

REPORT OF THE FOURTH INTERNATIONAL PARLIAMENTARIANS' CONFERENCE ON THE IMPLEMENTATION OF THE ICPD PROGRAMME OF ACTION

27-28 October 2009
United Nations Conference Center
Addis Ababa, Ethiopia



ORGANIZERS

FAAPPD—Forum of African and Arab Parliamentarians on Population and Development

UNFPA—United Nations Population Fund

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ON THE IMPLEMENTATION OF THE
ICPD PROGRAMME OF ACTION**

Organizers

FAAPPD—Forum of African and Arab Parliamentarians on Population and Development
UNFPA—United Nations Population Fund

Hosted in Collaboration with:

AFPPD—Asian Forum of Parliamentarians on Population and Development
EPF—European Parliamentary Forum on Population and Development
IAPG—Inter-American Parliamentary Group on Population and Development
PGA—Parliamentarians for Global Action
The House of Peoples' Representatives of the Federal Democratic Republic of Ethiopia

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IPCI iCPD



I.

Addis Ababa Statement of Commitment

We, the representatives of our people from all the regions of the world, gather in Addis Ababa, Ethiopia, on 27-28 October 2009 to set a course of action over the next five years to implement the Programme of Action of the International Conference on Population and Development (ICPD). We reaffirm the principles and goals of the ICPD and recognize the indispensable role the Programme of Action plays in achieving the Millennium Development Goals. We must act with a sense of urgency. Time is short. Access to sexual and reproductive health and reproductive rights and family planning for all women is a top priority. Investing in the health and rights of women and girls is smart economics for families, communities and nations.

We endorse the 2002 Ottawa Statement of Commitment, the 2004 Strasbourg Statement of Commitment and the 2006 Bangkok Statement of Commitment. We note that some progress has been made on their realization. But in spite of national efforts and international partnerships, many of our countries have made slow progress on the ICPD Programme of Action, and the urgency to act has been heightened by conflicts, foreign occupation and emerging issues, including climate change, demographic challenges, environmental degradation, and the food and financial crises.

Maternal death and disability is one of the greatest moral, human rights and development challenges of our time, and is the world's largest health inequity. We endorse those recommendations addressed to parliamentarians in the *Addis Call to Urgent Action for Maternal Health* of the High Level Meeting on MDG, which preceded the IPCI on 26 October 2009.

To achieve action-focused outcomes, broad based partnerships, including with civil society, academia and the private sector, are essential.

We Parliamentarians, consistent with the Principles of the ICPD, are determined to play our roles in -

Awareness raising and advocacy responsibilities:

1. To break the silence, foster dialogue and mobilize parliamentarians and constituents to promote gender equality and sexual and reproductive health and reproductive rights.
2. To hold parliamentary hearings with experts and civil society, and campaign to increase awareness of benefits and barriers to effective access to and utilization of sexual and reproductive health services.
3. To include young people as partners in shaping reproductive health and rights policies and laws that address young people's needs.
4. To promote and strengthen partnerships with other parliamentarians, donors, the UN, local authorities, NGOs and the private sector to leverage human and financial resources to achieve the ICPD Programme of Action and MDG5 and related MDGs.
5. To ensure full use of the target on universal access to reproductive health within the MDG framework and to mainstream reproductive health into all development and poverty reduction plans.

Budget and oversight responsibilities:

1. To strengthen parliamentary capacity for oversight and budget analysis, particularly gender budgeting,

to increase accountability and achieve the ICPD goals and MDG 5.

2. To demand from national governments improved and specific accounting for budgetary allocations in both recipient and donor countries, including progress reports and addressing shortcomings.
3. To increase budget allocations to at least 10 per cent of national budgets and development assistance budgets for population assistance, and ensure the target of 0.7 per cent of GNP for official development assistance is met.
4. To ensure equitable access to health services by allocating resources to improve the lives of the marginalized, including persons with disabilities.
5. To ensure that a basic package for sexual and reproductive health and rights information and services, including education, maternal health, family planning, elimination of traditional harmful practices and HIV prevention is costed and included in education and health budgets.
6. To ensure the timely availability and use of quality and regularly updated and appropriately disaggregated data and the capacity building of national statistical systems to improve information-based development planning, implementation and monitoring of progress on the goals of the ICPD, the MDGs, and the Beijing Programme for Action.

Legislative and policy responsibilities:

1. To review all laws and practices that still restrict access to sexual and reproductive health services.
2. To demand that governments enforce national laws and implement policies, through the formulation of road maps, to accelerate women's economic, social and political rights, and to reduce gender inequality and gender-based violence.
3. To evaluate national development plans and request governments to include health as a programme priority in national policy dialogues, ensuring the inclusion of the private sector, civil society and communities at large.
4. To ensure school curricula furthers the goals of the ICPD Programme of Action.



Youth participants in deep discussion during the conference.

In exercising these responsibilities to implement the ICPD Programme of Action, we must—

Empower young people by:

1. Recognizing that young people are our most important and irreplaceable resource and that the nature and vulnerabilities of young persons demand that:
 - a. We divert adequate resources to their education and skill development with an aim to provide equal and universal access to primary and secondary education.
 - b. We move to facilitate and create gainful employment opportunities for this growing demographic of the population, embracing their right to decent work as a basic and fundamental human right.
 - c. We create legislative and policy mechanisms to ensure meaningful and effective youth participation of all levels of our socio-political processes, empowering them to influence, implement, and monitor and evaluate national policy that affect their interests.
2. Ensuring consideration and protection for the sensitivity, diversity and the special sexual and reproductive health and reproductive rights of young

persons, providing accessible and effective age and gender-sensitive reproductive health education and adequate reproductive health systems to address their needs.

3. Uncovering, eradicating and preventing all types of exploitation and abuse against young people, including the illegal trafficking of young persons and economic, sexual, physical and mental abuse, creating a socio-economic and legal environment conducive to the elimination of all child marriages under 18 years and the elimination of discrimination against young pregnant girls.
4. Supporting, measuring, and monitoring inter-sectoral investments in youth development, with particular emphasis on marginalized adolescents, seeking to improve their quality of life, their decision making capacity and their contribution to sustainable development.

Strengthen health systems by:

1. Generating the political will to ensure that strong, high quality, accessible non-discriminatory, transparent health systems are in place by 2014.
2. Prioritizing the provision of and access to quality sexual and reproductive health services and supplies, in particular family planning services, including education, informed support and provision of effective options.
3. Ensuring access to quality pregnancy and birth services that are engaged with local communities and include skilled, culturally appropriate birth attendants, antenatal and emergency obstetric care, postnatal and newborn care, and treatment and support for fistula in order to reduce maternal mortality and morbidity.
4. Ensuring a quality, skilled health workforce that includes quality training, a focus on staff retention, engagement with local communities, and flexibility in the scope of practice, task allocation and task sharing.
5. Ensuring the preparedness and provision of quality health services for emergency crisis and post-crisis situations, including during times of conflict and

post-conflict situations, humanitarian disasters, and refugee and migrant movements.

6. Ensuring, consistent with the ICPD Programme of Action and the Key Actions for the Further Implementation of the Programme of Action of the ICPD, universal access to post abortion care, and access to safe abortion where not against the law.
7. Ensuring the development and maintenance of health data collection systems on maternal and child health, including establishing a national maternal death audit.

Promote access to sexual and reproductive health, including family planning, by:

1. Fully integrating a basic and affordable package of sexual and reproductive health services and information in community based facilities, including services for family planning, HIV/AIDS and other sexually transmitted infections, reproductive tract infections, cervical and breast cancer screening and prevention, and maternal and newborn and child health.
2. Ensuring specific attention is paid to the feminization of HIV/AIDS, especially among young girls, and that the family planning needs of women living with HIV/AIDS are met.
3. Ensuring that national programmes exist for the prevention of unwanted pregnancies and HIV infections.

