programmes and whether or not funds are directed to the people who need them.

4. The European Court of Human Rights has held that the responsibility of Council of Europe member states is only engaged in very rare and exceptional cases concerning the return of asylum seekers with HIV/ Aids to their country of origin.[12] At the same time, states are not living up to their ICPD+15 responsibilities as regards aid donations to (among other things) combat HIV/Aids. Whilst developing countries should take primary responsibility for their own development, Council of Europe member states should take long-term steps to assist countries of origin to guarantee free, universal access to HIV/Aids treatment as a means of reducing migration in order to receive life-saving treatment abroad.[13] Furthermore, whilst development aid has increased as regards treatment of HIV/Aids, it has decreased as regardspreventionmechanisms. Therefore, states should ensure that donations for development address migration concerns and, in particular, cover both the cost of disease treatment and prevention in the form of effective family planning, sex education and awareness-raising campaigns.

---

4. De Haas, H., *Turning the tide? Why "development instead of migration" policies are bound to fail,* International Migration Institute, University of Oxford, Working paper 2006(2).
5. Ibid.
6. ECRI Report on Slovakia (Fourth Monitoring Cycle) adopted 19 December 2008, published 26 May 2009.
7. *Petropoulou-Tsakiris v. Greece,* Application No. 44803/04, judgment 6 December 2007, concerning failure to conduct an effective investigation into alleged police brutality leading to miscarriage.
8. Doc. 11942, Europe's forgotten people: protecting the human rights of long-term displaced persons, report of the Committee on Migration, Refugees and Population, Mr John Greenway, United Kingdom, European Democrat Group.
9. *Inquiry into the quality of healthcare at Yarl's Wood immigration removal centre,* 20-24 February 2006, by HM Chief Inspector of Prisons.
10. See projects of Médecins du Monde; Medical Justice Foundation.
11. De Haas, H., op. cit.
12. *N v. the UK,* Application No. 26565/05, judgment [GC] 27 May 2008.
13. UN General Assembly, "In larger freedom: towards development, security and human rights for all". Report of the Secretary-General for decision by heads of state and government in September 2005, 21 March 2005, A/59/2005.

### 3. The positive contribution of migration to development and population stabilisation

5. International migration constitutes an "ideal means" of promoting co-development, that is the co-ordinated and concerted improvement of economic conditions in both countries of origin and areas of destination, based on the complementarities between them.[14] In the context of development, the positive effects of migration in the receiving country and the country of origin must be recognised and form part of the migration policy of both states. Therefore, efforts should be stepped up to comprehensively explore the relationship between migration and development, and to create coherence between migration and development policies, in the broadest sense, both in discourse and in practice.

6. As regards the country of destination, the benefits of international migration, not only for migrants themselves but also for the receiving society, are contingent on the extent to which the rights of migrants are protected, including regularisation of irregular migrants, labour rights, and access to sexual and reproductive health and rights services. First, women tended to migrate to follow husbands or families or as "dependants", but today, more and more women migrate independently, leading to greater autonomy of women and an increase in the proportion of women in paid employment.[15] Second, whilst the European population is simultaneously shrinking and ageing, migration should be seen as an important component of population growth. Third, migrant women have been instrumental in policy making in the field of migration and development, for example in Germany migrant women shaped policies aimed at combating trafficking or combating racism, or in lobbying for independent legal status.[16] Therefore, states should ensure the empowerment of migrant women and sexual and reproductive health and rights in the receiving country.

7. As regards the country of origin, remittances sent back by female migrants contribute to the eradication of poverty – they increase family incomes and help to defray education and health costs, which would otherwise be incurred by the state. Social remittances or the transfer of skills, know-how and technology can boost socio-economic development and promote democracy, human rights and gender equality. For example, after working in Greece, Albanians brought home new agricultural skills that enabled increased production.[17] The voluntary return of skilled migrants or reception of skills over a long period of growth can close wage gaps between rich and poor nations and may reduce the feeling of relative deprivation which in turn will reduce migration. Migration should be integrated into development policy and the necessary funds should be allocated to this area in order to strengthen the positive aspects of the migration process.

