

IPCI iCPD

Report of the 2004 International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action

18-19 October 2004
Strasbourg, France

Organized by:

Parliamentary Assembly of the
Council of Europe

Inter-European Parliamentary Forum on
Population and Development

UNFPA, United Nations Population Fund

Report of the 2004 International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action

Host Organizations

Parliamentary Assembly of the Council of Europe
Inter-European Parliamentary Forum on Population and Development
Asian Forum of Parliamentarians on Population and Development
Forum of African and Arab Parliamentarians on Population and Development
Inter-American Parliamentary Group on Population and Development
Parliamentarians for Global Action

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CHAPTER I

STRASBOURG STATEMENT OF COMMITMENT

We Parliamentarians from all over the world gather in Strasbourg, France, on 18-19 October 2004 to reaffirm and deepen the commitment we made in Ottawa, Canada, in November 2002, to mobilize the resources and create the enabling policy environment needed to meet the goals of the Programme of Action of the International Conference on Population and Development (ICPD).

We further reaffirm our commitment to sustainable development and its three pillars of economic growth, social progress and environmental protection.

We affirm that the implementation of the ICPD Programme of Action and the key actions of its five-year review are essential in achieving the Millennium Development Goals (MDGs).

We therefore fully agree with United Nations Secretary-General Kofi Annan that “The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning”.

We accept our duty and responsibility to promote and defend the sexual and reproductive health and rights of all individuals, including their right to decide freely and responsibly the number and spacing of their children; to defend and advance gender equality, gender equity and women’s empowerment; and to eliminate all forms of discrimination, coercion and violence against women.

We recognize that the decision to defend these principles is the difference between a life with hope and opportunity and a life of despair and desperation and, worse, the difference between life and death itself.

We therefore accept our duty and responsibility to protect and advance these principles to full implementation by 2015.

KEY CHALLENGES

We acknowledge that this Commitment is made at the mid-point of the 20-year ICPD Programme of Action. With this in mind, we recognize that many important gains have been made in the 10 years since the ICPD Programme of Action was adopted in Cairo in 1994, as reflected, most notably, in the Global Survey conducted by UNFPA and in the parliamentary and United Nations regional reviews of national progress in implementing the Programme of Action. But we also recognize that key challenges remain to implementing the ICPD Programme of Action and achieving the MDGs, including the following:

- Every minute, a woman dies of pregnancy-related complications, all but a very small number of them in developing countries and almost all of them preventable.
- Obstetric complications are the leading cause of death for women of reproductive age in developing countries.
- This life and death issue has not been given priority in most countries; thus the global number of maternal deaths per year has not changed significantly since 1994.
- One third of all pregnant women receive no health care during pregnancy; 60 per cent of deliveries take place outside of health facilities; and only half of all deliveries are assisted by skilled birth attendants, although rates vary from place to place and are often lower among the poorest of the poor.
- Refugees, internally displaced people, war-af-

ected women and girls and disabled people are especially vulnerable to reproductive health risks, including deplorable levels of sexual violence. Although there is greater awareness of the importance of addressing such needs, including HIV prevention and treatment for sexual violence, in emergency and complex conflicts, humanitarian budgets seldom include resources for life-saving reproductive health responses.

- Poverty dramatically increases a woman's chances of dying. The lifetime risk of a woman dying in pregnancy or childbirth in West Africa is 1 in 12; the comparable risk in developed regions is 1 in 2,800. Poverty will never be eased or the MDGs attained without the full implementation of the ICPD Programme of Action.
- Some 200 million poor women in developing countries have an unmet need for effective contraception. Meeting their needs is feasible and would cost about \$3.9 billion a year and would prevent 23 million unplanned births, 22 million induced abortions, 142,000 pregnancy-related deaths, including 53,000 from unsafe abortions, and 1.4 million infant deaths.
- In two decades, the AIDS pandemic has claimed over 20 million lives, 3 million of them in 2003, with little hope for improvement in 2004, as the pandemic continues to accelerate in many regions in the world. Today, over 38 million people are living with HIV/AIDS.
- Fewer than 20 per cent of people at high risk of HIV infection have access to proven prevention interventions, which, if dramatically scaled up, could avert an estimated 29 million to 45 million new infections by 2010.
- In 2003, there were 5 million new HIV infections. Women accounted for nearly half of all infected adults and nearly three-fifths of those in sub-Saharan Africa.
- Half of all new HIV infections are among young people – four infections every minute – with young women particularly at risk, especially in Africa, where the infection rates for young women are two to three times those of young men.

- Some 2.8 billion people – two in five – still struggle to survive on less than \$2 a day; 1.2 billion of these people live on less than \$1 per day. More than half are women.
- Political instability and armed conflict impede poverty eradication and sustainable development.
- Half a billion people live in water-stressed or water-scarce countries, and underground water extraction is depleting supplies with serious implications for future food security; by 2025, the number of people living in such countries is expected to multiply five- to seven-fold.
- Polluted water affects the health of 1.2 billion people every year and contributes to the death of 15 million children under five every year.
- Some 800 million people are chronically malnourished, and 2 billion people lack food security.
- In the next four and a half decades, the proportion of people aged 60 and over will double, from approximately one in ten to one in five, many of whom will live in poverty and will require public assistance for social and health services.

CALL TO ACTION

We Parliamentarians commit ourselves to the following actions and call on Parliamentarians everywhere to also commit themselves to these actions:

1. Strive to commit the United Nations to establish in 2005, on the occasion of the five-year review of the Millennium Declaration, a ninth Millennium Development Goal, based on the ICPD Programme of Action, to make sexual and reproductive health accessible to all by 2015.
2. Strive to fulfil the agreed target of 0.7 per cent of GNP for official development assistance (ODA) and make every effort to mobilize the agreed financial resources needed to implement the ICPD Programme of Action.

3. Strive to attain at least 10 per cent of national development budgets and development assistance budgets for population and reproductive health programmes.
4. Give highest priority in national budgets, sector-wide approaches, and poverty-reduction strategies to expanding access to comprehensive reproductive health services and commodities and ensure that population and reproductive health are prominently reflected in both the preparatory discussions leading up to the five-year review of the Millennium Declaration as well as in the targets and indicators of the MDGs.
5. Give high priority to efforts to reduce maternal mortality and morbidity and unsafe abortion in line with WHO guidelines contained in *Safe Abortion: Technical and Policy Guidance for Health Systems* (2003), both as a public health issue and as a sexual and reproductive rights concern.
6. Strengthen safe motherhood services including the provision of maternal nutrition and antenatal care, the presence of skilled attendants during childbirth and the availability of emergency obstetric care.
7. Take immediate action to remedy the acute lack of qualified staff in many countries due to insufficient training, deaths from HIV/AIDS and loss of staff to developed countries.
8. Give the highest priority to encouraging partnership between the private sector, non-governmental organizations and government in producing and providing affordable reproductive health commodities and supplies, especially for family planning and the prevention of sexually transmitted infections, including HIV/AIDS.
9. Give high priority to encouraging partnership with religious groups in the fight against HIV/AIDS at the prevention stage by holding a dialogue with them.
10. Mobilize the necessary additional resources to fund the unmet needs in commodities in UNFPA and IPPF-supported programmes to at least \$150 million a year and develop a road map to ensure sustainable financing, recognizing



Meeting in session at the Council of Europe

ing the human and economic costs of failing to do so.

11. Strengthen family planning services to enable women to postpone, space and limit pregnancies as they choose.
12. Promote men's understanding of their roles and responsibilities with regard to reproductive health and the reproductive rights of men and women, supporting their partners' as well as their own access to reproductive health care, including family planning services, helping to prevent unwanted pregnancy and reducing the transmission of sexually transmitted infections, including HIV/AIDS.
13. Ensure that users of sexual and reproductive health programmes, including young people and people living with HIV/AIDS, are fully involved in programme development, implementation, monitoring and evaluation.
14. Mobilize support for women prior to, during and after pregnancy and childbirth through public health education campaigns and strengthened policy, legislative and regulatory frameworks to promote and protect maternal health.
15. Scale up and expand HIV/AIDS prevention activities and ensure that they are integrated into comprehensive sexual and reproductive health programmes.
16. Promote coordinated and coherent responses to HIV/AIDS that build on the principles of one national AIDS framework, one broad-based multisectoral HIV/AIDS coordinating body, and one agreed country-level monitoring and evaluation system, and promote the maximum possible integration with other relevant sexual and reproductive health services.
17. Urge governments to give priority to and increase resources for research on vaccines and microbicides.
18. Enact and enforce legislation to ensure respect for the human rights, especially sexual and reproductive rights, and dignity of AIDS orphans and people living with HIV/AIDS as well as other vulnerable groups.
19. Enact and enforce laws and policies that promote and protect the human rights of the girl child and young women and ensure women's equal access to education and health, particularly sexual and reproductive health, and their full participation in economic opportunities and decision making at all levels.
20. Implement fully international humanitarian and human rights law protecting the rights of women and girls, migrants and refugees during and after conflicts and hold accountable to the fullest extent of the law those who engage in sexual violence, exploitation, trafficking and other crimes.
21. Ensure that reproductive health services are provided as an integral part of humanitarian response and post-conflict transition.
22. Enact and enforce laws making domestic and sexual violence against women and girls, including harmful traditional practices such as female genital mutilation, a punishable offence and give high priority to involving all sectors of society, including political, religious and cultural leaders, in campaigns to end to such practices.
23. Intensify efforts to provide wider access to youth-friendly reproductive health information and services, including to married adolescents and those not in school, and provide training and life skills education to adolescents, in particular boys and young men, to promote the rights of women and girls.
24. Promote and protect the rights of adolescents, including their right to reproductive health information and services; strictly enforce laws on age at marriage; and seek to eliminate disparities in how boys and girls are treated and valued within families and by society.
25. Recognize that access to clean water is a fundamental human right, and give high priority in national development and poverty-reduction strategies to raising water productivity and conservation, including the shift to water-efficient crops and technologies; and to initiating water-pollution control programmes.