Promote gender equality and the empowerment of women and girls by:

1. Promoting gender equality, equity and the empowerment of women and the girl child through the adoption and implementation of laws and policies that are in line with the Convention on the Elimination of All forms of Discrimination against Women by those countries that are States Parties, as well as its Optional Protocol, and the Beijing Platform of Action and other relevant non-discriminatory international frameworks.
2. Continuously improving and strengthening accountability and oversight mechanisms to ensure the full realization of the sexual health

and reproductive rights of women and girls, including through dynamic interaction with all relevant stakeholders.

3. Supporting advocacy programmes targeting men and boys to promote behavioral change, positive perceptions of the empowerment of women and girls, and the achievement of equity and gender equality within their society.
4. Strongly condemning persistent acts of violence against women and girls, demanding that governments ensure there is no impunity for acts of violence against women, and supporting awareness campaigns and advocacy programmes.
5. Recognizing that obstetric fistula is largely preventable, and supporting campaigns that emphasize the dangers of early childbearing, the harm and danger of female genital mutilation/cutting and other discriminatory practices, encouraging proper ante-natal care for all women, and ensuring the provision of corrective and reconstructive surgery to all women and girls who suffer from fistula, in addition to psycho-social support and empowerment programmes by governments.

Ensure adequate financing by:

1. Calling on donors to address the imbalances and fragmentation of development assistance in terms of coordination and efficient use of aid to allow for a better use and distribution of resources to increase overall coverage for a larger segment of the population to health services.
2. Promoting innovative financing methods, while at the same time adhering to ODA commitments for the remaining five years of the ICPD, and ensuring the sound use of development funds, including by ensuring a link between health, budget and education committees to ensure that information and services regarding sexual and reproductive health and rights are included in national development budgets, including family planning, maternal health and HIV/AIDS prevention programmes.

3. Reviewing current national budget priorities to correct imbalances that allow military budgets to out-weigh health budgets, and to place a greater priority on funding the unmet health needs of their populations.

Address climate change and emerging population issues by:

1. Promoting the development of national policies, strategies and plans for emergency preparedness and other programmes addressing climate change mitigation and adaptation, as well as responses to local environmental change, lack of access to clean water, and ensuring that analyses of population dynamics and health impacts, particularly on women and vulnerable populations, are incorporated in this effort.
2. Demanding that programmes for health and education services address the needs of persons in slums and peri-urban areas, as well as those impacted by sanctions and humanitarian crises, conflict and post-conflict situations.
3. Developing evidence-based policies and programmes to address the impact of ageing on economic growth, and ensuring that social protection plans are in place to address the needs of the elderly, taking into consideration the specific needs of older women and the most vulnerable elderly.

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 achieved and to look ahead to priorities and emerging concerns that should be addressed in ICPD and MDG successor discussions. **We make these commitments, determined to implement the urgent actions contained in this Declaration in order to complete the unfinished agenda of the ICPD.**

II. Background of the Conference

At the 1994 International Conference on Population and Development (ICPD) in Cairo, the international community agreed to allocate an annual sum of \$18.5 billion by 2005, \$20.5 billion by 2010 and \$21.7 billion by 2015 for population and reproductive health programmes in developing countries. Two-thirds of the amount would come from developing countries themselves and the remaining one-third would come from external donor funding.

While both donors and developing countries achieved their 2005 targets as set out in the ICPD, there remain serious gaps in population funding, making it difficult for countries to provide the information, services and commodities needed to meet the ICPD goals by 2014.

By enacting and improving relevant laws and policies, parliamentarians create an enabling environment for the achievement of the ICPD goals and the Millennium Development Goals (MDGs). They also play a critical role in mobilizing necessary resources and representing the sexual and reproductive health needs of the people whose lives the ICPD seeks to improve.

It was for these reasons that the United Nations Population Fund (UNPFA) helped to organize the first conference of parliamentarians committed to the ICPD Programme of Action (PoA) in Ottawa in 2002. The first International Parliamentarians' Conference on the Implementation of the Programme of Action of the International Conference on Population and Development (IPCI/ICPD) was followed by conferences in Strasbourg (2004) and Bangkok (2006). Like those meetings, the fourth IPCI/ICPD in Addis Ababa provides the opportunity for parliamentarians from all regions of the world to discuss lessons learned, share

"We Parliamentarians pledge, as public advocates, legislators and policymakers, 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, both individually and collectively."

2002 Ottawa Statement of Commitment

experiences and devise a way forward for implementing the ICPD goals towards the 2014 deadline. Furthermore, it enables the critical appraisal of gains made and current realities that is needed to generate a responsive, urgent call to action that builds on prior commitments and provides a clear sense of direction for the remaining five years of the ICPD mandate.

The Fourth IPCI/ICPD is significant for three additional reasons. First, it demonstrates that an increasing number of parliamentarians are working to advance the ICPD Programme. The first IPCI/ICPD in Ottawa involved 150 parliamentarians, governmental and nongovernmental representatives and other participants from 70 countries. For this year's conference more than 400 participants from 110 countries worked together in Addis Ababa, Ethiopia to set priorities for the next five years. Second, for the first time, civil

society observers included members of the Youth Coalition, an international organization of young people (ages 15-29 years) committed to promoting adolescent and youth sexual and reproductive rights at the national, regional and international levels.

Finally, this year's conference was preceded by a high-level meeting focusing on country efforts to improve maternal health—the fifth MDG. Sponsored by the Kingdom of the Netherlands, the high-level meeting made clear that much more can and should be accomplished to save women's lives and protect their health and well-being.

“Maternal death and disability is one of the greatest moral, human rights and development challenges of our time and is the world's largest health inequity. Ending the needless death and suffering of women from complications of pregnancy and childbirth and achieving MDG5 to improve maternal health will only happen if concerted action is taken in the remaining five years to 2015 to protect and fulfill everyone's right to sexual and reproductive health.”

2009 Addis Ababa Call to Urgent Action for Maternal Health



Thoraya Ahmed Obaid

In a day-long meeting, parliamentarians, ministers, representatives from civil society, youth and private sector and other experts met to discuss progress made and current challenges to achieving MDG5. The resulting Call to Urgent Action focused on three key measures needed to protect the lives and health of women during pregnancy and childbirth:

- **Prioritize family planning, one of the most cost-effective development investments**—ensuring access to modern contraception can prevent up to 40% of maternal deaths.
- **Make adolescents a priority**—investing in adolescent health, education and livelihoods will accelerate progress.
- **Strengthen health systems with sexual and reproductive health as a priority**—if a health system can deliver for women, it is a strong health system that benefits all.

III.

Opening Session

The conference began with the introduction of Conference Chair, Honourable Khira Lagha Ben Fadhel, Member of the Parliament (Tunisia) and President of the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD) by Mr. Shiv Khare, Executive Director of the Asian Forum of Parliamentarians on Population and Development (AFPPD). Hon. Ben Fadhel welcomed Ambassador Teshome Toga Chanaka, Honourable Speaker of the House of Peoples' Representative of the Federal Democratic Republic of Ethiopia.



Ambassador Teshome Toga Chanaka

Hon. Toga opened the conference by thanking the organizers and participants for taking this occasion to mark ICPD's success in mobilizing international support for population and reproductive health programmes and policies, eradicating poverty and promoting development. He then focused on

the link between population dynamics, sexual and reproductive health and climate change and the contribution of Ethiopia's development plans, including the country's climate change adaptation strategy.

