



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

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Ottawa, Canada**

Organized by:

Canadian Association of Parliamentarians
on Population and Development

Inter-American Parliamentary Group
on Population and Development

UNFPA, United Nations Population Fund

INTERNATIONAL PARLIAMENTARIANS' CONFERENCE
ON THE IMPLEMENTATION OF THE
ICPD PROGRAMME OF ACTION
(IPCI/ICPD)

Ottawa, Canada
21-22 November 2002

Host Organizations

Canadian Association of Parliamentarians on Population and Development
Inter-American Parliamentary Group on Population and Development
Asian Forum of Parliamentarians on Population and Development
Forum of African and Arab Parliamentarians on Population and Development
Inter-European Parliamentary Forum on Population and Development
Parliamentarians for Global Action

Supporting Organizations

Canadian International Development Agency
The William and Flora Hewlett Foundation
United Nations Population Fund

TABLE OF CONTENTS

Acronym List.....	3
Chapter I: Ottawa Commitment	5
Call to action	6
Pledge.....	7
Chapter II: Background.....	8
Chapter III: Opening ceremony.....	8
Chapter IV: Election of officers	11
Chapter V: Panel discussions	11
Panel 1: Creating an enabling environment: Eight years after Cairo – successes and constraints	11
Panel 2: Where are the donors?.....	14
Chapter VI: Group discussions.....	17
Chapter VII: Follow-up of the conference	18
Chapter VIII: Closing.....	18
Annex I: List of participants.....	19
Speakers and Resource Persons	19
List of Delegates	21
List of Other Participants	26
UNFPA Participants.....	28
Annex II A: Keynote Address by Thoraya Ahmed Obaid, Executive Director, UNFPA	30
Parliamentary partners	31
Enabling environment	31
Need for stronger commitment	32
Reproductive health and rights.....	32
ICPD and gender equality	32
MDGs and ICPD.....	33
Role of UNFPA.....	33
Adolescent reproductive health and HIV/AIDS.....	33
ICPD funding	34
Controversy and dissent	35
Annex II B: Keynote address by Steven W. Sinding, Director-General, International Planned Parenthood Federation.....	37
Introduction.....	37
Towards Cairo +10: Achievements and constraints.....	38
Major challenges	39
Unsafe abortion.....	39
Young people	39
HIV/AIDS	40
Annex III: Outcomes of group discussions	43
Theme: HIV/AIDS	43
Theme: Reproductive Health Commodity Security	45
Theme: Reproductive Health in Emergency Situations	47
Theme: Adolescent Reproductive Health	48
Theme: Poverty, Population and Development.....	49
Theme: Food, Water, Population and Environment.....	50
Theme: Violence Against Women, Reproductive Health and Human Rights	51
Theme: Ageing.....	52
Annex IV: Agenda.....	53
Annex V: New Delhi Declaration on Cairo plus 10.....	56

Acronym List

ACPD - Action Canada on Population and Development

AFPPD - Asian Forum of Parliamentarians on Population and Development

APDA - Asian Population and Development Association

AWMP - African Women Ministers' and Parliamentarians' Network

CAPPD - Canadian Association of Parliamentarians on Population and Development

CCMC - Communications Consortium Media Center

CIDA - Canadian International Development Agency

DFID - Department for International Development

EBERB - Executive Board & External Relations Branch

EPWG - European Parliament Working Group on Population, Sustainable Development and Reproductive Health

ESCAP - United Nations Economic and Social Commission for Asia and the Pacific

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

FEIM - Fundación para Estudio e Investigación de la Mujer

GNP - Gross National Product

IAPG - Inter-American Parliamentary Group on Population and Development

ICPD - International Conference on Population and Development ICPD Programme of Action

IEPPD - Inter-European Parliamentary Forum on Population and Development

IERD - Information, Executive Board & Resource Mobilization Division

IPCI/ICPD - International Parliamentarians' Conference on the Implementation of the

IPPF - International Planned Parenthood Federation

MDG - Millennium Development Goals

MSB - Media Services Branch

ODA - Official Development Assistance

PGA - Parliamentarians for Global Action

SFPC - State Family Planning Commission of China

TSD - Technical Support Division

UKAPPG - UK All Party Parliamentary Group on Population, Development and Reproductive Health

UNFPA - United Nations Population Fund

Chapter I: Ottawa Commitment

We Parliamentarians from all over the world come to Ottawa to reaffirm our commitment to the Programme of Action of the International Conference on Population and Development and to commit ourselves to action to advance the implementation of the Programme of Action and of the key actions identified in its five-year review.

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

We recognize, and accept, our crucial role, both individually and collectively, as the bridge between people and government – as advocates for the rights and needs of the people, as legislators to make laws to protect these rights and as policy makers to mobilize the resources and create the enabling environment needed to address these needs.

We further recognize, and accept, population as a cross-cutting issue affecting all other development issues and thus as indispensable in achieving the Millennium Development Goals, in particular those aimed at eradicating poverty and hunger; improving maternal health, including efforts to combat unsafe abortion and promote sexual and reproductive health and rights; combating HIV/AIDS; providing universal primary education; and promoting gender equality and women's empowerment.

We further recognize the following:

There is a 34 per cent shortfall in meeting the agreed global resource target for 2000 of \$17 billion for population and reproductive health programmes – 24 per cent in domestic resources and approximately 55 per cent in external resources.

Half of all people in the world live on less than \$2 per day; 1.2 billion people live on less than \$1 per day. More than half of these are women.

Political instability impedes poverty eradication and sustainable development.

Worldwide, some 840 million people are malnourished; millions of them, including 6 million children under the age of 5, die each year from the effects of chronic hunger and malnutrition.

There are currently an estimated 40 million refugees and internally displaced persons, many of whom are without access to reproductive health services.

In 2000, 508 million people lived in water-stressed countries; by 2025, 3 billion people will be living in such countries.

There are 1 billion adolescents who are in or are about to enter their reproductive years, many of whom have no access to reproductive health education and services.

Each year, over 500,000 women die during pregnancy and childbirth; another 7 million suffer infection or injury.

Worldwide, 350 million women are denied access to a range of safe and effective contraceptives; each year, at least 80 million pregnancies are unwanted or ill-timed.

The reproductive health and family planning needs of millions of women throughout the world have been ignored, in particular in countries such as Afghanistan, where women have been forced to endure such unmet needs for decades.

Close to 40 million abortions occur each year, often under unsafe conditions. Some 78,000 women, or 227 a day, die every year as a result of unsafe interruptions of pregnancy.

In 2001, 5 million people became infected with HIV; 800,000 of them were children; 3 million people died of AIDS that same year.

There are 13.4 million AIDS orphans, many of whom are heads of households.

Half of all new cases of HIV infection are among young people aged 15-24, with girls at particular risk.

There are 40 million people living with HIV/AIDS; 28.5 million of them are in Africa.

There is an annual 8 billion shortfall in condoms needed to provide protection against HIV/AIDS.

By 2050, the number of persons aged 60 years and over will increase from 600 million to almost 2 billion, and the proportion of such persons will double from 10 per cent to 21 per cent, many of whom will live in poverty and require public assistance for social and health services.

Call to action

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

- Strive to attain 5 to 10 per cent of national development budgets for population and reproductive health programmes.
- 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 estimated financial resources needed to implement the ICPD Programme of Action.
- Give high priority to achieving universal access to reproductive health services and commodities in national health and poverty-reduction frameworks, both in terms of budget allocations and in terms of programme activities.
- Formulate and implement policies and provide funding for sexual and reproductive health care for refugees and displaced persons.
- Enact, publicize and enforce laws and policies that promote and protect the human rights of the girl child and young women, that ensure women's equal access to and full participation in decision-making at all levels, and that eliminate all forms of violence, coercion and discrimination against women, including various forms of harmful traditional, cultural and religious practices.
- Remove all gender gaps and inequalities in women's education, employment and livelihoods and adopt and enforce measures to educate girls, develop their technical and vocational skills and teach them to read and write.
- Promote the reduction of maternal mortality and morbidity and of unsafe abortion as a public health priority and as a reproductive rights concern.
- Support public health education to create awareness of the risks of pregnancy, labour and delivery and to increase understanding of the respective roles and responsibilities of family members, including men, in promoting and protecting maternal health.

- Give high priority to water, especially in rural areas, and sanitation in national development and poverty-reduction strategies and in particular to raising water productivity, stabilizing population and stabilizing climate.
- Improve access to agricultural resources, including land, for people living in poverty, especially women, and promote equitable and efficient distribution systems and sustainable development.
- Generate the political will needed to develop and integrate HIV/AIDS policies into national reproductive health policies and implement national action plans; enact legislation to ensure respect for the human rights and dignity of people living with HIV/AIDS and AIDS orphans; and provide education and services to prevent the transmission of all forms of sexually transmitted infections, including HIV/AIDS, and to provide treatment for these infections.
- Ensure that adolescents, both in and out of schools, receive the necessary information in appropriate languages, as well as services and opportunities to participate in the planning of policies and programmes aimed at them and to make responsible and informed choices and decisions regarding their sexual and reproductive health needs.
- Make every effort to achieve universal access to reproductive health services and commodities by the year 2015, encouraging governments, donors, civil society and the private sector to work together, with government support, to achieve this goal.
- Create and/or strengthen national capacity to collect, analyse and disseminate statistical data, disaggregated by sex, in support of national development planning and to make the necessary resources available to do so.
- Promote and protect the full enjoyment of the economic, social, cultural, civil and political rights of older people and eliminate all forms of violence and discrimination against them; and empower older persons to fully and effectively participate in the economic, political and social lives of their societies.

Pledge

We Parliamentarians pledge, as public advocates, legislators and policy makers, 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.

Chapter II: Background

The 2002 International Parliamentarians' Conference on the ICPD Programme of Action was held in Ottawa, Canada, from 21 to 22 November 2002. The Canadian Association of Parliamentarians on Population and Development (CAPPD) hosted the event, in collaboration with the Inter-American Parliamentary Group on Population and Development (IAPG), the Asian Forum of Parliamentarians on Population and Development (AFPPD), the Forum of African and Arab Parliamentarians on Population and Development (FAAPPD), the Inter-European Parliamentary Forum on Population and Development (IEPFPD) and Parliamentarians for Global Action (PGA).

The conference, held at the Canadian Parliament, brought together 103 elected representatives from 72 countries and territories, including ministers, along with secretariats of national, regional and global parliamentary groups, panellists and resource persons, government officials, the International Planned Parenthood Federation (IPPF) and the United Nations Population Fund (UNFPA). A list of participants is attached (annex 1). The conference was organized by CAPPD, IAPG and UNFPA, and was made possible through support provided by the Canadian International Development Agency (CIDA), the William and Flora Hewlett Foundation and UNFPA.

Chapter III: Opening ceremony

Canadian Senator Rose-Marie Losier-Cool, Acting Chair of CAAPD, opened the conference. As a former schoolteacher, the senator had fought to include sex education as part of the school curriculum, and later supported programmes for reproductive health in her capacity as chairperson of the Women's Advisory Council. As a parliamentarian, the senator worked to promote these positions on an international level, and she recognized that the other parliamentarians attending the conference were engaged in the same battle. The senator closed her remarks by saying that it was more urgent than ever to intensify efforts on behalf of the International Conference on Population and Development Programme of Action, which was adopted by 179 governments in Cairo in 1994. Much remained to be done, and it was imperative to protect the progress that had been made since Cairo against the efforts of those who sought to derail the Programme of Action.

Mr. Stirling Scruggs, Director of the Information, Executive Board and Resource Mobilization Division of UNFPA, said that the purpose of the conference was to address issues impeding the implementation of the ICPD Programme of Action. The conference would address the two most important challenges to implementation of the Cairo agenda: the need to create an enabling environment at the national level and meeting the ICPD funding targets.

Mr. Scruggs defined enabling environment as legislation and policy that empower women, men and youth to access critical information and reproductive health services. Developing countries needed to be responsible for supporting their own clinics and facilities, passing laws to promote gender equality and equity, and moving towards self-sufficiency with regard to population data collection and research. As regards meeting the ICPD funding targets, the donor countries as a whole only contributed less than half of the agreed upon target in 2000. For developing and donor countries alike, the lack of support for ICPD implementation was a matter of political will and priority setting. The task for participants of the conference was to agree on an action-oriented declaration and a follow-up mechanism to spark renewed commitment for implementing the Cairo blueprint.

Mr. Scruggs announced plans to develop and distribute a poster with the Ottawa Commitment, and to create an e-mail listserv to enable parliamentarians and others to share information and track progress with regard to ICPD implementation. Similar meetings were to be held every two years, with the steering committee meeting in intervening years. He closed by thanking those whose generosity and hard work had made the conference possible.

Ms. Jean Augustine, Canadian Secretary of State for Multiculturalism and the Status of Women, welcomed the parliamentarians and other conference participants, and asserted the importance of their work to people around the globe. She spoke of Canada's system of universal access to complete maternal health care, which had resulted in one of the lowest maternal mortality rates in the world. Parliamentarians from Canada and other experts now needed to use their expertise, skills and knowledge to make motherhood as safe for a woman in Asia, Latin America or Africa as it was for a woman in Canada.