UNFPA Executive Director, Ms. Thoraya Obaid's meets with the Council of Europe Secretary-General, Rt. Hon. Terry Davis.

26. Improve access to agricultural and productive resources, including land, water and credit, particularly for women, and promote equitable and efficient distribution systems and sustainable development.
27. Protect the reproductive health status of women, men and children from the effects of the spraying of agricultural crops.
28. Promote and protect the economic, social and political rights of older people and empower them to fully and effectively engage in the economic, political and social lives of their societies.

PLEDGE

We Parliamentarians pledge to carry out these actions and to systematically and actively monitor the progress we make in doing so. We further pledge to report regularly on this progress through parliamentary groups and to meet again in two years to assess the results we have made.

We further pledge to promote and protect the full enjoyment of fundamental human rights and freedoms of all individuals, in particular, sexual and reproductive rights.

CHAPTER II

BACKGROUND OF THE CONFERENCE

The 2004 International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action (IPCI/ICPD) was held at the Council of Europe in Strasbourg, France, on 18-19 October 2004. The Parliamentary Assembly of the Council of Europe and the Inter-European Parliamentary Forum on Population and Development (IEPFDP) hosted the event, in collaboration with the Asian Forum of Parliamentarians on Population and Development (AFPPD), the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD), the Inter-American Parliamentary Group on Population and Development (IAPG) and the Parliamentarians for Global Action (PGA). The Parliamentary Assembly of the Council of Europe, IEPFDP and UNFPA organized the event.

The conference was the second of its kind. The first was held in Ottawa, Ontario, Canada, on 21-22 November 2002. The Ottawa conference created

a system of monitoring and follow-up for parliamentarians and adopted the Ottawa Commitment, a point of reference for parliamentarians in supporting the ICPD Programme of Action.

The Strasbourg conference brought together over 200 persons, including 119 ministers and parliamentarians from 83 countries; national, regional and global parliamentary groups; government officials, panellists and resource persons; and representatives of non-governmental organizations (NGOs) and international organizations, including the Council of Europe, the International Planned Parenthood Federation (IPPF) and UNFPA. The list of participants is attached in annex IV.

Canada, the Netherlands, Switzerland, the European Commission and UNFPA provided funding for the conference. The Government of France and its National Assembly, the Council of Europe and the city of Strasbourg, France, made in-kind contributions.



Ms. Obaid delivers a keynote address.

CHAPTER III

OPENING CEREMONY



Ms. Genner

The Honourable Ruth Genner, Member of Parliament (Switzerland) and President of IEPFPD, opened the conference. She recalled the first IPCI/ICPD held in November 2002, calling it a landmark event. Ms. Genner said that despite the progress

made over the last 10 years in implementing the ICPD Programme of Action, many challenges remained. A woman's right to choose if and when to have a child and whether or not to begin a family had never been so widely recognized and protected or so fiercely challenged. She appealed to delegates to keep women's health and rights at the focus of their discussions.

Ms. Safiye Cagar, Director of the Information, Executive Board and Resource Mobilization Division of UNFPA, thanked all those whose hard work and generosity had made the conference a reality: the Parliamentary Assembly of the Council of Europe; regional and global parliamentary groups; IEPFPD; the European Commission; the Governments of Canada, France, the Netherlands and Switzerland; the National Assembly of France; the City of Strasbourg; and UNFPA.



Ms. Cagar

She said that parliamentarians helped breathe life into the principle that every woman and man should have the right to decide the size and spacing of their families and the means to do so. Parliamentarians helped to remove legal obstacles to family planning; they worked to establish official policies; and they encouraged governments to provide the resources to make services available. They played a key role in creating the political will to fill gaps in laws, policies and funding. She urged parliamentarians to support practical measures to implement the Cairo consensus and achieve the MDGs, recognizing the influence parliamentarians wielded at both national and international levels. The full text of Ms. Cagar's statement may be accessed at <http://www.unfpa.org/parliamentarians/ipci/strasbourg/index.htm>.

The Right Honourable Terry Davis, Secretary-General of the Council of Europe, asserted that access to family planning and gender equality were human rights, the *raison d'être* of the Council of Europe. He praised the Parliamentary Assembly of the Council of Europe for tackling population and gender equality issues. He informed participants that the European Population Committee, a group of eminent European demographers, would hold a conference in April 2005 on the implications of population trends for social policies. Mr. Davis' statement may be accessed at <http://www.unfpa.org/parliamentarians/ipci/strasbourg/index.htm>.

The Honourable Marcel Glesener, Vice-President of the Parliamentary Assembly of the Council of Europe, identified the lack of financial resources as one of the obstacles to achieving the goals of the ICPD Programme of Action and addressing some of the world's most critical problems, including HIV/AIDS. The Parliamentary Assembly had recently adopted a report on demographic changes and sustainable development as well as a resolution on a European strat-

egy for sexual and reproductive health. The Assembly had reaffirmed its support for the ICPD Programme of Action by endorsing the 2002 Ottawa Commitment.



Mr. Glesener

Mr. Glesener concluded his remarks by defining what the Parliamentary Assembly considered to be the two most important challenges to implementing the Cairo agenda: the creation of an enabling environment and financial resources. The full text of Mr. Glesener's statement may be accessed at <http://www.unfpa.org/parliamentarians/ipci/strasbourg/index.htm>.

The Honourable Marie-Jo Zimmermann, Member of Parliament (France) and President of the delegation on women's rights and gender equality of the National Assembly of France, read the statement of the Honourable Xavier Darcos, Deputy Minister for International Development, France. Mr. Darcos called the ICPD Programme of Action an important watershed for demographic policy and for raising public awareness of population and development issues. He

emphasized that if progress on population questions were not rapidly made, the MDGs could not be achieved. He commended the work of UNFPA and pledged support in promoting women's rights and gender mainstreaming, which were essential to achieving sustainable development. He praised the cooperation between French parliamentarians and their colleagues in sub-Saharan Africa. The full text of Mr. Darcos' statement may be accessed at <http://www.unfpa.org/parliamentarians/ipci/strasbourg/index.htm>.



Ms. Zimmermann

In a video message to conference participants, United Nations Secretary-General Kofi Annan called parliamentarians "the bridge between the people and the government". Parliamentarians, he noted, controlled the purse strings and also had important legislative power that could be used to benefit women and the poor. He urged parliamentarians to tackle population issues and to realize the potential of the world's population.

CHAPTER IV

KEYNOTE ADDRESSES

Ms. Thoraya Ahmed Obaid, Executive Director, UNFPA, gave the first keynote speech. She thanked the co-organizers and co-hosts of the conference, donors and UNFPA staff. Ms. Obaid recognized the key role that parliamentarians had played since the 1994 Cairo Conference and urged them to use the conference to reaffirm and strengthen their commitment to the ICPD Programme of Action, build on the Ottawa Commitment and gain a clear sense of direction for the ten years ahead. Ms. Obaid reported that since 1994, 131 countries had changed national policies, laws or institutions to recognize reproductive rights. Many countries had integrated reproductive health services into primary health care, improved facilities and training, expanded family planning methods and services, and adopted national strategies on HIV/AIDS. Yet despite this progress, millions of people still lacked access to basic reproductive health information and services, and AIDS continued to spread.

She outlined six challenges for the remaining decade of the ICPD Programme of Action: (a) the lack of resources; (b) reproductive health commodity security; (c) linking reproductive health and HIV/AIDS; (d) the MDGs and reproductive health; (e) migration; and (f) human rights and cultural sensitivity. Parliamentarians, she asserted, played a pivotal role in advocating national laws and policies to address population, women's rights and reproductive health; in allocating financial resources in national budgets; and in monitoring the implementation of these laws and policies. Ms. Obaid urged parliamentarians to allocate 10 per cent of national development budgets for population and reproductive health needs. She said that life and death was a political decision, one that was in the hands of the parliamentarians. Ms. Obaid's statement may be found in annex II and at <http://www.unfpa.org/parliamentarians/ipci/strasbourg/index.htm>.

Dr. Steven W. Sinding, Director-General of IPPF, delivered the second keynote speech. He informed participants of the successful civil society round table on sexual and reproductive health held in London in August-September 2004. While recognizing the great progress that had been made since 1994, participants at the round table also discussed gaps, such as the large numbers of poor women unable to afford reproductive health services; the persistence of high maternal mortality rates; the scourge of HIV/AIDS; and the lack of reproductive health commodities.

Dr. Sinding identified the lack of resources for sexual and reproductive health as the first challenge to implementing the ICPD Programme of Action. Donors, he noted, were fulfilling only about half of their ICPD commitments. The absence from the MDGs of the Cairo goal of universal access to reproductive health services, he asserted, had been detrimental for funding sexual and reproductive health programmes. Political opposition to the Programme of Action, he said, was the second major challenge. He concluded by urging parliamentarians to: (a) mobilize the resources to meet the Cairo commitments; (b) work on legislative and funding initiatives that improve services and information for young people, reduce the recourse to unsafe and life-threatening abortion, and engage the reproductive health community in HIV/AIDS control efforts; and (c) press their governments to ensure that the Cairo goal of universal access to reproductive health services achieved its rightful place among the MDGs. Dr. Sinding's statement may be found in annex II and at <http://www.unfpa.org/parliamentarians/ipci/strasbourg/index.htm>.