Noting that there are only five more years to achieve the ICPD and MDGs, he stressed that to meet the 2015 deadline, "requires the collective political will and leadership of parliaments and governments to generate innovative, real and positive action." He encouraged

countries to take ownership of the ICPD agenda, by integrating its recommendations into country national plans and priorities and MDG strategies and ensuring accountability for results. Advancing the ICPD agenda is not the task of parliamentarians alone, but requires an "enabling ICPD environment." In closing, Hon. Toga underscored the firm commitment of the Ethiopian Government and National Parliament to advancing the ICPD agenda and overcoming the remaining challenges in meeting the sexual and reproductive health needs of the Ethiopian people.



Honourable Khira Lagha Ben Fadhel

Hon. Ben Fadhel then called on Ms. Safiye Cagar, Director, Information and External Relations Division (IERD)/UNFPA, to set the stage for the conference and review its objectives. Ms. Cagar thanked the co-organizers/hosts and attendees, focusing in particular on the contributions of Ethiopian government officials and the participation of former Japanese Prime Minister, Mr. Yasuo Fukuda. She reminded those assembled that unlike the population and development conferences of Bucharest and Mexico, ICPD set a 20-year agenda and redefined population policies from a rights perspective. "ICPD called for all constituencies in society to play their role in bringing about policy change," noted Ms. Cagar as she pointed to the

many accomplishments made in reordering priorities at national and sub-national levels and promoting a participatory process and socially equitable development. However, she added that it is “not how far we have come, but how far we have yet to go that will determine whether and to what extent we succeed or fail. We no longer have the luxury of taking a longer and broader view. We need to take urgent action and gain quick wins to produce results and parliamentarians are well-suited to make this happen.”

“While it is true that women hold up half the sky, they seldom have equal footing on the ground.”

Safiye Cagar, Director, Information and External Relations Division (IERD)/UNFPA

She concentrated on the critical job of parliamentarians in bridging people’s needs and government responses, protecting human rights, creating an enabling environment to promote sexual and reproductive health, and eliminating violence and discrimination against women. Speaking of the impact of parliamentarians’ efforts, Ms. Cagar said, “You make the difference between life and death itself.”

Finally, she reminded the audience that the hallmark of IPCI/ICPD is the pledge by parliamentarians to report systematically on what has been achieved. In reviewing the format for information sharing during the two days of the conference, Ms. Cagar encouraged participants to take advantage of the opportunity for free-flowing and sobering reflection on the impact of their work on saving and improving the lives of women and children.



Safiye Cagar

Hon. Ben Fadhel echoed the sentiments of the previous speakers, thanking them for clearly setting out the challenges of the conference. The Opening Session concluded with a video presentation of highlights from past IPCI/ICPD conferences.

The full text of Ms. Cagar’s statement and video presentation may be accessed at <http://www.unfpa.org/public/parliamentarians/ipci2009>

IV. Highlights from the Keynote Addresses

Ms. Thoraya Ahmed Obaid, Executive Director, UNFPA and Ms. Gill Greer, Director General, International Planned Parenthood Federation (IPPF) delivered the opening keynote addresses. Each focused on the potential of parliamentarians to



Thoraya Ahmed Obaid

advance the policies needed to realize the visionary and holistic Programme of Action. They also recognized the transnational impact of current economic conditions, climate change and population dynamics.

Ms. Obaid began with a warm welcome to the parliamentarians and guests. She expressed her deep appreciation to The House of the People's Representatives of the Federal Democratic Republic of Ethiopia for hosting the 2009 IPCI/ICPD and to the organizers, especially the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD) and colleagues from UNFPA. She also thanked the Dutch Minister for Development Cooperation and the Ethiopian Minister of Health for co-hosting, with UNFPA, the preceding high-level meeting on maternal health.

Noting the five years remaining to achieve the goals of the ICPD and MDGs, Ms. Obaid focused on five key priorities:

- **Investing in sexual and reproductive health**—drawing attention to the financial commitments made during prior IPCI/ICPD meetings to allocate 10% of

national development and national assistance budgets for population and development programmes, including reproductive health, and calling on participants to address neglected areas of need, citing accessibility of family planning, adolescents and young people, unsafe abortion, and the linkages between HIV/AIDS and sexual and reproductive health.

- **Ending discrimination and violence against women**—urging continued emphasis on enacting and implementing protective laws and policies, speaking out on violence against women and discrimination and working with communities and faith-based organizations to support change.
- **Responding to demographic challenges**—focusing on the availability of new data, surveys and

“As we go through difficult and challenging times, continued advocacy on the part of parliamentarians and representatives of government, civil society and the United Nations is essential to ensure that family planning and reproductive health and rights receive the priority they deserve...I challenge each one of you to make a concrete pledge that you will carry back home to your country.”

Thoraya Ahmed Obaid, UNFPA Executive Director

rapid assessments that can help guide responses to the most vulnerable, tailor policies and programmes to the realities of rich and poor countries and confirm the links between population and economic and social development, poverty reduction, women's empowerment, gender equality, migration, climate change and population dynamics.



Gill Greer

- **Building bridges with women and youth**—appealing to members to ensure the meaningful participation of the communities most affected by laws and policies in the policy-making process and to support the leadership of women and young people.
- **Protecting the most vulnerable**—encouraging responses to the financial and food crises and changing climate that safeguard hard-won development gains and protect the most vulnerable.

In closing, Ms. Obaid recognized the power of individual and collective action in realizing the ICPD Programme of Action and the significance of ongoing parliamentary commitment.

Ms. Greer, speaking on behalf of the 170 IPPF member affiliates, began by firmly linking the ICPD PROGRAMME OF ACTION to the achievement of the MDGs. However, she noted that even MDG5, which explicitly calls for universal access to reproductive health, is often overlooked and underfunded. When women die from preventable causes, she noted, it is a denial of their human rights. Increased investment in this arena would reduce these deaths by an estimated 40%. “Yet, some still restrict people’s access to condoms. We are failing young people across the globe,” remarked Ms. Greer.

She added that there is, however, a reason for optimism, pointing to the actions of the Obama Administration, the UN Security Council, the G8, Commission on Population and Development, and the African Union. She also acknowledged the commitment of civil society to advancing the ICPD agenda, as expressed in the calls to action from the Fifth Asia Pacific Conference on Reproductive and Sexual Health and Rights that was held in Beijing, China, and the Berlin NGO Forum, Global Partners in Action. The latter called for five quick wins:

- Guarantee that sexual and reproductive rights are fully recognized and fulfilled;
- Ensure comprehensive information and services;
- Ensure the sexual and reproductive rights and health of young people;
- Create formal mechanisms for partnership;
- Ensure that national governments and donors provide resources.

“We cannot afford to let these critical issues fall off the agenda again. We must borrow from the wisdom of Africa, where the saying goes, ‘If you want to go fast, go alone; if you want to go far, go together.’ ”

Gill Greer, Director General, International Planned Parenthood Federation

She concluded by reminding participants of the extraordinary success made by countries in improving sexual and reproductive health, and the high level of energy and commitment that exists at the local level.

The full text of Ms. Obaid and Ms. Greer statements may be accessed at <http://www.unfpa.org/public/parliamentarians/ipci2009>

V.

Election of Officers

On 27 October, 2009, Hon. Ben Fadhel and Mr. Kwabena Osei-Danquah, Chief, Executive Board and External Relations Branch/IERD, UNFPA, presided over the election of officers and the members of the drafting committee of the Addis Ababa Statement of Commitment and recognized the members of the Steering Committee.

The following parliamentarians were elected as officers of the conference:

Chair

Honourable Khira Lagha Ben Fadhel, MP (Tunisia) and President of FAAPPD.