Ms. Augustine described how safe motherhood affected a woman's family, community and culture, and said that women's health issues needed to be reflected in national health care systems. Adolescent reproductive health was another key issue that needed to be addressed at the national level. When efforts were made to save the lives of women and young girls, and to empower them with control over their own sexuality and reproductive rights, benefits accrued to families and communities alike.

Ms. Thoraya Ahmed Obaid, Executive Director of UNFPA, gave the first keynote speech. She emphasized that what was needed to implement the ICPD Programme of Action was increased commitment by all countries, not renegotiation of what they had already promised in Cairo. The Executive Director listed some of the accomplishments that parliamentary leaders and others had made since the 1994 conference, particularly the high level of institutionalization and coordination of international parliamentary activities in the field of population and development. She also noted that since Cairo, 67 countries had taken policy measures, passed laws or changed institutions to promote reproductive health and rights. Over the same eight-year period, 76 countries had taken significant measures to improve gender equality.

In spite of this progress, poor reproductive health remained a leading cause of death and disability for women in the developing world, and one of the most neglected areas of public health. Reproductive health care was a basic human right, and universal access to this care was required to reduce the rates of maternal and infant mortality in line with the Millennium Development Goals. Ensuring the full and equal participation of women in all aspects of society and the eradication of all forms of discrimination was also critical. Experience had shown that population and development programmes were most effective when steps had simultaneously been taken to improve the status of women. And because the state of the environment, peace and security, and economic development were all impacted by population dynamics such as migration, ageing, urbanization and population growth, the Millennium Development Goals could not be met without intensified commitment to the ICPD Programme of Action. This commitment included helping young people around the world avoid unwanted pregnancies, sexual exploitation and sexually transmitted infections, and scaling up collective and national responses to the global emergency of HIV/AIDS.

Ms. Obaid reminded the audience that governments at the ICPD in Cairo had agreed to provide \$17 billion for population and reproductive health by the year 2000 but that only 66 per cent of that goal had been reached even two years after the target date. Although the funding shortfall was in line with the general reduction in ODA that began with the end of the Cold War, the problem was exacerbated by the concerted efforts of groups that were hostile to the ICPD Programme of Action. Ms. Obaid implored the parliamentarians not to allow these small but

determined groups of ideologues to reverse progress for women and to dilute international human rights and the Cairo consensus. Contrary to the specious claims of its opponents, the Programme of Action did not promote abortion as a means of family planning. It supported the provision of reproductive health information and services designed to minimize its occurrence. And although the Cairo document was perceived by some as radical, it only appeared that way in a world where great inequality, discrimination, poverty, violence, conflict and disease continued to take an unacceptably high toll.

Ms. Obaid closed by calling attention to the unique role parliamentarians could play in offering leadership for international action on population and development issues around the world. The swell in the world's youth population presented an unprecedented opportunity for growth and transformation, provided there was a concerted, massive investment in education, employment and health care, including reproductive health.

Dr. Steven W. Sinding, Director-General of IPPF delivered the second keynote speech. The Director-General began with a brief history of IPPF and then described some of the successes that had been achieved since Cairo. Governments had begun to take steps away from demographic targets and family planning quotas, to enable individuals and couples to decide freely about their reproductive choices. The gender equality language of ICPD had influenced many governments to pass laws to empower women and influence men to participate more fully in sexual and reproductive health programmes. A number of governments had taken additional steps to extend these services to rural areas and slums.

Notwithstanding these achievements, many obstacles related to traditional views about the role of women in society remained, and 40 per cent of the world's women had little or no access to reproductive health services. Dr. Sinding touched on three major challenges to reproductive health worldwide. First, he cited unsafe abortion as a major threat to reproductive health and called on parliamentarians to help detoxify the issue by initiating careful reviews of the abortion situation in their own countries so that rational debate could be stimulated regarding policy approaches to address the issue. Second, he said it was time for legislators to recognize that refusing to face the fact that young people had serious sexual and reproductive health needs could have enormous costs in social, economic and political terms, especially as the largest cohort of young people in human history would be reaching reproductive age by the end of the decade. And third, Dr. Sinding spoke of the devastating impact of HIV/AIDS, and said that the misguided morality of those who opposed the wide distribution of condoms and the dissemination of knowledge about sexuality and sexual and reproductive health had enabled the epidemic to grow even more rapidly than had been anticipated at the time of the Cairo conference.

On the issue of funding, Dr. Sinding noted that only five countries had achieved the goal of contributing 0.7 per cent of gross national product (GNP) to ODA, and many donors were decreasing funding for reproductive health because they believe that, under the Millennium Development Goals, the priority was now the alleviation of poverty. Dr. Sinding reminded the audience that ensuring universal access to reproductive health services by 2015 was an integral step in achieving these goals. He cited the experience of East and South-East Asia as an indication of how critical good reproductive health services were to the elimination of poverty.

Dr. Sinding concluded his remarks by echoing Ms. Obaid's assertion that, despite the recent attempts of the current United States administration to undermine it, the ICPD Programme of Action did not represent a radical agenda. It was the carefully negotiated consensus of 179 governments, all striving to safeguard their cultural and religious traditions while recognizing the importance of ensuring that women and men could safely pursue their right to determine the number and spacing of their children and protect themselves against sexually transmitted

infections. The Cairo consensus was a major contribution to human dignity and human development, and it was the collective duty of everyone to safeguard it.

Chapter IV: Election of officers

Senator Rose-Marie Losier-Cool, Acting Chair, CAPPD, was elected chair of the conference. Ms. Ruth Genner, Member of Parliament (Switzerland), and Ms. Fatoumata Diendere Diallo, Member of Parliament (Burkina Faso), were elected vice-chairs.

In addition to Senator Losier-Cool, Ms. Genner and Ms. Diallo, the following parliamentarians were elected to the Steering Committee:

Mr. Álvaro Alonso, Member of Parliament and Minister of Labour and Social Security (Uruguay), IAPG
Mr. Yoshio Yatsu, Member of Parliament (Japan), AFPPD
Dr. Malinee Sukavejworakit, Senator (Thailand), AFPPD
Mr. Al-haji Abdullah Salifu, Member of Parliament (Ghana), FAAPPD/Africa
Ms. Khira Lagha Ben Fadhel, Member of Parliament (Tunisia), FAAPPD/Arab
Mr. Samir Fahim Habashne, Senator (Jordan), FAAPPD/Arab
Ms. Ulla Sandbaek, Member of the European Parliament (Denmark), IEPFPD
Ms. Carolyn Maloney, Congresswoman (USA), PGA
Ms. Theresa A. Tagoe, Member of Parliament, Deputy Minister for Works and Housing (Ghana), PGA

The following parliamentarians were elected to the Drafting Committee:

Mr. Yoshio Yatsu (Chair), Member of Parliament (Japan), AFPPD
Ms. Raynell Andreychuk, Senator (Canada), IAPG
Ms. Zury Rios, Member of Parliament (Guatemala), IAPG
Dr. Malinee Sukavejworakit, Senator (Thailand), AFPPD
Mr. Famara Sarr, Member of Parliament (Senegal), FAAPPD/Africa
Mr. Abdel Fattah Diab, Member of Parliament (Egypt), FAAPPD/Arab
Mr. Yaagoubi Mustapha, Member of Parliament (Morocco), FAAPPD/Arab
Ms. Christine McCafferty, Member of Parliament (United Kingdom), IEPFPD
Mr. Ans Zwerver, Senator (Netherlands), IEPFPD

Chapter V: Panel discussions

Panel 1: Creating an enabling environment: Eight years after Cairo – successes and constraints

Ms. Imelda Henkin, UNFPA Deputy Executive Director (Management), served as moderator. Panellists included Ms. Peng Peiyun, Vice-Chairperson, Standing Committee of the National People's Congress (China); Ms. Sima Samar, Commissioner of Human Rights (Afghanistan); Ms. Maria Cristina Fontes Lima, Minister of Justice and Internal Administration (Cape Verde); Dr. Javier Torres Goitia, former Minister of Health (Bolivia); and Dr. Nebiha Gueddana, Director General, National Board of the Family and Population (Tunisia).

Ms. Peiyun said that the Chinese Government had been fulfilling its commitments to ICPD responsibly. The Government had integrated family planning and reproductive health into its work in universal education, women's empowerment, social security and public health. The Government had also allocated increased resources to population and family planning

programmes, particularly in remote and poverty-stricken areas of the country. The family planning and reproductive health programme had been reoriented in line with the human-centred approach endorsed by the ICPD Programme of Action, and in 1995 the Government had launched a pilot experiment in family planning quality of care that had been expanded to more than 800 counties and districts.

Ms. Peiyun also reported that the National People's Congress had recently passed a population and family planning law that recognized family planning as a fundamental state policy. She urged the international community and national governments, particularly those of developed countries, to continue to raise awareness of population and development issues, understand the resource and technology difficulties of developing countries, honour the pledges made in Cairo, and increase funding for population, family planning and reproductive health programmes in the developing world.

Ms. Samar stated that in Afghanistan, it had not been possible to implement the ICPD Programme of Action. In 1994, when the Cairo conference was held, Afghanistan was in the midst of a violent civil war and its Government sided with the countries that opposed women's rights at the conference. The oppression of women had long been a feature of Afghan life even before ICPD, most notably during the Cold War. Things had only gotten worse under the Taliban, not only in Afghanistan but for the Afghan women who had fled to neighbouring countries as well. There was little donor support for women's health care in the refugee camps and virtually no education about reproductive health or family planning.

Ms. Samar said that although the dire situation in Afghanistan had made it difficult to think about Cairo, what was relevant about the ICPD Programme of Action for her country was its women's rights framework. It was impossible to improve women's reproductive health without improving the status of women through economic and political empowerment. At the same time, it was clear that this empowerment was not possible without access to reproductive health care and the knowledge and means to control the number and spacing of children. With the removal of the Taliban's restrictions and the beginnings of a new Government, the lives of women and girls had improved somewhat. Women were allowed to work and participate in society, and some held cabinet posts or had been elected as members of parliament. Schools had reopened to girls. Ms. Samar described some of the achievements of the new Ministry of Women's Affairs.

But more international resources and commitments were needed, particularly to protect these fragile gains against the efforts of forces that still opposed the extension of rights to Afghan women. Recent violent attacks on girls' schools by extremists were only one example of why Afghanistan needed the presence of peacekeeping troops until a national army, police force and judiciary system that enforced laws, rather than ruled by gun, was in place. Financial resources were also needed for security, to encourage peace by rebuilding the nation's education and health system and physical infrastructure. Girls and boys alike needed greater access to schools. Women needed adult literacy programmes and vocational training, to make an adequate living to support themselves and their families. And the entire population needed improved medical facilities and education about women's rights, including family planning. Ms. Samar also spoke of the important role of the Afghan Human Rights Commission, and of its efforts to raise funds for an independent radio station, which was needed to broadcast public awareness programmes to the illiterate, who comprised the majority of Afghanistan's population.

Ms. Fontes Lima said that she was honoured to also represent the African Women Ministers' and Parliamentarians' Network (AWMP) and to share with participants the outcome of the Fifth AWMP Conference held in Cape Verde in October 2002. That conference addressed gender issues and HIV/AIDS, which disproportionately affected African women and young girls. The

commitments at the AWMP conference included: advocating appropriate gender-sensitive policies, strategies and resource allocation; promoting the collection, analysis and use of sex and age disaggregated data; supporting international, regional and national initiatives on gender, HIV/AIDS and poverty reduction; engaging in national and subregional committees for networking, coordinating and monitoring AWMP activities; advocating a review of national legal frameworks and policies to protect and promote women's sexual and reproductive rights, to enable women to protect themselves against HIV/AIDS; establishing a functional secretariat and bureau; and networking for peace, conflict resolution and prevention.

Ms. Fontes Lima underscored the importance of sharing best practices and experiences, and of designing policies and programmes according to the needs of the people, especially women. She voiced concern about the shortfall in meeting financial commitments and the need to allocate more resources to meet internationally agreed commitments, such as the ICPD Programme of Action, the Millennium Development Goals and the Statement of Commitment on HIV/AIDS, adopted at the Fifth AWMP Conference.

With regard to Cape Verde, Ms. Fontes Lima stated that her country had placed priority on the development of the education and health sectors, equity between the sexes and generations, and the establishment of good development policies and good governance, permitting it to progress to a medium-level developing country. As a result, Cape Verde had lost some of its development partners because of its good performance on several social indicators. Ms. Fontes Lima reiterated the need for more resources to fight HIV/AIDS, in order to ensure the survival of human beings and entire countries; safety nets to alleviate crises, famine, illness and poverty; and support for developing countries to strengthen national capacities.

Dr. Javier Torres Goitia, Bolivia's former Minister of Health, affirmed his Government's support for the ICPD Programme of Action. The current Minister of Health was unable to attend because he was defending a law before the Bolivian parliament to create a universal health care programme that would provide free healthcare to expectant mothers and children under five. According to Dr. Torres Goitia, in addition to making laws and controlling budgets, parliamentarians needed to perform another key function, particularly in developing countries: to serve as a bridge between the civil society that elected them and the governments they influence.