Dr. Sinding

CHAPTER V

ELECTION OF OFFICERS

The following parliamentarians were elected as officers of the conference:

CO-CHAIRS:

Honourable Ruth Genner, Member of Parliament (Switzerland), IEPFPD

Honourable Carina Hagg, Member of Parliament (Sweden), IEPFPD/Council of Europe

VICE-CHAIRS:

Honourable Vallabhbhai Kathiria, Member of Parliament (India), AFPPD

Honourable Noor Jehan Panezai, Senator (Pakistan), PGA

Honourable Margarita Percovich, Member of Parliament (Uruguay), IAPG

Honourable Al Haji Abdullah Salifu, Member of Parliament (Ghana), FAAPPD/Africa region

STEERING COMMITTEE:

Honourable Nazem El-Khoury, Member of Parliament (Lebanon), FAAPPD/Arab region

Honourable Kolawolé Idji Antoine, Speaker of the National Assembly (Benin), FAAPPD/Africa region

Honourable Ruth Genner, Member of Parliament (Switzerland), IEPFPD

Honourable Carina Hagg, Member of Parliament (Sweden), IEPFPD/Council of Europe

Honourable Vallabhbhai Kathiria, Member of Parliament (India), AFPPD

Honourable Billie Miller, Member of Parliament, Senior Minister of Foreign Affairs and Foreign Trade (Barbados), IAPG

Honourable Aldo Carlos Neri, Member of Parliament (Argentina), IAPG

Honourable Noor Jehan Panezai, Senator (Pakistan), PGA

Honourable Al Haji Abdullah Salifu, Member of Parliament (Ghana), FAAPPD/Africa region

Honourable Tony Worthington, Member of Parliament (United Kingdom), PGA

Honourable Yoshio Yatsu, Member of Parliament (Japan), AFPPD

DRAFTING COMMITTEE:

Honourable Yoshio Yatsu, Member of Parliament (Japan), AFPPD, Chair

Honourable Mary Henry, Senator (Ireland), IEPFPD, Vice-chair

Honourable Raynell Andreychuk, Senator (Canada), IAPG

Honourable Hamdy Hahmoud El-Sayed, Member of Parliament (Egypt), FAAPPD/Arab region

Honourable Angeline Evina Ndo Engolo, Member of Parliament (Cameroon), FAAPPD/Africa region

Honourable Vallabhbhai Kathiria, Member of Parliament (India), AFPPD

Honourable Aldo Carlos Neri, Member of Parliament (Argentina), IAPG

Honourable Pascasie Nkinahamira, Member of Parliament (Burundi), FAAPPD/Africa region

Honourable Adolfo Taylhardat, Member of Parliament (Venezuela), PGA

Honourable George Tsereteli, Member of Parliament (Georgia), IEPFPD

Honourable Elioda Tumwesigye, Member of Parliament (Uganda), FAAPPD/Africa region

Honourable Tony Worthington, Member of Parliament (United Kingdom), PGA

CHAPTER VI

PANEL DISCUSSIONS

PANEL 1: 10 YEARS AFTER CAIRO – SUCCESSES AND CONSTRAINTS

Ms. Imelda Henkin, UNFPA Deputy Executive Director (Management), moderated the discussion. Panellists included Dr. Nilcea Freire, Minister for Women's Affairs (Brazil); Dr. Mohamed Awad Tag El Dine, Minister for Health and Population (Egypt); Ms. Charity K. Ngilu, Minister for Health (Kenya); Ms. Agnes van Ardenne, Minister for Development Cooperation (Netherlands); Mr. Gareth Thomas, Parliamentary Under-Secretary of State for International Development (United Kingdom); and Ms. Annika Soder, State Secretary for Development Cooperation (Sweden).



Ms. Henkin



Dr. Freire

Dr. Freire focused her comments on the situation of women in Brazil. She characterized poverty in Brazil as being female, black, young and mainly from the north-eastern part of the country. In 2003, the Government created special secretariats for women, racial equality and human rights. Dr. Freire summarized recent government actions to combat gender inequality: the convening of the first national conference on public policy for women; the establishment of a national plan to reduce maternal and neonatal mortality; a new family planning policy that expanded access to information and family planning services; a review of legislation on domestic violence; the creation of lines of credit for women in agricul-

ture; the establishment of a tripartite commission to address sexual and racial discrimination; and greater efforts to prevent, diagnosis and treat HIV/AIDS, focusing on women and young people.



Dr. Tag El Dine

Dr. Tag El Dine stated that population concerns in Egypt were high on the government agenda, especially the increase in population, which posed a challenge for socio-economic development. He identified other population-related challenges facing Egypt: generation of demand for reproductive health services; contraceptive security and declining donor support for contraceptives; advocacy efforts for increased contraceptive choices, reproductive rights and reproductive health; research to address population and development issues; partnerships with NGOs; and support from the media. He cited the comprehensive government programme that mobilized stakeholders in government and civil society to tackle these challenges, as well as a programme that capitalized on the synergy between the health sector reform programme and the population programme.



Ms. Ngilu

Ms. Ngilu said that access to reproductive health programmes in Kenya was limited by the high cost of health care coupled with decreasing international development assistance. One consequence of this was the use of abortion as a family planning method. In Kenya, 30 per cent of maternal mortality was due to unsafe abortions. She said that African countries were unlikely to meet the MDGs because wealthy countries had failed to es-

establish fair international trade policies; increase official development assistance; implement sufficient debt relief; accelerate the transfer of appropriate technologies; and honour their development commitments. She called upon developed countries to honour these commitments. She announced that Kenya was set to approve a bill in parliament which would increase the country's health budget by 60 per cent. This, she added, would be in tune with the Abuja target of allocating 15 per cent of national budgets to health.

Ms. van Ardenne underscored the need for parliamentarians and politicians to act together to influence decision-making processes and to honour the political commitments of the Cairo agenda. This was important in order to respect human dignity, achieve the MDGs and stop the AIDS pandemic. Women and girls needed greater access to reproductive health care and services to prevent unwanted pregnancies, unsafe abortions and sexually transmitted diseases. Reproductive rights and reproductive health were at the heart of the MDGs, and efforts to combat HIV/AIDS should be combined with reproductive and sexual health programmes. She called on countries to increase the volume and quality of aid; to strengthen dialogue with political, religious and cultural leaders; and to forge new partnerships between the government, civil society and the business sector.



Ms. van Ardenne

Mr. Thomas called the Cairo Conference a landmark event, noting that it was as relevant today as it had been in 1994. He highlighted three challenges: allowing 200 million women worldwide to exercise their reproductive rights; being better able to fight HIV/AIDS; and finding the funds to pay for health systems that worked. He described the response of the United Kingdom to these challenges, which included increasing funding for development assistance; distributing 490 million condoms; sponsoring educational and training programmes; and influencing the political agenda. He urged parliamentarians to be advocates in their communities and among their constituents and to keep reproductive health at the top of their agendas.

Ms. Soder reiterated Sweden's support to the ICPD

agenda, which was reflected in increased funding levels and in its role as an advocate for sexual and reproductive health and rights. She said that investments in sexual and reproductive health would improve the general health of the population of a country, thus enabling social and economic development. She summarized the challenges ahead: defending the ICPD Programme of Action; maternal mortality and morbidity; unsafe abortion; gender equality and women's empowerment; HIV/AIDS prevention, especially for women; the shortfall in reproductive health commodities; men's involvement and responsibilities; and financing. She appealed to governments, parliamentarians and international organizations to work together to implement the ICPD Programme of Action and achieve the MDGs.

A question-and-answer session followed the discussion. Questions focused on budgeting for reproductive health, the difficulty in informing the public of new reproductive health laws, and the need for innovative financial mechanisms to achieve the MDGs. Participants recognized the media as an important channel in disseminating reproductive health information and laws to the public.

The statements made by panellists may be accessed at: <http://www.unfpa.org/parliamentarians/ipci/strasbourg/index.htm>.

PANEL 2: PROGRESS IN RESOURCE MOBILIZATION AND CREATING AN ENABLING ENVIRONMENT



Dr. Puri

Dr. Nina Puri, President, IPPF, moderated the second panel discussion, which featured presentations by six panellists. They included Dr. Lieve Fransen, Head, Human and Social Development Unit, Directorate-General for Development, European Commission; Ms. Elizabeth Lule, Adviser for Population and Reproductive Health, Nutrition and Population, Human Development Network, World Bank; Mr. Lester Brown, President, Earth Policy Institute; the Honourable Tony Worthington, Member of Parliament (United Kingdom); Dr. Reed Boland, Research Associate, School of Public Health, Harvard University;

and the Honourable Christine McCafferty, Member of Parliament (United Kingdom) and Member, Parliamentary Assembly of the Council of Europe.

Dr. Puri said resource mobilization and the creation of an enabling policy environment were critical to implementing the ICPD Programme of Action. Reproductive health and rights, she emphasized, were at the core of all development efforts and should be seen as the ninth MDG.