Drafting Committee

A. Asian Forum of Parliamentarians on Population and Development (AFPPD)

1. Hon. Claire Moore, Senator (Australia)
2. Hon. P.J. Kurien, Member of Parliament (India)
3. Hon. Nerissa Corazon-Soon Ruiz, Member of Parliament (Philippines)

B. Inter-American Parliamentary Group on Population and Development (IAPG)

4. Hon. Elizabeth Salguero, Member of Parliament (Bolivia)
5. Hon. Malaka Parker, Senator (Antigua and Barbuda)

C. Forum of African and Arab Parliamentarians on Population and Development (FAAPPD)

6. Hon. Karima Ben Nasib, Member of Parliament (Algeria)
7. Hon. Sahar Qawasmi, Member of Parliament (Palestine)

8. Hon. Patrice Djessongo, Member of Parliament (Burkina Faso)
9. Hon. Yolanda Rachel Botha, Member of Parliament (South Africa)

D. European Parliamentary Forum on Population and Development (EPF)

10. Hon. Chantal Gill'ard, Member of Parliament (Netherlands)
11. Hon. Daniele Bousquest, Member of Parliament (France)

E. Parliamentarians for Global Action (PGA)

12. Hon. Donya Aziz, Member of Parliament (Pakistan)
13. Hon. Ruth Tuma, Member of Parliament (Uganda)

Steering Committee

A steering committee comprising two parliamentarians each from AFPPD, EPF, FAAPPD, IAPG and PGA was established to prepare for the conference.

A. Asian Forum of Parliamentarians on Population and Development (AFPPD)

1. Hon. Pinit Kullavanijaya, Member of Parliament (Thailand)
2. Hon. Chiaki Takahashi, Member of Parliament (Japan)

B. Inter-American Parliamentary Group on Population and Development (IAPG)

3. Hon. Ana Helena Chacon, Member of Parliament (Costa Rica)
4. Hon. Jose H. Sylvestre Begnis, Member of Parliament (Argentina)

C. Forum of African and Arab Parliamentarians on Population and Development (FAAPPD)

5. Hon. Sherin Ahmed Fouad, Member of Parliament (Egypt)
6. Hon. Faliak Al Jhmani, Member of Parliament (Jordan)
7. Hon. El Hadji Malik Diop, Member of Parliament (Senegal)
8. Hon. Issa Abbas Ali, Member of Parliament (Chad)

D. European Parliamentary Forum on Population and Development (EPF)

9. Hon. George Tsereteli, Member of Parliament (Georgia)
10. Ms. Mary Henry, Former Member of Parliament (Ireland)

E. Parliamentarians for Global Action (PGA)

11. Hon. Prativa Rana, Member of Parliament (Nepal)
12. Hon. Donya Aziz, Member of Parliament (Pakistan)

VI.

Highlights from Special Guest Presentation and Panel Discussion

Outcome of the High-level Meeting on Maternal Health- Millennium Development Goal 5

Mr. Bert Koenders, Minister for Development Cooperation of the Netherlands, brought the richness of the prior day's discussions on maternal health and MDG5 to the IPCI/ICPD Conference. "We are all concerned about



Bert Koenders

MDG 5," he said. "We are committed, but we are still making too little progress. Investing in maternal health has a positive impact on all the other MDGs." Minister Koenders challenged parliamentarians to argue for greater resources and to question whether current resources are being well spent and producing results.

One result of the high-level meeting on maternal health is a shared conviction that there is the possibility for progress. "It is easier for smaller families to find their way out of poverty and secure the food, water, schooling, houses and jobs that they need," said Minister Koenders.

Achieving the ICPD Goals by 2015: The Way Forward

Ms. Mari Simonen, Deputy Executive Director, UNFPA, presided over a panel discussion and subsequent presentation on factors to consider in furthering progress on the ICPD Programme of Action. Mr. Hans Rosling, Professor, International Health, Karolinska Institute, and Director, Gapminder Foundation, set the

stage with a compelling graphic presentation. Relating demographic data to the ICPD and its linkage to the MDGs, he centered on the factors, including declining family size and population dynamics, that have influenced differences in development among industrialized and developing countries. He noted that the developing world now has significant human resources but lacks the financial resources to invest in people. Mr. Rosling pointed to the need for better evidence in areas such as maternal mortality, HIV and income inequities that would enable policymakers to gauge the extent to which they are accomplishing the MDGs. As an example, he attributed much of the progress on MDG 4, reducing child mortality, to strong country-level data.



Hans Rosling

"Members of parliament are crucial. You are the link between what we discuss and what we can do. No nation, no leader can meet these challenges alone. We have to ensure that SRH services and supplies are available and provided."

Mr. Bert Koenders, Minister for Development Cooperation, Netherlands

Ms. Simonen reinforced the need to prioritize data collection and analysis and turned to Ms. Elizabeth Lule, Manager, AIDS Campaign Team for Africa, World Bank, to address development financing and integration of universal access to reproductive health into national development strategies. Ms. Lule's emphasis was on "more money for health and better health for the money" in light of the economic crisis and its implications for reversing gains made in realizing the ICPD agenda and MDGs.



Mari Simonen

Ms. Lule challenged parliamentarians to prioritize sexual and reproductive health within a legal, regulatory and budgetary framework that protects women, children and the poor. She also underscored the need to allocate sufficient resources to improve the health infrastructure, increase human resources and strengthen the health information systems needed for accountability. Noting that many national health plans mention population and sexual and reproductive health, she asked parliamentarians to ask themselves why family planning and maternal health are not specifically mentioned. Ms. Lule stressed that when fertility decreases, mortality decreases and productivity improves and that education, water, sanitation, nutrition and transport will also be needed to ensure that women and children do not die.

Long-term country investments are needed to overcome fragmented and unstable funding, and changing government and donor priorities that contribute to inadequate financing for basic health and social services and infrastructure. She noted that the current economic crisis compounds these factors and leads women to seek care from informal providers or poor quality, crumbling facilities. Whereas official development assistance commitments to health have increased significantly, little of that funding has gone to sexual and reproductive health.

In addition, few developing countries have met their commitment to invest 15% of the government budget in health, and out-of-pocket spending is very high. Ms. Lule added that support to countries is inefficient, global health partnerships face operational challenges and progress by donors on implementing the Paris and Accra commitments has been slow. As a result, people's needs are not being met and the task for policymakers is to ensure that everyone's health is protected.

Ms. Lule set these realities in the context of the food, fuel and financial crises and the choices that governments face in allocating reduced resources. She urged that health not be compromised and that aid needs to be predictable, long-term and sustainable. New financing must be country-specific, and innovative financing approaches must be country-owned. She encouraged the integration of HIV and sexual and reproductive health services and funding. As promising examples of innovation, she cited the International Health Partnership, which supports one country strategy and monitoring and evaluation system; results-based financing (supported by Norway among others)



Elizabeth Lule

"Seventy-five percent of countries with high maternal mortality are making no progress and less than two percent are making any progress at all. We cannot continue to have your women die."

Elizabeth Lule, Manager, AIDS Campaign Team for Africa, World Bank

and the World Bank's new Health, Nutrition and Population strategy. Finally, Ms. Lule asked that policymakers not wait for donors, but look for and implement their own solutions, working with civil society to foster greater accountability.

In response, Ms. Simonen emphasized the need to fulfill funding commitments nationally and internationally and the continuing importance of donor simplification, coherence and harmonization.