Dr. Torres Goitia devoted most of his remarks to the scourge of poverty, and described some of the differences between the lives of children under five in developed and developing countries. He spoke of the vast benefits of family planning and called for laws to provide such services to all people, regardless of their economic position. He also reminded the audience that greater attention to population issues, and steps to extend health care to all people everywhere, would help achieve seven of the eight Millennium Development Goals. He concluded that one of the best ways for Bolivia and other countries to protect their young democracies was to ensure that their institutions concerned themselves with improving the lives of all their people. Parliamentarians were obligated to contribute to the building of a citizenry that included the entire population, to make sure that people everywhere – male and female, and especially mothers and children – could exercise their civil, political and social rights.

According to Dr. Gueddana, Tunisia had made considerable progress since it first began to address population issues in the 1950s. At that time, various indicators suggested that Tunisia's population would reach 15 million by the year 2000. Thanks to the national population programme, however, the country now had a population of only 9.6 million. The pillars of the Tunisian reproductive health programme were an emphasis on women's rights; building national consensus on reproductive health and population issues; universal education and schooling, for

girls and boys alike; and improving access to reproductive health services, including family planning.

Among the benefits of the Tunisian population programme, Dr. Gueddana cited the following: an improved standard of living, in terms of gross domestic product and per capita income; increased contraceptive prevalence; a decrease in the fertility rate; lower maternal mortality and infant mortality; and a higher average age for first marriage for both females and males. A study of the impact of demographic growth on social sectors had found that the success of the Tunisian model had lowered the burden on the welfare system and other social services. It also found that the average mother in Tunisia, who in 1966 had a life expectancy of 50 years, typically allocated 24 years of her life to pregnancy and breast-feeding. In 1994, the average mother devoted only ten years to these activities and had a life expectancy of 73 years.

Ms. Henkin closed the discussion by thanking the panellists for their presentations and reminding the audience that the door to freedom for Afghan women had been opened a crack, but that parliamentarians and others needed to encourage increased commitment to the development of Afghanistan before women and girls would be able to walk through that door.

Panel 2: Where are the donors?

Canadian Senator Raynell Andreychuk moderated the second discussion, which featured presentations by four panellists, followed by comments from the floor. The panellists were Ms. Sally Keeble, Parliamentary Under-Secretary of State for International Development (United Kingdom); Ms. Marlene Jennings, Parliamentary Secretary to the Minister for International Cooperation (Canada); Mr. Jan Karlsson, Minister for Development Cooperation, Migration and Asylum (Sweden); and Mr. Poul Nilsson, Commissioner for Development and Humanitarian Aid (European Commission). Messrs. Karlsson and Nilsson were unable to attend the conference in person and sent pre-recorded video presentations.

Ms. Keeble described the efforts of some national governments to reverse the advances made in sexual and reproductive health over the preceding decade as shameful and unforgivable, particularly in cases where these decisions were made purely for considerations of domestic politics, to satisfy the ideological prejudices of a small minority. She said that many reproductive health challenges had been magnified since Cairo, most notably in the case of HIV/AIDS. But there was now better understanding of the linkages between health and poverty; the creation of new instruments, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria; and new financial commitments for development, such as those secured at the International Conference on Financing for Development, held in Monterrey, N.L., Mexico, which represented important milestones.

Ms. Keeble reiterated her Government's firm commitment to reproductive health and the rights of the poor, citing a 93 per cent increase in its ODA over the preceding five years. She recognized the important role that parliamentarians had to play as advocates for their communities, particularly in developing countries. She urged them to speak out to persuade their governments to do all they could to improve services, and to ensure that the policies and views of their countries were heard in the international debate on reproductive health. She concluded by challenging those who were attacking the reproductive rights of the poor to explain why they wished to deny people the means to choose whether or not to have children and how many children to have, to protect themselves against sexually transmitted infections, to make informed decisions, and to avoid serious injury and death through unsafe abortion.

Ms. Jennings described what CIDA was doing to uphold its commitment to the ICPD Programme of Action, and spoke of Canada's commitment as a donor country. CIDA funding for HIV/AIDS programmes was to quadruple between 2000 and 2005, and the agency was increasing its contribution to programmes for education, especially for girls, and for the creation of employment opportunities for women, with a focus on gender equality. CIDA was also committed to building a sustainable pool of professionals in developing countries who were able to handle the reproductive health needs of the local population.

In particular, CIDA was committed to three positive developments in the area of reproductive health: the promotion of country-level donor harmonization; the promotion of programming based on a broader interpretation of the Millennium Development Goal of reducing maternal mortality; and supporting vertical initiatives that aimed to develop specialized expertise regarding specific reproductive health issues. With regard to donor harmonization, CIDA would continue to work closely with other international donors and local partners in each country to ensure higher efficiency by directing CIDA funds to locally identified priorities and by using local expertise wherever possible. To help lower maternal mortality, CIDA would work with relevant organizations to develop and promote effective mechanisms and monitor progress.

In his video presentation, Mr. Karlsson affirmed his Government's commitment to population and development assistance as an integral step in achieving the Millennium Development Goals. He cited the decline in ODA as an obstacle to poverty alleviation, but asserted his belief that this trend would be reversed.

Recent commitments made in Monterrey were a positive step. Europe had agreed to take the first half-step in approaching the target contribution of 0.7 per cent of GNP for ODA, and the United States had followed its lead. The Government of Sweden was doing its part to support the ICPD Programme of Action by working closely with UNFPA, making advance payments to the Fund in times of financial trouble and helping to pressure other European governments to step up their commitment.

Commissioner Neilson, in his video message, affirmed the commitment of the European Commission and the Member States of the European Union to the ICPD Programme of Action, and noted that this commitment had been underlined in the resolution agreed to by the European Union Development Ministers in May 2002. Mr. Neilson cautioned that the Fifth Asian and Pacific Population Conference, to be held in Bangkok in December 2002, would have to confront attempts from some quarters to question key elements of the Cairo consensus, and he urged the parliamentarians to do their utmost to preserve the international commitment to ICPD. The Commissioner also expressed his disappointment at the decision of the President of the United States not to release the \$34 million contribution to UNFPA in 2002, and voiced concern about the harmful consequences for women and children of the application of the so-called Mexico City Policy, which stipulated that no United States funds could go to foreign non-governmental organizations (NGOs) that supported abortion-related activities, including information, counselling, advocacy and clinical services.

For its part, the European Community was doing what it could to support UNFPA. In August 2002, it pledged 32 million euros to a sexual and reproductive health programme in 22 African, Caribbean and Pacific States, to be jointly implemented by UNFPA and IPPF. The European Union was considering making an additional 12 million euros available to UNFPA at a later stage. The Commissioner closed by challenging parliamentarians from developed countries to pressure their governments to contribute at least 0.7 per cent of GNP to ODA. He urged parliamentarians from developing countries to ensure that a significant portion of these increased resources be used for reproductive health activities.

The presentations were followed by a question-and-answer session. Several comments were made from the floor, to which Ms. Keeble and Ms. Jennings responded.

A number of parliamentarians spoke of the need for greater donor coordination and asked the panellists to elaborate on how this coordination could be improved. Another suggested that future discussions of funding shortfalls include finance ministers and not just development ministers. He stated his belief that there was a certain tendency to shy away from strong, forthright language when discussing population issues, and suggested that more emphasis be placed on the consequences of unchecked population growth – such as civil war and mass hunger – to get the attention of those who control the purse strings and to move the debate away from the domestic agenda. Another parliamentarian observed that many multinational corporations had larger budgets than a number of governments, and asked whether these corporations had been asked to contribute to population and development assistance.

On the subject of how to respond to campaigns against the work of UNFPA, one parliamentarian said that more information was needed from the Chinese Government to counter the charges of forced abortion which fuel so many anti-UNFPA drives. A British parliamentarian who had been a member of the United Kingdom delegation that visited China to investigate the charges for her Government also addressed this issue. Although the three parliamentarians who participated in that delegation had held different views before the trip, after visiting China they unanimously concluded that the allegations were false.

A Chinese delegate also echoed previous comments about monitoring, stating her belief that it should not be directed to recipient countries alone but also to donor countries, particularly in terms of whether they were meeting the ODA target of 0.7 per cent of GNP.

An African parliamentarian spoke of the problem of hunger, and said he would like to see more linkages made between food security and reproductive health issues. A parliamentarian from another African country re-emphasized the point made by the representative from Cape Verde in the first panel discussion: that countries that had made some gains were often penalized, in terms of continued development assistance, because of those gains.

A congresswoman from the United States regretted the decision by the President of her country to withhold its contribution to UNFPA in 2002, a decision she said was made to appease a small group of right-wing extremists. Notwithstanding this development, she assured the other parliamentarians that UNFPA had many supporters and friends in the United States. She said that 85 per cent of the population and a majority of Congress supported population and development assistance, and that funds had already been earmarked for the following year. She expressed her commitment to work for the release of those funds in 2003.

Other parliamentarians also raised the subject of how to respond to critics of UNFPA. One suggested that since these attacks were usually made on behalf of the unborn child, one way to expose hypocrisy was to examine how these critics voted on issues relating to the born child, such as welfare, and legislation designed to prevent the use of child labour by multinational corporations. Another parliamentarian asserted that no member of parliament should ever vote for a budget that set aside more spending for the military than for education.

Ms. Jennings was the first to respond to the questions and comments from the floor. Regarding the coordination of donor activities, she said that CIDA had worked to address this issue in the 1990s, when the Canadian Government asked for greater coordination to make its development programmes more efficient. Ms. Jennings said that CIDA now examined which other agencies were involved in a country before it planned its programmes there, to minimize duplication and

overlap, and she suggested that the same approach be followed at the international level. On the issue of food security, she stated that this was a priority for CIDA because of its impact on other aspects of development.

Ms. Keeble echoed this sentiment, adding that it was important for donor countries to examine the impact of their own agricultural policies on food security in developing countries. Ms. Keeble also agreed that it was important to involve finance ministers in future discussions on funding issues, and that governments should use their leverage to bring about greater private sector involvement in population and development assistance. On the issue of false allegations regarding UNFPA activities in China, she said that China had played an important role in challenging the United States delegation at the recent meeting in Bangkok.

Senator Andreychuk, who made the closing remarks, noted that opponents to the ICPD Programme of Action had framed their views crisply, so it was important to respond in kind, with clear language that could be disseminated globally.

Chapter VI: Group discussions

Eight group discussions were organized – four on the first day of the conference and four on the second – to allow for a more in-depth exploration of various population and reproductive health issues. Each group had a chairperson, who moderated the discussion; a resource person, who introduced the topic; and a rapporteur, who prepared a brief summary of the key issues and action points resulting from the discussion. In addition, 15 to 30 parliamentarians participated in each of the discussion groups. Because four of the discussions were held simultaneously on the first day, and the other four were held simultaneously on the second day, the parliamentarians were asked to participate in one discussion group on each of the two days of the conference.

On the first day of the conference, the following discussion groups were held:

- HIV/AIDS, chaired by Dr. Malinee Sukavejworakit, Senator (Thailand), AFPPD
- Reproductive Health Commodity Security, chaired by Ms. Ulla Sandbaek, Member of the European Parliament (Denmark), IEPFPD
- Reproductive Health in Emergency Situations, chaired by Mr. Aref Bataineh, Senator (Jordan), FAAPPD/Arab
- Adolescent Reproductive Health, chaired by Ms. Carolyn Maloney, Congresswoman (USA), PGA

On the second day of the conference, the following discussions were held:

- Poverty, Population and Development, chaired by Mr. Álvaro Alonso, Member of Parliament and Minister of Labour and Social Security (Uruguay), IAPG
- Food, Water, Population and Environment, chaired by Dr. Jagganath Munda, Member of Parliament (India), AFPPD
- Violence Against Women, chaired by Ms. Sonia Fertuzinhos, Member of Parliament (Portugal), IEPFPD
- Ageing, chaired by Ms. Theresa A. Tagoe, Member of Parliament, Deputy Minister for Works and Housing (Ghana), PGA

The summaries of the key issues and actions that emerged from each of the discussion groups are contained in annex 3 of this report.

Chapter VII: Follow-up of the conference

Dr. Hernan Sanhueza, Executive Coordinator, IAPG, discussed follow-up of the conference. He said that in the past the greatest enemy of the ICPD Programme of Action had been indifference and ignorance. But the Cairo consensus now faced the opposition of a minority, a small but vocal group of well-connected and well-financed individuals who were using any possible opportunity to undermine the Programme of Action. The concerted and sustained efforts of parliamentarians were needed to overcome these obstacles. During the conference, experienced social leaders and specialists had shared their knowledge and perceptions about specific issues in discussion groups. Three or four issues and activities in each discussion group had been identified for future action, and the spirit and letter of the discussions and recommendations were being incorporated into the Ottawa Commitment.