Dr. Fransen

Dr. Fransen condemned global inaction on the plight of millions of young women who underwent unsafe abortions, died while giving birth or contracted HIV/AIDS after their first sexual experience. She congratulated the European Commission and Europe for supporting the Cairo agenda and for increasing funding to

combat HIV/AIDS, but also said that the donor community needed to construct a road map to prevent future gaps. She indicated that resource limitations should be made visible to decision makers as barriers to the MDGs and the Cairo agenda and that the developing countries must coordinate their inputs.

Ms. Lule surveyed the changed global environment since the Cairo conference, noting the catastrophic increase in communicable diseases; the change in focus from the ICPD to the MDGs; the focus on poverty reduction strategies; the shift in grants from project support to direct government or agency budgetary support; the rise in global conflict and political instability; and the lack of political support for sexual and reproductive health.



Ms. Lule

She said the good news in resource mobilization was that overall population assistance had increased substantially since 1994. However, the bad news was that it still fell short of the pledges of Cairo. She suggested that emerging issues and competing needs such as HIV/AIDS made it difficult to meet the need for sexual and reproductive health. Ms. Lule concluded by assessing likely needs of

the next decade: building capacity to implement, monitor and evaluate programmes; strengthening institutions and health systems at national and local levels; mainstreaming sexual and reproductive health into basic care; linking HIV/AIDS and sexual and reproductive health more firmly; and strengthening current partnerships while building new ones.



Mr. Brown

Mr. Brown indicated that the most important natural resource question facing the world today was the depletion of underground water resources. The average person drinks about 4 litres of water per day, but 2,000 litres of water per day are required to produce the food one person consumes. As a result, water

tables are falling under more than half the world's people, including China, India and the United States – the three largest grain producers. Mr. Brown said that the water issue underlined the critical need to reach ICPD goals on population and development and that raising awareness of the water situation could help to increase financial resources for ICPD goals.

Mr. Worthington launched the report of the United Kingdom parliamentary hearings linking sexual and reproductive health and HIV/AIDS. He discussed the “missing link” that connected sexual and reproductive health with HIV/AIDS prevention. He noted that although 70 per cent of HIV/AIDS was transmitted by



Mr. Worthington

sexual contact, few donors recognized preventing HIV transmission as the responsibility of organizations such as UNFPA or IPPF. He called for a paradigm shift so that people could clearly see these linkages, that ICPD principles applied and that the receipt of services was a human right. He said the absence of sexual and reproductive health from the MDGs was a major obstacle, as was current United States policy. Mr. Worthington also highlighted the crisis in the shortfall of condoms, including the female condoms, and other contraceptives and services. He urged members of parliament everywhere to play an active role in this issue.

Dr. Boland provided a 10-year legal and policy overview of the implementation of the ICPD Programme of Action. He cited surprising success in certain areas: 23 countries had prohibited female genital mutilation; 53 countries had enacted domestic violence laws; 30 countries had passed comprehensive HIV/AIDS laws; and 35 countries had adopted laws or policies to deal with reproductive health and rights. However, Dr. Boland noted that new laws might still not be enforced. Enforcement required funding, implementing regulations, generating political will for enforcement, educating the public and building popular support. Further legislative reform was also needed, especially to address HIV/AIDS in prevention, education, discrimination, care, epidemiological control, capacity-building and drug treatment.



Dr. Boland

Ms. McCafferty reviewed the European strategy for reproductive health, recently adopted by the Council of Europe. Noting that Europe could be perceived as a leader in human rights, she indicated that some countries faced financial, political and religious difficulties in this area. Enormous disparities still existed among and even within member states. Ms. McCafferty said resolution 1399 of the Parliamentary Assembly of the Council of Europe called for comprehensive national strategies for sexual and reproductive health, and measures to ensure gender equality in all aspects of life. The Council of Europe encouraged member states to work closely with NGOs, the private sector, young people, vulnerable populations and national parliaments, and to provide appropriate funding in national health budgets to meet these goals.



Ms. McCafferty

The statements made by panellists may be accessed at: <http://www.unfpa.org/parliamentarians/ipci/strasbourg/index.htm>.

CHAPTER VII

LAUNCH OF THE BROCHURE ON REPRODUCTIVE HEALTH COMMODITY SECURITY



Ms. Obaid launched a new brochure, *Securing the Supplies that People Rely On*, to raise awareness of reproductive health commodity security. The brochure calls for redoubled efforts to ensure universal access to reproductive health commodities by 2015.

Ms. Obaid thanked Ms. van Ardenne for her leadership in the European Union's decision to commit \$75 million for reproductive health supplies to 49 developing countries.

Ms. van Ardenne said that Europe would close the commodities shortfall for 2004 and pledged continued leadership in this area.

Ms. Ngilu and Dr. Sinding highlighted the need for coordination in reproductive health commodity security among governments, multilateral and bilateral aid organizations, private foundations, industries and the NGO community.

CHAPTER VIII

GROUP DISCUSSIONS

Eight group discussions on population-related themes were organized during the conference. A chairperson moderated the discussion; a resource person introduced the topic; and a rapporteur summarized the key issues and action points that resulted from the discussion.

The following group discussions took place:

- (a) HIV/AIDS, chaired by the Honourable Billie Miller, Member of Parliament, Senior Minister of Foreign Affairs and Foreign Trade (Barbados);
- (b) Reproductive Health Commodity Security, chaired by the Honourable Tony Worthington, Member of Parliament (United Kingdom);
- (c) Millennium Development Goals, Population and Reproductive Health, chaired by the Honourable Marieta Rigamoto, Member of Parliament and Assistant Minister, Prime Minister's Office (Fiji);
- (d) Adolescent Reproductive Health, chaired by the Honourable John Wilkinson, Member of Parliament (United Kingdom); and Chair, Committee on Migration, Refugees and Demography, Parliamentary Assembly, Council of Europe;
- (e) Reproductive Health in Emergency Situations, chaired by the Honourable Nazem El Khoury, Senator, Member of Parliament (Lebanon);
- (f) Food, Water, Population and the Environment, chaired by the Honourable Kolawolé A. Idji, Speaker of the National Assembly (Benin);
- (g) Gender and Women's Empowerment, chaired by the Honourable Marie-Jo Zimmermann, Member of Parliament and President of the delegation on women's rights and gender equality, National Assembly (France);
- (h) Maternal Mortality and Morbidity, chaired by the Honourable Aldo C. Neri, Member of Parliament (Argentina).

The summaries of the key issues and actions that emerged from each of the discussion groups are contained in annex III.

CHAPTER IX

CLOSING

The Honourable Yoshio Yatsu, Member of Parliament (Japan), Chair of the Drafting Committee, and Chair, AFPPD, delivered the closing remarks. He thanked the Council of Europe and IEPFPD for their gracious hospitality. He noted that while parliamentarians had a special responsibility to adopt laws, it was more important to implement and translate those laws into action. He emphasized the unique contribution that had been made by the regional parliamentary groups since the ICPD and urged parliamentarians to be more active at both regional and international levels. Mr. Yatsu also

announced that in 2006, AFPPD would host in Asia the next international parliamentarians' conference on the implementation of the ICPD Programme of Action.



Mr. Yoshio Yatsu and Senator Mary Henry

The Honourable Mary Henry, Senator (Ireland), Vice-President, IEPFPD, and Chair, Irish All Party Parliamentary Group on Population and Development, thanked the Council of Europe, IEPFPD and UNFPA, as well as all those who had participated in the conference and contributed to its success. She looked forward to seeing everyone at the next parliamentarians' conference in Bangkok in 2006.

ANNEX I: AGENDA

SUNDAY, 17TH OCTOBER

10:00-22:00 REGISTRATION

15:00-16:00 BRIEFING FOR RESOURCE PERSONS AND
RAPPORTEURS OF THE GROUP DISCUSSIONS

17:00-18:00 DRAFTING COMMITTEE MEETING

18:00-20:00 WELCOME RECEPTION OFFERED BY THE
FRENCH NATIONAL ASSEMBLY Delegation on Women's
Rights and Gender Equality; Ms. Marie-Jo
Zimmermann, MP, President of Delegation

20:00-22:00 STEERING COMMITTEE MEETING

MONDAY, 18TH OCTOBER

8:00-12:00 REGISTRATION (continued)

9:00-10:00 OPENING CEREMONY

MC: Chair, Steering Committee

1. *Purpose of the Conference*

Ms. Safiye Cagar, Director, Information, Executive Board and Resource Mobilization Division, United Nations Population Fund (UNFPA)

2. *Video Presentation*

3. *Opening Remarks*

- H.E., the Rt. Hon. Terry Davis, Secretary General, Council of Europe
- H.E. Mr. Marcel Glesener, Vice-President, Parliamentary Assembly of the Council of Europe
- H.E. Mr. Xavier Darcos, Deputy Minister for International Development, France (Statement read by the Hon. Marie-Jo Zimmermann, Member of Parliament (France) and President, National Assembly delegation on women's rights and gender equality)

4. *Keynote Speech*

- Ms. Thoraya A. Obaid, Executive Director, UNFPA
- Dr. Steven W. Sinding, Director-General, International Planned Parenthood Federation (IPPF)

10:00-10:30 OPENING SESSION

1. *Election of Officers*

Chair, Steering Committee

2. *Election of Drafting Committee Members*

Chair of the Conference

10:30-10:50 COFFEE BREAK

10:50-12:30 SESSION 1

Special Guest Statements: 10 Years After Cairo – Successes and Constraints

Moderator: Ms. Imelda J. Henkin, Deputy Executive Director (Management)