The final presentation by Mr. Jomo Kwame Sundaram, Assistant Secretary-General for Economic Development, Department of Economic and Social Affairs, UN, focused on the impact of the global financial crisis on the development agenda. He noted the financial impact on developing and fragile countries has been acute and borrowing costs have gone up, worsening debt problems especially in the poorest countries. Sixty developing countries are expected to see declining incomes in 2009; economic growth rates will be 4% lower than in the previous year, and it is worse in most transition economies. While there are some signs of recovery, Mr. Sundaram noted, "We don't know if they are yellow weeds or green shoots."

The food crisis, he argued, was caused by the long-term neglect of peasant's agriculture, bio-fuel subsidies by rich countries, and trade liberalization undermining food security. It was further exacerbated by the flight of capital in 2007-2008 from financial to commodity markets that caused food prices to increase. Price increases for staples such as wheat, corn and rice have led to more underweight or stunted children and fewer children in school.

He observed that the overall impression was that poverty has decreased around the world over the last two decades even though poverty measurement continues to be hotly disputed. Also, most of the progress has been limited to places like East Asia, especially China. In South Asia and sub-Saharan Africa, many basic needs are not being met and livelihoods are threatened as a



Jomo Kwame Sundaram

result. Low primary school attendance and completion, as well as high child mortality and HIV prevalence, suggest that Africa is very far behind the rest of the world in meeting the MDGs.

He made a strong case for greater international cooperation in meeting the challenges of the financial crisis. Only a few countries determine which countries and issues receive aid. G20 economic recovery efforts have involved about \$20 trillion so far while total aid to Africa in 2008 was about \$20 billion. Official Development Assistance (ODA) figures are also misleading because often aid does not reach the countries as so much is siphoned off to service accumulated debt. Moreover, remittances to developing countries are declining as the global job market contracts. As the economy recovers, job recovery can take several years longer.

Fiscal and other policy constraints on developing countries are more restrictive. Many countries have gone to the International Monetary Fund (IMF) for emergency credit, but the IMF puts many constraints on funding, for example on government spending for economic recovery. He concluded by saying that, "leaving decision-making to the most powerful countries is not the best solution. Sixty five years ago at Bretton Woods, world leaders met to decide on international economic governance for postwar reconstruction and postcolonial development at the United Nations Conference on Monetary and Financial Affairs, even before the UN was established the following year. This was in line with President Roosevelt's commitment to inclusive multilateralism instead of leaving things to a cabal of the powerful."

International Parliament Implementation of the 27-28 October



Governmentarians' Conference on the ICPD Programme of Action for 2009, Addis Ababa, Ethiopia

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VII.

Highlights from Reports of Parliamentary Interventions

To ascertain progress made since the 2006 IPCI/ICPD and foster greater understanding of successful tactics and the challenges that lie ahead, one Member of Parliament from each of the participating countries gave a brief overview of efforts to advance the ICPD agenda and MDGs within their own country. The reports demonstrated remarkable progress made despite the financial and food crises, shifting population dynamics, opposition, and the effects of climate change.

While individual presentations—from Afghanistan to Zambia—were rich in lessons to be shared among peers, there were several overarching themes summarized below:

- **The need to increase and effectively manage financial resources.** While there was consensus that the financial crisis is hampering efforts to improve sexual and reproductive health, the goal for many of the participants is to increase their own country's financial support for the ICPD agenda and ensure its prominence within national strategies and poverty reduction plans. For donor countries, this means continuing commitments to ODA in this area. As one participant said, "The current economic crisis cannot be an excuse." Several presentations focused on accountability and the need to monitor the impact of policies enacted. One parliamentarian challenged participants to "raise the profile of the contribution of women to the gross domestic product of the country."
- **Gaps in meeting sexual and reproductive health needs.** Many focused on the role of universal access to reproductive health as critical to saving the lives of women and children and achieving the

MDGs, especially MDG4 to reduce child mortality and MDG5 to improve maternal health where more action is needed. Several participants said they were working to introduce model laws on sexual and reproductive health, often with UNFPA. Many parliamentarians cited gains made in contraceptive use and maternal health. Yet all acknowledged the need to provide accessible and equitable services and supplies to meet the needs of women who do not want to be pregnant but lack the means to prevent an unwanted pregnancy. They also highlighted the need for greater access to diagnosis and treatment of sexually transmitted infections, including HIV. They recognized the need to address related health issues such as fistula, reproductive cancers, breast feeding and mental health and to meet the need for emergency contraception and female condoms. Several emphasized the links between sexual and reproductive health and other health issues such as malaria and women's empowerment and men's involvement. They also acknowledged that commitment to sexual and reproductive health is essential to the reduction of poverty.



Parliamentarian from Lao makes his intervention from the floor.



Parliamentarian from Saudi Arabia makes his intervention from the floor.

- **Responses in crisis situations.** Several parliamentarians drew attention to the need for a sexual and reproductive health response within disaster relief and in conflict situations. Many emphasized their commitment to ending sex trafficking and sexual and domestic violence and addressing the sexual and reproductive health needs of victims. The financial crisis has exacerbated the need for children to go to work rather than school, thus impeding progress on both education and sexual and reproductive health.
- **The importance of a favourable environment.** There was widespread acknowledgement that parliamentarians play an invaluable role in linking laws and policies to the communities that they represent. They spoke of their work with UNFPA, civil society, the medical establishment, police, religious leaders and organizations and within public/private partnerships. Many stressed the relationship between a strong education system, increased levels of education among girls, and the success of the ICPD agenda.
- **Emerging challenges.** Decentralization of the health system and the need to ensure sexual and reproductive health services and commodities at every level was mentioned in several reports. Many see provision of free health care to all as a prerequisite to achieving this goal. Reaching people in

rural areas, members of indigenous groups, and the elderly is a priority. Climate change, food security, the availability of clean water, migration and employment present threats to health and development, and several reports made the connection between these issues and sexual and reproductive health. Some participants expressed concern that criminalization of abortion is resulting in maternal mortality and morbidity.

- **Youth.** Meeting the needs of adolescents is a priority in planning and monitoring of national policies and programmes. As one parliamentarian said, “Youth are a force of change in our community.” One mentioned specific enactment of a child rights act and national youth act. Some cited advances made in reducing teenage pregnancy. Young women in many countries represent significant proportions of those who are dying in pregnancy and childbirth. Others reported on efforts to improve sexuality education and develop youth-centered programmes. Knowledge of contraception has improved among young people, but the task now is to increase access and use.
- **Leveraging political leadership.** All parliamentarians reported on the representation of women in leadership positions in the military, judiciary



Parliamentarian from Sierra Leone makes her intervention from the floor.



Parliamentarian from Bolivia makes her intervention from the floor.

and government. For several, women have assumed positions of authority only recently, but for many others, women represent a growing base of strength for the ICPD agenda. Some have created special ministries or councils to focus specifically on issues related to women, young people and children. For many, a key opportunity and challenge has been constitutional change. Many acknowledged the benefits of links to the international community and the sea change resulting from commitments made by donor countries and a few mentioned the overturn of policies such as the U.S. global gag rule. While the United States was not represented by elected officials at the conference, U.S. State Department officials delivered a statement of renewed commitment to the ICPD agenda, which was welcomed by the parliamentarians.

- **Innovation.** Several reports highlighted innovative approaches to advancing elements of the

ICPD Programme of Action and combining forces. Examples included educating kindergarten teachers about approaches to ending female genital mutilation/cutting, public information campaigns, and information-sharing among parliamentarians in Central America to counter recent regressive policies. A notable initiative is “Parliament on the Village Road,” where “We go to our villages and collect their viewpoints.” Others have established special commissions, held open hearings or parliamentary conferences and initiated study tours for fellow policymakers so they can better understand the implications of their decisions. Many parliamentarians have proposed and enacted laws to uphold the rights of those living with HIV, address violence against women, provide paid leave for new mothers and fathers and child support, reform matrimonial regulations, and promote equal opportunity laws.