To maximize the impact of the conference, Dr. Sanhueza reminded the audience that a follow-up mechanism would be initiated to allow everyone to learn from one another in the years ahead. He reminded the audience that UNFPA – with the active participation of regional parliamentary groups in the Americas, Asia, Africa and Europe – intended to organize a similar international conference every two years, with a meeting of the international Steering Committee to be held in intervening years. Dr. Sanhueza then opened the floor to other suggestions on how to ensure a meaningful follow-up to the conference, to assure the strengthening and success of the ICPD Programme of Action for years to come.

A few parliamentarians spoke of the need for further development and utilization of electronic systems of communications, including web sites for regional parliamentary groups. Others suggested greater use of newsletters and briefings to disseminate the recommendations of the conference, as well as news of results.

One delegate suggested that more leadership seminars be held to build the capacity of stakeholders at the country and regional levels. This was needed due to the high rotation of parliamentarians and to provide support to parliamentarians who wanted to educate their colleagues. Another delegate suggested the organization of regional and subregional conferences of parliamentarians. It was also suggested that more might be done to disseminate population and reproductive health messages through development organizations, such as Oxfam, which had great global reach but which currently focused very little on these issues.

Chapter VIII: Closing

Prior to the closing of the conference, participants endorsed the New Delhi Declaration on Cairo plus 10, which was adopted on 15 November 2002 at the IPPF 50th Anniversary Symposium in New Delhi, India. A copy of the New Delhi Declaration on Cairo plus 10 is attached in annex V.

In closing the conference, Senator Losier-Cool thanked all who had participated and had contributed to its success. She lauded the parliamentarians for their active participation and the thorough discussions, which had culminated in the adoption of the Ottawa Commitment. She urged them to translate their renewed commitment into action when they returned to their respective parliaments.

Annex I: List of participants

Speakers and Resource Persons

Opening Ceremony

Ms. Rose-Marie Losier-Cool	Senator	Canada
Mr. Stirling D. Scruggs	Director, Information Executive Board & Resource Mobilization Division	UNFPA
Ms. Jean Augustine	Secretary of State for Multiculturalism and the Status of Women	Canada

Keynote Speakers

Ms. Thoraya A. Obaid	Executive Director	UNFPA
Dr. Steven W. Sinding	Director-General	IPPF

Moderator, Session 1

Ms. Imelda J. Henkin	Deputy Executive Director (Management)	UNFPA
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Panellists, Session 1

Ms. Peng Peiyun	Vice Chairperson, Standing Committee of the National People's Congress	China
Ms. Sima Samar	Commissioner of Human Rights	Afghanistan
Ms. Maria Cristina Fontes Lima	Minister of Justice and Internal Administration	Cape Verde
Dr. Javier Torres Goitia	Former Minister of Health	Bolivia
Dr. Nebiha Gueddana	Director General, National Board of the Family and Population	Tunisia

Moderator, Session 2

Ms. Raynell Andreychuk	Senator	Canada
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Panellists, Session 2

Ms. Sally Keeble	Parliamentary Under-Secretary of State for International Development	United Kingdom
Ms. Marlene Jennings	Parliamentary Secretary to the Minister for International Cooperation	Canada
Mr. Jan O. Karlsson	Minister for Development Cooperation, Migration and Asylum	Sweden
Mr. Poul Neilson	Commissioner, Development and Humanitarian Aid	European Commission

Resource Persons, Session 3

Dr. Mabel Bianco	President	Fundación para Estudio e Investigación de la Mujer (FEIM), Argentina
Mr. Jagdish Upadhyay	Senior Technical Officer, Commodity Management Unit, Technical Support Division (TSD)	UNFPA
Ms. Patricia Hindmarsh	Director, External Relations	Marie Stopes International
Ms. Delia Barcelona	Senior Technical Officer, Reproductive Health Branch, TSD	UNFPA

Resource Persons, Session 4

Mr. Tom Merrick	Consultant	World Bank
Mr. Lester R. Brown	President	Earth Policy Institute, U.S.A.
Ms. Esther Mayambala Kisaakye	Lecturer, Human Rights Peace Centre	Makerere University, Uganda
Ms. Louise Plouffe	Manager, Knowledge, Development Division of Ageing and Seniors	Health Canada

Session 6 – Discussion on Follow-Up

Dr. Hernan Sanhueza	Executive Coordinator	IAPG
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List of Delegates

AFRICA

ANGOLA	Mr. Moisés Chingongo, MP
BOTSWANA	Mr. Maithoko Mooka, MP
BURKINA FASO	Ms. Fatoumata Diendere Diallo, MP
CAMEROON	Mr. Tasi Ntang Lucas, MP
CHAD	Mr. Issa A. Ali, MP
EQUATORIAL GUINEA	Mr. Anselmo Nsue Eworo, MP
GHANA	Mr. Al-haji Abdullah Salifu, MP
GHANA	Ms. Theresa Ameley Tagoe, Deputy Minister for Works and Housing
MALI	Mr. N'Fa Zoumana Sangare, MP
NIGERIA	Mr. Daniel Olugbenga Aluko, MP
RWANDA	Mr. Jean Baptiste Butare, MP
SENEGAL	Mr. Famara Sarr, MP
SOUTH AFRICA	Mr. Ebrahim Saloojee, MP
UGANDA	Ms. Victoria Mwaka, MP
ZAMBIA	Ms. Inonge Wina, MP

AMERICAS & CARIBBEAN

ARGENTINA	Ms. Mercedes Oviedo, Senator
BOLIVIA	Ms. Ericka Brockmann Quiroga, MP

BRAZIL	Ms. Maria Laura M. Carneiro, MP
CANADA	Ms. Raynell Andreychuk, Senator
CANADA	Mr. Yvon Charbonneau, MP
CANADA	Ms. Madeleine Dalphon-Guiral, Senator
CANADA	Ms. Raymonde Folco, MP
CANADA	Ms. Rose-Marie Losier-Cool, Senator
CANADA	Ms. Landon Pearson, Senator
COLOMBIA	Ms. Piedad Córdoba, Senator
ECUADOR	Ms. Annunziata Valdez, MP
GUATEMALA	Ms. Zury Ríos, MP
MEXICO	Ms. Maria Garcia Fernandez, MP
PANAMA	Ms. Gloria Young, MP
PERU	Mr. Victor Velarde, Congressman
SAINT KITTS & NEVIS	Dr. Timothy Harris, Minister of Foreign Affairs and Education
SAINT LUCIA	Mr. Jon Stanley Odlum, Parliamentary Secretary, Ministry of Health, Human Services, and Family Affairs
URUGUAY	Mr. Álvaro Alonso, Minister of Labour and Social Security
USA	Mr. Joseph Crowley, Congressman
USA	Ms. Carolyn Maloney, Congresswoman
VENEZUELA	Ms. Marelis Pérez Marcano, MP

ARAB STATES

EGYPT	Dr. Hoda Ahmed Ali Rezkanna, MP
EGYPT	Mr. Abdel Fattah Diab, MP
JORDAN	Mr. Aref S. Bataineh, Senator
JORDAN	Mr. Samir Fahim Habashne, Senator
LEBANON	Mr. Nazem El Khoury, MP
MOROCCO	Mr. Yaagoubi Mustapha, MP
PALESTINE	Mr. Mustafa Hasan A. Melhem, MP
TUNISIA	Ms. Khira Lagha Ben Fadhel, MP
TUNISIA	Mr. Badreddine Missaoui, MP

ASIA & PACIFIC

BANGLADESH	Mr. Shamsul Alam Pramanik, MP
CAMBODIA	Princess Sisowath Santha, MP
FIJI	Mr. Asaeli Masilaca, MP
INDIA	Dr. Jagganath Munda, MP
INDONESIA	Dr. Surya Chandra Surapaty, MP
IRAN	Mr. Wahidi Ramezan, MP
JAPAN	Mr. Yoshio Yatsu, MP
KOREA	Mr. Chung Ui-Wha, MP
KYRGYZSTAN	Mr. Alisher Abdimomunov, MP

MALAYSIA	Mr. Tekhee Tiki Anak Lafe, Deputy Minister for National Unity and Social Development
MONGOLIA	Dr. Luvsan Odonchimed, MP
NEW ZEALAND	Ms. Steve Chadwick, MP
PHILIPPINES	Mr. Rodolfo G. Biazon, Senator
SRI LANKA	Mr. Nimal Siripala De Silva, MP
THAILAND	Dr. Malinee Sukavejworakit, Senator
VIET NAM	Mr. Ton That Bach, MP

EUROPE

BELGIUM	Ms. Magda De Meyer, MP
BELGIUM	Mr. Ferdy Willems, MP
DENMARK	Ms. Ulla Sandbaek, MEP
FRANCE	Ms. Marie-Claude Beaudeau, Senator
FRANCE	Ms. Danièle Bousquet, MP
FRANCE	Ms. Claude Greffe, MP
GERMANY	Ms. Lissy Gröner, MEP
GREECE	Ms. Elsa Papadimitriou, MP
ICELAND	Ms. Gudrun Ogmundsdottir, MP
IRELAND	Ms. Mary Banotti, MEP
IRELAND	Dr. Mary Henry, Senator
LITHUANIA	Ms. Birute Vesaitė, MP

NETHERLANDS	Ms. Ans Zwerver, Senator
POLAND	Ms. Zdzisława Janowska, Senator
PORTUGAL	Ms. Sonia Fertuzinhos, MP
PORTUGAL	Ms. Ana Manso, MP
RUSSIA	Dr. Nikolay Gerasimenko, MP
RUSSIA	Dr. Vladimir Pevtsov, MP
SPAIN	Mr. Eugenio Castillo, MP
SPAIN	Ms. Clemencia Torrado, MP
SWEDEN	Ms. Carina Hägg, MP
SWEDEN	Ms. Inger René, MP
SWITZERLAND	Ms. Ruth Genner, MP
SWITZERLAND	Mr. Jean-Jacques Schwaab, MP
TURKEY	Mr. Ruhi Acikgoz, MP
TURKEY	Ms. Gaye Erbatur, MP
UK	Ms. Christine McCafferty, MP
UK	Ms. Lindsay Northover, MP
UK	Mr. Richard Ottaway, MP
UK	Dr. Jenny Tonge, MP
UK	Mr. Tony Worthington, MP

List of Other Participants

BELGIUM	Ms. Jacqueline Bowman Advocacy Manager	European Parliament Working Group on Population, Sustainable Development and Reproductive Health (EPWG)
BELGIUM	Mr. Neil Datta Executive Secretary	IEPFPD
CANADA	Dr. Pierre Bigirimana Health Specialist	CIDA
CANADA	Ms. Thora Broughton Senior Program Manager	CIDA
CANADA	Ms. Jane Fuller Senior Program Adviser	CIDA
CANADA	Dr. Montasser Kamal Senior Reproductive Health Specialist	CIDA
CANADA	Ms. Henri Knoop Senior Population Specialist	CIDA
CANADA	Ms. Sarada Laclerc Health Specialist	CIDA
CANADA	Ms. Annick Losier Researcher, Office of Senator Rose-Marie Losier-Cool	CAAPPD
CANADA	Ms. Carole Nesbeth Executive Assistant, Office of the Secretary of State (Multiculturalism) (Status of Women)	CAAPPD
CANADA	Ms. Zonibel Woods Director, Government Relations	Action Canada on Population and Development (ACPD)
CHINA	Mr. Gu Baochang Deputy Secretary General	China Family Planning Association
CHINA	Dr. Baige Zhao Director General	State Family Planning Commission of China (SFPC)
JAPAN	Mr. Osamu Kusumoto Assistant Secretary General	Asian Population and Development Association (APDA)

SENEGAL	Mr. Joseph Odua Atiku Executive Director	FAAPPD
THAILAND	Mr. Cengiz Ertuna Chief of the Population and Rural and Urban Development Division	United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)
THAILAND	Mr. Shiv Khare Executive Director	AFPPD
U.K.	Mr. Jerry Ash Team Leader, Sexual & Reproductive Health, Health & Population Department	Department for International Development (DFID)
U.K.	Mr. William Guest Assistant Private Secretary to Sally Keeble	Department for International Development (DFID)
U.K.	Ms. Ann Mette Kjaerby Parliamentary Policy Advisor	UK All Party Parliamentary Group on Population, Development and Reproductive Health (UKAPPG)
U.K.	Mr. David Tarlo Policy Advisor	UK All Party Parliamentary Group on Population, Development and Reproductive Health (UKAPPG)
USA	Ms. Kathy Bonk Executive Director	Communications Consortium Media Center (CCMC)
USA	Ms. Giselle Carino Program Associate	IAPG
USA	Ms. Isabel Castellanos Conference Coordinator	IAPG
USA	Ms. Carla Rivera-Avni Director of Programmes	IAPG
USA	Ms. Katie Tell Programme Officer	PGA