Speakers (7-10 minute presentations and Q & A):

- H.E. Dr. Nilcea Freire, Minister for Women's Affairs, Brazil
- H.E. Dr. Mohamed Awad Tag El Dine, Minister for Health and Population, Egypt
- H.E. Ms. Charity K. Ngilu, Minister for Health, Kenya
- H.E. Ms. Agnes van Ardenne, Minister for Development Cooperation, The Netherlands
- H.E. Mr. Gareth Thomas, Parliamentary Under-Secretary of State for International Development, U.K.
- H.E. Ms Annika Söder, State Secretary for Development Co-operation, Sweden

12:30-12:45 REPRODUCTIVE HEALTH COMMODITY SECURITY: LAUNCH OF BROCHURE “*Securing the Supplies that People Rely On*”

- H.E. Ms. Agnes van Ardenne, Minister for Development Cooperation, The Netherlands
- H.E. Ms. Charity K. Ngilu, Minister for Health, Kenya
- Ms. Thoraya A. Obaid, Executive Director, UNFPA
- Dr. Steven W. Sinding, Director-General, IPPF

12:45-13:00 GROUP PHOTO

13:00-14:30 LUNCH

14:30-16:00 SESSION 2

Panel Discussion: Progress in Resource Mobilization and Creating an Enabling Environment

Moderator: Dr. Nina Puri, President, IPPF
Panelists (7-10 minute presentations and Q & A):

- Ms. Elizabeth Lule, Adviser for Population and Reproductive Health, Nutrition and Population, Human Development Network, World Bank
- Dr. Lieve Fransen, Head of the Human and Social Development Unit, Directorate-General for Development, the European Commission
- Mr. Lester Brown, President, Earth Policy Institute
- Mr. Tony Worthington, MP, U.K.
- Dr. Reed Boland, Harvard University School of Public Health
- Ms. Christine McCafferty, MP, U.K.; Member, Parliamentary Assembly of the Council of Europe

16:00-16:20 COFFEE BREAK

16:20-17:50 SESSION 3

Group Discussions – approx. 30-40 parliamentarians in each group

1. HIV/AIDS

Resource Person: Dr. Carol Jacobs, Director, National HIV/AIDS Commission, Barbados

2. Reproductive Health Commodity Security

Resource Person: Mr. Jagdish Upadhyay, Coordinator, Commodity Management Unit, Technical Support Division, UNFPA

3. Millennium Development Goals, Population and Reproductive Health

Resource Person: Mr. Stan Bernstein, Senior Sexual and Reproductive Health Policy Adviser, Millennium Project, United Nations Development Group

4. Adolescent Reproductive Health

Resource Person: Dr. Dina Krauskopf, Professor Emeritus, University of Costa Rica

17:50-18:00 CLOSING OF DAY 1

Chair of the Conference

18:30-20:30 WELCOME RECEPTION OFFERED BY MR. JOHN WILKINSON, Chairperson of the Committee on Migration, Refugees and Demography On behalf of the President of the Parliamentary Assembly of the Council of Europe

21:00-23:00 DRAFTING COMMITTEE MEETING

TUESDAY, 19TH OCTOBER

8:00-8:45 DRAFTING COMMITTEE MEETING

9:00-10:30 SESSION 4

Group Discussions – approx. 30-40 parliamentarians in each group

1. Reproductive Health in Emergency Situations

Resource Person: Ms. Pamela DeLargy, Chief, Humanitarian Response Unit, UNFPA

2. Food, Water, Population and Environment

Resource Person: Mr. Lester Brown, President, Earth Policy Institute

3. Gender and Women's Empowerment

Resource Person: Ms. Fama Hane Ba, Director, Africa Division, UNFPA

4. Maternal Mortality and Morbidity

Resource Person: Dr. Christiane Welffens-Ekra, President, Society for African Gynaecologists and Obstetricians

10:30-10:50 COFFEE BREAK

10:50-12:00 PRESENTATION OF THE OUTCOME OF DISCUSSION BY EACH GROUP

MC: Chair of the Conference
Presentations by Chairs of the Group Discussions

12:00-14:00 LUNCH

14:00-15:00 SESSION 5

Discussion on the Draft Statement of Commitment

MC: Chair of the Conference

Introduction of the Draft Statement by: Chair, Drafting Committee

15:00-15:20 COFFEE BREAK

15:20-15:50 CLOSING SESSION

1. *Adoption of the Statement of Commitment*

Chair of the Conference

2. *Closing Remarks*

Chair, Steering Committee

16:30 TOUR OF THE CITY OF STRASBOURG

18:30-20:30 RECEPTION HOSTED BY MAYOR OF STRASBOURG

ANNEX II: KEYNOTE ADDRESSES

KEYNOTE ADDRESS BY MS. THORAYA AHMED OBAID, EXECUTIVE DIRECTOR, UNFPA

Excellencies, distinguished parliamentarians and friends,

Good morning and welcome to the second International Parliamentarians' Conference on the implementation of the ICPD Programme of Action. It gives me great pleasure to join you during a particularly momentous time—the tenth anniversary of the historic International Conference on Population and Development. It is indeed a privilege to meet in this prestigious chamber of the Council of Europe, which is the oldest intergovernmental institution in Europe.

Together we have come a long way in the ten years since Cairo. And we should be proud of our accomplishments. We have made solid progress advancing reproductive health and rights. We have strengthened women's empowerment and gender equality. We have integrated critical population issues into development and poverty reduction strategies. And you, as parliamentarians, have played a key role.

I would like to thank you very much for your dedication and commitment, and also for accepting our invitation to participate in this important meeting here in beautiful Strasbourg.

Before I go further, please allow me to extend my heartfelt thanks to the meeting's co-organizers and co-hosts for all the hard work they have done. A sincere thank you goes to the Inter-European Parliamentary Forum on Population and Development, and the Forum's President, Ms. Ruth Genner, Member of Parliament of Switzerland. I would like to thank the Council of Europe and its Secretary-General, the Rt. Honourable Terry Davis, who is a Member of Parliament of the United Kingdom; and the Parliamentary

Assembly of the Council of Europe and its Vice-President, Mr. Marcel Glesener, Member of Parliament of Luxembourg. A special thank you also goes to the other regional and global parliamentary groups for your active involvement and support.

Finally allow me to express my gratitude to the Government of France and the French National Assembly Delegation on Women's Rights, the Government of Switzerland, the Council of Europe, and the City of Strasbourg for their generous support in making this Conference possible. And finally, I would like to thank my colleagues in UNFPA, particularly Harumi Kodama, who, as she did two years ago, worked nearly 24 hours a day to bring this Conference together.

The results of these preparations are in full evidence. Today more than 130 parliamentarians and ministers are gathered here from dozens of countries from every region of the globe.

ROLE OF PARLIAMENTARIANS

As Parliamentarians and Ministers, you are very important people because you represent the people in your countries. You know their needs and the needs of your country and of the world. You control the purse strings of your governments and can mobilize financial resources. And you have the legislative power to bring about positive changes in laws and policies.

As Parliamentarians, you are uniquely placed to offer leadership. Your presence here is truly gratifying. It is my sincere hope that you will use this opportunity to reaffirm and strengthen your commitment to the ICPD Programme of Action, to build on the Ottawa commitment, and gain a clear sense of direction for the ten years to come.

It is most gratifying that the Ottawa Commitment has guided your efforts during the past two years. As I've said before, life or death is a political decision and it

is up to parliamentarians to put in place laws and policies and budgets that save lives by increasing access to education and reproductive health services for all. These services fight ignorance and poverty. They prevent the unnecessary deaths of millions of mothers and babies. They prevent unwanted pregnancy and abortion, and HIV infection. Clearly, these are some of the best investments governments can make.

ICPD AT TEN

Today I am pleased to report that we have made significant progress since the Cairo Conference. Today many countries are incorporating population, gender and reproductive health into their national development plans and policies.

The Global Survey that UNFPA conducted last year—to which 169 countries responded—shows that concrete progress has been made. But it also highlights the gaps and serious challenges that remain.

While the majority of countries have adopted national legislation, ratified United Nations conventions and established national commissions for women, similar progress has not been made in formulating policies and putting programmes into place to secure women's rights. Only one third of countries have taken such action. And only 13 countries have developed advocacy programmes for gender equality.

Since Cairo, 131 countries have changed national policies, laws or institutions to recognize reproductive rights. Many countries have begun to integrate reproductive health services into primary health care, improve facilities and training and expand family planning method choices. This is remarkable progress and I congratulate you.

Three quarters of countries have adopted national strategies on HIV/AIDS. But despite this progress, millions of people—particularly the poor—still lack access to basic information and services, and AIDS continues to spread, taking a massive deadly toll.

THE WAY FORWARD

My friends,

To make greater progress, there is now an urgent need to take even greater action in the remaining decade of the ICPD Programme of Action.

As I see it, there are six key challenges.

One of the greatest challenges we face today is scaling up our activities to reach all people, especially the poorest and most marginalized segments of the population. We are committed to reproductive health for all. And this requires increased political will and increased resources.

CHALLENGE 1: RESOURCES

The lack of resources is impeding further progress, and this is the number one challenge.

More than 80 per cent of developing countries say that available resources do not meet their reproductive health needs. Donor countries have given only about half the amount they agreed would be needed to implement the Programme of Action—\$3.1 billion a year rather than the \$6.1 billion a year pledged by 2005.