Parliamentarian from Sweden makes his intervention from the floor.

VIII.

Roundtable Discussion Highlights and Recommendations

1. Engaging Decision Makers in Achieving MDG5 and Saving Women's Lives

Chair: Hon. Chieko Nohno
MP (Japan)

Resource person: Ms. Jill Sheffield
President, Women Deliver

Rapporteur: Ms. Kiyoko Ikegami
Director, UNFPA Office in Tokyo

Co-Rapporteur: Ms. Paras Vyas
Programme Officer, PGA

Participants noted that lack of resources, and social and cultural issues—including child marriage, lack of access to reproductive health information and services, and gender discrimination and violence—were hindering progress to improve maternal health. They agreed on the need to strengthen health systems and health workforces, with an emphasis on primary and public services.

Among actions required:

- Honor ICPD and MDG commitments;
- Mobilize broad political will and engage the media; and
- Allocate resources to improve women's health and reduce maternal deaths.

2. Role of Parliamentarians in Improving Implementation of Gender Equality Laws

Chair: Hon. Danielle Bousquet
MP (France)

Resource person: Ms. Aminata Toure
Chief, Gender, Human Rights and Culture Branch, UNFPA

Rapporteur: Ms. Sietske Steneker
Director, UNFPA Office in Brussels

Participants noted that parliamentarians should advocate for the abolishment of discriminatory laws and promote the adoption of laws that promote the rights of women in line with the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the ICPD Programme of Action, Beijing Platform for Action, and the Millennium Development Goals. They pointed to World Bank studies showing that countries that provide equality in access to education, jobs and health care enjoy higher economic growth. They agreed that parliamentarians should support efforts to overcome cultural factors that discriminate against women and ensure that budgets are gender-sensitive.

Among actions required:

- Advocate for education and access to information for women, especially poor women, so they are aware of, and can claim, their rights under the law;
- Promote the engagement of men and boys in the advancement of gender equality;
- Join networks and form alliances to effectively defend the rights of women, e.g. with women's groups, progressive religious leaders, youth organizations, the media; and
- Monitor the implementation of laws and policies to ensure accountability.

3. Do the Youth of Today have better Access to Reproductive Health than 15 years ago?

Chair: Senator Malaka Parker
(Antigua and Barbuda)

Resource persons: 1) Mr. Ozzi Warwick
Youth Advisor, Trinidad Youth Council, Trinidad and Tobago



Parliamentarian from France chairs roundtable on Gender Equality.

2) Ms. Imane Kachani
Member, Youth Coalition,
Morocco

Rapporteur: Ms. Delia Barcelona
Deputy Director, Arab States
Regional Office, UNFPA

Participants noted that progress has been made since 1994 in expanding access to reproductive health information and services for young people. There are more young people actively promoting ICPD, more youth engagement in dialogue and more recognition of the rights of young people. However, legal, medical, financial, social and cultural barriers exist, and intensified efforts are needed in the next five years to advance the sexual and reproductive health and rights of young people to ensure universal access.

Among actions required:

- Ensure meaningful participation and partnership of young people in dialogue, planning, policy making and programming;
- Address needs of young people, especially those who are marginalized and vulnerable; and scale-up youth-friendly information and services for sexual and reproductive health;

- Promote awareness, intergenerational dialogue and community programmes; and
- Build mutual capacity of parliaments and youth to address needs and rights of young people and ensure accountability

4. Climate Change and the Environment—the Interrelationship between Population Dynamics and the Environment

Chair: Hon. Chantal Gill'ard
MP (The Netherlands)

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

Rapporteur: Ms. Pernille Fenger
Chief, UNFPA Office in
Copenhagen

Participants noted that lack of access to sexual and reproductive health information, services and supplies contributed to changing population dynamics, which affect climate change and environmental degradation. Food production for a growing population is contributing to the depletion of natural resources, and arable land is declining due to falling water tables, overgrazing, soil erosion, and rising sea levels. Addressing climate change requires changes in harmful patterns of consumption and production, and more attention paid to women who are disproportionately affected



Parliamentarian from the Netherlands chairs roundtable on Climate Change.

as providers of food, fuel and other necessities for their families.

Among actions required:

- Bring better understanding of population dynamics, gender, and reproductive health to climate change and environmental discussions at all levels. Integrate gender considerations into global efforts to mitigate and adapt to climate change and environmental degradation;
- Invest in women and girls in ways that improve their health, including sexual and reproductive health, education, well-being and status in societies. This will lead to reductions in fertility rates and greenhouse-gas emissions in the long run. This includes meeting the unmet need of contraception of more than 200 million women who do not want to become pregnant, and reducing infant and child mortality; and
- Increase investments in renewable energy and innovation for reducing CO₂ emissions.

5. Making Migration Work for all Countries

Chair: Hon. Pinit Kullavanijaya
MP, (Thailand)

Resource person: Mr. Josiah Ogina
Head, Special Liaison Mission,
International Organization
for Migration

Rapporteur: Dr. Akinyele Eric Dairo, Technical
Advisor, Reproductive Health,
Africa Regional Office, UNFPA

Participants noted the need for greater cooperation among countries to manage migration, respect the rights of migrants, prevent trafficking and abuse, and better protect internally displaced persons and refugees. Since remittances total \$300 billion and have become an important source of Gross Domestic Product, participants stressed the positive contributions of migrants to poverty reduction while acknowledging the need to address brain drain. They also noted that social services should be available to migrants.

Among actions required:

- Facilitate agreements among countries to address brain drain, such as providing replacement cost for education, developing retention schemes with positive incentives, and offering exchange programmes with agreed terms of service;
- Adopt legislation to provide social services to migrants;
- Facilitate agreements among countries to prevent, punish and raise awareness about human trafficking and to provide needed services to survivors; and
- Invest in poverty alleviation and conflict prevention, especially for young people, to prevent instability and population movements.

6. Reproductive Health and Advancing Human Rights through Culturally Sensitive Approaches

Chair: Hon. Victor Terrero
MP (Dominican Republic)

Resource person: Prof. Mahmoud Fathalla
Chair, Global Advisory Committee
on Health Research, World
Health Organization

Rapporteur: Ms. Alanna Armitage
Director, UNFPA Office in Geneva

Participants noted that parliamentarians are well-placed to adopt culturally sensitive approaches to promote reproductive health and human rights. Such approaches were needed to address issues such as female genital mutilation/cutting, sex selective abortion, sexuality education, adolescent sexual and reproductive health, unsafe abortion, violence against women, and honour killings. They agreed that no culture has been neutral on the subject of sexuality and reproduction that culture and tradition are often used to the disadvantage of women, and that culture should never be used as an excuse for violating universally accepted human rights.

Among actions required:

- Support laws that advance women's empowerment and human rights;

- Adopt culturally sensitive language in outcome documents and implementation of the ICPD Programme of Action at grassroots level;
- Address FGM/C as public health and human rights concern through legislation and culturally sensitive approaches that engage communities in the solution; and
- Fully implement ICPD Programme of Action para 8.25 to address unsafe abortion as public health concern.

7. Social Budgeting to achieve the Accra Agenda for Action

Chair: Hon. El Hadji Malick Diop
MP (Senegal)

Resource person: Hon. Ephraim Kamuntu
Minister of State for Planning
Affairs, Ministry of Finance,
Planning and Economic
Development, Uganda

Rapporteur: Mr. Laurent Assogba
Technical Advisor,
Africa Regional Office, UNFPA

Participants focused on the need to adequately finance social sectors in order to achieve the MDGs and national development goals and further aid effectiveness in line with the Accra Agenda for Action. Often perceived as “unproductive”, social sectors often lack resources, which negatively impacts social and econom-



Parliamentarian from Senegal chairs Roundtable on Social Budgeting.

ic development in the medium and long-term. The roundtable concluded that parliamentarians play an important role in advocating for social budgeting.