UNFPA Participants

Ms. Thoraya A. Obaid	Executive Director
Ms. Imelda J. Henkin	Deputy Executive Director (Management)
Mr. Stirling D. Scruggs	Director, Information, Executive Board & Resource Mobilization Division (IERD)
Ms. Marisela Padron	Director, Latin America & Caribbean Division
Ms. Fama Hane Ba	Director, Africa Division
Mr. Waleed Alkhateeb	Director, Division for Arab States and Europe
Mr. Shu-Yun Xu	Director, Asia & Pacific Division
Mr. Richard Snyder	Deputy Director; Chief, Executive Board & External Relations Branch (EBERB), IERD
Mr. Vernon Mack	Chief, Resource Mobilization Branch, IERD
Ms. Safiye Cagar	Director, UNFPA Liaison Office in Geneva, IERD
Ms. Kristin Hetle	Chief, Media Services Branch (MSB), IERD
Ms. Kiyoko Ikegami	Director, UNFPA Liaison Office in Tokyo, IERD
Mr. Hedi Jemai	Director, UNFPA Liaison Office in Brussels, IERD
Ms. Cecile Cuffley	Special Assistant to the Executive Director
Ms. Delia Barcelona	Senior Technical Officer, Reproductive Health Branch, Technical Support Division (TSD)
Ms. Joyce Bratich-Cherif	Senior Editor, EBERB, IERD
Mr. Jagdish Upadhyay	Senior Technical Officer, Commodity Management Unit, TSD
Mr. Asger Ryhl	Information & Advocacy Officer, UNFPA Liaison Office in Copenhagen, IERD
Mr. Christian Delsol	Information Officer, MSB, IERD
Ms. Sarah Craven	Chief, UNFPA Liaison Office in Washington, DC, IERD
Ms. Harumi Kodama	Parliamentary/NGO Public Affairs Officer, Director's Office, IERD
Ms. Micol Zarb	Media Officer, MSB, IERD

Mr. David Del Vecchio

Consultant, IERD

Ms. Lois Jones

Senior Administrative Assistant, Director's Office, IERD

Ms. P. Lynette Lewis

Administrative Assistant, Director's Office, IERD

Annex II A: Keynote address by Thoraya Ahmed Obaid, Executive Director, UNFPA

Keeping the Promise, Moving Forward

Good morning, everyone, and welcome to the first global parliamentarians' conference on the implementation of the ICPD Programme of Action since the Hague Forum in 1999.

I would like to thank all of you very much for accepting our invitation to participate in such an important event. Your presence demonstrates your commitment and support. I would also like to extend my heartfelt thanks to the Canadian Association of Parliamentarians on Population and Development and the other regional and global parliamentary groups for hosting this conference. Gratitude also goes to the Canadian International Development Agency and the Hewlett Foundation for their generous support in making this conference possible. In particular, I would like to thank Minister Jean Augustine, Canada's Secretary of State for Multiculturalism and the Status of Women; Minister Susan Whelan, Minister for International Cooperation; Senator Rose-Marie Losier-Cool of the Canadian Association; and Dr. Hernan Sanhueza of the Inter-American Parliamentary Group. In addition, I would be remiss if I were not to mention and thank UNFPA staff member, Harumi Kodama, who literally worked day and night to bring this conference together.

Today more than 130 parliamentarians and ministers are gathered here from dozens of countries from every region of the globe. As parliamentarians and ministers, you are very important people because you represent the people in your countries and advocate for their rights and needs. As parliamentarians, you are uniquely placed to offer leadership. You have influence at the highest levels of government, in civil society and the grassroots among individual men and women. You are the voices of the people and their natural link to their governments. Your presence here is most gratifying.

It is my sincere hope that you will use this opportunity to reaffirm and strengthen your commitment to the Programme of Action of the International Conference on Population and Development. The goals set in Cairo – to provide universal access to reproductive health and primary education, reduce maternal mortality and HIV/AIDS and advance gender equality – remain essential and affordable. We must also acknowledge that the ICPD Programme of Action and the key actions identified in its five-year review provide a solid foundation and are key to achieving the Millennium Development Goals. ICPD was visionary in its clear understanding of the present and realistic objectives for the future.

This conference is about implementing the ICPD Programme of Action. We need increased commitment. We do not need renegotiation; we do not need changes to already strong recommendations. We need to stay on track, in line with the hard-won consensus that was hammered out by 179 conscientious countries for a blueprint for a better life for all – for women and men, old and young, rich and poor. More specifically, it is a blueprint to protect and advance gender equality and to give all people the opportunity to plan their families, have safe pregnancies and deliveries, protect themselves from HIV/AIDS, and to stabilize global population by choice and not by any other means. Together we must fulfil that commitment. You are the ones best positioned to fulfil that commitment. Every country, whether large or small, wealthy or poor, developing or developed, must do its part. This is the true meaning of partnership; this is the spirit of international cooperation.

Parliamentary partners

Since the Cairo Conference, we have collectively made progress in many areas and we should feel proud of our accomplishments. Today many countries are incorporating population, gender and reproductive health into their national development plans and policies.

As parliamentary leaders, you have played an indispensable role.

The high level of institutionalization and coordination of international parliamentary activities in the field of population and development is extremely unique. It is so unique that United Nations Secretary-General Kofi Annan has asked us to share our model of partnership with the entire United Nations system.

Today every region has a parliamentary group on population and development, joined by parliamentary groups at the global and national levels. Together we have built an active, growing global network and together we will continue to move forward.

At this point, I would like to thank you warmly and sincerely for your dedication and commitment. The letters of concern that you sent in July after the United States Government announced its decision to withhold funding were deeply appreciated. I would also like to congratulate you for the united front you displayed to advance our common cause at last year's General Assembly Special Session on HIV/AIDS, at this year's Special Session on Children, and most recently in Johannesburg at the World Summit on Sustainable Development.

Just as important as your work at the global level is your work in your home countries and communities. Those of you in donor countries play a key role in mobilizing the political support needed to secure financial resources to move the ICPD agenda forward.

Enabling environment

As parliamentarians in developing countries, you play an indispensable role in creating an enabling environment for population and development. Since Cairo, dozens of countries have formulated new national population policies or integrated population into their long-term development plans.

By drafting and passing legislation for population, reproductive health and rights, and women's equality, you move these issues beyond the realm of theory to the books of law. Since Cairo, 67 countries have taken policy measures, passed laws or changed institutions to promote reproductive health and rights. By creating and carrying out policies and programmes that are in line with the Cairo agenda, you move words from the pages in a United Nations document to real action on the ground – action that makes a difference in people's everyday lives.

From the passage of legislation banning female genital cutting to the adoption of laws against violence against women, progress is being made on a steady basis. From the training of skilled birth attendants to the dispatch of peer counsellors to stop the spread of HIV/AIDS, lives are being saved. And from mass media campaigns to the sensitization of police and justice officials, the spirit of Cairo is being spread through villages and towns in every region.

In the Philippines, the Government's population policy seeks a balance between population, resources and the environment. Through it, the Government acts to reduce environmental degradation, poverty, gender inequality and population growth. In Nigeria, the Ahmadu Bello Hospital has found a way to bring the ICPD agenda to the city of Zaria. With limited resources, the hospital has adopted an integrated, client-centred approach to family planning and reproductive health care. In Turkey, efforts have involved fathers in promoting post-partum

health at the Istanbul Medical School Hospital. As a result, couples have increased communication with each other on issues related to pregnancy, childbirth and postpartum health.

Since Cairo, some 76 countries have reported taking significant measures to improve gender equality, including laws to protect rights in employment and inheritance, laws to ban harmful traditional practices, tougher laws on violence against women and the creation or strengthening of women's affairs offices in government. Dozens of countries have taken action to promote primary education of the girl child.

Need for stronger commitment

But although we have made much progress, we would be deceiving ourselves if we were to think that this progress is sufficient.

Today over 1 billion people live in extreme poverty on less than \$1 a day, and another 1 billion people will be added to global population – almost all in poor countries – by the time we are expected to achieve the Millennium Development Goals in 2015. Today more than 800 million people go to bed hungry every night, and water scarcity is a growing concern. The challenge we face is to ensure a better quality of life for the people who live in poverty today and to ensure a good quality of life for the billion people who will be added to our planet by the year 2015. This demands substantial economic growth, the protection of life-sustaining natural resources, and the strengthening of society, its institutions and people.

My friends, we cannot confront today's massive challenges of poverty, hunger, disease, and environmental destruction unless we address the issues of population and reproductive health.

Reproductive health and rights

Poor reproductive health is a leading cause of death and disability for women in the developing world and it remains one of the most neglected areas of public health. According to a new report by the World Health Organization, unsafe sex is the second leading cause of illness and death worldwide. Today 350 million women are denied access to a range of safe and effective family planning methods. Today 58 million women give birth without any medical help or skilled attendants. And this lack of basic reproductive health services results in tremendous human suffering and exacerbates poverty at both the household and national levels.

Today, each and every minute, 380 women become pregnant, and half of them did not plan or wish the pregnancy. Each minute, 110 women experience a pregnancy-related complication. Each minute, 100 women have an abortion, 40 of which are unsafe. Each minute, 10 people are newly infected with HIV/AIDS, half of them young people, mostly young women; and every minute, one woman dies from a pregnancy-related cause.

Access to reproductive health care is a matter of life and death. Providing universal access will reduce the rates of maternal and infant mortality in line with the Millennium Development Goals. It is also a matter of human rights. Every woman and couple have the right to determine the number, timing and spacing of their children and to have the means to do so. And every woman has the right to make decisions regarding reproduction free of discrimination, violence and coercion. These internationally agreed reproductive rights are basic human rights – rights that unfortunately continue to be violated systematically and on a massive scale – and rights that absolutely must be upheld.

ICPD and gender equality

Today women comprise two thirds of the world's poor and illiterate. In all parts of the world, women are facing threats to their lives, health and well-being because they are overworked and

undervalued and because they lack power and influence. The poverty they face is deeper than income poverty. It is a poverty of opportunity, freedom and choices. Many are stuck in a life where they remain barefoot and pregnant, unable to read, unable to manage their fertility, and unable to determine the number and spacing of their children. In addition, millions of girls and women suffer from gender violence and trafficking.

The full and equal participation of women in all aspects of society and the eradication of all forms of discrimination are stated priority objectives of the international community. Now is the time to reaffirm and strengthen our commitment to gender equality and the empowerment of women and take action that will have a real impact. Education, access to secure livelihoods and economic resources, legal rights and health care are absolutely critical. Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women.

MDGs and ICPD

If we are serious about meeting the Millennium Development Goals, we must reaffirm and renew commitment to the ICPD Programme of Action. Whether in a developed or developing country, all of us here in this room understand that population is a cross-cutting issue affecting all other development issues. The state of the environment, peace and security, the standard of living, and economic development are all impacted by population dynamics such as migration, ageing, urbanization and population growth.

However, we all know that population is not a question of numbers. It is a question of people and of helping them to help themselves, so they can make their own choices and realize their dreams.

Role of UNFPA

For more than 33 years, it has been the work of UNFPA to ensure that women can plan their families, survive birth and have healthy babies, and more recently, to ensure that people can protect themselves from HIV/AIDS. UNFPA provides support to 142 countries, at their request, to address issues of reproductive health and population and raises awareness of these issues.

UNFPA enjoys the trust and respect of governments and NGOs alike. We are respected for our universality, political neutrality and our cultural sensitivity. We respect local cultures and we respect international human rights and we are against coercion everywhere.

Today, more than eight years after the 1994 Cairo Conference, the challenge to ensure universal access to reproductive health services has grown even more urgent as the largest ever youth generation enters its reproductive years and HIV/AIDS continues to spread, creating massive suffering and destruction in its wake.

Adolescent reproductive health and HIV/AIDS

Today there are over 1 billion young people on our planet between the ages of 15 and 24 in or entering their reproductive years. Too many are growing up in poverty, in conflict, or in environments where there is little opportunity or hope for a productive and dignified life. This is the very first young generation in human history that grows up with HIV/AIDS, death and orphaned and/or abandoned children as part of their everyday life. During the next decade, 600 million girls will become adolescents. Early marriage, teenage pregnancy, sexual exploitation and infection with a sexually transmitted infection, including HIV/AIDS, are real problems that demand real answers.

Each year, 15 to 17 million adolescent girls get pregnant and over 4 million resort to abortion, 40 per cent of which are performed under unsafe conditions. Every minute five young people are

newly infected with HIV/AIDS. The adolescents and youth of today are in desperate need of reliable and factual information and a full range of quality services to protect their health and their futures.

Together we must scale up our collective and national responses to HIV/AIDS. In countries that are hard-hit, millions of people are suffering and societies are literally coming unravelling. And while men are mainly responsible for spreading infection, it is women who are being hit the hardest. This is exacerbated because women are the poorest of the poor. As a co-sponsor of UNAIDS, UNFPA is focused on HIV prevention. Together we must scale up our response to turn back the tide of infection. AIDS is a global emergency that demands a global response.

ICPD funding

However, despite growing needs, funding is not keeping pace. At the International Conference on Population and Development, governments determined how much money was needed for population and reproductive health. They decided that the world should provide \$17 billion by the year 2000, but so far only 66 per cent of the funding goal has been reached, even though we are two years past the target date.