The more prosperous developing countries are paying their own way—devoting an estimated \$11.7 billion a year to the plan. But the poorest nations depend mainly on donor funding for their family planning, reproductive health, HIV/AIDS and research and policy needs. And the lack of funding is resulting in a public health crisis, which is costing lives.

CHALLENGE 2: REPRODUCTIVE HEALTH COMMODITY SECURITY

One of the dimensions of this crisis is a severe shortage of contraceptives and condoms and other reproductive health supplies, which brings me to the second challenge: reproductive health commodity security.

Donors' share of funding for contraceptives and condoms for HIV prevention has declined over the past 10 years. Yet, demand has been increasing and is expected to rise by a further 40 per cent by 2015.

I am happy to report that good news came last week at the United Nations General Assembly's commemoration of the tenth anniversary of ICPD. I would like to express my deep gratitude to the European Union, which announced a \$75 million contribution to UNFPA for reproductive health commodities. This contribution fills the gap we faced this year in supplying 49 countries with needed contraceptives, condoms and other supplies. While we welcome this generous contribution, the crisis unfortunately continues in other countries and beyond 2004.

The quest for reproductive health commodity security depends on all partners, and it requires continued commitment and effort. Developing countries should also ensure that this item is reflected in their national budgets.

We estimate that a million dollars in reproductive health commodities will prevent 360,000 unintended pregnancies; 150,000 induced abortions; 800 maternal deaths; 11,000 infant deaths; or 14,000 deaths of children under the age of five.

This proves the point that life or death is a political decision.

CHALLENGE 3: LINKING REPRODUCTIVE HEALTH AND HIV/AIDS

Perhaps nowhere is this truth more evident than in the case of HIV/AIDS. Nearly 40 million people are living with HIV/AIDS and 20 million have already died. The epidemic is wiping out development gains and tearing families and nations apart. In order to reverse the spread of the epidemic, there is an urgent need to scale up efforts. There is an urgent need to more fully link reproductive health and family planning services with those to prevent and treat HIV/AIDS. Doing so will save money and save lives. Every minute, 10 people are newly infected, and yet, only two persons in ten at high risk of infection have access to proven prevention interventions. Young people are being particularly hard-hit. We must incorporate life skills and reproductive health education into national education curricula, and we must expand the reach of youth-friendly reproductive health services that include HIV prevention, testing and referral to treatment.

CHALLENGE 4: MILLENNIUM DEVELOPMENT GOALS AND REPRODUCTIVE HEALTH

Together nations are taking steps to make greater progress not only to reverse the spread of HIV/AIDS but also to achieve other key Millennium Development Goals. These international goals include:

- reducing extreme poverty and hunger,
- achieving universal primary education,
- improving maternal health,
- reducing child mortality,
- ensuring environmental sustainability, and
- developing a global partnership for development.

All of these goals are linked to the ICPD Programme of Action. As the international community strives to achieve the Millennium Development Goals, the Cairo rights-based agenda for addressing the interdependence of population and poverty deserves the highest priority.

As United Nations Secretary-General Kofi Annan has wisely stated:

“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights and greater investment in education and health, including reproductive health and family planning.”

In this context, I urge you to promote reproductive health in the reports and national policy discussions for next year’s 2005 review of the United Nations Millennium Declaration.

I urge you to ensure that sexual and reproductive health is given the utmost priority in all development and poverty reduction debates and policies. There is simply no way to improve maternal health, reduce maternal and child mortality, advance women’s status and rights, and reverse the spread of HIV/AIDS unless the highest priority is given to reproductive health and rights.

CHALLENGE 5: MIGRATION

The fifth key challenge is international migration. There is now deeper understanding of the urgent need to come together as nations to address the root causes of migration and to better manage migration in a way that respects human rights and benefits the individuals and countries concerned. I know that many parliamentary groups have been examining this issue, and this work is deeply appreciated. The ICPD Programme of Action devotes an entire chapter to international migration and its recommendations remain extremely relevant.

CHALLENGE 6: HUMAN RIGHTS AND CULTURAL SENSITIVITY

All of the issues that I have spoken about focus on human rights. Every person has the right to development and to be free from fear and want. Every person has the right to sexual and reproductive health. And

every woman has the right to make decisions about reproduction free of coercion, discrimination and violence.

The ICPD Programme of Action is a global programme based on universal, ethical principles that reinforce human dignity and encourage the fulfilment of human aspirations. And UNFPA, as the lead United Nations agency in implementing this agenda, is committed to these human rights. To ensure greater progress, we are taking a culturally sensitive approach in programme development and implementation. Such an approach does not impose solutions, but engages the concerned communities in a process of dialogue to reach to their own positive values and institutions and bring about the change that is necessary to implement the ICPD Programme of Action.

CONCLUSION

My friends, these past two years since Ottawa have been busy ones. There have been regional review meetings, and roundtables. Just last week in New York, the United Nations General Assembly commemorated the tenth anniversary of the historic International Conference on Population and Development. Speaker after speaker reaffirmed support for the Cairo agenda, its principles and its goals.

The ten-year review process has re-ignited the spirit of Cairo. It has generated energy and momentum on which we can build to make even greater progress in the decade to come.

Overall, there is greater public debate on these issues than ever before. Topics that were previously often ignored in policy discussions—such as gender-based violence, unsafe abortion and post-abortion care, harmful traditional practices, the reproductive health and rights of adolescents, and reproductive health in conflict situations—are now being addressed.

The Cairo consensus represents a turning point in development thinking and we must stay on track. We cannot confront today's massive challenges of poverty, hunger, disease, and environmental destruction,

unless we address the issues of population and reproductive health and rights.

Population and development is about people. It is about counting people and making every person count.

In your nations, people count on you as parliamentarians to ensure that their governments keep the promises they made in Cairo and take the necessary action to fully implement the ICPD Programme of Action. You have a pivotal role to play in advocating for national policies and laws that effectively address population, women's rights and reproductive health; in ensuring that the necessary financial resources are allocated within national budgets; and in monitoring the implementation of these laws and policies. Honourable parliamentarians and friends, life and death is indeed a political decision, and the decision is in your hands.

Whether this largest youth generation in human history is able to lead healthy and productive lives will both determine the course of the AIDS pandemic and where global population eventually stabilizes. Adolescents and young people need education, services and opportunities. Maternal mortality is still dreadfully high in far too many countries; we must save women's lives and secure women's rights. And we must stop AIDS now—it has decimated several sub-Saharan countries and is set to explode in parts of Asia and Eastern Europe.

Let us commit here in Strasbourg to build upon the remarkable Ottawa Declaration, and to allocate 10 per cent of national development budgets for population and reproductive health. Let us commit in Strasbourg to redouble our efforts to implement the ICPD Programme of Action. We know what to do and how to do it. You, above all others, can make it happen. We at UNFPA look forward to working with all of you to ensure that people's dreams for a better future are fulfilled.

Thank you.

KEYNOTE ADDRESS BY DR. STEVEN W. SINDING, DIRECTOR-GENERAL, IPPF

Distinguished friends and colleagues, it is a great honour for me to be here in Strasbourg for this very important meeting of parliamentarians from around the world. We first met two years ago in Ottawa and this year we will be focusing on the ICPD 10 years after Cairo. I am pleased to see that the international parliamentarians' movement has flourished in the two years since the Ottawa meeting and that so many committed parliamentarians are here again today and tomorrow.

This meeting comes just seven weeks after an important global civil society meeting in London where nearly 700 people from 109 countries gathered to discuss the ICPD, to look at what has been achieved in the past ten years and to address the many challenges that remain. During the *Global Roundtable: Sexual and Reproductive Health and Rights for All*, as the London meeting was called, parliamentarians met simultaneously, and a number of participants from that meeting are here today, as are others who attended the various regional meetings on the ICPD that have taken place over the past year or so.

This morning I would like to highlight some of the issues that were discussed in London – the challenges still facing us, and what needs to be done if the Programme of Action agreed upon in Cairo is to be realised. I will also try to give a view from civil society on the important role that we feel you, as Parliamentarians, should play.

To begin with, I'd like to say that the London meeting showed that measurable and promising progress has been made in some areas of sexual and reproductive health and rights. In education, access to contraception, infant mortality and skilled care during childbirth, indicators have improved significantly over the past ten years. Donor funding, at least in the last two years, has increased – even if it is still far from where it needs to be. Yet much still remains to be done, and I'd just like to give a short quote from the Declaration of the London meeting - copies of which have been distributed to you – to illustrate this. It reads:

“We have seen progress in the ten years since Cairo, but many gaps remain.

- We have seen the quality of reproductive health improve in many countries; but we have seen new charges for basic services, and more poor women who cannot afford them.
- We have seen more attention to maternity care, but we have seen no decline in maternal mortality in the poorest countries or globally.
- We have seen more infants survive the first years of life, but we have seen more of them lose their parents to HIV/AIDS.
- We have seen successful condom marketing campaigns, but we have seen supplies of condoms dry up”.

The list goes on, and is too long to read out in full right now. But it illustrates the challenges that we still face. I would, however, like to take a moment to look at some of the reasons why there has not been enough progress on addressing these challenges and what you as parliamentarians can do to help.

LACK OF RESOURCES

An obvious first challenge is the lack of resources being made available for sexual and reproductive health and rights across the world. In 1994, donor nations agreed to provide \$6.1 billion per year by 2005 for reproductive and health programmes; a similar amount of donor aid (about \$7 billion a year) is now thought necessary by 2005 for the battle against HIV/AIDS. As I reported to you two years ago in Ottawa, even with donor spending now going up, donors are fulfilling only 40 per cent of their ICPD commitments, and most of the increase is going to HIV/AIDS. Developing countries are doing somewhat better, but even so, as a global community we are only succeeding in meeting half the of the \$18.5 billion that was committed at Cairo.