8. Integration of migrants and their families is a key challenge for Europe but the primary response of states has been to discourage family reunification and encourage and prepare migrants to return to their home countries.[18] Migration policies in sending and receiving countries impact on both women and men during the migration process; however, migrant women are disproportionately disadvantaged as regards their personal development (which is sometimes thwarted). Measures taken to improve the situation of migrant women, including the grant of independent legal status and permission to work when admitted for family reunification, and safeguarding their rights are key. Integration includes taking into account the sexual and reproductive health and rights concerns of migrants. European member states should develop comprehensive integration policies to give migrants every opportunity to participate and contribute to the life of their host society.

## B. Proposed amendments

Whilst emphasising its support for the draft recommendation tabled by the Social, Health and Family Affairs Committee, the Committee on Migration, Refugees and Population proposes the following amendments:

---

14. UN General Assembly, *International migration and development. Report of the Secretary-General*, 18 May 2006, A/60/871.
15. The International Organization for Migration states that migration may have a direct and positive influence on the achievement of the Millennium Development Goals (MDGs) including, in particular, MDG3 to promote gender equality and empower women. See International Organization for Migration (IOM), *The Millennium Development Goals and Migration*, April 2005, Migration Research Series, No. 20.
16. UNFPA, State of World Population Report 2006: *A passage to hope: Women and international migration*, p. 29. See also MDGs 1, 4, 5 and 6.
17. UN General Assembly, op. cit.
18. De Haas, H., op. cit.

*Amendment A (to the draft recommendation)*

In paragraph 9.1.1, after the words “skilled birth attendants at birth and access to…” insert the words: “gynaecological and”.

*Amendment B (to the draft recommendation)*

In paragraph 9.3 delete the words “, including migration,”.

*Amendment C (to the draft recommendation)*

After paragraph 9.3 add a new paragraph:

*“9.4. Migration, by:”.*

*Amendment D (to the draft recommendation)*

Add a new paragraph 9.4.1 as follows:

*“integrating migration (and its positive aspects) into development policy and domestic legislation and ensuring the necessary budgetary allocation is made to guarantee the rights of migrant women to education, employment, health and social services;”.*

*Amendment E (to the draft recommendation)*

Add a new paragraph 9.4.2 as follows:

*“improving screening of irregular migrants following arrival, in order to identify health care needs, in particular as regards pregnant women, the young and the elderly;”.*

*Amendment F (to the draft recommendation)*

Add a new paragraph 9.4.3 as follows:

*“ensuring free, non-discriminatory access to sexual and reproductive health and rights and other health services and a healthy environment for irregular migrants who are detained, internally displaced persons (IDPs) in particular those in collective centres, Roma and related groups, including in settlements; and”.*

*Amendment G (to the draft recommendation)*

Add a new paragraph 9.4.4 as follows:

*“guaranteeing the successful integration of migrants and their families and developing comprehensive integration policies to give migrants every opportunity to participate and contribute to the life of their host society;”.*

*Amendment H (to the draft recommendation)*

In paragraph 9.5.1 after the words “ensuring that ..” insert the words:

*“age-appropriate”.*

*Amendment I (to the draft recommendation)*

In paragraph 9.5.2, after the word “exploitation” insert the word: “, smuggling”:

*Amendment J (to the draft recommendation)*

Add a new paragraph 9.5.3 as follows:

*“ensuring that donations to countries for the treatment and prevention of Aids/HIV are increased;”.*

*Amendment K (to the draft recommendation)*

At the end of paragraph 9.6.3, add the words:

*"and the institutional arrangements in place for its proper and effective distribution."*

_____

*Reporting committee:* Social, Health and Family Affairs Committee

*Committee for opinion:* Committee on Migration, Refugees and Population

*Reference to committee*: Doc. 11750, Reference 3509 of 26 January 2009

*Opinion* approved by the committee on 30 September 2009

*Secretariat of the committee:* Mr Neville, Mrs Odrats, Mr Ekström