International donors have contributed less than half of the target funding – 45 per cent of the \$5.7 billion that was expected. Programme countries have contributed 76 per cent of their share, highlighting their commitment. Overall, UNFPA's core funding has dropped by 26 per cent since 1995, the year following ICPD, when we had fully expected an increase by this time of upwards of 100 per cent.

Of course, UNFPA is not the only victim of the overall decline in official development assistance that has occurred since the end of the Cold War. But as we mobilize to reduce poverty, gender inequality and maternal mortality, we must increase our commitment to the Cairo Programme of Action.

If governments had kept up with their commitments, UNFPA would have resources of at least \$500 million at this time and IPPF would have at least \$200 million. As it is, the two combined are only about \$350 million, far short of what is needed to meet current demands and international goals. If governments continued to give at their highest levels, UNFPA's core budget today would be \$365 million instead of \$248 million.

As you know, the United States Administration this year cut \$34 million in funding for UNFPA that had been approved by the United States Congress. The loss of \$34 million will be devastating for women and families in the poorest countries. Women around the world count on the United Nations Population Fund for ensuring health services during pregnancy and birth, for voluntary family planning, and for services to protect them from HIV/AIDS and other sexually transmitted infections. In concrete terms, we estimate that \$34 million for reproductive health and family planning would be enough to prevent: 2 million unwanted pregnancies, nearly 800,000 induced abortions, 4,700 maternal deaths, nearly 60,000 cases of serious maternal illness, and over 77,000 infant and child deaths.

There is no doubt that these are difficult and challenging times, but it is only through balanced development that we can save lives, increase opportunities, expand hope and create a better, more stable world for all. The Cairo Programme of Action was a hard-won victory and it is a victory for which we should all be proud.

Controversy and dissent

However, there are those who question the ICPD consensus and UNFPA's role. One vocal group has gone so far as to state that it wants to drive the final nail in UNFPA's coffin and to close the tap that brings funding to UNFPA. Unfortunately, this campaign has become systematic and global, and has been given a voice in the legislatures of our major donors. These groups claim to oppose abortion, but they refuse to acknowledge that the only effective counter to abortion is to promote reproductive health in all its aspects, including family planning. My friends, we must not allow a very small but very determined and vocal group of ideologues to reverse progress for women and dilute international human rights and the Cairo consensus.

To those who oppose the ICPD Programme of Action and to those who oppose UNFPA with lies and false accusations, I ask you one question: What if these faceless women, men and young people around the world were members of your own family? I suggest to you that they are...because we are all living in one global village. We are one human family that is dangerously separated between the haves and have-nots.

UNFPA rests solidly on the bedrock of internationally accepted standards of human rights, and all our programmes conform to those standards.

The agreements adopted by consensus at the Cairo Conference and its five-year review represent a balanced and pragmatic approach to population and development issues – an approach centred on human rights and sustainable development. Together these agreements address the needs of all stakeholders, including governments, individuals, families, young people, parents, civic leaders, and all major religions. The ICPD Programme of Action therefore finds space and gives attention to everything from abstinence to meeting the unmet needs for family planning to making abortion safe "in circumstances where abortion is not against the law", while acknowledging that "in no case should abortion be promoted as a method of family planning". UNFPA does not provide support for abortion services and never has, despite what our opponents claim. We do, however, provide support for treating the complications of unsafe abortion to save women's lives.

Now let me be clear. Contrary to what critics claim, the ICPD Programme of Action does not contain a hidden agenda or any secret codes. The language is extremely clear. The ICPD Programme of Action states, and I quote: "All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority, and every attempt should be made to eliminate the need for abortion". Unquote.

This is exactly what all of us in this room are doing and we must stay on track.

The agreements reached by consensus in Cairo in 1994 and New York in 1999 stress the importance of improving the reproductive health of adolescents, who remain vulnerable, particularly given the spread of HIV/AIDS. The agreements recognize the sensitivity of these issues and also the importance of addressing them in a sensitive and pragmatic manner so that we can meet real human needs and save individual lives.

While the Cairo document is sometimes perceived as radical, it is really only radical against the backdrop of the realities in our world today – a world where great inequality, discrimination, poverty, violence, conflict and disease continue to take an unacceptably high toll, a world where exclusion and disfranchisement are the lot of the poor and the disadvantaged.

As a parliamentarian, you are uniquely placed to offer leadership in all the matters I have mentioned. You can represent the thoughts, feelings and needs of your constituents to government; and you can explain to your electorate the need for international action. You can reach out to your colleagues in other countries, build partnerships and strengthen their efforts to solve the problems of population and development that in the end affect us all.

So let us reaffirm and strengthen our commitment to the ICPD Programme of Action and the key actions adopted at the five-year review. Let us work together to stay on track, to expand effective partnerships and to lead with vision and vigour. The current bulge in the youth population presents an unprecedented opportunity for growth and transformation if there is a concerted, massive investment in education, employment and health care, including reproductive health.

As leaders, we have a responsibility to this generation to live up to our commitments. Young people all over the world are looking at us with one question: Will we deliver our promises to them for a better life? Yes, we can all say. But that is not sufficient. We must go beyond words – to action. We must do all that we can so that we show how we are working hard to change the present and to create hope in the future.

Yes, we can do it together. And you only, as parliamentarians, can transform the voices of the people into action by governments.

Thank you.

Annex II B: Keynote address by Steven W. Sinding, Director-General, International Planned Parenthood Federation

Why the Cairo Programme of Action is so important and why we must fight to save it

Introduction

I would like first to thank the organizers for inviting the International Planned Parenthood Federation (IPPF), one of the world's largest NGOs and the largest in the fields of population and sexual and reproductive health and rights. I have been asked to speak to you on the implementation of the ICPD Programme of Action.

There are some similarities between parliamentarians and civil society organizations. While you are the formal representatives of the people in your countries, we regard ourselves as their informal representatives. As such, we are your allies, especially as we can sometimes deal with the more sensitive issues of the ICPD Programme of Action. In a sense, an alliance between the formal and informal peoples' representatives is of crucial importance in moving the Cairo agenda forward.

As I am new to the position of Director-General of IPPF and addressing you in such a capacity for the first time, I seek your indulgence in telling you a little bit about IPPF. We are a Federation of 150 national member associations working in 180 countries through the contributions of some 120 million volunteers. We provide reproductive health information and services to 24 million people. While some of our smallest associations have one clinic in the capital city, our largest (the China Family Planning Association) has one million branches. In terms of activities, while some associations limit their work to advocacy, some, like Profamilia in Colombia, represent the major source of reproductive health services and supplies in the country.

IPPF was established in Bombay, India, on November 29, 1952 – 50 years ago next Friday – by women from eight countries who were both brave and angry; angry because they saw the misery of women who were denied access to free choice regarding their fertility and denied a political voice through their exclusion from the democratic process in many countries. They were also brave because they challenged the restrictive contraceptive laws that were prevalent in many developed countries and their colonies and because they set up an international network of Planned Parenthood Associations which, 50 years later, covers the entire world.

Throughout its 50 years, IPPF has been a pioneer. In 1952, we insisted that family planning be seen as a human right, a principle that was adopted by the United Nations General Assembly in 1966 and confirmed at the Tehran Conference on Human Rights in 1968. With the exception of only a very few countries, it was the IPPF members that began to legitimise the concept of family planning, often in the face of official hostility and social conservatism. These member associations were instrumental in demonstrating the safety and acceptability of modern contraceptives, in sensitising men to their responsibilities, and in advocating the introduction of population and sex education in the school curriculum.

In the late 1960s, IPPF realised that because there were few clinical facilities in rural areas, it was necessary to “invent” an approach to provide services where no medical facilities or physicians existed. Consequently, in the early 1970s IPPF developed the concept of community-based distribution, which was introduced first in Thailand. The close relationship between IPPF member associations and the local communities enabled our members to incorporate community

participation into family planning programmes and later to introduce cost-sharing approaches in order to achieve a degree of self-sufficiency.

Throughout the first four decades of IPPF's life, the Federation recognized the relationship between population growth and development, but we have always insisted that family planning programs should be based on the concepts of voluntary acceptance and human rights. We believed that informed choice, not demographic targets, was the key to successful implementation of family planning programmes. This human rights dimension, on the one hand, and our belief in a holistic approach to deal with women's health and empowerment, on the other, led IPPF to adopt in October 1992 our Vision 2000, a program strategy that consolidated these beliefs. The adoption by 179 governments of the ICPD Programme of Action in Cairo two years later came as a confirmation of IPPF's own strategic vision. Following ICPD, IPPF began to see that the implementation of its strategic goals and objectives would be particularly valuable if we were to concentrate on those sensitive and complex aspects of the Programme of Action that governments were not well-equipped to address or where they were reluctant to take action.

Towards Cairo +10: Achievements and constraints

The Cairo Conference of September 1994 represented a landmark in the areas of sexual and reproductive health and rights. As we meet here today, eight years after Cairo, it is worthwhile to briefly survey what has been accomplished, the constraints to full implementation of the Programme of Action, and the areas of unfinished business. As many of the ICPD achievements will be presented by Thoraya Obaid, UNFPA's Executive Director, I will focus on a select few.

Many governments began right after Cairo to take steps away from demographic targets and family planning quotas, and towards enabling individuals and couples to decide freely about their reproductive choices. An early example in this direction was the decision of the Indian government in 1996 to adopt a national "target-free approach." In Viet Nam, the parliament debated the negative impact of the two-child policy and decided to adopt new policies more consistent with the Cairo Programme of Action. And China is gradually softening the one-child policy in various ways.

The gender equality language of ICPD influenced many governments to introduce programmes, and to change laws, to empower women and to influence men to participate more fully in programmes of sexual and reproductive health. While progress has been made, especially in the area of young women's access to education and skills, there remain many obstacles related to traditional views about the role of women in society.

In addition, some social and religious movements aspire to roll back the progress made by women during the last 50 years, and especially during the last decade. Women everywhere are fighting to maintain and strengthen the equal rights to which they should always have been entitled.

Many governments have extended reproductive health services to rural areas and slums in the ever-growing cities and towns in developing countries. Nevertheless, 360 million women have no access to reliable contraceptives and 600,000 women die every year as a result of complications arising from pregnancy. While today nearly 60 per cent of women in reproductive age are using contraception, the majority of the other 40 per cent of women have little or no access to reproductive health services.

Major challenges

Unsafe abortion

Tragically, if women do not have access to reliable contraception, when unwanted pregnancy occurs, many women resort to unsafe abortion, often leading to death or permanent physical or emotional damage. Around the world, close to 46 million abortions occur every year, some of them under legal conditions, the others under both illegal and unsafe conditions. The vast majority in the developing world are unsafe. The World Health Organization estimates that 78,000 women die every year as a result of these unsafe interruptions of pregnancy. Unfortunately, despite this massacre – 227 women every day – most governments are turning their heads the other way.

But pretending unsafe abortion and the resulting mortality do not exist will not make them go away. We need to detoxify the issue of abortion, face this human tragedy head on, and deal with it. Who better to do that than policymakers like yourselves? You can initiate careful reviews of the actual situation in your countries and then stimulate rational debate about how to deal with unwanted pregnancies and unsafe abortion. There are many policy approaches available to you. One of those is decriminalization. The Parliament of Nepal did just that in September of this year, opening the way to saving lives.

Young people

The ICPD Programme of Action was right in identifying young people as a major population group in need of support with regard to sexual and reproductive health education, information and services. The largest cohort of young people in human history is now reaching reproductive age – 1.2 billion in this decade, nearly 20 per cent of humanity. There have never before been so many young people in need of our attention and there never will be again! This is the largest cohort in human history.

And these young people are, whether we like it or not, becoming more sexually active at younger ages than ever before. Like abortion, we can ignore this issue and hope that it goes away, or we can confront it in an open, enlightened, and compassionate way. The truth is that, no matter how you look at it – demographically, socially, or in terms of health – whether and how we deal with the reproductive and sexual health needs of this largest generation ever will have an enormous impact on the future.

Young women are the most likely to have unwanted pregnancies and to resort to unsafe abortions. They are also the most likely to die if they try to give birth. Young men and women are the most susceptible to sexually transmitted diseases, including HIV/AIDS. And, because the cohort is so large, whether and when they bear children will have huge consequences for future population size. Much of the progress made in the last 50 years of international cooperation in the field of population could be undone if we fail to deal effectively with this largest generation ever.

In the face of this growing challenge, you can consider several alternatives, the first being the one presently being pushed by the United States: abstinence. But all of us know that the call for abstinence has not saved, and will not save, hundreds of thousands of young people from having unwanted pregnancies or contracting HIV or other sexually transmitted infections. The more common contemporary alternative may be called the ostrich solution: see nothing, hear nothing

and do nothing until the HIV/AIDS epidemic, an unwanted pregnancy or an unsafe abortion hits home – the family home, that is.

It is time for legislators to face the reality that young people have serious sexual and reproductive health problems. The costs of inaction – in health, social, economic, demographic, and even political, terms – could be enormous.