We believe that a major reason for this has been the concentration of donor funding programmes to meet the Millennium Development Goals (MDGs). The absence from the MDGs of the core Cairo goal of universal access to reproductive health services has unquestionably hurt funding for sexual and reproduc-

tive health, as countries have adopted the MDGs as the fundamental framework for development strategy and cooperation. The fact that there is no Cairo MDG has pushed the ICPD goals off the centre of the development agenda.

The MDGs represent a step forward in the alleviation of poverty and other health and social ills and, while some of the goals are directly linked to reproductive health and rights, it should be recognized that reducing maternal and child mortality cannot be achieved without ensuring universal access to reproductive health services. This is more so when we know that close to 600,000 women die each year as a result of pregnancy. In addition to the fact that universal access to reproductive health services is not one of the MDGs, even the indicators assigned to monitor progress are silent on assessing the impact of reproductive health services, or the lack thereof, on maternal mortality.

The reproductive health community has debated whether to press for adding universal access to reproductive health services as MDG goal number nine. The consensus was that our community should convince governments and the United Nations that many of the MDGs will not be achieved without achieving the Cairo goal first. However, the recent report by Kofi Annan, the Secretary General of the United Nations, on the implementation of the United Nations Millennium Declaration, makes no mention of sexual and reproductive health or rights whatsoever, not even in relation to the maternal health and HIV/AIDS goals. This, in spite of all the work in the past two years to ensure that the links between sexual and reproductive health and rights and the MDGs were made at all ICPD at 10-related meetings. We have been patient and we have been polite – and it hasn't worked!

The time has come to change tactics. It is unacceptable that so many women continue to die each year as a result of poor access to reproductive health services, and it is equally unacceptable that governments are taking resources away from these services. Civil society is reaching the inescapable conclusion that we must have the core ICPD goal of universal access as the ninth MDG. I call on you today to press your governments to support our call for the restoration of reproductive health services to its rightful place among the Millennium Development Goals.

POLITICAL OPPOSITION

The second major challenge is the efforts of religious conservatives, including the Vatican and a handful of its allies, such as the current United States administration, to “sabotage” the Cairo Conference Programme of Action. The continuing hostility of the Bush administration to sexual and reproductive health and rights is having a curious impact around the world. On the one hand, in every instance where the United States Government has directly challenged the Cairo Consensus, as at Bangkok and San Juan, it has been isolated and defeated – even to the extent that countries that had originally entered reservations on their support for the Programme of Action have dropped those reservations. On the other hand, we have seen numerous instances in which the United States has used its massive economic leverage to try to coerce countries to support its efforts to roll back the Cairo Consensus. This has had a chilling effect which, at its most benign, has still made reproductive and sexual health a controversial subject and therefore for some governments more comfortable to ignore than to engage. A small but well funded ideologically based opposition movement is growing in various parts of the world and parliamentarians would be well advised not to underestimate either the power or the determination of these forces. At the same time, we must not allow ourselves to be put on the defensive. We must move to become an ever more proactive and positive coalition for reproductive and sexual rights.

THE MESSAGE FROM LONDON

The London Global Roundtable was organized around a series of plenary conversations, special plenary discussions, as well as 10 working groups – called agenda-setting sessions. I don't have the time to go into all the recommendations that emerged from these agenda-setting groups. You can read them in the conference reports that I have brought to be distributed here this morning. I would like to highlight just three of the outcomes that I think are the most important, regarding young people, abortion and HIV/AIDS.

First, regarding young people, I think no previous meeting of the reproductive and sexual health community ever achieved such effective and meaningful participation by young people. From the day before the Roundtable itself, when there was a one-day Youth Forum, through the entire three days of the Roundtable, young people participated actively and constructively, helping to shape the work of every

group and the overall conclusions and recommendations of the conference. In doing so, they highlighted the fact that this largest generation of young people in history demand to be involved in the development and implementation of programmes that affect their lives; they want to be the instruments of programmes that respond to the sexual and reproductive health needs of young people, not just the objects of such programmes. And they are right. For too long, we have looked at young people as a problem and we have devised programmes that were intended to reduce their problematic attitudes and behaviours. We must shift our mentality to thinking of engaging young people to become the source of the ideas and the services that enable them to enjoy healthy and responsible lives.

Second, abortion. The London Roundtable produced recommendations that insist that governments take responsibility to reduce the tragedy of unsafe abortion by considering legislation that decriminalizes abortion and makes safe abortion a real option for women. The conference took the position that abortion should always be the last resort – that enabling women to avoid unwanted pregnancies is always the preferred course. But it recognized that some women will continue to experience unplanned pregnancies, because of contraceptive failure, involuntary sexual intercourse or other reasons, and that when this happens, they should not be condemned to the cruel choice of an unwanted birth or a life-threatening abortion. When it is absolutely necessary, safe abortion should be an option for all women.

Third, the London meeting took a long, hard look at the ever-increasing number of new HIV infections. It recognized that despite the large amount of new money being committed by governments and the emergence in recent years of relatively low-cost life saving drugs to treat AIDS-infected individuals, the rise in new infections has not abated at all – a terrible indictment of efforts to prevent the spread of the disease. The conference concluded that the sexual and reproductive health community must play a much

larger role in AIDS control efforts, particularly with respect to prevention. The conference demanded that governments stop funding HIV/AIDS and sexual and reproductive health programmes separately and that both donors and recipient governments seek ways of bringing these movements back together. With 70 per cent of new infections, at a minimum, being caused by sexual activity, HIV/AIDS *must* be seen as a sexually transmitted disease. And all institutions – WHO, the World Bank, the Global Fund for AIDS, Tuberculosis and Malaria, donor governments and governments in the developing countries – must take the necessary steps to ensure that the full energy, expertise and resources of the reproductive health movement are brought to bear on halting and reversing the spread of this most cataclysmic of all diseases.

CONCLUSION

I call on you – leading parliamentarians committed to improving sexual and reproductive health in your countries and around the world – to heed our call. Please commit yourselves to take all possible steps to achieve the following:

- First, mobilizing the resources to meet the Cairo commitments – in other words, doubling spending levels from today's \$9 billion to the committed level of \$18 billion;
- Second, working on legislative and funding initiatives that will improve services and information for young people – the largest generation in history; reduce the recourse of women to unsafe and life-threatening abortion; and more effectively engage the reproductive health community in HIV/AIDS control efforts;
- And third, press your governments to ensure that the Cairo goal of universal access to reproductive health services achieves its rightful place among the Millennium Development Goals.

We in the civil society place high hopes and expectations on your work here. I would like to thank you for your kind attention and wish you a most successful and productive meeting.

ANNEX III: OUTCOMES OF GROUP DISCUSSIONS

THEME:	HIV/AIDS
CHAIR:	Honourable Billie Miller, Member of Parliament, Senior Minister of Foreign Affairs and Foreign Trade (Barbados)
RESOURCE PERSON:	Dr. Carol Jacobs, Director, National HIV/AIDS Commission (Barbados)
RAPPORTEUR:	Ms. Anna Gekht, Programme Officer, PGA

KEY ISSUES:

1. The creation of enhanced political leadership and HIV/AIDS advocacy at the highest level and the personal involvement of parliamentarians in HIV/AIDS-related policies.
2. Cultural and religious challenges to successful HIV/AIDS programmes and policies.
3. Confidentiality and stigmatization of HIV/AIDS within political and social life.
4. Lack of resources to ensure comprehensive prevention, care and support programmes for HIV/AIDS in developing countries.

REQUIRED ACTIONS:

1. Reaffirm the linkages between the HIV/AIDS, sexually transmitted infections and reproductive health and their interrelation with public health, development and human rights.
2. Creation of interface between parliamentarians and religious leaders and the involvement of faith-based organizations in a dialogue on HIV/AIDS.
3. Promote the involvement of civil society groups, persons living with HIV/AIDS, the business community, media, private sector and young people in prevention and treatment efforts.
4. Enforce regional cooperation mechanisms on preventing the spread of HIV/AIDS.
5. Promote behaviour change campaigns especially targeted to vulnerable groups such as youth, women and children, with special emphasis on people in war-torn zones.
6. Allow equal and sustainable access to sexual and reproductive health services for youth.

THEME:	Reproductive Health Commodity Security
CHAIR:	Honourable Tony Worthington, Member of Parliament (United Kingdom)
RESOURCE PERSON:	Mr. Jagdish Upadhyay, Coordinator, Commodity Management Unit (CMU), UNFPA
RAPPORTEUR:	Mr. Ben Light, Consultant, CMU, UNFPA

KEY ISSUES:

1. How to operationalize effective reproductive health commodity security strategies at the country level.
2. How to ensure that reproductive health commodity security is reflected in poverty reduction strategy papers (PRSPs), sector-wide approaches, budgetary support, etc.
3. How to develop integrated programmes with flexible funding mechanisms.
4. How to empower women to the broader benefit of the target communities.