Among actions required:

- Negotiate socially-focused budgets with the executive branch of government;
- Foster closer cooperation among parliamentarians from donor and recipient countries; and
- Develop regional and continental mechanisms to share best practices and lessons learnt on social budgeting.

IX.

Follow-up and Looking Ahead

IPCI/ICPD concluded with the report of the Drafting Committee, adoption of the Statement of Commitment and closing remarks by Ms. Obaid.

Drafting Committee Chair, Hon. Chantal Gill'ard, Member of Parliament, the Netherlands, acknowledged the “impressively brilliant” work of the committee members and staff support. She explained that the draft was guided by three imperatives:

- Conveying the urgency of key challenges in terms of laws, policies and budget oversight in the remaining five years of the ICPD Programme of Action;
- Providing a concise, concrete action agenda that would compel action; and
- Focusing on issues that are significant now and further those addressed in prior IPCI/ICPD statements.

After reading the Statement of Commitment aloud to enable interpretation, Hon. Gill'ard responded, on behalf of the Drafting Committee, to recommendations from the floor and called for the adoption by the parliamentarians. The Addis Ababa Statement of Commitment was then formally adopted by acclamation.

Ms. Obaid began her closing remarks by remembering UN staff killed that morning in a bombing in Afghani-

stan and entreating parliamentarians to honor their commitments to protect UN staff who work within their borders. She applauded the work of the Drafting Committee and all those assembled for a strong Statement of Commitment and the enormous progress made by all countries in realizing the ICPD agenda. As progress, she cited greater visibility of the MDGs and MDG5 in particular, and increasing courage to speak out on controversial or sensitive issues such as rape and unsafe termination of pregnancy as a cause of death for women and girls. Nevertheless, she underscored the necessity to take even bolder action now to ensure that sexual and reproductive health and human rights remain a focus in achieving the MDGs.

Ms. Obaid called on parliamentarians to adopt laws that protect human rights, monitor implementation and ensure transparency in reporting back on how resources were spent. She said that there is unity in diversity, which enables flexibility in understanding and reaching agreement, on the condition that this diversity does not condone harmful practices and beliefs that hurt men, women or young people. She stressed the importance of focusing on priorities, being strategic and allocating more resources to the social sector. She ended by calling on parliamentarians to do what is best for women and girls because what is good for women is good for men, families and communities.

“Let’s go forward knowing that every minute a woman or a girl is dying of preventable complications of pregnancy and childbirth. Let’s go forward with passion for saving women’s lives and empowering them to have a life of equality and justice, and with compassion for all those who deserve our understanding, solidarity and support.”

Thoraya Ahmed Obaid, UNFPA Executive Director

Annex I

Agenda

The 2009 International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action

1st Day — 26 October

10:00-22:00	Registration.	Hilton and Inter-Continental Hotel
20:00-21:00	Steering Committee Meeting.	Hilton Hotel
21:00-22:00	Drafting Committee Meeting.	Hilton Hotel

2nd Day — 27 October

8:00-12:00	Registration (continued)	United Nations Conference Center
9:00-10:45	Opening Session	Plenary
	Chair: Hon. Khira Lagha Ben Fadhel, MP (Tunisia) and President of FAAPPD	
	1. Opening remarks	
	Hon. Ambassador, Teshome Toga Chanaka, Speaker, House of Peoples' Representative of the Federal Democratic Republic of Ethiopia	
	2. Objective of the Conference	
	Ms. Safiye Cagar, Director, Information and External Relations Division (IERD)/ UNFPA	
	3. Video Presentation of Past IPCI/ICPD Conferences	
	4. Keynote Speeches	
	Ms. Thoraya A. Obaid, Executive Director, UNFPA	
	Ms. Gill Greer, Director-General, International Planned Parenthood Federation (IPPF)	
	5. Election of Officers	
	6. Election of Drafting Committee Members	
10:45-11:00	Special Guest Statement	
	1. Outcome of the high-level meeting on MDG5	
	• Mr. Bert Koenders, Minister for Development Cooperation, the Netherlands	
11:00-11:20	Coffee Break	Outside conf. room one
11:20-13:00	Session 1	
	Panel discussion: Achieving the ICPD Goals by 2015: The Way Forward	Plenary
	Moderator: Ms. Mari Simonen, Deputy Executive Director, UNFPA	
	Speakers (15-minute presentations followed by a Q & A session)	

1. **ICPD and its linkage to the Millennium Development Goals (MDGs)**
 - Mr. Hans Rosling, Professor, International Health, *Karolinska Institute*, and Director, *Gapminder Foundation*
2. **Development Financing and Integration of Universal Access to Reproductive Health into National Development Strategies**
 - Ms. Elizabeth Lule, Manager, AIDS Campaign Team for Africa, World Bank

13:00-13:30	Group Photo	
13:30-15:00	Lunch	Sheraton Banquet-UNCC
15:00-16:30	Session 2	Plenary
	Parliamentary Interventions: National Challenges in Implementing the Cairo Agenda and Way forward to 2015 – Role of Parliament	
	Speakers (3-minute presentation from the floor by the representative of the Parliaments):	
16:30-16:50	Coffee Break	Outside conf. room one
16:50-18:20	Session 3	Plenary
	Parliamentary Interventions: National Challenges in Implementing the Cairo Agenda and Way forward to 2015 – Role of Parliament	
	Speakers (3-minute presentation from the floor by the representative of the Parliaments):	
18:20-	Closing of Day 1	Plenary
19:00-21:00	Reception	Sheraton Hotel
21:00-	Drafting Committee Meeting	Hilton Hotel

3rd Day — 28 October

8:00-8:45	Drafting Committee Meeting	UNCC
9:00-9:30	Session 4	Plenary
	Parliamentary Interventions: National Challenges in Implementing the Cairo Agenda and Way forward to 2015 – Role of Parliament	
	Speakers (3-minute presentation from the floor by the representative of the Parliaments):	
9:30-10:00	Special Presentation Impact of the Global Financial Crisis on the Development Agenda Mr. Jomo Kwame Sundaram, Assistant Secretary-General for Economic Development, Department of Economic and Social Affairs, United Nations	
10:00-12:00	Session 4 continues Parliamentary Interventions: National Challenges in Implementing the Cairo Agenda and Way forward to 2015 – Role of Parliament	
	Speakers (3-minute presentation from the floor by the representative of the Parliaments):	