HIV/AIDS

At Cairo, the world was becoming aware of just how devastating the AIDS pandemic was and how much worse it could get. The community of nations recommended wide-ranging approaches to prevent the growing catastrophe. Unfortunately, the misguided morality of those who opposed and still oppose the wide distribution of condoms and the dissemination of knowledge about sexuality and sexual health has helped the epidemic to grow by leaps and bounds, ravaging parts of sub-Saharan Africa, and moving rapidly to Asia, including the two most populous countries in the world, China and India.

More than 20 million people have died of AIDS; more than 40 million people are living with HIV; and close to 10 people, many of them newborns, are infected every minute of the day. By the time we go to bed tonight, 14,000 people will have been newly infected. When we meet in two years' time, ten years after Cairo, 10 million will have been infected. In addition, in Asia alone, the number of AIDS orphans is close to 860,000. We cannot permit this tragedy to continue.

HIV/AIDS and two other infectious diseases, malaria and tuberculosis, received the attention of the G8 at the Okinawa Summit and United Nations Secretary-General Kofi Annan. He set up the Global Fund to combat these three diseases and that is certainly a step in the right direction. But how about the funding situation of the other components of the ICPD programme of Action and especially universal access to reproductive and sexual health services by the year 2015? Unfortunately, the picture is not rosy.

Many of us can recall the United Nations General Assembly Resolution on Official Development Assistance adopted in 1970, which encouraged developed country governments to devote 0.7 per cent of Gross National Product to development assistance. Unfortunately 32 years after the resolution was adopted only five countries have managed to achieve the 0.7 per cent goal. These countries are Denmark (1.01 per cent), Norway (0.83 per cent), the Netherlands, Luxembourg (0.82) and Sweden (0.76). I take this opportunity to salute the members of parliament of these countries present here for the commitment to development they express through this aid. Unfortunately, I cannot say the same about the government of my own country, which today provides a meagre 0.11 per cent.

Unfortunately, within overall development cooperation funding, population assistance is the poor relation. Despite our efforts to see four per cent of ODA devoted to this sector, the current share in developed countries is 2.6 per cent. Only six countries have reached the four per cent. Interestingly, the U.S. is one of these, thanks mainly to Congress and a few committed leaders there, including Carolyn Maloney and Joe Crowley, who are here with us today. Thank you for your efforts.

Many donors are tempted to decrease their funding for reproductive health because they say their priority now is the alleviation of poverty, as called for by the Millennium Development Goals (MDGs). And to be sure, eliminating poverty is and must remain the principal goal of

development aid. But poverty is not only the lack of money. Poverty is deprivation in other important areas of life: education, health, culture. Poverty is a hydra-headed monster and it must be attacked with multiple weapons. The experience of East and Southeast Asia over the past 30 years shows just how critical good reproductive health services are to the elimination and alleviation of poverty. Tom Merrick's presentation later in this conference demonstrates just how important strong reproductive health programs are to the fight against poverty, and I hope you will all listen carefully to what Tom has to say. Economic development is much more difficult to achieve in the absence of a sound and humane population policy, and the eradication of poverty is impossible to achieve if people are unable to realize that most fundamental freedom – the freedom to have children by choice: the number they want when they want them. Let me say it clearly: The struggle to ensure universal access to reproductive health services by 2015 is an integral part of the struggle to achieve the Millennium Development Goals and to alleviate poverty.

This conference is held at a crucial moment in the life of the population and reproductive health movement. Eight years ago, those who were in Cairo made tremendous efforts to reach an international consensus around the Cairo Programme of Action. Nearly 180 governments, including the United States, gave their blessing to this consensus.

As an American, it pains me greatly to say that the United States, as it did once before, has reversed course and decided to mount a systematic and sustained attack on precisely those rights and services it so strongly championed at Cairo. In January 2001, the United States administration de-funded IPPF, because IPPF defends the right of women to have the choice of terminating a pregnancy. From there, they moved to de-fund UNFPA, this time with the untruth that UNFPA's funds are used to support coercive abortion and sterilisation services in China, an allegation that was discredited by a United Kingdom parliamentary delegation and a United States State Department delegation which visited China this year.

But, the attack does not stop there. During the World Summit for Children this past May, the United States delegation strenuously objected to the use of agreed Cairo language – the terms “reproductive health services” and “reproductive rights,” because they said these terms connote abortion. Furthermore, the United States lobbied hard for, among other things, the inclusion of abstinence-only programs for youth, a softening of the consensus language on abortion to which everyone had agreed, even the Vatican, and deletion of all references to sex education.

Now, just this month, the United States tried to further weaken the language agreed to in Cairo by announcing at the preparatory meeting for the 5th Asian and Pacific Population Conference in Bangkok its determination to withdraw its support for the Cairo Programme of Action – a decision it called “non-negotiable.” At our 50th anniversary symposium in New Delhi last week, IPPF issued a declaration, signed by nearly 50 leaders in the field of sexual and reproductive health and rights. It reads in part: “We the undersigned...denounce unanimously all efforts to weaken or subvert the ICPD Programme of Action; condemn, in particular, recent and ongoing efforts to undermine or roll back the ICPD agreements and commitments; and pledge to advocate globally to safeguard and promote the ICPD Programme of Action in our common efforts to uphold reproductive health and rights everywhere.”

Where will the attacks stop? I call upon parliamentarians from all countries to safeguard the hard-won gains of Cairo. The ICPD Programme of Action is not, as the United States would like us to believe, a radical agenda. It is the carefully negotiated consensus of 179 member States, all trying their best to safeguard their cultural and religious traditions and all recognizing the

importance of ensuring that women and men can safely, freely and effectively determine the number and spacing of their children and protect their reproductive health.

The Cairo Consensus is a major contribution to human dignity and human development. As such, it is our collective duty to safeguard it.

Thank you very much for your kind attention.

Annex III: Outcomes of group discussions

Theme: HIV/AIDS

Chair: Dr. Malinee Sukavejworakit, Senator (Thailand)

Resource person: Dr. Mabel Bianco, FEIM, Argentina

Rapporteur: Ms. Sarah Craven, UNFPA

Key issues:

1. In all regions of the world there is still a lack of sufficient political will. Both developed and developing countries have not demonstrated adequate leadership and action to address this crisis.
2. The world is far from providing the necessary financial resources to adequately address the growing epidemic. The ICPD goal of 0.7 per cent of GNP to development cooperation has not been met. Moreover, there is a lack of coordination, prioritization and monitoring of effectiveness of existing resources.
3. Sociocultural barriers still exist which hamper the acceptance of prevalence of the disease, sexual education, prevention and treatment. HIV/AIDS is often not adequately addressed because of prevailing cultural and religious values and persistent gender discrimination. A human rights perspective in addressing HIV/AIDS still does not exist.
4. There is an operational split between reproductive health and HIV/AIDS interventions and programmes.

Action items:

1. Parliamentarians need to enact laws and promulgate policies that promote acceptance, education, prevention and treatment of HIV/AIDS; regulate agencies and ministries involved in management and service delivery of HIV/AIDS interventions and treatments; and allocate sufficient resources to support these programs and policies. Examples of legislative and policy initiatives could include:
 - Ensure availability and affordability of condoms
 - Promote confidentiality in voluntary HIV/AIDS testing and treatment
 - Funding for microbicide research and development
 - Access to and affordability of anti-retroviral drugs
 - Services to adolescents and young adults
 - Promotion of gender equality, equity and the status of women
 - Develop harm reduction policies and change laws regarding drug policies
 - Support for prevention efforts aimed at mother-to-child transmission
2. Parliamentarians need to support and fund the collection and analysis of up-to-date data broken down by regions and research to influence legislation and public policy, support best practices and promote changes in policy.
3. Parliamentarians need to develop new and creative rationales and key messages to advocate for new laws, policies and adequate budget resources and to educate, inspire

and change attitudes of finance ministers, other parliamentarians, their local constituencies and the media.

4. Parliamentarians should support programmatic efforts that promote holistic approaches that combine HIV/AIDS prevention and treatment programs with reproductive health interventions such as pre and postnatal care, family planning services and treatment of STDs. A comprehensive approach is the most effective way to avoid the social stigma associated with HIV/AIDS, ensure all reproductive health needs are being met and close the operational gap between reproductive health and HIV/AIDS providers. Full financial and political support should be given to UNFPA and IPPF to promote holistic approaches and address the prevention and treatment of HIV/AIDS.

Theme: Reproductive Health Commodity Security

Chair: Ms. Ulla Sandbaek, MEP (Denmark)

Resource person: Mr. Jagdish Upadhyay, UNFPA

Rapporteur: Ms. Jacqueline Bowman, EPWG

Key issues:

1. As parliamentarians, the group decided that they could be most useful in advocating to the key players within their national governments and civil services. The point was made that this is an on-going activity, which should be sustainable in the face of regime change. Advocacy should include urging governments to form partnerships with civil society and to involve them in the prioritisation process for aid allocation. Advocacy initiatives should also be proactive rather than reactive in countering the adverse influences of religious fundamentalism from any denomination, and parliamentarians from different countries should exchange best practices and support each other in this. Advocacy should also be targeted at donor countries in order for them to gain a realistic understanding of needs.
2. It was noted that one of the key roles of parliamentarians is not only to pass the budget but also to call the government to account for its spending in the previous year. The general consensus was that where this was not already the case, there should be clear earmarking of funds in national budget-lines for donor countries and agencies as well as partner countries with clear health indicators to allow for objective monitoring and accountability. This is particularly the case for funds allocated as budgetary support. The point was made that resources are not just a questions of funds, but also human and technological resources in the area. Parliamentarians should be advocating that a sound knowledge base is nurtured and kept in country to encourage sustainability.
3. In a multi-donor environment, the group felt it was clear that donor coordination was sorely needed on the one hand and that partner countries need to be more strategic in their communication processes with donor agencies. Agreement was reached that civil society should be closely involved in the process of priority-setting in the context of country and regional strategy papers because they have grassroots knowledge of needs. It was however felt by the group that governments should work in partnership with civil society in the field to implement programmes. Neither could nor should operate on its own but rather in partnership. It was also felt that there should be more open communication with all parties concerned in the funding process so that fewer collaborative opportunities would be missed.
4. It was clear to the group that even if the policies are in place, there is still a clear need to have practical mechanisms in place on the ground in order to secure a sustainable supply to all areas of a given country. This would not only involve setting in place practical and workable logistics, procurement and management mechanisms, but more significantly local people would need to be trained to ensure the sustainability of projects.

Action items:

1. A budget-line should be established – where it is not already the case – on commodity security in donor and partner countries with clear health indicators to allow for objective monitoring and accountability.

2. Parliamentarians should actively seek to have civil society involved in the consultation process with donor agencies (particularly the country and regional strategy papers processes) and to work in closer partnership for programme implementation.
3. A monitoring and evaluation mechanism should be built in to all new policy and for programme implementation specifically on the issue of commodities security.
4. National working groups on commodity security should be established in order to coordinate activities and galvanise effective advocacy initiatives and support from policy makers.

Theme: Reproductive Health in Emergency Situations

Chair: Mr. Aref Bataineh, Senator (Jordan)

Resource person: Ms. Patricia Hindmarsh, Marie Stopes International

Rapporteur: Ms. Ann Mette Kjaerby, UK All-Party Parliamentary Group

Key issues:

1. We need to ensure that governments dedicate a certain per cent of funding for emergency situations to reproductive health – and make some emergency funding long term.
2. We need to promote reproductive health in emergency situations as a human right.
3. We need to advocate for the formulation and implementation of coherent policies for sexual and reproductive health and rights in emergency situations.

Action items:

1. Strive to attain a certain per cent of humanitarian/development budgets to population and sexual and reproductive health programmes in emergency situations.
2. Strive to fulfil the agreed target of 0.7 per cent of GNP for official development assistance and make every effort to mobilise the agreed estimated financial resources needed to implement the ICPD Programme of Action, especially Chapter IX on Population Distribution, Urbanization and Internal Migration and Chapter X on International Migration.
3. Give high priority to ensuring universal access to reproductive health services in emergency situations, both in terms of budget allocations and in terms of programme activities.
4. Generate the political will needed to develop and implement coherent national policies for reproductive health in emergency situations.
5. Enact, publicise and enforce laws and policies that promote and protect the human rights of the girl child and young women, ensure women's equal access to and full participation in decision-making, and eliminate all forms of violence, coercion and discrimination against women in emergency situations.
6. Work for the reduction of maternal mortality and morbidity and of unsafe abortion as a reproductive rights concern in emergency situations.
7. Ensure that internally displaced persons/refugees receive necessary information and services to make responsible and informed choices and decisions regarding their sexual and reproductive health needs.
8. Make every effort to achieve universal access to reproductive health services in emergency situations by the year 2015, encouraging governments, donors, including the private sector, and civil society to work together to achieve this goal.

Theme: Adolescent Reproductive Health

Chair: Congresswoman Carolyn Maloney (USA)

Resource person: Ms. Delia Barcelona, UNFPA

Rapporteur: Ms. Kiyoko Ikegami, UNFPA

Key issues:

1. Youth participation: Most young people are not given opportunities to express their voices and be listened to. They have to be recognized in society as partners in development.
2. Lack of education and services: In most countries, adolescents and youth do not have full access to information, counselling, and health care. This includes unavailability of contraceptives and absence/inadequacy of sex education efforts.
3. Human rights: Sexual and reproductive health is not always perceived as part of basic human rights of young people.