REQUIRED ACTIONS:

1. Promote broad-based national reproductive health commodity security working groups and ensure that they own and drive the national reproductive health commodity security strategy. The strategy should include: (a) cost-recovery mechanisms; (b) how to access generic drugs to treat HIV/AIDS; and (c) how to deal with the problem of end users who do not have the means to pay being charged for reproductive health commodities provided free at distribution points.
2. Promote reproductive health commodity security as part of monitoring and tracking systems. Certain donors say they cannot track expenditures of reproductive health supplies in their results-based management tracking system. There is a need to ensure that: (a) reproductive health commodity security is in the country profile or PRSP; otherwise it is forgotten; (b) where NGOs manage funds, they should prioritize and monitor reproductive health commodity security-related shortages.
3. There is a need for integrated programmes with flexible financing arrangements that focus on a broad range of women's (and the target community's) needs. There is broad consensus on the need for integrated programmes, particularly in the most disadvantaged intervention areas. There is a need to focus not only on one particular theme or issue in the health sphere but to tackle broader issues relating to education, drinking water and health if the results are to endure. It was recommended that: (a) all donors contribute to a single fund to finance integrated programmes focusing on a broad range of target women's needs; and (b) there should also be more flexibility in the use of funds to achieve the purpose of the intervention.
4. Further specific needs should: (a) focus on women and enhancing their self-worth; such empowerment leads to improvements for women and their dependents; (b) ensure access to free health services; (c) promote greater collaboration with NGOs as they are closer to the end user beneficiary women; (d) pressure governments to allocate more national budget finance to sexual and reproductive health and ensure that sexual and reproductive health funds are not diverted for other purposes; and (e) direct more funds to the Latin America and Caribbean region, where needs are also acute.

THEME: Millennium Development Goals, Population and Reproductive Health
CHAIR: Honourable Marieta Rigamoto, Member of Parliament and Assistant Minister in the Prime Minister's Office (Fiji)
RESOURCE PERSON: Mr. Stan Bernstein, Senior Sexual and Reproductive Health Policy Adviser, Millennium Project, United Nations Development Group
RAPPORTEUR: Mr. Asger Ryhl, Chief, UNFPA Liaison Office in Copenhagen

KEY ISSUES:

1. Girls' and women's education
2. Gender violence
3. Maternal mortality
4. Adolescent reproductive health and rights
5. Political participation (good governance)

REQUIRED ACTIONS:

1. Advocate a ninth MDG and work on framing its links to outcome measures.
2. Advance the use of sexual and reproductive health goals, targets and indicators in national development plans.
3. Increase commitment and funding for sexual and reproductive health.
4. Advocate reproductive health and the ICPD in all official conferences and meetings.

THEME: Adolescent Reproductive Health
CHAIR: Honourable John Wilkinson, Member of Parliament (United Kingdom), and Chair, Committee on Migration, Refugees and Demography, Parliamentary Assembly of the Council of Europe
RESOURCE PERSON: Dr. Dina Krauskopf, Professor Emeritus, University of Costa Rica
RAPPORTEURS: Ms. Carla Rivera-Avni, Executive Coordinator, Inter-American Parliamentary Group on Population and Development, and Mr. Esteban Caballero, Programme Adviser, Latin America and the Caribbean Division, UNFPA

KEY ISSUES:

1. Young people have their own needs, rights and perspectives.
2. Both modern and traditional cultural values contain elements that can promote and hinder best practices in young people's education on gender, sexuality and reproductive health and rights.
3. Lack of access to information and sexual education for adolescents.
4. Role of the media in the dissemination of information about the health and rights needs of young people.
5. Participation of young people in the development and design of reproductive health programmes.

REQUIRED ACTIONS:

1. Create an enabling legal and political environment to facilitate young people's access to information on reproductive rights, reproductive health services and the supply of reproductive health commodities.
2. Generate public debate to provide the media and general public with appropriate and accurate information about sexual and reproductive health and rights, reaching out to both young people and adults.
3. Disseminate information about effective programmes and models on gender, sexuality and reproductive health education that are especially designed for young people.
4. Promote the participation of young people and involve them in the formulation of reproductive health policies and programmes.

THEME: Reproductive Health in Emergency Situations
CHAIR: Honourable Nazem El Khoury, Senator (Lebanon)
RESOURCE PERSON: Ms. Pamela Delargy, Chief, Humanitarian Response Unit, UNFPA
RAPPORTEUR: Ms. Kiyoko Ikegami, Director, UNFPA Liaison Office in Tokyo

KEY ISSUES:

1. Women and girls are especially vulnerable.
2. Reproductive health in emergencies is often forgotten.
3. Conflict and displacement can contribute to reproductive health problems.
4. Standards and practices have been developed to respond to reproductive health needs in emergencies, but funding remains a challenge.

REQUIRED ACTIONS:

1. To ensure that reproductive health services are provided as an integral part of humanitarian responses and post-conflict situations.
2. To implement fully international humanitarian and human rights laws protecting the rights of women and girls, refugees, displaced persons and adolescents during and after conflicts.
3. To enact and enforce laws making domestic and sexual violence against women and girls a punishable offence.
4. To create awareness among donors of the need for coordination among stakeholders such as United Nations agencies, governments and NGOs, in order to avoid duplication and gaps.
5. To ensure that comprehensive services are provided in all steps of post-conflict rehabilitation, including community education and resocialization.
6. Parliamentarians should feel like social workers but act as legislators, combining broad vision with consideration for local realities.

THEME: Food, Water, Population and Environment
CHAIR: Honourable Kolawolé A. Idji, Speaker of the National Assembly (Benin)
RESOURCE PERSON: Mr. Lester Brown, President, Earth Policy Institute
RAPPORTEUR: Mr. Erik Palstra, Acting Director, UNFPA Liaison Office in Geneva

KEY ISSUES:

1. Since each ton of grain needs 1,000 tons of water to produce, falling water tables and spreading water shortages threaten world food security.
2. In contrast to oil, there is no substitute for water.
3. Regarding global warming, each 1 per cent increase in average temperature means a 10 per cent decrease in yields. There is a need for faster carbon dioxide emission reductions worldwide, especially in the United States.
4. In the last four years, world grain production has fallen short of consumption, decreasing world grain stocks to the lowest level in 30 years. China, importing 8 million tons of wheat in 2004, may soon need massive imports of grain.

REQUIRED ACTIONS:

1. Raise water productivity worldwide.
2. Reduce carbon dioxide emissions worldwide and in this context, promote gas-electric hybrid cars, which could, for example, reduce gasoline consumption by 50 per cent in the United States.
3. Water issues should be put on the agenda of each international meeting, to raise awareness of the emerging water shortage.
4. New technologies are needed to raise water productivity, including for irrigation, industrial processes and household appliances.
5. Food security is no longer the exclusive responsibility of ministries of agriculture, as there are direct linkages with other sectors, such as energy, transportation, health and family planning.
6. In short, we must treasure our “blue gold” and access to safe water as a human right.

THEME: Gender and Women's Empowerment
CHAIR: Honourable Marie-Jo Zimmermann, Member of Parliament and President, delegation on women's rights and gender equality, National Assembly (France)
RESOURCE PERSON: Ms. Fama Hane Ba, Director, Africa Division, UNFPA
RAPPORTEUR: Mr. Hedi Jemai, Director, UNFPA Liaison Office in Brussels

KEY ISSUES:

1. The high prevalence of gender-based violence experienced by women during their entire life cycle.
2. The persistence of harmful practices against women and the devastating consequences on their reproductive health.
3. Women's vulnerability to HIV/AIDS, aggravated by low social status, poverty and economical dependence.
4. The trafficking of women and girls and its various dimensions, including organized crime, prostitution, security, migration, labour and health.

REQUIRED ACTIONS:

1. Gender mainstreaming and budgeting as a strategic approach to reduce gender gaps. Women's practical and strategic needs and aspirations must be strongly reflected in development policies and programmes at all levels.
2. Using culturally sensitive approaches as a force of positive change by seeking the participation and support of social leaders.
3. Zero tolerance to violence against women. Countries must establish national institutional mechanisms to monitor and reduce gender violence. They must set up an effective legal framework to protect victims and punish perpetrators.
4. Involve men – they are part of the solution. Community dialogue must be encouraged on men's responsibility. Affirmative action must be taken to involve men in women's empowerment.
5. Place women in the driving seat and ensure their economic empowerment.
6. Education and information should be used as preventive measures to promote gender equity and equality.

THEME: Maternal Mortality
CHAIR: Honourable. Aldo C. Neri, Member of Parliament (Argentina)
RESOURCE PERSON: Dr. Christiane Welffens-Ekra, President, Society for African Gynaecologists and Obstetricians (SAGO)
RAPPORTEUR: Ms. Laura Katzive, Legal Adviser for Global Projects, International Legal Program, Center for Reproductive Rights

KEY ISSUES:

1. Low status of women in their communities and societies
2. Widespread poverty
3. Lack of reproductive health care services and trained personnel

REQUIRED ACTIONS:

1. Allocate adequate resources in national budgets for reproductive health care. Propose programmes providing national debt relief in exchange for government investments in reproductive health services.
2. Ensure access to high-quality obstetric services and pre- and post-natal care by, inter alia: (a) putting in place adequate health care facilities and supplies; (b) supporting and training reproductive health providers; (c) ensuring a functioning and sustainable system of reference; (d) providing effective emergency obstetric care; and (e) collecting data on maternal death and morbidity in order to evaluate the effectiveness of health care responses.
3. Adopt laws that empower women and girls, including laws that raise the minimum age of marriage and ensure girls' access to education.



IPCI International Parliamentarians' Conference
iCPD on the Implementation of the ICPD Programme of Action

Strasbourg, France
18-19 October 2004

ANNEX IV: PARTICIPANTS

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