12:00-13:30	<p>Session 5</p> <p>Parallel Roundtable Discussions – approx. 30 parliamentarians in each group</p> <ol style="list-style-type: none"> 1. Engaging Decision Makers in Achieving MDG5 and Saving Women’s Lives <i>Resource Person:</i> Ms. Jill Sheffield, President, Women Deliver 2. Role of Parliamentarians in Improving Implementation of Gender Equality Laws <i>Resource Person:</i> Ms. Aminata Toure, Chief, Gender, Human Rights and Culture Branch, United Nations Population Fund 3. Do the Youth of Today have better Access to Reproductive Health than 15 years ago? <i>Resource Person:</i> Mr. Ozzi Warwick, Youth Advisor, Trinidad Youth Council, Trinidad and Tobago and Ms. Imane Kachani, Member, Youth Coalition, Morocco 4. Climate Change and the Environment - the Interrelationship between Population Dynamics and the Environment <i>Resource Person:</i> Mr. Lester Brown, President, Earth Policy Institute 5. Making Migration Work for all Countries <i>Resource Person:</i> Mr. Josiah Ogina, Head, Special Liaison Mission, International Organization for Migration 6. Reproductive Health and Advancing Human Rights through Culturally Sensitive Approaches <i>Resource Person:</i> Prof. Mahmoud Fathalla, Chair, Global Advisory Committee on Health Research, World Health Organization 7. Moving towards Social Budgeting to Achieve the Accra Agenda <i>Resource Person:</i> Hon. Ephraim Kamuntu, Minister of State for Planning Affairs, Ministry of Finance, Planning and Economic Development, Uganda
13:30-14:30	Lunch Sheraton Banquet-UNCC
14:30-15:40	<p>Session 6 Plenary</p> <p>Presentation of the Outcome of the Roundtable Discussions by Each Group</p> <p>Chair of the Conference</p> <p>Presentations by Chairs of the Roundtables</p>
15:40-17:10	<p>Session 7 Plenary</p> <p>Chair of the Conference</p> <p>Discussion on the Draft Statement of Commitment</p> <p>Adoption of the Statement of Commitment</p> <p>Chair of the Drafting Committee</p>
17:10-18:00	<p>Closing Session Plenary</p> <p>Follow-up discussion and Closing Remarks</p> <p>Ms. Thoraya Ahmed Obaid, Executive Director, UNFPA</p> <p>Ms. Safiye Cagar, Director, Information and External Relations Division, UNFPA</p> <p>Hon. Khira Lagha Ben Fadhel, MP (Tunisia) and President of FAAPPD</p>

Annex II

List Of Participants

International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action, 27-28 October, Addis Ababa, Ethiopia

DELEGATES

Afghanistan

Hon. Roshanak Wardak, MP

Algeria

Hon. Karima Bin Naseeb, MP

Angola

Hon. Juliao Francisco Teixeira, MP

Hon. José Samuel Chiwale, MP

Hon. Eulália A. Rocha Silva, MP

Hon. Filomena da Graça Walaka, MP

Antigua and Barbuda

Senator Malaka Parker

Argentina

Senator Daniel Filmus

Australia

Senator Claire Moore

Austria

Hon. Petra Bayr, MP

Azerbaijan

Hon. Nesib Nesibli, MP

Hon. Arzu Samedbeyli, MP

Bahrain

Hon. Fawzia Saleh El-Saleh, MP

Bangladesh

H.E. Capt. (Rtd) Mozibur Rahman Fakir,
State Minister of Health and Family Welfare

Hon. Sk. Abu Bakr, MP

Belgium

Senator Els Schelfhout

Benin

Hon. Celestine Adjanohoun, MP

Bhutan

Hon. Karma Rangdol, MP

Bolivia

Hon. Elizabeth Salguero, MP

Bosnia and Herzegovina

Hon. Nermina Kapetanovic, MP

Burkina Faso

Hon. Patrice Diessongo, MP

Burundi

Hon. Salvator Ciza, MP

Hon. Pascasie Nkinahamira, MP

Cambodia

Hon. Ho Naun, MP

Cameroon

Hon. Theophile Baoro, MP

Canada

Hon. Raymonde Folco, MP

Cape Verde

Hon. Manuel Gomes Fernandes, MP

Central African Republic

Hon. Dogo Nendje, MP

Chad

Hon. Issa Abbas Ali, MP

Colombia

Hon. Gloria Inés Ramirez, MP

Comoros

Hon. Youssouf Mondoha Assoumani, MP

Congo

Hon. Joseph Mana Fouafoua, MP

Congo, Democratic Republic

Hon. Placide Tshisumpa Tshiakatumba, MP

Hon. Francois Baku Fuita, MP

Costa Rica

Hon. Ana Helena Chacon, MP

Cote d'Ivoire

Hon. Bamba Massany, MP

Denmark

Hon. Helle Sjelle, MP

Djibouti

Hon. Mohamed Dilleita, MP

Dominican Republic

Hon. Víctor Terrero, MP

Ecuador

Hon. Gina Godoy, MP

Egypt

Hon. Sherine Ahmed Fouad Abdel Aziz, MP

El Salvador

Hon. Guillermo Mata Bennett, MP

Equatorial Guinea

Hon. Juan Milam Onvoa, MP

Ethiopia

H. E. Amb. Teshome Toga Chanaka, Speaker,
House of Peoples' Representatives, MP

Hon. Mohammed Ali, MP

Hon. Tesfaye Fufa, MP

Hon. Wanna Wakie, MP

Hon. Atsebeha Aregawi, MP

Hon. Worke Assefa, MP

Hon. Giftti Abasiya, MP

Hon. Merwan Bederi, MP

European Parliament

Hon. Françoise Castex, MEP

Hon. Antonia Stefanova Parvanova, MEP

Finland

Hon. Minna Sironö, MP

France

Hon. Danielle Bousquet, MP

Hon. Chantal Bourragué, MP

Gambia

Hon. Abdoulie Bojang, MP

Georgia

Hon. George Tsereteli, MP

Germany

Hon. Antje Blumenthal, MP

Ghana

Hon. George Kofi Nfojoh, MP

Guatemala

Hon. Delia Back, MP

Guyana

Hon. George Norton, MP

India

Hon. P.J. Kurien, MP

Hon. Sandeep Dikshit, MP

Indonesia

Hon. Sumarjati Arjoso, MP

Hon. Hetifah Sjaifudian, MP

Iran

Hon. Anoushiravan Mohseni Bandpy, MP

Hon. Jamshid Zehi Abdolaziz, MP

Iraq

Hon. Nadera Ayif Habeb, MP

Hon. Hassan Othman Mohammed, MP

Japan

Hon. Yasuo Fukuda, MP

Hon. Chieko Nohno, MP

Hon. Kenya Akiba, MP

Jordan

Senator Marwan Al Hmoud

Senator Ayed Odeh Amareh Adaileh

Kazakhstan

Hon. Shavkhat Utemissov, MP

Hon. Kamal Burkhanov, MP

Kenya

Hon. Mohamed H. Ali, MP

Kiribati

Hon. Teburoro Tito, MP

Kyrgyzstan

Hon. Cholpon Abdullaeva, MP

Hon. Gulnara Derbisheva, MP

Lao, People's Democratic Republic

Hon. Douangdy Outhachak, MP

Hon. Phonthep Pholsena, MP

Lesotho

Hon. Palesa Matlotliso Rose Lebjao, MP

Liberia

Hon. Kuku Y. Dorbor, MP

Lithuania

Hon. Birute Vesaitė, MP

Maldives

Hon. Mohamed Mujuthaz, MP

Mali

Hon. Fanta Mantchini Diarra, MP

Mauritania

Hon. Babah Ould Ahmed Babou, MP

Mexico

Hon. Enoé Uranga-Muñoz, MP

Hon. Diva Hadamira Gastelum, MP

Moldova

Hon. Grigore Petrenco, MP

Mongolia

Hon. Enkhtuvshin Ulziisaikhan, MP

Hon. Altai Zorig, MP

Morocco

Hon. Fouzia Oulgour, MP

Hon. Abdesiam El Bekkali, MP

Namibia

Hon. Elma J. Dienda, MP

Nepal

Hon. Bishnu Prasad Rimal, MP

Hon. Ang Dawa Sherpa, MP

Netherlands

Hon. Chantal Gill'ard, MP

New Zealand

Hon. Jackie Blue, MP

Hon. Stephanie Anne Chadwick, MP

Nicaragua

Hon. Jamileth Bonilla, MP

Hon. Agustín Jarquín, MP

Hon. Luis Callejas, MP

Hon. María Dolores Aleman, MP

Norway

Hon. Truls Wickholm, MP

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