Action items:

1. National action plans: This is a tool for development that exists in most countries, but adolescent and youth issues need to be integrated into the action plans.
2. Policy on sex education: In order to ensure appropriateness and relevance, there should be a policy on sex education that will provide standards and guidance for content and approach.
3. Resources: To enable countries to implement existing plans or policies, there should be sufficient funding for their implementation.
4. Youth participation: Use existing national and local mechanisms to ensure full participation and co-accountability of young people in planning, implementation, monitoring and evaluation of policies and programmes that affect them.

Theme: Poverty, Population and Development

Chair: Mr. Álvaro Alonso, Minister of Labour and Social Security (Uruguay)

Resource person: Mr. Tom Merrick, World Bank

Rapporteur: Mr. Hedi Jemai, UNFPA

Key issues:

1. Monitoring and adjusting macro policies to address population and poverty-related issues are essential. There is a need for good information systems and statistical indicators to ensure effective monitoring.
2. The implementation of international trade treaties has an impact on poor countries, particularly in the agricultural sector. There is a need for state subsidies in this area.
3. Political instability and conflicts as well as lack of democracy and good governance impede poverty eradication and sustainable development.

Action items:

1. Monitor and correct macro policies that adversely affect reproductive health and population-related programmes in general.
2. Ensure economic policies that strengthen land, labour and financial markets.
3. Invest heavily in education and reproductive health programmes.
4. Improve the status of women.
5. Subsidize reproductive health services and information for the poor.
6. Review international regulations for the implementation of international commercial treaties.
7. Advocate for political stability, democracy and good governance.

Theme: Food, Water, Population and Environment

Chair: Dr. Jagganath Munda, Member of Parliament (India)

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

Rapporteur: Ms. Safiye Cagar, UNFPA

Key issues:

1. Raising water productivity
2. Stabilizing population
3. Stabilizing climate

Action items:

1. Raising water productivity
 - a) Holistic approach to sustainable water management
 - b) Capacity-building, through information sharing with parliamentarians government officials, farmers, NGOs and consumers
 - c) Price water more realistically
2. Stabilizing population
 - a) Educate about family size versus basic resources, such as water
 - b) Establish international goal to educate all youth, especially young females
 - c) Ensure availability of family planning services to everyone
3. Stabilizing climate
 - a) Develop renewable energy resources, such as wind and solar cells
 - b) Raise energy efficiency in all sectors

Theme: Violence Against Women, Reproductive Health and Human Rights

Chair: Ms. Sonia Fertuzinhos, Member of Parliament (Portugal)

Resource person: Ms. Esther Mayambala Kisaakye, Makerere University

Rapporteur: Ms. Katie Tell, PGA

Key issues:

1. Violence against women must be addressed in the context of, and as a violation of, international human rights:
 - Convention on the Elimination of All Forms of Discrimination against Women
 - ICPD, ICPD +5
 - Convention on the Rights of the Child
2. Violence against women and its severe impact on women's reproductive health
3. Violence against women in the public and private sphere
4. Women are not a homogenous group. Violence against women is different in different contexts, i.e. refugees, internally displaced persons, etc.
5. Laws alone do not suffice; there is a need for implementation and monitoring.
6. Laws must address the reality.
7. Men must be included in combatting violence against women; men's role must be encouraged.
8. Severity of cultural practices of immigrant communities, i.e. forced marriage, honour killings, female genital cutting

Action items:

1. Advocacy and awareness raising, both in the general public and in schools, around the problem, existing laws and international treaties and conferences
2. Mobilization of resources
3. Monitoring and evaluation of progress
4. International cooperation with regard to cross-border problems, such as trafficking in women, sex tourism, etc.
5. Initiatives such as an "International Year to End Violence Against Women", to take place at various levels: United Nations, national level, grassroots, etc.

Theme: Ageing

Chair: Ms. Theresa A. Tagoe, Deputy Minister for Works and Housing (Ghana)

Resource person: Ms. Louise Plouffe, Health Canada

Rapporteur: Mr. Asger Ryhl, UNFPA

Key issues:

1. Protect the dignity of the elderly.
2. Maintain independence through social security programmes, pension systems, improve well-being.
3. Include participation of the elderly (representation of senior groups in law-making, and facilitate participation in economic and social life).

Action items:

1. Improve legislation – approve laws (senior citizen laws).
2. Create prevention programmes in order to improve health and well-being.
3. Implement advocacy programmes, protect and respect the culture of the elderly, and prepare people for ageing, re-education programmes for the elderly.
4. Strengthen and secure good governance by including elderly in the decision-making process and through strengthening the ministry of social affairs (creation of a department of ageing).

Annex IV: Agenda

WEDNESDAY, 20TH NOVEMBER

- 10:00-22:00 REGISTRATION** (Burgundy Room – Hotel Chateau Laurier, Mezzanine Fl.)
- 15:00-16:00 BRIEFING FOR RESOURCE PERSONS AND RAPORTEURS OF THE GROUP DISCUSSIONS** (Renaissance Room – Hotel Chateau Laurier, Mezzanine Fl.)
- 17:00-18:00 DRAFTING COMMITTEE MEETING**
(Renaissance Room – Hotel Chateau Laurier, Mezzanine Fl.)
- 18:30-20:30 WELCOME RECEPTION HOSTED BY MR. DANIEL HAYS, SPEAKER, CANADIAN SENATE, AND SENATOR ROSE-MARIE LOSIER-COOL, ACTING CHAIR, CAPPD**
(Drawing Room – Hotel Chateau Laurier, Ground Fl.)
- Hon. Lucie Pépin, Speaker pro tempore, Canadian Senate
 - Hon. David Kilgour, Secretary of State for Asia-Pacific, Canada
 - Hon. Rose-Marie Losier-Cool, Senator; Acting Chair, Canadian Association of Parliamentarians on Population and Development (CAPPD)
 - Hon. Jean Augustine, Secretary of State for Multiculturalism and the Status of Women, Canada
- 21:00-23:00 STEERING COMMITTEE MEETING**
(Tudor Room – Hotel Chateau Laurier, First Fl.)

THURSDAY, 21ST NOVEMBER

- 8:00-12:00 REGISTRATION (continued)** (Parliament Building, West Block Hallway, Second Fl.)
- 9:00-10:00 OPENING CEREMONY** (West Block Room 200)
MC: Chair, Steering Committee (Senator Rose-Marie Losier-Cool, Acting Chair, CAPPD)
1. *Purpose of the Conference*
Mr. Stirling Scruggs, Director, Information, Executive Board and Resource Mobilization Division, United Nations Population Fund (UNFPA)
 2. *Opening Remarks*
Hon. Jean Augustine, Secretary of State for Multiculturalism and the Status of Women, Canada
 3. *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** (West Block Room 200)
1. *Election of Officers*
Chair, Steering Committee (Senator Rose-Marie Losier-Cool, Acting Chair, CAPPD)
 2. *Election of Drafting Committee Members*
Chair of the Conference
- 10:30-10:50 COFFEE BREAK** (West Block Hallway, Second Fl.)
- 10:50-12:35 SESSION 1** (West Block Room 200)

Panel Discussion: Creating an Enabling Environment: 8 Years After Cairo – Successes and Constraints

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

Panelists (10 minute presentations and Q & A):

- Ms. Peng Peiyun, Vice Chairperson, The Standing Committee of the National People's Congress, China
- Dr. Sima Samar, Commissioner of Human Rights, Afghanistan
- Ms. Maria Cristina Fontes Lima, Minister of Justice and Internal Administration, Cape Verde
- Dr. Javier Torres Goitia, Former Minister of Health, Bolivia
- Dr. Nebiha Gueddana, Director General, National Board of the Family and Population, Tunisia

12:35-14:30 LUNCH (Laurier Room – Hotel Chateau Laurier, Ground Fl.)

14:30-16:00 SESSION 2 (West Block Room 200)

Panel Discussion: Where are the donors?

Moderator: Senator Raynell Andreychuk, Canada

Panelists (10 minute presentations and Q & A):

- Ms. Sally Keeble, Parliamentary Under-Secretary of State for International Development, the U.K.
- Ms. Marlene Jennings, Parliamentary Secretary to the Minister for International Cooperation, Canada
- Mr. Jan O. Karlsson, Minister for Development Cooperation, Migration and Asylum, Sweden (video message)
- Mr. Poul Nilsson, Commissioner, Development and Humanitarian Aid, The European Commission (video message)

16:00-16:20 COFFEE BREAK (West Block Hallway, Second Fl.)

16:20-17:50 SESSION 3

Group Discussions – approx. 30 parliamentarians in each group

1. *HIV/AIDS (West Block Room 209)*

Resource Person: Dr. Mabel Bianco, President, Fundacion para Estudio e Investigacion de la Mujer (FEIM), Argentina

2. *Reproductive Health Commodity Security (West Block Room 371)*

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

3. *Reproductive Health in Emergency Situations (West Block Room 269)*

Resource Person: Ms. Patricia Hindmarsh, Director, External Relations, Marie Stopes International

4. *Adolescent Reproductive Health (West Block Room 308)*

Resource Person: Ms. Delia Barcelona, Senior Technical Officer, Reproductive Health Branch, Technical Support Division, UNFPA

17:50-18:00 CLOSING OF DAY 1 (West Block Room 200)

Chair of the Conference

18:15-20:30 RECEPTION HOSTED BY MS. SUSAN WHELAN, MINISTER FOR INTERNATIONAL COOPERATION (Senate Foyer, Centre Block, Second Fl.)

21:00-23:00 DRAFTING COMMITTEE MEETING
(Renaissance Room – Hotel Chateau Laurier, Mezzanine Fl.)

FRIDAY, 22ND NOVEMBER

8:00-8:45 DRAFTING COMMITTEE MEETING
(Renaissance Room – Hotel Chateau Laurier, Mezzanine Fl.)

9:00-10:30 SESSION 4

Group Discussions – approx. 30 parliamentarians in each group

1. *Poverty, Population and Development* **(West Block Room 209)**
Resource Person: Mr. Tom Merrick, Consultant, World Bank
2. *Food, Water, Population and Environment* **(West Block Room 371)**
Resource Person: Mr. Lester Brown, President, Earth Policy Institute
3. *Violence Against Women, Reproductive Health and Human Rights*
(West Block Room 269)
Resource Person: Ms. Esther Mayambala Kisaakye, Lecturer, Human Rights Peace Centre, Makerere University, Uganda
4. *Ageing* **(West Block Room 308)**
Resource Person: Ms. Louise Plouffe, Manager, Knowledge Development Division of Aging and Seniors, Health Canada

10:30-10:50 COFFEE BREAK (West Block Hallway, Second Fl.)

10:50-12:00 PRESENTATION OF THE OUTCOME OF DISCUSSION BY EACH GROUP
(West Block Room 200)

MC: Chair of the Conference
Presentations by Chairs of the theme groups

12:00-14:00 LUNCH (Drawing Room – Hotel Chateau Laurier, Ground Fl.)

14:00-15:00 SESSION 5 (West Block Room 200)

Discussion on the Draft Statement of Commitment

MC: Chair of the Conference
Introduction of the Draft Statement by: Chair, Drafting Committee (Mr. Yoshio Yatsu, Chair, AFPPD)

15:00-15:20 COFFEE BREAK (West Block Hallway, Second Fl.)

15:20-15:35 SESSION 6 (West Block Room 200)

Discussion on follow-up

Dr. Hernan Sanhueza, Executive Coordinator, Inter-American Parliamentary Group on Population and Development (IAPG)

15:35-15:50 CLOSING SESSION (West Block Room 200)

1. *Adoption of the Statement of Commitment*
Chair of the Conference
2. *Closing Remarks*, Chair, Steering Committee (Senator Rose-Marie Losier-Cool, Acting Chair, CAPPD)

Annex V: New Delhi Declaration on Cairo plus 10

As the International Planned Parenthood Federation convened a symposium in New Delhi to review 50 years of advancing sexual and reproductive health and rights, and identify new approaches for the challenges that remain, participants expressed concern that, while the global needs continue to grow, strenuous efforts are under way to destroy the consensus reached at the International Conference on Population and Development in Cairo. This threat is compounded by the fact that severe funding restrictions are denying the ability of many organizations in this field to serve the needs of millions of women and men.

We the undersigned, as representatives and supporters of the global commitment to sexual and reproductive health and rights:

- Reaffirm and strengthen our deep commitment to advancing the principles, objectives and recommendations of the ICPD Programme of Action,
- Pledge to continue to uphold them actively,
- Call on all partners to reiterate their own commitments,
- Denounce unanimously all efforts to weaken or subvert the ICPD Programme of Action,
- Condemn, in particular, recent and ongoing efforts to undermine or roll back the ICPD agreements and commitments, and,
- Pledge to advocate globally to safeguard and promote the ICPD Programme of Action in our common efforts to uphold reproductive health and rights everywhere.

15th November 2002
IPPF 50th Anniversary Symposium
New Delhi, India